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30	1 3 9	1 5 2	1 6 8	1 8 4	1 10 0	2 10 5
40	1 11 10	1 13 9	1 15 10	1 18 1	2 0 6	3 8 3
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30	1 1 3	1 4 8	2 3 7	30	2 7 7	
40	1 6 10	1 11 10	2 17 11	40	3 3 2	
50	1 15 1	2 4 5	4 1 7	50	4 9 0	
60	3 1 6	3 18 11	6 4 4	60	6 15 8	

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40	1000	113 11 11	103 11 7	1217 3 6
50	1000	142 8 8	148 9 11	1290 18 7
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○ Full Moon.... 5 day, 4 hour, 34 minute aft.
☾ Last Quarter.. 12 day, 9 hour, 31 minute aft.
● New Moon.... 19 day, 6 hour, 18 minute aft.
☽ First Quarter.. 27 day, 0 hour, 30 minute aft.
☾ Perigee 15 d. 1 h ☾ Apogee 27 d. 4 h.

M. and W. D.	Y. D.	Remarkable Days, &c. ⊙ in ♑.	⊙ rises.	Clock fast.	● rises and sets.
			H. M.	M. S.	H. M.
1 M	1	Ther. 37° to 43° in 1826	8 9	3 43	0r.a.54
2 Tu	2	⊙ in perigee ☿ ☌ ♄	8 9	4 11	1 22
3 W	3	Thunder storm in London, 1841	8 8	4 40	2 15
4 Th	4	Severe storm in Ireland, 1814	8 8	5 7	3 6
5 F	5	H.R.H. Duke of York died, 1827	8 8	5 35	4 12
6 S	6	Epiphany	8 8	6 1	5 23
7 ♑	7	1st Sun. aft. Epiphany [1817	8 7	6 28	6 31
8 M	8	Earthquake at Nottingham, &c.,	8 7	6 54	7 48
9 Tu	9	Severe frost, 1814	8 6	7 19	9 3
10 W	10	Ther. 19° below freezing, 1814	8 6	7 44	10 17
11 Th	11	Hilary Term begins	8 5	8 8	11 33
12 F	12	Roads impassable by snow, 1811	8 5	8 31	11 s. 21
13 S	13	Cam. Lent Term begins	8 4	8 54	11 46
14 ♑	14	2d Sunday after Epiphany	8 3	9 16	0 a. 21
15 M	15	Oxford Lent Term begins	8 2	9 38	1 6
16 Tu	16	Battle of Corunna, 1809	8 1	9 59	1 53
17 W	17	Very high tides, 1820	8 0	10 19	52
18 Th	18	Ships damaged by ice, ♄ ☌ ⊙	7 59	10 39	4 9
19 F	19	☿ stat. ♄ ☽ ☌	7 58	10 58	4 38
20 S	20	☿ in perihelion ☿ ☌ ☽ [♅ ☌ ☽	7 57	11 16	5 39
21 ♑	21	3d Sun. aft. Epiph. ♀ ☌ ☽ ☌ ☌ ♅	7 56	11 33	6 51
22 M	22	England and Ireland united	7 55	11 50	8 3
23 Tu	23	H.R.H. Duke of Kent died, 1820	7 54	12 5	9 13
24 W	24	Thaw com. ☌ & ♅ ☌ ☽ ♀ ☌ ♅	7 53	12 21	10 31
25 Th	25	King John's Castle blown down,	7 52	12 35	11 25
26 F	26	2567 bankruptcies in 1826 [1800	7 50	12 48	0m.
27 S	27	Intense frost, 1767	7 49	13 1	1 34
28 ♑	28	4th Sunday after Epiphany	7 48	13 13	2 49
29 M	29	☿ in inf. ☌ ⊙	7 46	13 24	3 46
30 Tu	30	Mar. King Charles I.	7 45	13 35	4 50
31 W	31	Hilary Term ends	7 43	13 44	5 53

Notes of the Month.—January was placed as leader of the months by Numa Pompilius, when he added two months (January and February) to the Alban Calendar; though it was not admitted to the same precedence in this country until a motion was made to that effect, on March 18, 1750. The name is derived from Janus, the god of the year, in the Roman mythology, to whom the day was sacred.

FEBRUARY, XXIX DAYS.

LUNATIONS AND PHASES.

○ Full Moon.... 4 day, 8 hour, 42 minute morn.
☾ Last Quarter.. 10 day, 5 hour, 21 minute morn.
● New Moon.... 17 day, 8 hour, 46 minute morn.
☽ First Quarter.. 25 day, 9 hour, 57 minute morn.
☾ Perigee 8 d. 17 h. ☾ Apogee 24 d. 1 h.

M. and W. D.	Y. D.	Remarkable Days, &c. ⊙ in ♒.	⊙ rises.	Clock fast.	● rises and sets.
			H. M.	M. S.	H. M.
1 Tu	32	Pheas. and part. shooting ends	7 42	13 53	1 r. 56
2 F	33	Candlemas [mage, 1791	7 40	14 1	3 8
3 S	34	Thames overflowed, much da-	7 39	14 8	4 17
4 ♑	35	Septuagesima Sun. [☿ ☌ ♄	7 37	14 14	5 10
5 M	36	Knts. of St. Patrick, estab. 1783,	7 35	14 19	6 47
6 Tu	37	Earthquake at Guernsey, 1799	7 34	14 24	8 7
7 W	38	Quartern loaf 13*d.* 1799	7 32	14 27	10 19
8 Th	39	Half Quarter	7 30	14 30	10 43
9 F	40	Quartern loaf 24*d.* 1800, ☿ stat.	7 29	14 32	sets
10 S	41	Q. Victoria mar. Pr. Albert, 1840	7 27	14 33	10m.22
11 ♑	42	Quartern loaf 10½*d.* 1808	7 25	14 34	11 —
12 M	43	Jesuits in Paris expelled, 1768	7 23	14 34	11 45
13 Tu	44	Revolution, 1688	7 21	14 32	0 a.43
14 W	45	Valentine, Old Can. Day [☿ ☌ ☾	7 19	14 31	1 46
15 Th	46	Great fall of snow in Flint. 1773,	7 17	14 28	2 59
16 F	47	Geo. III. int. 1820, ♄ ☌ ☾, ☿ ☌ ♄	7 16	14 25	3 6
17 S	48	Av. rain in Lond. of 40yrs. 20·686in.	7 14	14 21	5 19
18 ♑	49	Quinquages. Shrove Sun. ♃ ☌ ☾	7 12	14 16	6 35
19 M	50	Barometers invented, 1626	7 10	14 10	7 46
20 Tu	51	Shrove Tuesday, ♅ ☌ ☾	7 8	14 4	8 48
21 W	52	Snow 10 feet deep, 1762, ♀ ☌ ☾	7 6	13 57	rises
22 Th	53	Earthq. S. Amer. 40,000 perish.	7 4	13 50	7 m.41
23 F	54	S.Matth. ☿ gr.el.W. [1797, ☌ ☌ ☾	7 1	13 42	7 57
24 S	55	Thermometers invented, 1620	6 59	13 33	8 46
25 ♑	56	Quadragesima, 1st Sun. in Lent	6 57	13 24	9 10
26 M	57	Frost broke after 84 days, 1779	6 55	13 14	10 3
27 Tu	58	Frost lasted 115 days, 1785	6 53	13 4	10 46
28 W	59	Tremendous gales in Engl. 1822	6 51	12 51	11 44
29 Th	60	Den. dec. war agst. Sweden, 1808, [♃ ☌ ⊙	6 50	12 44	after.

Notes of the Month.—February was made the second of the twelve months by Numa Pompilius. Its name is derived either from *Februa*, a title which the Romans gave to the Feralia sacrifices; or more probably from *februo*, to purify, because this being originally held to be the last month of the year, the people offered an expiatory sacrifice for their twelve months' sin.

MARCH, XXXI.

LUNATIONS AND PHASES.

○ Full Moon.... 4 day, 9 hour, 2 minute mor
☾ Last Quarter.. 11 day, 1 hour, 19 minute mor
● New Moon.... 18 day, 12 hour, 17 minute nig
☽ First Quarter.. 26 day, 5 hour, 1 minute aft.
☾ Perigee 6 d. 20 h. ☾ Apogee 22 d. 19 h.

M. and W. D.	Y. D.	Remarkable Days, &c. ⊙ in ♓.	⊙ rises.	Clock fast.
			H. M.	M. S.
1 F	61	St. David [killed, 1825	6 48	12 42
2 S	62	Earthq. at Algiers, 15,000 pers.	6 47	12 3(
3 ♑	63	2d Sunday in Lent [alph.	6 45	12 1(
4 M	64	4 of Hers. Sat. disc'd. 1798, ☿ in	6 42	12 9
5 Tu	65	Meteoric stone fell in Yorkshire,	6 40	11 51
6 W	66	Old Lady Day [wt. 551b. 1795	6 38	11 37
7 Th	67	Earthq. in Westmoreland, 1790	6 36	11 23
8 F	68	Great inundations in Germ. 1788	6 33	11 8
9 S	69	Riot at Hexham, 100 pers. k. 1761	6 31	10 52
10 ♑	70	3rd Sunday in Lent	6 29	10 38
11 M	71	Royal Institution opened, 1800	6 27	10 22
12 Tu	72	Anniversary of the Met. Society	6 25	10 6
13 W	73	Earl Grey born, 1764	6 22	9 50
14 Th	74	Ad. Byng shot, 1757, ♄ ☌ ☾	6 20	9 33
15 F	75	Dr. Hersch. dis. a new comet, 1781	6 18	9 16
16 S	76	Klug of Sweden assassinated	6 16	8 58
17 ♑	77	St. Pat. 4 Sun. In Lent, ☿ & ♃ ☌ ☽	6 13	8 41
18 M	78	Great floods in Bath, 1799	6 11	8 23
19 Tu	79	Great flood in Lond. 1774, ♅ ☌ ☽	6 9	8 9
20 W	80	Great floods in Oxford, 1817	6 6	7 47
21 Th	81	Spr. Qua. beg. ☿ ☌ ♃ ⊙ enters ♈	6 4	7 29
22 F	82	Riots at Westm. 1815, ♀ & ☌ ☌ ☽	6 2	7 11
23 S	83	Kotzebue assas. 1819 [♅ ☌ ⊙	6 0	6 53
24 ♑	84	5th Sunday in Lent	5 57	6 34
25 M	85	Lady Day	5 55	6 15
26 Tu	86	Pr. Geo. Wm. born, 1819, ♀ ☌ ☌	5 53	5 57
27 W	87	Peace of Amiens, 1802	5 50	5 39
28 T	88	Panopticon at St. Peters bu. 1818	5 48	5 20
29 F	89	Planet Vesta discovered, 1807	5 46	5 2
30 S	90	Water Teles. inven. 1825, ☿ ☌ ♅	5 44	4 43
31 S	91	Palm Sunday	5 41	4 25

Notes of the Month.—March, which with the ranked the first month of the year, was named in h Mars, the supposed father of the founder of Ron Anglo-Saxon ancestors called it *Lenct monath*, that or Spring month.

APRIL, XXX.

LUNATIONS AND PHASES.

○ Full Moon.... 2 day, 6 hour, 58 minute morn.
☾ Last Quarter.. 9 day, 10 hour, 8 minute aft.
● New Moon.... 17 day, 2 hour, 32 minute aft.
☽ First Quarter.. 25 day, 8 hour, 17 minute aft.
☾ Perigee 3 d. 23 h. ☾ Apogee 19 d. 6 h.

M. and W. D.	Y. D.	Remarkable Days, &c. ⊙ in ♈.	⊙ rises.	Clock fast.	● rises and sets.
			H. M.	M. S.	H. M.
1 M	92		5 39	4 7	4 40
2 Tu	93	Ch. of Latour des. by earthq. 1808	5 37	3 49	4 59
3 W	94	Great inundat. in the North, 1782	5 34	3 31	7 21
4 Th	95	Palais Royal at Paris burnt, 1763	5 32	3 13	8 48
5 F	96	Good Friday	5 30	2 55	10 43
6 S	97	Obs. at Malta bu. 1789, ♀ in Per.	5 28	2 37	11 34
7 ♑	98	Easter Sunday, ☿ sup. ☌ ⊙	5 26	2 20	0 m.37
8 M	99	Water clocks used in R. 158 B.C.	5 23	2 9	9 s. 36
9 Tu	100	Electricity first known, 1467	5 21	1 46	10 45
10 W	101	Earthq. in Calabria, 1785, ♄ ☌ ☾	5 19	1 29	11 55
11 Th	102	Hurr. at Venice, much dam. 1783	5 17	1 12	1 6
12 F	103	15000 Gr. mas. by the Turks, 1822	5 14	0 56	2 13
13 S	104	Telegraphs invented, 1687	5 12	0 40	3 23
14 ♑	105	Low Sunday, ♃ ☌ ☾	5 10	0 24	4 26
15 M	106	Easter Term begins, ♅ ☌ ☾	5 8	0 9	4 35
16 Tu	107	Buffon died at Paris, 1789	5 6	sl. 6	6 39
17 W	108	Ox. and Cam. Ter. beg. ☿ in Per.	5 4	0 21	7 16
18 Th	109	Watersp. at Bromsgr. 1792, ☿ ☌ ☾	5 1	0 35	8 4
19 F	110	Windmills invented, 1290	4 59	0 49	9 8
20 S	111	Louis 18th ent. Lon. 1814, ☌ ☌ ☾	4 57	1 2	10 8
21 ♑	112	Col. Despard arrest. 1798, ♀ ☌ ☾	4 55	1 15	11 6
22 M	113	Storm at Surat, 7000 perish. 1782	4 53	1 28	rises
23 Tu	114	St. George	4 51	1 40	9 m.16
24 W	115	Bank of England built, 1694	4 49	1 51	9 26
25 Th	116	St. Mark	4 47	2 21	10 24
26 F	117	Ther. stood at 75°, 1821, ♄ □ ⊙	4 45	2 13	11 45
27 S	118	Gresham College founded, 1681	4 43	2 23	—
28 ♑	119	Royal Observatory built, 1675	4 41	2 31	2 15
29 M	120	Vatican Library founded, 1448	4 39	2 42	3 27
30 Tu	121	First stone of the London Uni- [versity laid	4 37	2 50	4 53

Notes of the Month.—The Romans gave this month the name of *Aprilis*, from *aperio*, because it was then the season *opened*. By the Saxons it was called *Ostre* month, probably from the same word from which Easter is supposed to have been derived. The Dutch and Germans call it Gras month.

MAY, XXXI.

○ Full Moon.... 2 day, 3 hour, 16 minute aft.
☾ Last Quarter.. 9 day, 8 hour, 22 minute morn.
● New Moon.... 17 day, 8 hour, 53 minute morn
☽ First Quarter.. 25 day, 7 hour, 30 minute morn.
○ Full Moon.... 31 day, 10 hour, 47 minute aft.
☾ Perigee 2 d. 9 h. ☾ Apogee 16 d. 10 h. ☾ Perigee 30 d. 19 h.

M. and W. D.	Y. D.	Remarkable Days, &c. ⊙ in ♉.	⊙ rises.	Clock slow.	● rises and sets.
			H. M.	M. S.	H. M.
1 W	121	St. Philiip and St. James	4 35	2 58	6 r. 18
2 Th	122	Weather cold as winter, 1782	4 33	3 6	7 41
3 F	123	Thunder-storm in Dorset, 1821	4 31	3 13	9 3
4 S	124	Tremendous storm at Bath, 1804.	4 29	3 19	10 21
5 ♑	125	5th Sun. aft. E. [☿ gr. elo. E.	4 28	3 25	11 22
6 M	126	James Boswell died, 1795 [1773	4 26	3 31	sets m.
7 Tu	127	Plague in Mexico, 30,000 died,	4 24	3 35	9 21
8 W	128	Easter Term ends [♄ ☌ ☽	4 23	3 40	10 57
9 Th	129	Earthq. at Tauris, 15,000 h. des.	4 21	3 43	11 52
10 F	130	W. Pitt, E. of Chatham, d. 1778	4 19	3 46	1 17
11 S	131	Great drought in England, 1785	4 17	3 49	2 25
12 ♑	132	Rogation Sunday, ♃ ☌ ☽	4 16	3 51	3 29
13 M	133	Old May Day, ♅ ☌ ☽ [ness, 1785	4 14	3 53	4 23
14 Tu	134	Instan. fires from the heat & dry-	4 13	3 53	5 39
15 W	135	Steam print. pr. inv. 1817, ♀ grt.	4 11	3 54	6 48
16 Th	136	Asc. Day, Holy Thurs. [elong. E.	4 10	3 54	7 52
17 F	137	Lon. Tithe Bill, 1825, ♄ st. ☿ st.	4 8	3 53	8 5
18 S	138	Thames Tun. fell in, 1827, ☿ ☌ ☽	4 7	3 51	9 1
19 ♑	139	Sun. aft. Ascension, ☌ ☌ ☽	4 5	3 49	9 50
20 M	140	Great drought in 1826	4 4	3 47	10 33
21 Tu	141	Ex. Atmos. Phenom. 1817, ♀ ☌ ☽	4 3	3 44	11 8
22 W	142	Trinity Term begins	4 1	3 40	11 39
23 Th	143	The Royal George sunk, 1782	4 0	3 36	rises m.
24 F	144	Queen Victoria born, 1819	3 59	3 31	11 31
25 S	145	Easter Oxford Term ends	3 58	3 26	0 45
26 ♑	146	Whit. Sun. Cam. Term divides	3 57	3 20	1 54
27 M	147	Dr. Dodd executed, 1777 [inf. ☌ ⊙	3 56	3 13	3 29
28 Tu	148	W. James, author, d. 1827, ☿ in	3 55	3 7	3 44
29 W	149	Rest. King Ch. II., Oxf. T. beg.	3 54	2 59	5 13
30 Th	150	Steam gun invented, 1824	3 53	2 52	6 28
31 F	151	Total eclipse of the moon visible	3 52	2 43	7 56

Notes of the Month.—The Hebrews named the month of their Calendar, which is synonymous with this fifth of our own, *Sivan*, from a Chaldaic word, signifying "to rejoice." The Anglo-Saxons knew it as *Tri-milchi*, because their cows, stimulated by the fresh herbage, were so productive of milk as to enable the proprietors to bring them with advantage to the pail three times a day.

JUNE, XXX.

LUNATIONS AND PHASES.

☾ Last Quarter.. 7 day, 8 hour, 29 minute a
● New Moon.... 16 day, 0 hour, 26 minute r
☽ First Quarter.. 23 day, 3 hour, 24 minute a
○ Full Moon.... 30 day, 6 hour, 16 minute a
☾ Apogee 12 d. 16 h. ☾ Perigee 28 d. 2 h.

M. and W. D.	Y. D.	Remarkable Days, &c. ⊙ in ♊.	⊙ rises.	Clock slow.
			H. M.	M. S.
1 S	152	Very heavy rain, 1766	3 51	2 35
2 ♑	153	Trinity Sunday [1772	3 50	2 26
3 M	154	An abund. vintage in France,	3 49	2 16
4 Tu	155	Louis D. of France d. 1789, ♄ ☌ ☽	3 49	2 7
5 W	156	Von Weber, the compos. d. 1826	3 48	1 57
6 Th	157	Corpus Christi	3 47	1 46
7 F	158	Great fire in Cornhill, 1773	3 47	1 36
8 S	159	Transit of Venus, 1761, ♃ ☌ ☽	3 46	1 25
9 ♑	160	1st S. aft. Trin., ♅ ☌ ☽ ☿ stat.	3 46	1 13
10 M	161	Violent storm in France, 19 per.	3 46	1 2
11 Tu	162	St. Barnabas [killed, 1819	3 45	0 50
12 W	163	Trinity Term ends	3 45	0 38
13 Th	164	10 new Peers created, 1826, ☿ ☌ ☽	3 45	0 26
14 F	165	Geo. IV. proclaimed, 1821 [inv.	3 44	0 14
15 S	166	Earthq. at Smyrna, 1778, sun ecl.	3 44	0 1
16 ♑	167	2d S. aft. Trin., ♀ greatest bril.	3 44	b. 11
17 M	168	Bat. Bunker's-hill, 1775, ☌ ⊙ ☽	3 44	0 24
18 Tu	169	Otaheite discovered, 1765, ♀ ☌ ☽	3 44	0 37
19 W	170	Plague raged in the Levant, 1788	3 44	0 50
20 Th	171	Acces. Q. Vic., 1837, ⊙ cnt. ♋	3 44	1 3
21 F	172	Q. Vic. proc. long. day [☿ gr. el. W.	3 44	1 16
22 S	173	Anim. mag. int. into France, 1788,	3 44	1 20
23 ♑	174	3d Sun. aft. Trin. ♃ □ ⊙	3 45	1 42
24 M	175	St. John Baptist, Midsum. Day	3 45	1 55
25 Tu	176	N. Hol. dis. by the Dutch, 1628	3 45	2 8
26 W	177	Great floods in London, 1788	3 46	2 20
27 Th	178	Plague raged in Africa, 1819,	3 46	2 33
28 F	179	Q. Vic. crowned, 1838 [♅ ☌ ⊙	3 46	2 45
29 S	180	St. Peter. Great storm, 1789	3 47	2 58
30 ♑	181	4th Sun. aft. Trin., ♀ stat.	3 84	3 10

Notes of the Month.—June was the *Thamur* o of the Hebrews, that is, after their escape from th lonish captivity, for previously to that they had sim tinguished their months by the aid of numeration. or Tamuz, signifies *continuance*, and *perfection*, allud bably to the almost uninterrupted daylight, matur fruit, &c., which occur during its continuance.

JULY, XXXI.

LUNATIONS AND PHASES.

(Last Quarter.. 7 day, 10 hour, 50 minute morn.
● New Moon.... 15 day, 2 hour, 23 minute aft.
☽ First Quarter.. 22 day, 9 hour, 12 minute aft.
○ Full Moon.... 29 day, 2 hour, 33 minute aft.
(Apogee 10 d. 5 h. (Perigee 25 d. 32 h.

Y. D.	Remarkable Days, &c. ⊙ in ♋.	⊙ rises.	Clock fast.	● rises and sets.
		H. M.	M. S.	H. M
182	Pris. of war in Eng. 54,517 in 1812	3 48	3 22	9 r. 9
183	Madeira disc. 1418, ♄ ☌ (	3 49	3 33	9 38
184	Bril. comet seen 1819, ⊙ in apog.	3 50	3 45	9 59
185	Virg. tak. by Sir W. Raleigh, 1589	3 50	3 56	10 18
186	Revolution in Naples, 1820	3 51	4 7	10 53
187	Dreadful st. at Kingst. 1805 & 1794,	3 52	4 17	11 5
188	5th Sun. aft. Trin. [♃ ☌ ☽, ♅ ☌ ☽	3 53	4 27	11 22
189	Lond. Mechan. Inst. opened, 1825	3 54	4 37	11 45
190	Fire in Westminster Abbey, 1799	3 55	4 46	0 m. 13
191	Statue of Achilles, Hyde Pk. 1822	3 56	4 55	0 41
192	♅ stationary	3 57	5 3	1 24
193	Great drought in England, 1826	3 58	5 11	8 s. 31
194	Royal Institution founded, 1799	3 59	5 19	8 21
195	6th Sun. aft. Trin. ☿ in per. & ☌ ☽	4 0	5 26	7 57
196	St. Swithin, thun. im. hailst. 1808	4 1	5 32	7 46
197	Large fire ball, 1767, ☌ ☌ ☽, ♀ ☌ ☽	4 2	5 38	8 15
198	Brill. meteor seen, 1806	4 3	5 44	8 39
199	Petrarch died, 1374, ♀ ☌ ☌	4 5	5 49	9 0
200	Great heat, ther. 93°, 1825	4 6	5 54	9 21
201	Peace conclu. betw. Fr. & Sp. 1814	4 7	5 58	9 53
202	7th Sun. aft. Trin. ☿ sup. ☌ ⊙	4 8	6 1	10 10
203	Steam nav. Ind. prop. 1824, ☿ ☌ ♀	4 10	6 5	10 34
204	Bonap. took Cairo, 1798, ♀ inf. ☌ ⊙	4 11	6 7	11 5
205	Trem. st. Lond. 1806, ♃ st. ☿ ☌ ☌	4 12	6 9	11 44
206	St. James [1805, ♄ ☍ ⊙	4 14	6 10	0 m. 30
207	Earthq. in Naples, 20,000 perish.	4 15	6 11	1 32
208	Fam. at Ca. Verd Is. 16000 per. 1775	4 17	6 11	2 39
209	8th Sun. aft. Trin. ♀ in aph.	4 18	6 11	7 r. 1
210	Thund. st. in Eng. 1820, ♄ ☌ ☽	4 20	6 10	7 37
211	Orrery invented, 1670	4 21	6 8	7 59
212	Roxburgh Island discovered, 1824	4 23	6 8	8 23

NOTES OF THE MONTH.—July, the fifth month of the Roman Calendar, received the name of *Quintilis* to denote its numerical position. It had in the Alban Caleudar thirty-six days; Romulus took from it five days; Numa reduced it to thirty, but Julius Cæsar enlarged it to thirty-one, In honour of the conqueror, Mark Antony changed its name from *Quintilis* to *Julius*; hence our July. Our Saxon forefathers called it *Mede monath* or *Hey monath*, this being their hay harvest.

AUGUST, XXXI.

LUNATIONS AND PHASES.

(Last Quarter.. 6 day, 3 hour, 26 minute aft.
● New Moon.... 14 day, 2 hour, 31 minute aft.
☽ First Quarter.. 21 day, 2 hour, 15 minute aft.
○ Full Moon.... 28 day, 0 hour, 33 minute morn.
(Apogee 6 d. 22 h. (Perigee 21 d. 3 h.

M. and W. D.	Y. D.	Remarkable Days, &c. ⊙ in ♌.	⊙ rises.	Clock fast.	● rises and sets.
			H. M.	M. S.	H. M.
1	213	Lammas day, ♃ ☌ ☽	4 24	6 3	8 r. 46
2	214	Battle of the Pyrenees, 1813	4 26	6 0	9 0
3	215	America discovered, 1492, ♅ ☌ ☽	4 27	5 56	11 5
4 S	216	9th Sunday after Trinity, ☌ ☌ ⊙	4 29	5 51	noon.
5	217	Trem. hurricane in London, 1825	4 30	5 46	1 21
6	218	Lithography discovered, 1808	4 32	5 40	2 36
7	219	Queen Caroline died, 1821	4 33	5 33	3 27
8	220	Canning died, 1827	4 35	5 26	4 24
9	221	Dryden born, 1631	4 36	5 18	5 19
10	222	Grand display of meteors, 1826	4 38	5 10	5 56
11 S	223	10th Sunday after Trin. ♀ ☌ ☽	4 39	5 1	6 32
12	224	Grouse shooting ends	4 41	4 51	7 3
13	225	Q. Adelaide b. 1792, ☌ ☌ ☽, ♀ sta.	4 43	4 41	r. noon
14	226	Earthquake at Aberdeen, 1816	4 44	4 31	4 12
15	227	Ther. at Paris 98°, 1818, ☿ ☌ ☽	4 46	4 20	6 16
16	228	Trees blossomed twice, 1818	4 47	4 8	7 56
17	229	Duchess of Kent born, 1786	4 49	3 56	9 11
18 S	230	11th Sunday after Trinity	4 50	3 43	10 24
19	231	Ptolemy died, 137	4 52	3 30	11 47
20	232	Saturn's satellites discov. 1608	4 54	3 16	rises a.
21	233	Washington burnt, 1814	4 55	3 2	2 14
22	234	Saturn's ring discovered, 1634	4 57	2 48	3 21
23	235	The Great Comet, 1835	4 58	2 33	4 13
24	236	St. Bartholomew	5 0	2 18	4 56
25 S	237	12th Sun. after Trinity, ♄ ☌ ☽	5 2	2 2	5 32
26	238	Prince Albert born, 1819	5 3	1 46	6 1
27	239	Bat. of Dresden, 1813, ☿ in aph.	5 5	1 29	6 22
28	240	Teleg. invent. 1687, ♀ great. bril	5 6	1 12	6 42
29	241	Revolution in Portu. 1820, ♃ ☌ ☽	5 8	0 55	7 6
30	242	Paley born, 1743, ♅ ☌ ☽	5 10	0 37	7 32
31	243	Tremend. gales in Engl. 1816	5 11	0 19	7 50

NOTES OF THE MONTH.—This month derived its name from Augustus, the Roman Emperor; it was called *Sextilis*, or the sixth mouth, in the Alban Calendar. The Anglo-Saxons called it either *Barn monath*, alluding to this being the period when their barns were commonly filled, or *Weod monath*, Clothing month, alluding to their fields being then clothed with corn, just as the Romans dedicated this month to Ceres, the goddess of harvest.

SEPTEMBER, XXX.

LUNATIONS AND PHASES.

(Last Quarter.. 4 day, 9 hour, 43 minute aft.
● New Moon.... 12 day, 1 hour, 16 minute aft.
☽ First Quarter.. 19 day, 7 hour, 52 minute morn.
○ Full Moon.... 26 day, 1 hour, 13 minute aft.
(Perigee 3 d. 17 h. (Apogee 15 d. 16 h.

M. and W. D.	Y. D.	Remarkable Days, &c. ⊙ in ♍.	⊙ rises.	Clock slow.	● rises and sets.
			H. M.	M. S.	H. M.
1 S	244	13th Sun. aft. Trin. ☿ gr. el. E.	5 13	0 0	8 r. 12
2 M	245	Partridge shooting begins	5 14	0 18	8 41
3 Tu	246	Weath. bks. aft. 108 hot days, 1818	5 16	0 37	9 10
4 W	247	Heligoland taken, 1807	5 18	0 57	9 53
5 Th	248	Malta taken, 1800	5 19	1 16	10 41
6 F	249	Shakespeare's Jubilee, 1769	5 21	1 36	11 34
7 S	250	Solar eclip. cent. & annular, 1820	5 22	1 56	—
8 S	251	14th Sun. after Trinity, ♀ ☌ ☽	5 24	2 17	1 40
9 M	252	William IV. crowned, 1831	5 26	2 37	2 48
10 Tu	253	Snow at Newcastle, 1827	5 27	2 58	4 0
11 W	254	Destructive inunda. 1785, ☌ ☌ ☽	5 29	3 8	5 15
12 Th	255	Hull Wet Docks opened, 1778	5 30	9	sets
13 F	256	Gr. drought in Portu. 1815, ☿ ☌ ☽	5 32	0	6 16
14 S	257	Jewish year 5605 begins	5 34	4 21	6 43
15 S	258	15th Sun. after Trinity. ☿ stat.	5 35	4 42	7 11
16 M	259	Trem. st. of th. & lightning, 1823	5 37	5 4	7 44
17 Tu	260	Whale caught in Solw. Frith, 1817	5 38	5 25	8 23
18 W	261	George I. and II. landed	5 40	5 46	9 17
19 Th	262	Destructive gales, W. Indies, 1820	5 42	6 7	2 r. 8
20 F	263	Cov. Gard. th. bnt. 1808, ☌ in aph.	5 43	6 28	2 57
21 S	264	St. Matthew, ♃ ☍ ⊙, ♄ ☌ ☽	5 45	6 49	3 33
22 S	265	16th Sun. aft. Trin. ⊙ enters ♎	5 46	7 10	4 0
23 M	266	Ald. Wood died, 1843	5 48	7 31	4 27
24 Tu	267	Beila's comet, 1832	5 50	7 51	4 48
25 W	268	2nd crop of strawbe. 1822, ♃ ☌ ☽	5 51	8 12	5 12
26 Th	269	Pac. Ocean disc. 1513, ♅ ☌ ☽, ☍ ⊙	5 53	8 32	5 29
27 F	270	Fever at Gibraltar, 1814	5 55	8 52	5 53
28 S	271	Wey and Avon Canal open. 1816,	5 56	9 12	6 14
29 S	272	17th Sun. a. T. Mich. d. [☿ inf. ☌ ⊙	5 58	9 32	6 40
30 M	273	St. Jerome	5 59	9 52	7 13

NOTES OF THE MONTH.—In the Latin and Roman Calendar, this was the seventh month, and hence its name from *septem*, seven, *imber*, a shower of rain, this being the commencement of the rainy season. It had only sixteen days assigned to it in the Alban Calendar; these were increased to thirty by Romulus, to thirty-one by Julius Cæsar, but Augustus reduced it to its present number. The ancient Saxons called it *Berst monath*, or Barley month.

OCTOBER, XXXI.

LUNATIONS AND PHASES.

(Last Quarter.. 4 day, 4 hour, 29 minute aft.
● New Moon.... 11 day, 11 hour, 24 minute aft.
☽ First Quarter.. 18 day, 3 hour, 16 minute aft.
○ Full Moon.... 26 day, 5 hour, 5 minute morn.
ogee 1 d. 2 h. (Perigee 13 d. 10 h. (Apogee 29 d. 3 h.

Y. D.	Remarkable Days, &c. ⊙ in ♎.	⊙ rises.	Clock slow.	● rises and sets.
		H. M.	M. S.	H. M.
274	Coimbra taken, 1810, ♀ ☌ ☽	6 1	10 11	7 r. 51
275	Pheas. shooting beg. ♀ gr. el. W.	6 3	10 30	8 33
276	Archbishop Tillotson born, 1730	6 4	10 49	9 26
277	Earthq. in Sicily, 1784, ♄ stat.	6 6	11 7	10 22
278	Dense fog in London, 1827	6 8	11 25	11 22
279	18th Sun. after Trinity, ☿ stat.	6 9	11 43	—
280	Apples 1s. a bushel, 1827 [♀ ☌ ☽	6 11	12 1	1 39
281	Q. of Wurtemburg left Eng. 1827,	6 13	12 18	2 55
282	Gipsies expeld. Eng. 1563, ☌ ☌ ☽	6 14	12 34	4 7
283	Oxf. & Cam. Te. beg. ☿ in per. ☌ ☽	6 16	12 50	5 24
284	America discovered, 1492	6 18	13 6	rises
285	Earthq. at St. Lucia, 900 peris. 1788	6 19	13 2	7 11
286	19th Sun. aft. Trin. ☿ gr. el. W.	6 21	13 36	8 35
287	Murat shot, 1815 [1824	6 23	13 50	9 55
288	Thames & Medway Canal opened,	6 25	14 4	11 3
289	Qu. of France beheaded, 1793	6 26	14 17	—
290	King of Sardinia died, 1796	6 28	14 29	0 53
291	St. Luke, ♄ ☌ ☽	6 30	14 41	1 26
292	Napoleon aband. Moscow, 1812	6 31	14 52	2 5
293	20th Sunday after Trinity	6 33	15 3	2 28
294	Battle of Trafalgar, 1805	6 35	15 13	2 49
295	Very high tides, 1812, ♃ ☌ ☽	6 37	15 22	3 12
296	Hurri. at Barbadoes, 1817, ♅ ☌ ☽	6 38	15 31	3 30
297	Wales inc. with Eng. 1536, ♄ □ ⊙	6 40	15 39	3 54
298	Riots at Birmingham, 1793	6 42	15 46	4 17
299	Greenwich Observat. built, 1675	6 44	15 52	4 42
300	21st Sunday after Trinity	6 46	15 58	5 13
301	St. Simon and St. Jude	6 47	16 3	5 50
302	Wheat 108*s.* 7*d.* per quarter, 1800	6 49	16 8	6 32
303	France divided into 80 departm.	6 51	16 11	7 19
304	Allhallows Eve [1789	6 53	16 14	8 14

NOTES OF THE MONTH.—October was called by our Saxon fathers *Wyn monath*, or Wine month, and sometimes *Winter fylleth*, from the approach of Winter. It was the eighth month of the Alban Calendar, in which it had thirty-one days. Its name is derived from the Latin *octo*, eight, and *imber*, a shower of rain. Romulus reduced it to thirty-days; Numa to twenty-nine; Julius and Augustus each added one, and this number has not since been altered.

NOVEMBER, XXX.

LUNATIONS AND PHASES.

(Last Quarter.. 3 day, 10 hour, 19 minute morn.
● New Moon.... 10 day, 9 hour, 36 minute morn.
☽ First Quarter.. 17 day, 1 hour, 31 minute morn.
○ Full Moon.... 24 day, 11 hour, 42 minute aft.
(Perigee 10 d. 18 h. (Apogee 25 d. 11 h.

M. and W. D.	Y. D.	Remarkable Days, &c. ⊙ in ♏.	⊙ rises.	Clock slow.	● rises and sets.
			H. M.	M. S.	H. M.
1 F	305	All Saints	6 54	16 16	r. mid.
2 S	306	Michaelmas Term begins	6 56	16 17	1 24
3 S	307	22nd Sunday after Trinity	6 58	16 18	1 49
4 M	308	Lyons surrendered, 1793	7 0	16 17	2 11
5 Tu	309	Gunpowder Plot, 1605	7 2	16 16	2 36
6 W	310	Han. occup. by Allies, 1813, ♀ ☌ ☽	7 3	16 14	3 1
7 Th	311	Great inun. in Italy, 1773, ☌ ☌ ☽	7 5	16 12	3 26
8 F	312	Cam. Term div. [⊙ eclip. inv.	7 7	16 8	3 55
9 S	313	Ld. May. day, Pr. Wales b. 1841,	7 9	16 4	4 8
10 S	314	23rd Sunday aft. Trinity, ☿ ☌ ☽	7 10	15 58	sets.
11 M	315	St. Martin. Half Quarter [meets	7 12	15 32	4 59
12 Tu	316	Gt. show. of met. 1799, Met. Soc.	7 14	15 45	5 58
13 W	317	French enter Vienna, 1805	7 16	15 37	6 59
14 Th	318	Riots at Nottingh. 1811, ♄ ☌ ☽	7 17	15 28	7 29
15 F	319	Minorca taken by the Eng. 1798,	7 19	15 19	9 36
16 S	320	K. of Prussia d. 1797 [☿ sup. ☌ ⊙	7 21	15 8	10 56
17 S	321	24th Sun. aft. Trinity [♀ in per.	7 23	14 57	11 5
18 M	322	Cath. Val. des. by lightning, 1822,	7 24	14 45	mid.
19 Tu	323	Brit. Mus. estab. 1753, ♃ ☌ ☽, ♃ st.	7 26	14 32	2 24
20 W	324	Great snow storm, 1807, ♅ ☌ ☽	7 28	14 18	rises
21 Th	325	Princess Roy. b. 1840, St. Cecilia	7 29	14 3	2 18
22 F	326	Tremendous gales in Eng. 1824	7 31	13 47	2 43
23 S	327	Ther. 9° bel. freez. 1827, ☿ in aph.	7 33	13 31	3 12
24 S	328	25 Sun. aft. Trin. (tot. eclip. vis.	7 34	13 14	3 47
25 M	329	Mich. T. ends, transit of ☿, 1765	7 36	15 56	4 21
26 Tu	330	Violent hurricane, 1821, ♀ ☌ ☌	7 37	12 38	5 7
27 W	331	Great drought in Jamaica, 1821	7 39	12 18	6 4
28 T	332	Fr. ent. Moscow, 1806 [floods, 1821	7 41	11 58	7 8
29 F	333	Violent storm at Liverpool, great	7 42	11 37	8 4
30 S	334	St. Andrew, comet dis. at Paris, [1788	7 44	11 16	9 18

NOTES OF THE MONTH.—The early Saxon inhabitants of England called this *Blott monath*, or Slaughter month, because, in those primitive days, winter feed was so scarce in England that it was usual to kill and salt the greater part of their winter meat in this month; they called it also *Wint monath*, or Wind month, from the tempestuous weather with which it is commonly accompanied. Its name is derived from the Latin *novem*, nine, and *imber*, a shower.

DECEMBER, XXXI.

LUNATIONS AND PHASES.

(Last Quarter.. 3 day, 2 hour, 8 minute morn.
● New Moon.... 9 day, 8 hour, 13 minute aft.
☽ First Quarter.. 16 day, 3 hour, 21 minute aft.
○ Full Moon.... 24 day, 7 hour, 29 minute aft.
(Perigee 9 d. 6 h. (Apogee 22 d. 13 h.

M. and W. D.	Y. D.	Remarkable Days, &c. ⊙ in ♐.	⊙ rises.	Clock slow.	● rises and sets.
			H. M.	M. S.	H. M.
1 S	336	1st Sunday in Advent	7 45	10 54	10 19
2 M	337	Eruption of Vesuvius, 1787	7 47	10 38	11 26
3 Tu	338	Great hurric. in W. Indies, 1781	7 48	10 8	0 m. 38
4 W	339	Severe frost beg. Nov. 25, 1789	7 49	9 44	1 52
5 Th	340	Hispaniola discov. 1492 [☌ ☌ ☽	7 50	9 20	3 12
6 F	341	Gr. st. in Lond. 5th, 6th, 7th, 1774,	7 52	8 35	4 32
7 S	342	Marshal Ney shot, 1815, ♀ ☌ ☽	7 53	8 29	5 57
8 S	343	2nd Sunday in Adveut	7 54	8 3	7 19
9 M	344	Grouse shoot. ends, ⊙ eclip. inv.	7 55	7 57	7 55
10 Tu	345	Meteorological meet. [☿ ☌ ☽ ♅ st.	7 57	7 10	sets
11 W	346	Saxony erect. into kingdom, 1806,	7 58	6 42	5 56
12 Th	347	Gr. comet vis. 4 mon. 1811, ♄ ☌ ☽	7 59	6 14	7 16
13 F	348	New Ball & Cross St. Paul's, 1821	8 0	5 46	8 32
14 S	349	The Planet Juno disc. 1804	8 1	5 18	9 49
15 S	350	3rd Sunday in Advent	8 1	4 49	10 1
16 M	351	Cambridge Term ends, ♃ ☌ ☽	8 2	4 20	0 13
17 Tu	352	Oxf. Term ends, ♃ ☌ ⊙, ♅ ☌ ☽	8 3	3 50	1 21
18 W	353	Great fall of snow, 1808	8 4	3 21	2 23
19 Th	354	Riots in Manchester, 1792	8 5	2 51	0 r. 47
20 F	355	Riots in Dublin, 1815	8 5	2 21	1 15
21 S	356	St. Thomas, ⊙ enters ♑	8 6	1 51	1 48
22 S	357	4th Sunday in Advent	8 7	1 21	2 25
23 M	358	Dense fogs, 1812 (7 days), ♅ □ ⊙	8 7	0 51	3 11
24 Tu	359	Very severe weather, 1819	8 8	0 21	4 2
25 W	360	Christ. Day, Ther. 20° bel. zero,	8 8	bef. 9	5 1
26 Th	361	St. Stephen, ☿ gr. el. E. [1796	8 8	0 39	6 1
27 F	362	St. John, Plague in Spain, 1805	8 8	1 9	7 4
28 S	363	Innocents, high tides, 1804	8 9	1 39	8 14
29 S	364	1st Sun. aft. Christmas [⊙ in per.	8 9	2 8	9 11
30 M	365	Christenings 29199, burials 19666,	8 9	2 38	10 30
31 Tu	366	Union bet. Gr. Brit. & Irel. 1800	8 10	3 6	11 28

NOTES OF THE MONTH.—The month of December, so named by the Romans from being the tenth, or last month, into which they divided the year, was denominated, by the Saxons *Winter monath*; but after the introduction of Christianity they piously gave it the name of Holy month, or *Heligh monath*.

STATE OF THE WEATHER FOR 1844.

(According to P. Murphy, Esq.)

JANUARY.—1, windy, and cold; 2, changeable; 3, rain, with fog; 4, fair; 5, frost; 6, frost; 7, frost, with increased severity; 8, frost; 9, frost; 10, frost, with fog; 11, frost; 12, frost; 13, thaw, with haze; 14, thaw, with slight rain; 15, wind; 16, changeable; 17, slight return of frost, succeeded by wind and rain; 18, wet, accompanied with storm; 19, continuance of the same weather; 20, storm, with rain; 21, changeable, wind; 22, changeable, wind; 23, rain, with storm; 24, fair; 25, heavy rain, with storm; 26, fair; 27, rain, wind; 28, fair; 29, frost, with fog; 30, changeable; 31, rain, with storm.

FEBRUARY.—1, changeable; 2, rain, storm; 3, rain, storm; 4, changeable; 5, changeable; 6, rain; 7, changeable, with hail; 8, frost; 9, rain, storm; 10, fair; 11, changeable, wind; 12, fair; 13, fog; 14, rain; 15, fair, but gloomy; 16, rain; 17, changeable, cold; 18, frost, with snow showers; 19, frost; 20, sharp frost; 21, continuance of the frost; 22, frost; 23, sharp frost; 24, frost; 25, sharp frost; 26, frost; 27, frost; 28, frost; 29, frost, wind.

MARCH.—1, continuanee of the frost; 2, changeable; 3, windy; 4, return of frost; 5, frost; 6, sharp frost; 7, frost; 8, frost, with fog; 9, frost; 10, changeable; 11, fair; 12, gloomy, but fair; 13, fair; 14, rain; 15, fair; 16, fair, but cold; 17, gloomy, but fair; 18, fair; 19, changeable, wind; 20, slight frost, succeeded by wind; 21, changeable; 22, hail showers, with snow; 23, slight frost, succeeded by hail showers; 24, frost; 25, snow showers; 26, frost, succeeded by rain; 27, gloomy, but fair; 28, fair, fog; 29, fair, and mild; 30, changeable; 31, changcable.

APRIL.—1, slight frost; 2, gloomy, but fair; 3, fair; 4, bright, and mild; 5, changeable; 6, changeable; 7, stormy, with hail showers; 8, fair; 9, fair, slight frost; 10, frost; 11, fair; 12, fair; 13, fair; 14, fine, and warm; 15, fair; 16, fair; 17, fair; 18, fair; 19, changeable; 20, fair, with rise of temperature; 21, fair, and pleasant; 22, fair; 23, fair; 24, bright, and warm; 25, fair, with increased heat; 26, fair, and sultry; 27, fair, and sultry; 28, inereased heat; 29, high temperature; 30, high temperature.

MAY.—1, sultry; 2, increased heat; 3, changeable; 4, rain; 5, fair, but windy; 6, rain; 7, changeable; 8, rain; 9, changeable; 10, fair, but cold; 11, rain; 12, rain; 13, rain; 14 changeable; 15, rain, wind; 16, changeable, cold; 17, changeable; 18, rain, with fall of temperature; 19, rainy, and harsh; 20, changeable; 21, rainy, and cold; 22, changeable; 23, fair, and warm; 24, fair, and warm; 25, bright, warm and pleasant; 26, fair, and sultry; 27, rain; 28, changeable, cold; 29, changeable; 30, fair, and pleasant; 31, fair, and warm.

JUNE.—1, changeable; 2, rain; 3, fair, and pleasant; 4, changeable, probably thunder; 5, rain; 6, raiu; 7, fair; 8, fair; 9, fair, and sultry; 10, fair, and warm; 11, changeable, thunder; 12, fair, and warm; 13, fair, and warm; 14, rain; 15, changeeble; 16, bright, and sultry; 17, fair, and sultry; 18, rain, and storm; 19, fair, and pleasant; 20, changeable; 21, changeable; 22, rain, wind; 23, changeable; 24, changeable, cold; 25, rain; 26, changeable; 27, fair; 28, gloomy, but fair; 29, changeable, wind; 30, windy, but fair.

JULY.—1, changeable, wind; 2, changeable, wind; 3, fair, but gloomy; 4, changeable, wind; 5, rain, wind; 6, changeable, storm; 7, rain; 8, changeable; 9, fair, but gloomy; 10, fair, but cold; 11, fair, but cold; 12, changeable; 13, fair, and warm; 14, fair, and sultry; 15, changeable, wind; 16, fair, wind; 17, changeable; 18, changeable, wind; 19, changeable; 20, rain, 21, fair; 22, changeable; 23, changeable; 24, changeable; 25, rain; 26, fair, and pleasant; 27, changeble; 28, fair, and sultry; 29, fair, and sultry; 30, changeable; 31, fair, and warm.

AUGUST.—1, fair, and sultry; 2, fair, with increased heat; 3, fair, and sultry; 4, fair, and sultry; 5, fair and sultry; 6, gloomy, but fair; 7, fair, and sultry; 8, fair; 9, fair, and sultry; 10, rain; 11, rain; 12, changeable; 13, rain, wind; 14, changeable; 15, changeable; 16, rain, and storm; 17, changeable, wind; 18, rain; 19, fair, and warm; 20, fair, and sultry; 21, changeable; 22, changeable; 23, fair, sultry; 24, fair; 25, fair, but cold; 26, fair, and warm; 27, changeable; 28, fair, fog; 29, fair, and sultry; 30, fair; 31, fair, but sharp.

SEPTEMBER.—1, changeable; 2, rain; 3, changeable; 4, changeable; 5, fair, and warm; 6, fair; 7, fair; 8, changeable, wind; 9, changeable, wind; 10, fair; 11, slight frost, succeeded by a harsh day; 12, fair, and warm; 13, rain; 14, rain, wind; 15, rain, wind; 16, fair, but windy; 17, slight frost, fair; 18, rain, storm; 19, gloomy, but fair; 20, changeable; 21, rain, storm; 22, fair, though windy; 23, changeable; 24, rain; 25, rain; 26, fair; 27, rain, wind; 28, changeable; 29, fair; 30, fair, though gloomy.

OCTCBER.—1, fair, and pleasant; 2, fair, but cold; 3, changeable, cold; 4, rain; 5, fair, fog; 6, fair; 7, foggy, and cold; 8, fair; 9, fair; 10, fair, but windy; 11, fair, and pleasant; 12, foggy; 13, fair; 14, fair; 15, rain; 16, rain; 17, rain, wind; 18, windy, but dry; 19, fair, and pleasant; 20, fair; 21, rain; 22, rain; 23, hail showers; 24, slight frost; 25, fair; 26, rain; 27, fair; 28, rain; 29, changeable; 30, fair; 31, fair, but gloomy.

NOVEMBER.—1, rain, wind; 2, fair, but gloomy; 3, changeable, wind; 4, rain, and storm; 5, wet, and stormy; 6, changeable; 7, fair; 8, rain, and storm; 9, fair; 10, rain; 11, fair; 12, rain, storm; 13, fair, but windy; 14, fair, and pleasant; 15, rain, storm; 16, wet, and stormy; 17, changeable, probably snow showers; 18, rain; 19, frost; 20, rain, and storm; 21, fair; 22, changeable; 23, fair, fog; 24, fair, but gloomy; 25, frost; 26, sharp frost; 27, fog; 28, sharp frost; 29, changeable, 30; fair, and mild.

DECEMBER.—1, fair, and pleasant; 2, frost, and fog; 3, sharp frost; 4, changeable; 5, fair, but gloomy and cold; 6, fair; 7, rain, wind; 8, slight frost; 9, hazy, but mild; 10, gloomy, and cold; 11, gloomy, and cold; 12, frost; 13, sharp frost; 14, sharp frost, with snow; 15, severe frost; 16, severe frost, with snow; 17, frost, sueceeded by a slight thaw; 18, frost; 19, slight frost; 20, slight frost; 21, frost, wind; 22, sharp frost; 23, frost; 24, severe frost; 25, very severe frost; 26, severe frost; 27, severe frost; 28, frost, with snow; 29, severe frost; 30, changeable, wind; 31, slight return of frost.

ECLIPSES IN 1844.

May 31, MOON totally eclipsed, visible at Greenwich. Begins at 8h. 14·1m. P.M., mean time at Greenwich; middle 10h. 50·2m.; ends June 1 at 1h. 26·3m. A.M.; magnitude of the eclipse (moon's diameter = 1), 1·327, on the northern limb.

June 15, SUN partially eclipsed, invisible at Greenwich. Begins on the earth generally at 10h. 4·2m. P.M., mean time at Greenwich; ends on the earth generally on the 16th at 2h. 22·1m. A.M. This eclipse will be visible in the South Pacific and Great Southern Ocean.

November 10, SUN partially eclipsed, invisible at Greenwich. Begins on the earth generally at 9h. 12·1m. A.M., mean time at Greenwich; ends on the earth generally at 10h 29·9m. This eclipse will only be visible in a small portion of the Great Southern Ocean.

November 24, MOON totally eclipsed, visible at Greenwich. Begins at 8h. 36·9m. P.M., mean time at Greenwich; middle at 11h. 44·5m.; ends 25th at 2h. 52·1m. A.M. Magnitude of the eclipse (Moon's diameter = 1), 1·435, on the southern limb.

December 9, SUN partially eclipsed, invisible at Greenwich. Begins on the earth generally at 6h 18·6m. P.M., mean time at Greenwich; ends on the earth generally at 9h. 44m. This eclipse will be visible in the North Pacific Ocean, and in the greater part of North America.

THE FOUR QUARTERS OF THE YEAR.

Spring Quarter begins	March	20	11h	55m	morn.
Summer ,,	June	21	8	46	morn.
Autumnal ,,	Sept.	22	10	56	aftrn.
Winter ,,	Dec.	21	4	30	aftrn.

HOLIDAYS KEPT AT THE PUBLIC OFFICES IN 1844.

At the Exchequer all holidays are abolished except Christmas Day and Good Friday. Custom-House, Excise, Stamps and Taxes Offices, Good Friday, April 5; Queen's Birthday, May 24; Prince of Wales's Birthday, November 9; Christmas Day, December 25. All the above days are also ordered to be kept as holidays by the officers and servants of the Dock Companies of the United Kingdom. At the Stamps and Taxes Office, the Restoration of Charles II., May 29; Whit Monday and Tuesday, are kept in addition. India House, Good Friday, April 5; Christmas Day, December 25. Bank of England and South Sea House, Good Friday, April 5; Christmas Day, December 25, and, in the Transfer Offices, 1st May and 1st November in addition.

N.B. Whenever the 1st May or 1st November falls on a Sunday, the holiday will be kept on the Monday following.

British Museum, the Public are admitted on Mondays, Wednesdays, and Fridays, between the hours ten and four, from the 7th September to the 1st May; and between the hours of ten and seven from the 7th May to the 1st September. The Museum is closed between the 1st and 7th January, the 1st and 7th May, and the 1st and 7th September, and on Ash Wednesday, Good Friday, and Christmas Day.

Any special fast or thanksgiving days ordered by authority are kept in addition by all the above establishments.

TRANSFER DAYS.

The Transfer Days are now Tuesdays, Wednesdays, Thursdays and Fridays. Dividends are due at the following dates, and are receivable at any time subsequently:—

AT THE BANK.

Bank Stock	Apr. 5, Oct. 10
3 per Cent. Cons.	Jan. 5, July 5
3 per Cent. 1726	Jan. 5, July 5
3 per Cent. Reduc	Apr. 5, Oct. 10
New 3½ per Cent. Annuit	Jan. 5, July 5
New 5 per Cent. Annuit	Jan. 5, July 5
3½ per Cent. Red.	Apr. 5, Oct. 10
3½ per Cent. 1818	Apr. 5, Oct. 10
Con. Long Ann	Apr. 5, Oct. 10
Annuities for Terms of Years, ending 10th Oct. 1859, pursuant to 10th Geo. 1V	Apr. 5, Oct. 10
Annuities for Terms of Years, ending 5th Jan. 1860, pursuant to 10th Geo. IV	Jan. 5, July 5
Life Annuities, if purchased between Jan. 5 and Apr. 4, or between July 5 and Oct. 9	Jan. 5, July 5
If purchased between Apr. 5 and July 4, or between Oet. 10 and Jan. 4.	Apr. 5, Oct. 10

AT THE SOUTH SEA HOUSE

South Sea Stock	Jan. 5, July 5
New 3 per Cent. Ann.	Jan. 5, July 5
Old 3 per Cent. Ann.	Apr. 5, Oct. 10
3 per Cent. 1751	Jan. 5, July 5

AT THE EAST INDIA HOUSE.

Stock	Jan. 5, July 5
Interest on India Bonds, due	Mar. 31, Sep. 30

Tickets for preparing Transfer of Stock must be given in at eaeh Office before 1 o'cloek; at the East India House before 2.

Private Transfers may be made at other times than as above, the Books not being shut, by paying at the Bank, India House, and South Sea House, 2s. 6d. extra for each Transfer; but no Transfer can be mde after 1 o'clock on Saturdays.

Transfer at the Bank must be made by half-past 2 o'clock; at India House by 3; at South Sea House by 2.

Expense of Transfer in

Bk. Stock, 25*l.* & under, 9s.; above that sum, 12s.
Ind. do. 10*l.* ,, 1*l.* 10s.; ,, 1*l.* 10s.
S. Sea do. if under 100*l.* 9s. 6d.; ,, 12s.

Powers of Attorney for the Sale or Transfer of Stock must be deposited at the Bank, &c., for examination, one day before they can be acted upon; if for receiving Dividends, it is sufficient to present them at the time the first Dividend becomes payable.

The expense of a Power of Attorney is 1*l.* 1s. 6d. for each Stock separately, but for Bank, India, and South Sea Stock, 1*l.* 11s. 6d.; and when required to be made out on the same day, half-past Twelve o'clock is the latest time for receiving orders. The boxes for receiving Powers of Attorney for Sale, close at Two o'clock.

All Probates of Wills, Letters of Administration, and other proofs of decease, are to be left at the Bank, &c., for Registration from two to three clear days, exclusive of holidays.

HACKNEY CARRIAGE FARES.

All vehicles, whether on two or more wheels, plying for passengers in any part of the metropolis, within five miles of the General Post Office, with the exception of those licensed as stage-coaches, are deemed hackney carriages within the provisions of the Act.

Fares according to Distance.—For every hackney carriage drawn by two horses any distance not exeeeding one mile, one shilling, and sixpence for every additional half mile or fractional part of half a mile.

Fares according to Time.—For every hackney carriage drawn by two horses any time not exceeding half an hour, one shilling, and sixpence for every additional quarter of an hour, or fractional part thercof.

Cabriolets.—For every hackney carriage drawn by one horse only, two thirds of the rates and fares above-mentioned.

EXHIBITIONS, AND OTHER PLACES OPEN GRATUITOUSLY.

The British Museum.—Monday, Wednesday, and Friday, and the whole of Easter and Whitsun weeks except Saturday, from 10 till 4; from May to September, 10 to 7; closed the first week in January, May, and September, and on Christmas Day, Good Friday, and Ash Wednesday.—Young Children not admitted on Holidays.

National Gallery.—Monday, Tuesday, Wednesday, and Thursday, and the whole of Easter and Whitsun weeks except Saturday, from 10 till 5; closed for six weeks from the end of the second week in September, and on Christmas Day and Good Friday.

St. Paul's.—Each week day from 9 to 11, and from 3 to 4; and on Sunday during the time of divine service. At other times 2d.

East India House Museum.—Saturday, from 11 to 3; all the year except in September.

Soane Museum, 13, Lincoln's Inn Fields.—Thursday and Friday during April, May, and June, from 10 to 4. Tickets must be applied for previously, and will be sent by post.

Society of Arts, 19, John street, Adelphi.—Any day except Wednesday, to strangers and mechanics.

Hampton Court Palace.—Every day, except Friday, from 10 till 4.

Kew Gardens.—Every day except Sunday, from 1 to 6.

Woolwich Model and Rocket Rooms.—Daily.

Dulwich Gallery.—Each week day, except Friday, from 10 to 5 in summer, and from 11 to 3 in winter. Tickets to be had gratis of most of the respectable printsellers in London.

London Missionary Museum, Bloomfield street, Finsbury.—Tuesday, Thursday and Saturday, with orders from a director.

United Service Museum, Middle Scotland Yard.—Daily, with orders from members.

Entomological Society's Museum, 17, Old Bond street.—Every Tuesday, from 3 to 8.

College of Surgeons' Museum.—Monday, Wednesday, and Friday, with orders from members.

Museum of Economic Geology, Craig's court, Charing Cross.—Daily, from 10 to 4 during November, December, January, and February; the rest of the year from 10 to 5.

STAMPS AND DUTIES IN GREAT BRITAIN AND IRELAND.

Appraisements.

	£.	s.	d.
Amount not exceeding £50	0	2	0
Above £50 and not above £100	0	5	0
100 200	0	10	0
200 500	0	15	0
500 and upwards	1	0	0

Exemption.—Valuation for legacy-duty.

Agreements.

Of the value of 20*l.* and upwards, containing only 1,086 words, 1*l.*; more than 1,080 words, 1*l.* 15s.; and for every farther 1,080 words, 1*l.* 5s.

Apprenticeship Indentures.

If the premium be under 30*l.* ....£1.
£30 and under £50.....£2

50	100.....	3
100	200.....	6
200	300.....	12
300	400.....	20
400	500.....	25
500	600.....	30
600	800.....	40
800	1,000.....	50

1,000 or upwards..... 60

If no premium, 1*l.*; or 1*l.* 15s. if more than 1,080 words.

The apprentice to have these indentures.

Duplicates to the above for master, 1*l.* 15s.

Assignment or Turn-over, if a premium, the same as above.

Exemptions.—Indentures of apprentices for sea-service, and indentures for placing out poor children.

Bills and Promissory Notes.

Not exceeding two months after date, or 60 days after sight. Period.	s.	d.	s.	d.
For £2 and not exceeding £5 5s.	1	0	1	6
Above £5 5s. and not exceeding £20	1	6	2	0
20 30	2	0	2	6
30 50	2	6	3	6
50 100	3	6	4	6
100 200	4	6	5	0
200 300	5	0	6	0
300 500	6	0	8	6
500 1,000	8	6	12	6
1,000 2,000	12	6	15	0
2,000 3,000	15	0	25	0
3,000	25	0	20	0

Penalty for Post-dating Bills of Exchange, 100*l.*

N.B.—Promissory Notes on Demand made out of Great Britain shall not be negotiable in Great Britain, whether they are payable in Great Britain or not, unless they have the above duties.

Foreign.

	s.	d.
Drawn singly, same as inland bills. When in sets, then for every bill of each set not exceeding £100..	1	6
Above 100 and not above ..... 200..	3	0
200 ..... 500..	4	0
500 ..... 1,000..	5	0
1,000 ..... 2,000..	7	9
2,000 ..... 3,900..	10	0
3,000	15	0

The duty on a promissory note for the payment of any sum by instalments, or of several sums at different times, is the same as that on a promissory note payable within a period not exceeding two months after date, for a sum equal to the whole amount to be paid.

Bonds, Mortgages, &c.

	£.	s.
Not exceeding £50	1	0
Above £50 and not above £100	1	10
100 200	2	0
200 300	3	0
300 500	4	0
500 1,000	5	0
1,000 2,000	6	0
2,000 3,000	7	0
3,000 4,000	8	0
4,000 5,000	9	0
5,000 10,000	12	0
10,000 15,000	15	0
15,000 20,000	20	0
20,000	25	0

Conveyances.

When consideration under £10.... 10s.

Under £.		Under £.	s.	Under £.		Duty £.
50	.....	1	0	8,000	.....	75
150	.....	1	10	9,000	.....	85
300	.....	2	0	10,000	.....	95
500	.....	3	0	12,500	.....	110
750	.....	6	0	15,000	.....	130
1,000	.....	9	0	20,000	.....	170
2,000	.....	12	0	30,000	.....	249
3,000	.....	25	0	40,000	.....	350
4,000	.....	35	0	50,000	.....	450
5,000	.....	45	0	60,000	.....	550
6,000	.....	55	0	80,000	.....	650
7,000	.....	65	0	100,000	.....	800

Probate of Wills, and Letters of Administration.

	With a Will.	Without a Will.
Under £50	.....	0*l.* 10s.
100	0*l.* 10s	.....
150	.....	1 0
200	2 0	3 0
300	5 0	8 0
400	8 0	11 0
600	11 0	15 0
800	15 0	22 0
1,000	22 0	30 0
1,500	30 0	45 0
2,000	40 0	60 0
3,000	50 0	75 0
4,000	60 0	90 0
5,000	80 0	120 0
6,000	100 0	150 0
7,000	120 0	180 0
8,000	140 0	210 0
9,000	160 0	240 0
10,000	180 0	270 0
12,000	200 0	300 0
14,000	220 0	330 0
16,000	250 0	475 0
18,000	280 0	520 0
20,000	310 0	565 0
25,000	350 0	623 0
30,000	400 0	600 9
35,000	450 0	775 0
40,000	525 0	885 0
45,000	600 0	980 0
50,000	675 0	1,010 0
50,000	750 0	1,125 0
70,000	900 0	1,350 0
80,000	1,055 0	1,575 0
90,000	1,200 0	1,800 0
100,000	1,350 0	2,025 0
120,000	1,500 0	2,250 0

The scale continues to increase up to £1,000,000.

Letters of Administration without a will annexed, it will be seen above, are subject to an excessive duty; consequently a man dying intestate subjects his successor to heavy penalties.

	Duty per Cent.
To children or their descendants or lineal ancestors of the deceased	£1 0 0
Brother or sister, or their descendants	3 0 0
Uncle or aunt, or their descendants	5 0 0
Granduncle or aunt, or their descendants	6 0 0
All other relations or strangers	10 0 0

The husband or wife of the deceased is not chargeable with duty.

Duty is not exigible on legacies or residues under £20.

Insurance Policies.

LIFE.

	£	s.	d.
When sum not above 50*l.*	0	2	6
Above 50*l.* & not above 100	0	5	0
100 and under 500	1	0	0
When 500 .. 1,000	2	0	0
1,000 .. 3,000	3	0	0
3,000 .. 5,000	4	0	0
5,000 and upwards	5	0	0

FIRE.

Duty on each policy	0	1	0

Besides 3s. per cent. per annum on every insurance made or renewed.

Exemptions.—Public Hospitals; also agricultural produce, farming stock, and implements of husbandry, provided the insurance shall be effected by a separate and distinct policy.

SEA POLICIES.

Coasting.—To Ireland, Guernsey, Jersey, Alderney, Sark, or Isle of Man.

1s. 3d. per cent., when the premium is under 1*l.*; 2s. 6d. per cent. when over 1*l.*

Foreign.—1s. 3d. per cent. when the premium is not exceeding 15s.; 2s. 6d. per cent. when not exceeding 1*l.* 10s.; and 5s. per cent. when exceeding 1*l.* 10s.

Sea Policies for time, not exceeding three months, 2s. 6d.; exceeding three months, 5s.

Leases.

	£.	s.
When rent under £20	1	0
If £20 and under 100	1	10
100 200	2	0
200 400	3	0
400 600	4	0
600 800	5	0
800 1,000	6	0
1,000 or upwards	10	0

When granted for a grassum without any yearly rent, the same duty is oxigible as for a conveyance on the sale of lands for a sum of the same amount.

Licenses.

For Marriage in England [special]	5	0	
Ditto ditto [if not special]	0	10	
For Bankers	30	0	
For Pawnbroker, within London and Westminster, or limits of Twopenny post	15	0	
Elsewhere	7	10	
For Appraisers	0	10	

Receipts.

	s.	d.
For £5 and under £10	0	3
10 .. 20	0	6
20 .. 30	1	0
25 .. 100	1	6
100 .. 200	2	6
200 .. 300	4	6
300 .. 500	5	0
500 .. 1,000	7	6
1,000 or upwards	10	0

Sundres.

	£.	s.	d.
Affidavits	0	2	6
Awards	1	15	0
Bills of Lading	0	0	6
Deeds	1	15	0
General Release	1	15	0
Powers of Attorney	1	10	0

With a progressive duty of 1*l.* for every 1,080 words.

The days for claiming the allowance at Somerset House are Tuesdays, Thursdays, and Saturdays, from two to twelve o'clock. Persons not residing within ten miles of London may apply, within twelve months after such stamps are spoiled or rendered useless, to any officer of stamps who will grant an allowance-warrant, which is to be left at the Allowance Office on Monday or Wednesday, and called for on the Monday following, when an allowance-ticket will be given for the same description of stamps.

Newspapers.

Newspapers, the letter-press of which does not exceed that of the present double *Times*, require a stamp of one penny; exceeding that size a stamp of twopence. Supplements to newspapers may be printed on paper bearing a halfpenny stamp, the letter-press not to exceed half the quantity carried by the penny stamp.

Until recently, the English and Irish sales of stamp duties were different; but by 5 and 6 Vict. chap. 82, these scales were assimilated. The stamp duties in Ireland are now the same as those in England and Scotland, as given in the preceding tables.

RATES OF POSTAGE.

	oz.		oz.	d.
Letters not exceeding ½				1
,, exceeding .. ½ and not exceeding			1	2
,, .. 1	,,		2	4
,, .. 2	,,		3	6

And 2*d.* for every additional ounce, so far as 16 ounces: beyond which weight no ordinary letter or packet is allowed to pass. Packets posted beyond this weight are not forwarded to their destination but are sent to the dead letter office.

The above rates apply only to letters *pre-paid*. Prepayment may be made either in money or by *postage-labels* affixed to the letter. When a letter is not prepaid the receiver of it has to pay *double the sum named in the above scale of charges*. Postage stamps and stamped envelopes may be obtained at every post office in the United Kingdom. The envelopes are charged one farthing in addition to the stamp. Postage labels may be used on Foreign, Colonial, and Ship letters *outwards*—but letters *coming from* the Colonies, or Foreign countries, admit of no other form of payment than *money*.

Money Order Office.—A *money order* for sums *not exceeding two pounds*, may be obtained for three-pence, and for sums *not exceeding five pounds* may be obtained for sixpence. The process is this. Suppose a party at York has to transmit thirty shillings to Exeter—he pays that sum, together with a fee of *three-pence*, into the hands of the York post-master, who gives him, in exchange, a sheet of letter paper containing on the top of the first page an order on the post-

master at Exeter for payment of thirty shillings. This order does not shew to whom the money is to be paid; so that if it were to fall into wrong hands, no improper use could be made of it; as payment is only made to the person in whose favour the order is given. This person's name is known to the post-master at Exeter by a letter forwarded to him for the purpose by the post-master at York, by the first post after the order-sheet has been given to the party who paid in the thirty shillings.

Orders from the country on London are paid at the *Central Office, in St. Martin's-le-Grand*, at the branch offices, *Lombard street, Charing Cross, Old Cavendish street, and Blackman street, Borough*, and at the following *Receiving Houses in Town:—Battle Bridge*, 1 Pleasant row; *Bloomsbury*, 1, Broad street; *Camberwell Green*; *Camden Town*, 98, High street; *City Road*, 36, near Old street; *Dockhead*, 11; *Gray's Inn Lane*, 43, North street; *Hackney*, 8, Church street; *Islington*, 86, Upper street; *Kennington Cross*, No. 2; *Kingsland road*, 4, Orchard place; *Lambeth*, 33, Mount street; *Limehouse*, 44, Three Colt street; *Old Kent road*, 9, Northampton place; *Oxford street*, No. 210; *Pimlico*, 28, Queen's row; *Ratcliffe*, 77 Broad street; *Strand*, No. 180; *Tottenham Court road*, No. 103; *Upper Baker street*, No. 54; *Whitechapel road*, No. 1.

Persons in London wishing, on account of convenience in business, to obtain orders, *payable at any particular one of these offices*, should advise their country correspondents accordingly—or payment will only be made at the Central office.

REGISTRATION consists in the payment of a fee of One Shilling, in addition to the ordinary rate of postage, for which a printed acknowledgment is given, by the post-master; and the safe delivery of the letter is guaranteed by the Post-office. In the case of Foreign, Colonial, or Ship letters, this guarantee only extends to the *port of despatch* in the United Kingdom. Letters addressed to *France*, form *an exception*.

The registration shilling must always be paid in *money*; but the pre-payment of postage may be effected in the usual way, by the letter bearing the required number of stamps.

Registered letters must be posted half-an-hour before the ordinary time for closing the box.

BANKERS IN LONDON.—Barclay, Bevan, and Co., 54, Lombard street; Barnard, Dimsdale, and Co., 50, Cornhill; Barnetts, Hoare, and Co., 62, Lombard street; Biggerstaff, W. S., West Smithfield; Bosanquet and Co., 73, Lombard street; Bouverie and Co., 11, Haymarket; Brown, Janson, and Co., 32, Abchurch lane; Call (Sir W.) and Co., 25, Old Bond street; Child and Co., 1, Fleet street; Cockburns and Co., 4, Whitehall; Cockerell (Sir C.) and Co., 8 Austin Friars; Cocks, Biddulph, and Co., 43, Charing Cross; Coutts and Co., 59, Strand; Cunliffe, Brooks, and Co., 29, Lombard street; Cunliffe Roger, 24, Bucklersbury; Curries and Co., 29, Cornhill; Denison and Co., 4, Lombard street; Dixons, Son, and Brooks, 25, Chancery lane; Drewett and Fowler, 4 Princes street; Drummonds', 49, Charing Cross; Fullers and Co., 67, Moorgate street; Glyn, Hallifax, and Co., 67, Lombard street; Goslings and Sharpe, 19, Fleet street; Hallett and Co., 14, Great George street, Westminster; Hanburys and Co., 60, Lombard street; Hankeys and Co., 7, Fenchurch street; Herries and Co., 16, St, James's street; Hill and Son, 17, West Smithfield; Hoares and Co., 37, Fleet street; Hopkinsons and Co., Regent street; Johnstones and Co., 15, Bush lane; Jones and Son, 41, West Smithfield; Jones, Loyd, and Co., 43, Lothbury; Kinloch and Sons, 1, New Broad street; Lubbock and Co., 11, Mansion House street; Masterman and Co., 35, Nicholas lane; Praeds, Fane, and Co., 189, Fleet street; Prescott and Co., 62, Threadneedle street; Price and Co., 1, King William street; Puget and Co., 12, St. Paul's churchyard; Ransom and Co., 1, Pall Mall East; Robarts, Curtis, and Co., 15, Lombard street; Rogers, Olding, and Co., 29, Clement's lane; Sapte and Co., 77, Lombard street; Scott and Co., 1, Cavendish sqnare; Smith, Payne, and Co., 1, Lombard street; Snow, Strahan, and Co., 217, Strand; Spooner and Co., 27, Gracechurch street; Stevenson and Salt, 20, Lombard street; Twinings, 215, Strand; Weston and Co., 5, Wellington street, Borough; Williams and Co., 20, Birchin lane; Willis, Percival, and Co., 76, Lombard street.

LONDON JOINT STOCK BANKS.—Bank of Australasia, 2, Moorgate street; Bank of Ceylon, 29, St. Swithin's lane; Bank of British North America, 7, St. Helen's place; British Colonial Bank and Loan Company, 50, Moorgate street; Colonial Bank, 13, Bishopsgate street within; Commercial Bank of London, 3 Moorgate street; Ireland National Bank, 13, Old Broad street; Ionian, 6, Winchester street; London and Westminster, 41, Lothbury; London Joint Stock, Princes street, and 69, Pall Mall; London and County, 71, Lombard street; London and Dublin Bank, ditto; National Provincincial Bank of England, 112, Bishopsgate Within; Provincial Bank of Ireland, 42, Old Broad street; Royal Bank of Australia, 2, Moorgate street; South Australian Banking Company, 53, Old Broad street; Union Bank of London, 8 Moorgate street; Union Bank of Australia, 38, Old street.

PRINCIPAL CLUB-HOUSES.

Albion, 85, St. James's street; Alfred, 23, Albemarle street; Army and Navy, 16, St. James's square; Arthur's, 69, St. James's street; Athenæum, 114, Pall Mall; Bedford, 42, Bloomsbury square; Boodle's, 28, St. James's street; Brookes's, 60, St. James's street; Carlton, 94, Pall Mall; Cercles des Etrangers, 27, Regent street; City of London, 19, Old Broad street; Gresham, 38, Throgmorton street; Clarence, 12, Waterloo-place; Colonial (West India), 20, St. James's square; Conservative, 38, Threadneedle street; Erectheim, 8, York street, St. James's square; Garrick, 35, King street, Covent Garden; Graham's, 87, St. James's street; Guards', 49, St. James's street; Junior St. James's, 54, St. James's street; Junior United Service, 11, Charles street, St. James's square; Oriental, 18, Hanover square; Oxford and Cambridge University, 10, Pall Mall; Parthenon, 16, Regent street; Portland, 1, Stratford place, Oxford street; Reform Club, 104, Pall Mall; Royal Naval, 160, New Bond street; St. James's, 50, St. James's street; Travellers', 106, Pall Mall; Union, Trafalgar square, Charing cross; United Service, 116, Pall Mall; United University, Pall Mall East, and corner of Suffolk street; West India, 60, St. James's street; White's, 37 and 38, St. James's street; Wyndham, 11, St. James's square.

THE ROYAL FAMILY OF GREAT BRITAIN.

THE QUEEN.

ALEXANDRINA VICTORIA, born May 24, 1819 married, Feb. 10, 1840, to Prince Albert Francis Augustus Charles Emanuel of Saxe Coburg and Gotha, born Aug. 26, 1819; Victoria Adelaide Mary Louisa, born Nov. 21, 1840, Princess Royal; Albert Edward, Prince of Wales, born Nov. 9, 1841; Alice Maud Mary, born April 25, 1843.

The Queen Dowager.

Adelaide Amelia Louisa Teresa Caroline, widow of King William IV., sister of the reigning Duke of Saxe-Meiningen, born August 13, 1792.

¶ Royal Princes and Princesses. — Ernest Augustus (King of Hanover), Duke of Cumberland, born June 5, 1771; married May 29, 1815, to Frederica Carolina Sophia, daughter of the Duke of Mecklenburg Strelitz, and widow of Fred. William, Prince of Solms Braunfels, born March 2, 1778; issue, George Frederic, born May 27, 1819. Adolphus Frederick, Duke of Cambridge, born February 24, 1774; married May 7, 1818, to Augusta Wilhelmina Louisa, daughter of the Landgrave of Hesse; born July 25, 1797; issue, George William, born March 26, 1819; Augusta Caroline, July 19, 1822; Mary Adelaide, Nov. 27, 1833. Mary, duchess of Gloucester, born April 25, 1776; Sophia, born November 3, 1777.

Cousin to the Royal Princes and Princesses.—Princess Sophia Matilda of Gloucester, born May 29, 1773.

Her Majesty's Mother.—Victoria Maria Louisa (Princess Dowager of Leiningen), Duchess of Kent, widow of Edward Duke of Kent, sister of the King of the Belgians born Aug. 17, 1786.

The QUEEN'S HOUSEHOLD, &c.

Hered. Joint Great Chamberlain of England, Lord Willoughby D'Eresby; sec., Major E. Macarthur; Hered. Earl Marshal, Duke of Norfolk, K.G.; sec., W. A. Blount, esq.; Lord Steward, Earl of Liverpool; treas., Earl Jermyn; comp., Hon. G. L. Dawson Damer; master of household, Hon. Chas. Augustus Murray; sec. to Board of Green Cloth, Sir Thos. Marrable; Lord Chamberlain, Earl Delawarr; Vice-chamberlain, Lord Ernest Brucc; Physicians, Sir James Clark, Bart. M.D., W. F. Chambers, M.D.; Serjeant Surgeons, Sir B. C. Brodie, Bart, Rob. Keate, Esq.: Aurist, W. Maule, Esq.

THE QUEEN DOWAGER'S HOUSEHOLD.

Physicians, Sir H. Halford. Bt. M.D., W. F. Chambers, M.D.; Physicians in Ordinary, Sir David Davies; Apothecary, E. D. Moore, Esq.

DUCHESS OF KENT'S HOUSEHOLD.

Physician, Isaac Wilson, M.D.; Surgeon, Richard Blagden, Esq.

MINISTRY OF ENGLAND.

THE CABINET.

Lord President of the Council, Lord Wharncliffe; Lord High Chancellor, Lord Lyndhurst; Commander of the Forces, Duke of Wellington; First Lord of the Treasury (Prime Minister), Right Hon. Sir Robert Peel; Lord Privy Seal, Duke of Buccleuch; Chancellor of the Exchequer, Right Hon. Henry Goulburn; Secretaries of State—Home Affairs, Rt. Hon. Sir J. R. Graham, Bart.; Foreign Affairs, Earl of Aberdeen; Colonial Affairs, Lord Stanley; First Lord of the Admiralty, Earl of Haddington; President of the Board of Control, Earl of Ripon; President of the Board of Trade, Right Hon. W. E. Gladstone; Secretary-at-War, Right Hon. Sir H. Hardinge; Paymaster-General, Right Hon. Sir Edward Knatchbull, Bt.

COMMISSIONS.

Poor Law Commission for England, Wales, and Ireland—Commissioners:—George Nicholls, Esq., George Cornewall Lewis, Esq., Sir Edmund Walker Head, Bart. Secretary to the Board—Edwin Chadwick, Esq., barrister at law. Assisted Secretaries—Geo. Coole, Esq., barrister at law, Wm. Golden Lumley, Esq., barrister at law.

Assistant Commissioners in England and Wales—William Henry Toovey Hawley, Esq., Robert Weale, Esq., Richard Hall, Esq., barrister at law, Edward Carleton Tufnell, Esq., Sir John Walsham, Bart., William Day, Esq., the Hon. Chas. Skeffington, Clements, Henry Walter Parker, Esq., barrister at law, Alfred Austin, Esq., barrister at law. Officers serving in Ireland:—Assistant Commissioners—Edward Gulson, Esq., Alfred Power, Esq., barrister at law, William John Gilbert, Esq., William James Voules, Esq., Edward Senior, Esq., W. J. Hancock, Esq., John O'Donoghue, Esq., R. M. Muggeridge, Esq., C. G. Otway, Esq., Joseph Burke, Esq. Architect — George Wilkinson, Esq. Offices — Somerset House, London, and Custom House, Dublin.

Commission for Inquiry into the Poor Law, in Scotland—Viscount Melville, Lord Belhaven, H. H Drummond, Esq., Jas. Campbell, Esq., E. Twisleton, Esq., Rev. Dr. P. Macfarlane, and Rev. Jas. Robertson.

Factory Commission—Inspectors: Leonard Horner, Esq., Thomas Jones Howell, Esq., James Stuart, Esq., Robert J. Saunders, Esq. Office, at the Council Office.

Inspection of Prisons Commission.—W. Crawford, Esq., Rev. W. Russell, Dr. Bisset Hawkins, Capt. Williams, Frederick Hill, Esq.

Metropolitan Commissioners in Lunacy—Lord Seymour, Lord Ashley, Sir Walter Rockliffe Farquhar, Bart., Colonel William Henry Sykes, Colonel Edward Clive, Captain Henry Jelf Sharp, Robert Gordon, Esq., Robert Vernon Smith, Esq., John Abel Smith, Esq., James Milnes Gaskell, Esq., John Barnaby, Esq., Francis Barlow, Esq., James William Mylne, Esq., Bryan Walter Proctor, Esq., Dr. Thomas Turner, Dr. John Bright, Dr. Henry Herbert, Southey, Dr. John Robert Hume, and Dr. Thomas Waterfield. Clerk and Treasurer—Ed. Dubois, Esq. Office—6, John street, Adelphi.

Committee of Council on Education—The Lord President, the Lord Privy Seal, the Earl of Ripon, Sir Robert Peel, the Chancellor of the Exchequer, Lord Stanley, Sir James Graham, Lord Granville Somerset.—Sec., Dr. Kay Shuttleworth.—Assistant Sec., Henry Chester, Esq. Office, Privy Council Office, Whitehall.

Health of Town's Commission—The Duke of Buccleuch, the Earl of Lincoln, Robert Aglionby Slaney, Esq., George Graham, Esq., Sir Henry Thomas de la Beche, Dr. Lyon Playfair, Dr. David Boswell Reid, Professor Richard Owen, Captain William Thomas Denison, James Ranald Martin, Esq., James Smith of Deanston, Esq., Robert Stephenson, Esq., and William Cubitt, Esq. Sec. Henry Hobhouse, Esq.

DECOCTION OF COLOCYNTH (German hospitals), two ounces of colocynth, boiled for five minutes in twelve ounces of water, strained, and two ounces of syrup of orange-peel, with two drachms of alcoholized sulphuric ether added; three table-spoonsful to be taken daily in dropsies.

THE ROYAL COLLEGE OF PHYSICIANS, LONDON.

FELLOWS.

The Dates show the years in which each Fellow, respectively was elected a Censor, or Consillarius, or delivered the Harveian Oration.

P. Formerly President.
E. ——— Elect.
C. ——— Censor.
Cos. ——— Consilarius.
R. ——— Registrar.
H. ——— Harveian Orator.

Sir Henry Halford, Bart., G.C.H., President, Physician to the Queen. C. 1795. 1801. 15. H. 1800. 25. 35. Curzon street; Edward Roberts. C. 1794. 1800. 5. 10. 13. H. 1801. E.; William Heberden. C. 1799. 1808. H. 1809. E. Cos. 1836; Devey Fearon. C. 1802; Samuel Holland. C. 1803; Sir George Smith Gibbes, Knt. H. 1817; William Lambe, Elect. C. 1806. 15. 26. 23. H. 1818. Cos. 1839. Gloucester street, Queen square; Sir James Fellowes, Knt.; Charles Price. C. 1807. H. 1820. Brighton; Thomas Turner, Elect, and Treasurer, C. 1807. 17. 27. 29. H. 1822. Cos. 1836. Curzon street; Charles Dalston Nevinson. C. 1809. 18. Montagu square; Sir Arthur Brooke Faulkner, Knt., Cheltenham; Thomas Hume, Elect. C. 1814. 21. 31. 32. South street, Grosvenor square; Tristram Whitter. C. 1812; Clement Hue, Elect. C. 1812. H. 1829. R. Cos. 1836. Bedford square; John Bright, Elect. C. 1813. 22. 33. 40. H. 1830. Cos. 1839. Manchester square; Richard Simmons; Joseph Ager. C. 1815. 25. 35. Great Portland street; James Tattersall. C. 1816. 27. H. 1832. Ealing; Thomas Dunne; John Ayrton Paris, Elect, Censor, Consularius 1842. C. 1817. 28. 36. H. 1833. Cos. 1836. Dover street; John Blackall, Exeter; Edward Thomas Monro, Elect. C. 1819. 29. 37. H. 1834. Cos. 1837. Harley street; William Henry Fitton; Robert Williams. C. 1831. Bedford place; John Kidd, Regius Professor of Physic, Oxford. H. 1836; John Haviland, Regius Professor of Physic, Cambridge. H. 1837; Peter Mere Latham, Physician Extraordinary to the Queen. C. 1820. 33. 37. H. 1839. Cos. 1836. 40. Lower Grosvenor street; Joseph Hurlock; Charles Badham. C. 1821. H. 1840. Glasgow; Robert Lloyd. C. 1821; Charles Henry Hardy, Bath; William Frederic Chambers, K.C.H., Consularius 1841. Physician to the Queen and to the Queen Dowager. C. 1822. 36. Cos. 1836. Brook street, Grosvenor square; John Scott, Bedford square; Thomas Mayo, Consillarius 1842. C. 1835. 39. H. 1841. Cos. 1838. Wimpole street; John Ranicur Park; Archibald Billing. C. 1823. Grosvenor gate, Park lane; William King. H. 1842. Brighton; Charles Lewis Meryon; Francis Willis, Shillingthorpe House, near Stamford; John Warburton, C. 1824. Park Crescent, Portland place; James Adey Ogle, Oxford; Charles Daubeny, Oxford; John Elliotson. C. 1825. Conduit street; James Yonge, Plymouth; Francis Hopkins Ramadge. C. 1825. Ely place; Henry Herbert Southey. C. 1826. 32. Cos. 1836. 1840. Harley street; Francis Hawkins, Registrar, C. 1827. Curzon street; John Carr Badeley. C. 1827. Chelmsford; Harry William Carter, Canterbury; James Arthur Wilson. C. 1828. Dover street; Sir James M'Grigor, Bart.. Physician Extraordinary to the Queen, Camden hill, Kensington; Thomas Watson. C. 1828. 37. 38. Cos. 1836. 40. Henrietta street, Cavendish square; George Leith Roupell, Consiliarius 1841. C. 1829. 37. 38. Cos. 1837. Welbeck street; Richard Pritchard Smith. C. 1829. Reading; John Spurgin, Guildford street; Bisset Hawkins. C. 1830. Golden square; Richard Formby, Liverpool; George Freckleton, Liverpool; Edward James Seymour, Consiliarius 1841. C. 1830. 41. Cos. 1836. Charles street, Berkeley square; John Wilson. C. 1831. Oxford street; Henry Holland, Physician Extraordinary to the Queen. C. 1832. 36. 42. Cos. 1836. 39. Brook street, Grosvenor square; John Clendinning. C. 1831. Cos. 1836. Wimpole street; Christopher John Robert Allatt, Boulogne; Edmund Lambert, Bath; William Prout, Sackville street; William Clark, Cambridge; George Hall, Brighton; James Alderson, Hull; John Burdett Steward, Droitwich; Richard Pinckard. C. 1833. Cos. 1837. Bloomsbury square; George Shaw, Leicester; Peter Mark Roget. C. 1834. Upper Bedford place; Henry Shuckburgh Roots, Consiliarius 1842. C. 1834. Cos. 1838. Russell square; Thomas Waterfield. C. 1833. Charles street, St. James's square; Daniel Chambers Macreight. C. 1835; Benjamin Guy Babbington, Consiliarius 1843. C. 1840. 41. George street, Hanover square; William Joseph Bayne, Southampton; Richard Bright, Consiliarius 1843. Physician Extraordinary to the Queen. C. 1836. 39. Cos. 1838. Saville row; Edward Morton, Hall Cliff House, Horbury, Yorkshire; Henry Burton, Consiliarius 1843. C. 1838. Jermyn street; George Burrows, Censor, Consiliarius 1842. C. 1839 40. Cos. 1838. Queen Anne street, Cavendish square; Nicholas Francis Davison, Russell square; Thomas Elliotson, Regent street; Aleander Phllip Wilson Philip; Philip Lovel Phillips, Torquay; David Badham, Rome; William Garden Peene, Maidstone; James Johnstone, Birmingham; Thos. Heberden, Upper Brook street; Algernon Frampton, Censor, New Broad street; John Bramston Wilmot, Tunbridge Wells; Henry John Hayles Bond, Cambridge; George Hamilton Hoe, Hanover square; Sir Matthew J. Tierney, Bart., Bruton street; Alexander R. Sutherland, Parliament street; John Robert Hume, Curzon street; Sir Robert Alexand Chermside, K.C.H., Paris; James Alexander Gordon. C. 1838. Grosvenor street; Roderick Macleod. Cos. 1839. Lower Seymour street; Charles Locock. Cos. 1840. Hanover square; Sir William Burnett K.C.H., Somerset place, Somerset house; Sir Charles Mansfield Clarke, Bart., Consiliarus 1841. Cos. 1837. Dunham Lodge, near Swaffham; Warner Wright, Norwich; John Harris, Winchester; Charles Morgan Lemann; William Dallas Bernard, Brighton; Richard Fowler, Salisbury; James Copland. C. 1841, 42. Old Burlington street; Robert Ferguson, Queen street, May Fair; William Penrice Borrett; George Edward Wilmot Wood, Southampton; John Barr, Torrington square; Robert Bentley Todd, Consiliarius 1841. C. 1839, 40. Parliament street; William Duke, Hastings; William Travers Cox, Salisbury; James Fogo Bernard, Bristol; Theodore Gordon, Duchess street, Portland place; Thomas Addison, New street, Spring gardens; Alexander Tweedie, Montague place, Russell square; John Burne, Tiverton; Frederic John Farre. C. 1841, 42. Curzon street; George Pardoe, Russell square; Charles James Berridge Aldis, Old Burlington street; Robert Nairne, Censor. C. 1842. Charles street, Berkeley square; James Blundell, Great George street, Wetsminster; John Bampfylde Daniell, Bath; William Emanuel Page, Curzon street; George Gregory, Weymouth street; Frederic Cobb, St. Helen's place; Henry Davies, Saville row; George Mann Burrows, Upper Gower street; Henry Sumner Dyer, Cambridge terrace, Regent's park; Henry Jeaffreson, Finsbury square; George E. Paget, Cambridge; Charles James Blasius Williams, Holles street. Cavendish square; Henry Powell, Tunbridge Wells; Mervyn Archdall Nott Crawford, Upper Berkeley street, Portman square; Richard Henry Goolden, John street, Adelphi; Alexander John Sutherland. Fludyer street; Richard Chandler Alexander, Chippenham; Sir Alexander Morison, Knt., Cavendish square; Charles Fergusson Forbes, K.C.H., Argyll street; Duncan M'Arthur, Deal; Sir George Le Fevre, Knt., Porchester place, Oxford square; Robert Lee, Saville row; Marshall Hall, Manchester square; Thomas Alfred Barker, Grafton street, Bond street; Anthony Todd Thomson, Welbeck street, Manchester square; George Budd, Dover street; George Hilaro Barlow, Union street, Southwark; Thomas Thomson, Tunbridge Wells; Augustin Sayer, Upper Seymour street, Portman square; John Webster, Brook street, Grosvenor square; Thomas Dowler, Richmond green; Sigismund Stolterforth, Dover; Edward Rigby, New street, Spring gardens; Peyton Blakiston, Birmingham; Arthur Farre, Curzon street.

CANDIDATE.

Thomas Forbes Reynolds.

INCEPTOR-CANDIDATES.

Edward Augustus Domeier, University street; Robert Venables, Bartholomew Close; Leonard R. Willan, Penzance.

LICENTIATES.

Sir Alexander Crichton, Knt.; John Murray; Thomas Blair, Brighton; Philip Elliot; Edward Thomas; Stewart Crawford. Bath; Robert Graves, Bridport; Thomas Nelson, Tunbridge Wells; Halliday Lidderdale, Blandford square; Francis Home; Alexander Aberdour; Joseph Skey, Quebec; Henry Clutterbuck, Bridge street, Blackfriars; Robert Batty, Hastings; Samuel Irving, Canterbury; John Duncan; John Herdman; John Richard Farre, Charterhouse square; Robert Calvert; George Alexander Morewood; Richard Duncan Mackintosh, Exeter; Charles Henry Parry, Bath; John Frederick Lampert, Sweden; William Gordon; Robert Robinson Watson Robinson, Manchester; Charles Bankhead, Florence; John M'Mullin, Brighton; George Rees; William Shearman, Northampton square; John Ford Davis, Bath; Christopher Cooper, Dorchester; Alexander Henderson, Curzon street; Edwin Godden Jones; Sir Joseph De Courcy Laffan, Bart.; Robert Burgoyne Tomkins; Thomas Hancock, Lisburn, Ireland; John Booth, Birmingham; John Hinds; John Francis Berger; Charles Mackenzie; Thomas Brown, Queen Anne street, Cavendish square; George Dent; William Mason, Carnarvon; Benjamin Fonseca Outram, Hanover square; William Bromet, Knightsbridge; Thomas Smith, Bury St. Edmunds; Thomas Jones; Donald Mackinnon, Tunbridge Wells; Adam Black; Francis Hichen Northen, Newcastle, Staffordshire; George Goldie, York; George Cumming, Denbigh; Matthew Brydie Cowie, Brighton; Charles Wightman, Newcastle-on-Tyne; Thomas Drever; Sir Thomas Grey, Knt., Ramsgate; R. B. Dennison, Margate; John Foley, Charles street, Manchester square; Henry Clements; Ralph Eden; Thomas Coulson Carpenter, Lyme; Robert Daun; Sir Charles Scudamore, Knt., Wimpole Street; William Back, St. Thomas's street; David Plenderleath, Ramsgate; Robert Richardson, Gordon square; Hugh Bone, Corfu; William Silver; Neil Arnott, Physician Extraordinary to the Queen, Bedford square; William Somerville, Royal Hospital, Chelsea; Thomas Moore; Augustus Bozzi Granville, Piccadilly; Walter Adam, Edinburgh; Benjamin Cruttall Pierce; John Ashburner, Wimpole street; Henry Lee, Charlotte street Bloomsbury; John Hull, Manchester; Matthias Kenny; John Tricker Conquest, Finsbury square; George Darling, Russell square; George Hume Weatherhead, Guildford street: William Rhodes Bernard, Cheltenham; John James Furnivall, Weymouth street; Robert Masters Kerrison, New Burlington street; John Gogill Leath; John Garthshore Thomson; Henry Ronalds, Kensington; Thomas Southwood Smith, New Broad Street; James Johnson, Suffolk place, Pall Mall, East; Hannanel de Leon; Charles Julius Roberts, Bridge street, Blackfriars; James Cove Jones; Peter Francis Luard, Warwick; John Gibbs, Baker street; James Veitch, Kensington; Julius Rucco; Henry Blegborough, Richmond, Yorkshire; Sir George Magrath, Knt., Plymouth; Richard Lewin Pennell, Exeter; George H. Jones, Portsmouth; William Gairdner, Bolton street; Charles Thomas, Devonport; James Black, Bolton; James Bartlet, Bentinck street, Manchester square; Paris Thomas Dick, Clifton; William Baker, Derby; Henry Reeder; Samuel Shering Keddle, Bridport; Ynyr Burges, Brussels; John Haslam, Lamb's Conduit street; Richard Waring, Chislehurst; Joseph Ayre, Hull; William Landen Hopkinson, Stamford; John William Calvert, Blandford place, Regent's park; John Whiting; John B. James; Henry Harington, Nice; Sir Richard Dobson, Knt., Greenwich Hospital; James Don, Bombay; William Milligan; Sir William Whymper, Knt.; Leonard Stewart, Keppel street; James Craig Somerville; William Stroud, Great Coram street, Russell square; James M'Donnel, Buenos Ayres; John Hannath; Benjamin Golding, St. Martin's lane; William Speir; Thomas Hodgkin, Brook street; Richard Davie; Peter Frederick de Jersey; Charles Lush, Bombay; Francis Boott, Gower street; John Wilton; John Forbes, Physician to the Queen's Household, Old Burlington street; George G. Sigmond, Clifford street; Sir James Clark, Bart., Physician to the Queen, Brook street, Grosvenor square; James Scott, Haslar hospital; Charles Agar Hunt; Francis Henry Ramsbotham, New Broad street; Francis Lemann, Bentinck street; Charles Willard Thomas, Cheltenham; William Byam Wilmot; John Barclay Sheil, Ballyshannon; Henry Riley, Bristol; Andrew Wood Baird, Ipswich; Charles Nayler; William Munro; Charles James Fox, New Broad street; John Freer, Ockford House, Exeter; Frederick B. Glaspoole: Charles Holland, Queen street, May Fair; John Conolly, Hanwell; Nathaniel Lister, Lincoln's Inn fields; James Dunlap, Baker street; William Beattie, Park square, Regent's park; Stephen Hall, Bognor; George Henry Heathcote; John Whitsed, Wisbeach; Alfred Pett, Upper Clapton; Robert Rowley, King William street, London bridge: Sir James E. Anderson, Knt., New Burlington street; Robert Dickson, Curzon street; George Frederick Collier, Spring gardens; Charles Wilkinson, Lowther cottages, Holloway; Joseph Wyatt Crane; Edward Dew; James Bradley, Islington; John S. Campbell, Weymouth street; Thomas Wilson, Pocklington; James Byron Bradley; Thomas Davison, Paris; George Samuel Jenks, Brighton; Arthur Todd Holroyd; Peter Nugent Kingston, Curzon street; Adair Crawford, St. James's street; Richard Roscoe; William D. Chowne, Princes street, Cavendish square; George Cursham, Saville row; Richard Rowland, Queen square, Bloomsbury; Theophilus Thompson, Keppell street; Isaac Pidduck, Montague street, Russell square; Joseph Moore, Saville row; Frederick Leighton, Upper Gower street; John Thomson, Coleman street; Henry Marshall Hughes, St. Thomas's street; Seth Thompson, Lower Brook street; Edwin Harrison, St. John's wood; Lawson Cape, Brook street, Hanover square; Robert Boyd, Park street, Grosvenor square; John Knox Vade, Upper Seymour street, Portman square; Samuel Ashwell, Grafton street, Bond street; Griffith Francis Dorsett Evans, Hill street; John Steggall, Southampton street, Bloomsbury; Robert Boyd, Mary-le-bone infirmary; Sir James Eyre, Knt., Brook street, Grosvenor square; James Risdon Bennett, South place, Finsbury; Thomas William Jones, Earl street, Blackfriars; Robert Willis, Dover street; Thomas Willis, Old Steyne, Brighton; William Tutin Haycraft, Greenwich; William John Little, Finsbury square; William Mac Intyre, Harley street; Joseph Cox Cox, Naples; George A. F. Wilks, Hart street, Bloomsbury; John Pullein Hawkey; Walter Davis Williams, Hackney; Thomas Bell Elcock Fletcher, Birmingham; Augustus Frederick Coope; Samuel J. Jeaffreson, Half-Moon street; Thomas Hookham Silvester, Clapham; William Richard Basham, Chester street, Grosvenor place; Joseph Ridge, Cavendish square; Alfred Lochèc, Canterbury; Robert Spear; John Lee, Elm Grove, Notting Hill; William Fitzherbert, New Zealand; James Thomas Hansard; William Roxburgh, Gloucester place, Portman square; Patrick Black, Bedford square; William Andrews, Suffolk street, Pall Mall East; William Holt Yates, Woburn place; Patrick S. Fraser, Guildford street; George Owen Rees, Guildford street; William Augustus Guy, Bloomsbury square; Frederic Weber, Lower Grosvenor street; William Edward Swaine, Foley place; Archibald Borland, Trinity square, Southwark; Humphrey Sandwith; George Chaplin Child, Mortimer street; John Ward Woodfall, Great Dean's yard, Westminster; FrancisRichard Philip, Kensington & Albemarle street; Golding Bird, Middleton square; William Twining, Bedford place; Henry Alfred Pitman, Montague place, Russell square; Henry Hunt, Brook street; Henry Beaumont Leeson, Greenwich; Samuel William John Merriman, Brook street, Grosvenor square; Edmund Bowden, Watkins terrace, Pimlico; Jonathan Pereira, Finsbury square; Edmund Lloyd Birkett, Cloak lane; Henry Bence Jones, Lower Grosvenor street; Robert Gordon Latham, Upper Southwick street; Thomas S. Harrison, Gower street; Charles Collier, Fitzroy square; Charles James Cox, Beaumont street; George Augustus Starling, Bishop Stortford; William Baly, Brook street, Hanover square; William Brewer, George street, Hanover square; James Reid, Bloomsbury square; Charles Blakeley Brown, John street, Berkeley square; John Taylor, Keppel street; William Hughes Willshire, Buckingham street, Adelphi; John Charles Weaver Lever, Wellington street, London bridge; Edward Wells, Naples; David Lewis, Artillery place west, Finsbury; Robert Day; Thomas Bevan, Finsbury circus; Charles West, Charterhouse square; Thomas Bull, Finsbury place; Thomas Blackall, Queen street, May fair; Charles S. Sweeny, Upper Seymour street; George Shann, York; Richard Potter, Toronto, Canada; William Withey Gull, Guy's hospital; Charles Waller, Finsbury square; Henry Oldham, Devonshire square; John Hennen, Upper Southwick street; Daniel Whitaker Cohen.

EXTRA-LICENTIATES.

William May; Samuel Edmonds; Gaspard Charles De la Rive, Geneva; John Chapman, Barbadoes; John James De Roches, Geneva; John Robinson, Doncaster; Patrick Miller, Exeter; Walter Charles Heywood, Blandford; James Clough, Manchester; Charles Littlehales, Winchester; John Erly, Barbadoes; George Bellamy, Plymouth; Joseph Da Cunha, Oporto; James Proud Johnson, Bruxelles; Samuel M'Guffog, Constantinople; David Davies, Bristol; John Carnegie, Wimborne; William Kettle, Edinburgh; William Towsey, Lymington; Frederick Granger, Exeter; Thomas Foster Barham; Sir David James Hamilton Dickson, Knt., Plymouth; Henry Hart, York; Joseph Brown, Sunderland; Walter D. Jones, Newcastle in Emlyn, Pembrokeshire; William Samways Oke, Southampton; Edward Scudamore; Alexander Giles Kennedy, Stafford; William Terry, Rugby; William Fergusson, Windsor; Frederick Hardy, Manchester; Charles Severn; John Williams Samuel Elliot Hoskins, Guernsey; William Turnbull, Hud

dersfield; John Birt Davies, Birmingham; James Edwards, Canterbury; George Birch, Huntingford; John Charles Cooke; Hensy Lees, Blandford; John Thomas Harland, Stafford; Francis Potter Beamish, Ramsgate; William Miller; George Gwynne Bird, Swansea; William Rae, Chatham; Adam Bell; William Birmingham Costello; Robert Hull, Norwich; George Burn; Scrope Hutchinson; Michael Barry; Thomas Johnstone Aitkin, Poole; Robert Battersby; James L. Clarke; Edward Shortland; Theodore H. Mogridge, Sidmouth; James Bovell; Anthony Yeoman; Thomas Smith, Leeds; John Henry Porter, Birmingham; Anthony French Carpenter, Western Australia; Richard Oliver, Carlisle; William Strang, Southsea; Thomas West, George Robert Rowe, Chigwell; James Ogden; Morris Pritchett; Thomas Octavius Prichard, Northampton; Robert Tucker Allaway, Bristol; John Grant Stewart; Frederick Blundstone White, Tetbury; David Graham Miller, Orkney; Edward Bennett; George Aune Martin, Ventnor, Isle of Wight; Samuel Hitch, Gloucester; William Henry Foster; Henry Bell, Leeds; Edwin Foster, Leeds; Richard Mackenzie Hiddlestone, Leeds; Francis Harris, Croydon; George Leicester Hillas; Edwin Lankester; Henry Walsh Mahon, Ireland; William M. Lightfoot, Leeds; George Madox, Hobart Town; Thomas Alexander Scott Stocker, Ludlow; William Wood Bradshaw, Reading; Graham Acton, Castlebar; Frederic Le Mesurier; Francis Brown Lloyd; Lenox Thompson Cunningham, Carrickfergus; Henry Brigstocke, Bristol; Thomas G. Wright, Wakefield; Philip Toms, King's bridge; William C. Finch, Salisbury; John Caldwell; John Stevens Lee; Charles Witt; James Stanley Christian, Monoghan; William Nassau Irwin, Castleblayney; Erasmus Madox Miles, Heavitree, Exeter; Charles I. Meteyard, Clunbury, Ludlow; Alfred Henry Vallack, Torquay; Robert James Hale; Jeffery Lang, Torquay; William St. George Davies, Brighton; Charles Hill Mackintosh, Torquay; Paul Slade Knight, Lyme Regis; John Cornelius Taylor; Charles Osman Woodford, Calcutta; John William Garlick, Halifax; John Mills Woolfenden; John Lidbetter Standen, Dover; Henry Johnson, Shrewsbury; Henry Forfar Osman, Plymouth; Thomas Best Pitt, Brighton; Charles Clay, Manchester; Jonas L. Wilkinson, Barbadoes; Hugh Brookman, Sodbury, Gloucestershire; Thomas Bagnall, Tushingham hall, Cheshire; Frederick Thomas Wintle, Radcliffe Asylum, near Oxford; Thomas Laycock, York; Robert Frederick Lindoe, Wells; William Deliverance Barker, Devizes; Thomas Ashton, Manchester; Albert Jasper Walshe; Augustus W. Clement, Baden Baden; John Lister; George Mantell, Farringdon; James Stiell; James Walsh; Avery Roberts, Hurstperpoint, Sussex; Miller, Hamilton; Charles Mait and, Brighton; James George Davey, Hanwell; Henry Johnson Hemingway, Dewsbury; Julius Berncastle, East Indies; Thomas Hislop, Cavan; Edward Carey, Guernsey; Harvey Rowe, Trinidad; Melville Neal; Edward Tarleton, Bath; John Davies, Hertford; Thomas William Burt, Chichester; Oliver Evans, Royal Naval Hospital, Jamaica; Edward Dering Walker; Charles Pope, Temple Cloud, Bristol; Jonathan Wybrants, Dublin; Jephson Potter, Ireland; James Mackness, Hastings; Edward Henesy; William Tucker, Market Lavington; Gustavus Gidley, Crewkerne; David Nicol, Swansea; John Shea; William Abbot Green; Samuel Mason, Olney; James Atchison, Stockton-upon-Tees; Richard Dawson; William S. S. Odlum, Antigua; Job Lockyear Seale, Bath; Walter Thomas Ballantine; Thomas Sale, Isle of Man; Samuel Newington; William Tomkins, Yeovil; J. Dale Hewson, Salisbury; George Moore, Hastings; William Major, Hungerford; Robert Grahame, Dublin; William Farrant Merson, Sampford, Peverell, Devon; De Beauvoir De Lisle, Guernsey; Thomas Philip Dennett, Storrington; John Thurnham, Retreat, York; William Viner Beadle, Bristol; Samuel Parsons, Rome; Z. Barnes Vaughan, Liverpool; Richard Tobin, Royal Dockyard, Plymouth; Richard Chambers, Colchester; Edward James Shearman, Rotherham; William Looney, Royal Marine Infirmary, Woolwich; John Comely Wickham, Didmarton; James Lewis, Glamorganshire.

CURATORS OF THE MUSEUM.

The President.
The Censors.
George Leith Roupell.
George Burrows.
Robert Bentley Todd.
Frederic John Farre.

Given at the CENSOR'S BOARD, 10*th Day of October*, 1843.

John Ayrton Paris.
George Burrows,
Algernon Frampton.
Robert Nairne.
} *Censors.*

THE ROYAL COLLEGE OF SURGEONS OF ENGLAND; BEING A LIST OF THE FELLOWS IN AND OUT OF OFFICE, JANUARY 1, 1841.

ADAMS, John, New Broad street; Adolphus, Sir Jacob, Knt., Cheltenham; Ainsworth, James, Manchester, Albert, George Frederick, Cheltenham; Alcock, Rutherford, Bolton street; Amphlett, J. Holmden, Birmingham; Andrews, J. G. (President & Ex.), St. Helen's place; Andrews, William, Salisbury; Annesley, James, Albany; Armstrong, Robert, Plymouth Hospital; Arnott, J. M. (Council), New Burlington street; Arrowsmith, John Yerrow, Shrewsbury; Attenburrow, Hen. Clinton, Nottingham; Attree, William, Brighton; Avery, John, Saville row; BABINGTON, G. G. (Council), Golden square; Bacot, John, Portugal street, Grosvenor square; Badley, John, Dudley; Bainbrigge, W. Henry, Liverpool; Baird, John, Newcastle-upon-Tyne; Banner, John Maurice, Liverpool; Barnes, Samuel, Exeter; Beckett, Thomas, Russell place; Beevor, Charles, Berners street; Bickersteth, Robert, Liverpool; Bishop, John, Bernard street; Blagden, Richard, Albemarle street; Blaker, Harry, Brighton; Bloxam, Robert, Isle of Wight; Bolton, George Buckley, Pall Mall; Borland, James, Teddington; Boutflower, Charles, Liverpool; Boutflower, John, Manchester; Braine, James William, Cleveland row; Briggs, J. (Council), Edgeware road; Brodie, Sir B. (Vice President and Ex.), Saville row; Brown, Andrew, Paris; Browne, Richard Willson, Bath; Browne, C. Harrison, Canterbury; Buchanan, Thomas Cox, Gloucester; Burd, Henry Edward, Shrewsbury; Busk, George, Dreadnought Hospital Ship; CALLAWAY, Thomas (Council), Wellington street, Southwark; Campbell, George Gunning, Montague square; Carden, Henry Douglas, Worcester; Carpue, Joseph Constantine, Charlotte street, Fitzroy square; Cartwright, Richard, Bloomsbury square; Ceeley, Robert, Aylesbury; Champney, George, York; Chance, Edward John, Newcastle street, Strand; Chapman, Henry Thomas, Lower Seymour street; Chapman, Sir John, Knt., Windsor; Chippendale, John, Great Queen street; Clark, Frederick Le Gros, Finsbury square; Clarke, Henry, Bristol; Clark, John, Speddock, near Dumfries; Cleobury, William, Oxford; Coates, Henry, Salisbury; Cock, Edward, St. Thomas's street, Southwark; Cooper, Bransby Blake, New street, Spring gardens; Cooper, George Lewis, Keppel street; Cooper, Henry, Hull; Cooper, John, Liverpool; Cooper, Samuel (Vice-President and Ex.), Woburn place; Copeland, Thomas (Council and Ex.), Cavendish square; Cother, William, Gloucester; Coulson, William, Frederick place, Old Jewry; Cox, William Sands, Birmingham; Craven, Robert, Hull; Crompton, D. Webster, Birmingham; Crookes, John Farrar, Suffolk place, Pall Mall; Crosse, John Green, Norwich; Crowfoot, W. Henchman, Beccles, Suffolk; Curling, Thos. Blizard, New Broad st.; Cutler, Edward, New Burlington st.; DALRYMPLE, Archibald, Norwich; Dalrymple, John, Grosvenor st.; Davis, Thos., Brook st., Hanover sq.; Dawson, James, Liverpool; De La Garde, Philip Chilwell, Exeter; De Morgan, Campbell Greig, Manchester street; Denne, Henry, Canterbury; Dickin, John, Shrewsbury; Dixon James, Broad street buildings; Dover, Frederick, Great Coram street, Russell square; Duncan, James, Edinburgh; Dyer, Samuel, Cambridge terrace, Hyde park; ECCLES, William, Old Broad street; Ellis, George Viner, George street, Hampstead road; Embleton, Dennis, Newcastle-upon-Tyne; Estlin, John Bishop, Bristol; FARISH, James, Lancaster place, Strand; Farrell, Charles, Dalyston, Loughrea; Fife, Sir John, Knt., Newcastle-upon-Tyne; Fletcher, William Henry, Gloucester; Fox, Douglas, Derby; GARLICK, Joseph Prince, Leeds; Gay, John, Pavement, Finsbury; Gill, William, Liverpool; Godwin, Richard Bennett, Derby; Goodland, William, Manchester; Gore, Richard Thomas, Bath; Gossett, Montague, Broad street buildings; Grainger, Richard Duguid, Annerley, Norwood; Green, Joseph Henry, (Council), Hadley, Middlesex; Green, Thomas, Bristol; Greenhow, Thomas Michael, Newcastle-upon-Tyne; Gregory, Samuel, Sheffield; Gulliver, George, Royal Horse Guards Blue; Gunning, John, Paris; Guthrie, G. J. (Council & Ex.), Berkeley street; HALLOWES, Price Blackwood, Canterbury; Halton, John Prince, Liverpool; Hamilton, Alfred, Broad street buildings; Hammick, Sir S. Love, Bart., Cavendish square; Hammond, Josiah, Cambridge; Hancock, Henry, Harley street; Harris, John, Exeter; Harris, John, Bedford; Harrison, C. H. Rogers, Southampton street, Fitzroy square; Heward, Sir Simon, Knt., Carlisle; Harrison, John, Bristol; Harrison, John, Charles street, Berkeley square; Harrison, Robert, Dublin; Hawkins, Cæsar Henry, Halfmoon street; Hawkins, Charles, Court yard, Albany; Heath, Henry, Newcastle-upon-Tyne; Hewett, Prescott Gardner, Vigo street; Hey, Richard, York; Hey, William, Sen., Leeds; Hey, William, Jun., Leeds; Hilton, John, St. Thomas's street, East; Hird, Francis, Cleveland row, St. James's; Hobbs, John, Southampton row; Hodgson, Joseph, Birmingham; Holthouse, Carsten, Serle street; Hopps, John, York; Hughes, Richard, Stafford; Hughes, Robert, Stafford; Hunter, William, Surgeon Major, Guards; Huntington, Frederick, Hull; Hurst, Isaac, Bedford; JACKSON, Henry, Sheffield; Jackson, William, Sheffield; James, John Haddy, Exeter; Johnson, Henry Charles, Saville row; Johnson, Henry James, Suffolk place, Trafalgar square; Johnson, John Godwin, Norwich; Johnson, John Whitaker, Derby; Jordan, Joseph, Manchester; Jukes, Alfred, Birmingham; KEATE, Robert, (Council & Ex.), Albemarle street; Kemball, Vero Clarke, Oriental Club; Key, Charles Aston, St. Helen's place; Kidd, Thomas, A. Corfu; Kiernan, Francis, Beaumont street, Marylebone; King, Thomas Wilkinson, Bedford square; Kingdon, William, New Bank buildings; Knipe, John Augustus, United Service Club; Knowles, George Beauchamp, Birmingham; LANE, Samuel Armstrong, Grosvenor place; Langstaff, George, New Basinghall street; Langstaff, Joseph, Cambridge square, Hyde park; Lawrence, John, Brighton; Lawrence, William, (Council and Ex.), Whitehall place; Lestourgeon, Charles, Cambridge; Liston, Robert, (Council), Clifford street; Lloyd, Eusebius Arthur, Bedford row; Long, James, Liverpool; Lonsdale, Edward, Guildford street; Lucas, Philip Bennett, Manchester street; Ludlow, Samuel, Exeter; Luke, James, Broad street buildings; Lyford, Henry Giles, Winchester; Lynn, William Bewicke, Sloane street; MACILWAIN, G., Argyll place; Mackenzie, William, Glasgow; Mackenzie, William, Edinburgh; Macmurdo Gil., Wakefield, New Broad street; McWhinnie, Andrew Melville, Crescent, New Bridge street; Major, David Browning, Canterbury; Malyn, John, James street, Buckingham gate; Mantell, Gideon Algernon, Clapham common; Martin, James Ranald, Grosvenor street; Martin, Thomas, Reigate; Masfen, John, Stafford; Mawdsley, John, Hanover square; Mayo, Charles, Winchester; Mayo, Herbert, Boppart; Middlemore, Richard, Birmingham; Morgan, George Thomson, Cleveland street, Fitzroy square; Morgan, John, (Council), Finsbury square; Morgan, William, Francis, Bristol; Morrison, William, Newcastle-upon-Tyne; Morton, Thomas, Woburn place; Moyle, John Grenfell, Charlton-kings, Cheltenham; NEDHAM, John, Leicester; Newport, George, Sommers street, Oxford terrace; Nixon, Thomas, Pepperwich, Notts; Norgate, Benjamin Henry, Norwich; Norman, George, Bath; North, John, Gloucester place; Nunneley, Thomas, Leeds; OGILVY, Alex., Montague square; Okes, John, Cambridge; Overend, Wilson, Sheffield; Owen, Richard, (Conser. of Museum), College of Surgeons; PAGET, James, St. Bartholomew's Hospital; Paget, Thomas, Leicester; Parker, Charles Lewes, Oxford; Parker, Samuel W. Langston, Birmingham; Parkin, Henry, Marine Barracks, Woolwich; Partridge, Richard, New street, Spring gardens; Pennington, R. Rainey, Portman square; Pennington, William, Montague place; Perry, John George, Great James street, Bedford row; Percival, William, sen, Northampton; Pettigrew, Thomas Joseph, Saville row; Phillips, Benjamin, Wimpole street; Phillips, Charles Henry, Cleveland row; Pierpoint, Matthew, Worcester; Pilcher, George, Great George street, Westminster; Pitcairn, Sir James, knt., A. Cork; QUAIN, Richard, Keppel street, Russell square; RANSOME, John Atkinson, Manchester; Rae, William, Melville Hospital, Chatham; Ridout, John, Montague street; Russell, Henry, York; SAMPSON, George, Chester street; Samwell, Francis P. Ballard, Margaret street, Cavendish square; Scott, John, New Broad street; Seager, Charles, Clifton; Shaw, Alexander, Henrietta street, Cavendish square; Sheppard, James Pook, Worcester; Simpson, George, Bedford street, Bedford square; Skey, Frederick Carpenter, Grosvenor street; Smith Henry, Henrietta street, Cavendish square; Smith, Nathaniel, Bristol; Smith, Samuel, Leeds; Soden, John Smith, Bath; Solly, Samuel, St. Helen's place; South, John Flint (Council), Blackheath park; Stafford, Richard Anthony, Old Burlington street; Standert, Hugh Chudleigh, Taunron; Stanley, Edward (Council), Brook street; Steele, Richard H. H., Berkhampstead; Stone, Thomas Arthur, Clifford street; Stubbs, Henry, Liverpool; Swan, Joseph (Council), Tavistock square; Syme, James, Edinburgh; TAPLIN, Richard William, Great Queen street; Tatum, George Roberts, Salisbury; Tatum, Thomas, George street, Hanover square; Taunton, John Colley, Hatton garden; Taylor, Robert, Brighton; Teale, Thomas Pridgin, Leeds; Tegart, Edward, Bryanston street; Terry, Henry, Northampton; Thomas, Henry, Sheffield; Thomas H. Leigh (Council and Ex.), Leicester place; Thomas, Morgan, Woolwich; Thomas, William Lloyd, Hatfield; Thompson, Frederick J. R. Hale, Berners street; Thorpe, Robert, Manchester; Tomkins, John Newton, Russell place, Fitzroy square; Toogood, Jonathan, Bridgeweter; Travers, Benjamin (Council), Bruton street; Travers, Benjamin, Jun., St. Thomas's Hospital; Trew, William, Woburn place, Russell square; Turner, Thomas, Manchester; Tuson, Edward William, Russell place, Fitzroy square; Tuckwell, William, Oxford; Ure, Alexander, Charlotte street, Bedford square; VAUX, Bowyer, Birmingham; Vincent, John Painter, Lincoln's Inn fields; WADE, Robert, Dean street, Soho; Wallis, Edward, Hull; Walne, Daniel Henry, Guildford street; Wardrop, James, Charles street, St. James's; Watson, Kenrick, Stourport; Watt, William Couborough, Naval Hospital, Malta; Webb, Sir John, Knt., Woolwich; Welbank, Richard, Chancery lane; West, Sir Augustus, Knt., Paris; White, Andrew, Hertford street; White, Anthony (Council and Ex.), Parliament street; White, George Mills, Nottingham; Wickham, William John, Winchester; Willimott, John; Wilson, William James, Manchester; Wilson, William Jas. Erasmus, Upper Charlotte street, Fitzroy square; Wilton, John William, Gloucester; Wingfield, Charles, Oxford; Wood, Alfred Joshua, Gloucester; Wood, Richard, Birmingham; Woolrich, Stephen, Bridgnorth; Wormald, Thomas, Bedford row; Wright, John, Derby; Wright, William, Nottingham; Young, George William, Mortimer street.

Secretary, Ed. Belfour; Librarian, Rob. Willis, M.D.; Clerk, H. P. Gregg; Sub-Librarian, Mr. Stone; Maccbearer, Wm. Stone; Conservators of the Museum, Messrs. Clift, Owen, and Quekett.

THE WORSHIPFUL SOCIETY OF APOTHECARIES, LONDON.—CHARTERED, 1616.

Master, W. Bagster. *Wardens*, E. Wallace and J. Bacot. *Assistants*, Thomas Wheeler, Joseph Hurlock, James Hill, J. Nussey, J. Hingeston, G. Johnson, H. Williams, H. Robinson, J. W. Robins, C. E. Clarke, E. A. Brande, A. Malim, W. Payne, S. Merriman, W. Drew, W. U. Smith, J. Ridout, E. Bean, J. Mordaunt, J. Callander, W. Day. *Clerk to the Society*, Mr. R. B. Upton. *Court of Examiners*, T. L. Wheeler, *Chairman*, Henry Combe, John Hunter, Edward Tegart, Henry Morley, William Dickinson, Thomas Ansell, A. M. Randall, W. P. Brodribb, Charles Smith, R. R. Robinson, R. Norton. *Secretary to the Court of Examiners*, H. Blatch. *Professor of Botany*, J. Lindley, Ph. D. F.R.S. G.S., &c. &c. *Professor of Materia Medica and Chemistry*, W. T. Brande, F.R.S., L. and E. *Chemical Operator*, Mr. Warrington. *Accountants*, Mr. J. R. Chabot, Mr. Thomas Tingle, F.L.S. *Principal Gardener*, Mr. Wm. Anderson, F.H.L.S. and Hort. Society.

UNIVERSITIES.

UNIVERSITY OF OXFORD. (Founded 872.)—*Chancellor*, Duke of Wellington. *High Steward*, Earl of Devon. *Vice-Chancellor*, Philip Wynter, D.D. *Registrar*, P. Bliss, D.C.L., F.S.A., St. John's. *Regius Professor of Medicine*, founded

1535, by Henry VIII.—Professor John Kidd, D.M., Student of Christ Church College. *Tomlin's Prælect. of Anatomy*, founded 1623.—Professor John Kidd, D.M., Student of Christ Church College. *Sherardian Professor of Botany*, founded 1828, (Botanic Garden, Earl Danby, 1632.)—Professor C. G. B. Daubeney, D.M., Student of Magdalen College. *Litchfield's Clinical Medicine*, founded 1772, by Earl Litchfield (lectures in Radcliff Infirmary,) Professor J. Adey, Ogle, D.M., Student of Trinity College. *Aldrichian Professor of Anatomy*, founded 1803, by Dr. G. Aldrich. Professor John Kidd, D.M., Student of Christ Church. *Aldrichian Professor of Medicine*, founded 1803, by Dr. G. Aldrich, Professor J. Adey Ogle, D.M., Student of Trinity College. *Aldrichian Professor of Chemistry*. founded 1803, by Dr. G. Aldrich.—Professor C. G. B. Daubeny, D.M., Student of Magdalen College. *Lee's Lectures on Anatomy*, founded 1750. Professor John Kidd, D.M., Student of Christ Church College.

For the degree of M.D., the degrees of Bachelor of Arts, Master of Arts, and Bachelor in Medicine are, in the first instance, required. From the date of the B.A. degree, twelve terms are computed before the candidate can be admitted to the M.A. degree; but, actual residence during three weeks of one of these terms only, is sufficient, and the twelve terms are so computed that they fall within two years. At the expiration of one year after having obtained the degree of M.A. the candidate may become a B.M., and at the end of three years more he may obtain the degree of M.D.

UNIVERSITY OF CAMBRIDGE.—*Chancellor*, The Duke of Northumberland, K.G. LL.D. F.R.S. *High Steward*, Lord Lyndhurst, LL.D. *Vice-Chancellor*, W. Whewell, B.D., Trinity. *Registrar*, J. Romilly, M.A. *Professorships:—Regius Physic*, John Haviland, M.D. *Chemistry*, John Cummings, M.A. F.R.S. *Anatomy*, William Clark, M.D. *Botany*, J. S. Henslow, M.A. F.L.S. *Downing's Medicine*, W. W. Fisher, M.D. *Curator of the Botanic Garden*, A. Briggs, T.L.S.

All candidates for degrees are compelled to pass one public examination analogous to the preliminary examination required at the London University. The subjects are Evidences of Christianity, the Greek Testament, one of the Greek and one of the Latin Classics. By the Second Examination, the medical student becomes B.A. Before he can become a Bachelor of Physic he must have entered on his sixth year, computed from the date of his first admission at the University, have resided nine terms, and have passed the Previous Examination. A Bachelor of Arts may become a Bachelor of Physic, after having entered on his sixth year, provided that a year has intervened between his final determination in Arts and his admission to the degree of Bachelor of Physic.

UNIVERSITY OF LONDON. Chartered 1837.—*Chancellor*, Earl of Burlington, V.P.R.S. *Vice-Chancellor*, J. G. S. Lefevre, Esq., F.R.S. *Registrar*, R. W. Rothman, M.D. *Clerk to the Senate*, Mr. H. Moore. *Examiners,—Faculty of Medicine. Anatomy*, Professor Sharpey, Mr. Kiernan, F.R.S. *Physiology* and *Comparative Anatomy*, Professor Rymer Jones. *Medicine*, Dr. Billing, Dr. Tweedie. *Surgery*, Sir S. L. Hammick, Mr. Baeot. *Materia Medica*, Dr. Pereira. *Chemistry*, Professor Daniell. *Midwifery*, Dr. Rigby. *Botany*, Rev. Professor Henslow, Camb. *Jurisprudence*, Professor Daniell, Dr. Pereira, Dr. Rigby. *Intellectual Philosophy, Logic*, and *Moral Philosophy*, Rev. Henry Alford, M.A., T. B. Burcham, M.A.

HOSPITALS AND MEDICAL SCHOOLS OF THE METROPOLIS.

UNIVERSITY COLLEGE, GOWER STREET NORTH.—*President*, Lord Brougham. *Vice-President*, The Earl of Auckland. *Treasurer*, John Taylor, Esq., F.R.S. *Secretary*, Charles C. Atkinson, Esq. *Dean of the Faculty of Medicine*, T. Graham, Esq., Professor of Chemistry. *Lecturers*, Murphy, Graham, Morton, Ellis, Quain, Sharpey, C. J. B. Williams, Thompson, Cooper, Liston, Lindley, Thompson.

HOSPITAL.—Number of beds, 150. *Physicians*, Dr. Williams, Dr. A. T. Thomson, Dr. Taylor. *Obstetric Physician*, Dr. Murphy. *Surgeons*, Mr. Cooper, Mr. Liston, Mr. Quain. *Assistant-Surgeon*, Mr. Morton.

KING'S COLLEGE, ADJOINING SOMERSET HOUSE. (1828.)—*Patron*, the Queen. *Visitor*, the Archbishop of Canterbury. *Dean of the Faculty of Medicine*, R. Partridge, Esq. *Lecturers*, Ferguson, Farre, Daniell, Partridge, Todd, Budd, F. Boyle, Fergusson, Forbes, W. A. Guy.

HOSPITAL. (1841.)—Number of beds, 130. *Consulting Physician*, Dr. Watson. *Physicians*, Dr. George Budd, Dr. R. B. Todd. *Physician for diseases of women and children*, Dr. Robert Fergusson. *Physician-Accoucheur*, Dr. Arthur Farre. *Physician to out-patients*, W. A. Guy, M.B. *Consulting Surgeon*, J. Arnott, Esq. *Surgeons*, W. Fergusson, Esq., R. Partridge, Esq. *Assistant-Surgeons*, John Simon, Esq., W. Bowman, Esq., F.R.S. *Surgeon-Dentist*, John Tomes, Esq.

GUY'S HOSPITAL, ST. THOMAS STREET, BOROUGH. (1721.)—Number of beds, 500. *Physicians*, Dr. Addison, Dr. Babington, Dr. Barlow. *Assistant Physicians*, Dr. Hughes, Dr. Rees, Dr. Golding Bird. *Consulting-Physician*, Dr. Bright. *Surgeons*, Mr. King, Mr. Morgan, Mr. B. Cooper. *Assistant-Surgeons*, Mr. Callaway, Mr. Coek. *Obstetric Physician*, Dr. Ashwell. *Assistant-Obstetric-Physician*, Dr. Lever. *Lecturers*, Ashwell, Lever, Oldham, Aikin, Taylor, Birkett, Moody, Cooper, Coek, Babington, Addison, Addison, Golding, Bird, Key, Morgan, Johnson, Taylor.

ST. BARTHOLOMEW'S HOSPITAL, SMITHFIELD.—Henry VIII., 1539. Number of beds, 530. *Physicians*, Dr. Hue, Dr. Roupell, Dr. G. Burrows. *Assistant-Physicians*, Dr. F. Farre, Dr. Jeaffreson, Dr. Blaek. *Surgeons*, Mr. Vincent, Mr. Lawrenee, Mr. Stanley. *Assistant-Surgeons*, Mr. Lloyd, Mr. Skey, Mr. Wormald. *Lecturers*, Rigby, Griffiths, Wormald, Maewhinnie, Paget, Burrowes, Roupell, Lawrenee, Farre, Baly.

ST. THOMAS'S HOSPITAL.—Edward VI.. 1553. Number of beds, 500. *Physicians*, Dr. Williams, Dr. Burton, Dr. Barker. *Assistant-Physicians*, Dr. Leeson, Dr. Cape. *Surgeons*, Mr. Green, Mr. South, Mr. M'Murdo. *Assistant-Surgeons*, Mr. Solly, Mr. B. Travers, Mr. Le Gros Clark.—*Lecturers*, Cape, Leeson, Dixon, Trew, R. D. Grainger, Barker, M. Hall, G. Gregory, R. Bennett, Wilks, Green, Travers, R. D. Hoblyn, Leeson, Risdon Bennet.

LONDON HOSPITAL, WHITECHAPEL. (1746.)—Number of beds, 320. *Physicians*, Dr. Billing, Dr. Gordon, Dr. Cobb, *Assistant-Physicians*, Dr. A. Frampton, Dr. Little. Dr. Pereira. *Surgeons*, Mr. Andrews, Mr. John Scott, Mr. Lake. *Assistant-Surgeons*, Mr. Hamilton, Mr. Adams, Mr. Curling. *Lecturers*, Ramsbotham, Pereira, Critchett, Cobb, Little, Pereira, Luke, Curling, Quekett, Ramsbotham.

ST. GEORGE'S HOSPITAL, HYDE-PARK CORNER. (1733.) *Physicians*, Dr. Seymour, Dr. Wilson, Dr. Maeleod, Dr. Nairne. *Assistant-Physician*, Dr. Page. *Surgeons*, Mr. Keate, Mr. C. Hawkins, Mr. Tatum, Mr. Cutler. *Assistant-Surgeons*, Mr. H. J. Johnson, Mr. Charles Johnson. *Lecturers*, R. Lee, Brande, Solly, H. J. Johnson, H. C. Johnson, Tatum, M'Leod, Nairne, C. Hawkine, G. Babington, Dickson, Page.

MIDDLESEX HOSPITAL, GOODGE STREET. (1745.)—Number of beds about 200. *Physicians*, Dr. Hawkins, Dr. Wilson, Dr. Crawford. *Assistant-Physician*, Dr. S. Thompson. *Surgeons*, Mr. Arnott, Mr. Tuson, Mr. Shaw. *Assistant-Surgeons*, Mr. C. De Morgan. *Physician Accoucheur*, Dr. Ashburner. *Lecturers*, North, Everitt, Tuson, Wilson, Rowden, Tuson, E. Wilson, Hawkins, Crawford, J. M. Arnott, Rogers, De Morgan.

CHARING-CROSS HOSPITAL. (1831.)—Number of beds, 150. *Physicians*, Dr. Shearman, Dr. Golding, Dr. Chowne. *Surgeons*, Mr. Hancoek, Mr. Avery. *Lecturers*, Chowne, Fownes, Hird, Canton, T. W. Jones, Sherman, Rowland, Steggall, Willshire, Hancoek.

WESTMINSTER HOSPITAL. (1719.)—Number of beds about 200. *Physicians*, Dr. Hamilton Roe, Dr. Kingston, Dr. Basham. *Consulting Physician*, Dr. Bright. *Surgeons*, Mr. White, Mr. Lynn, Mr. Hale Thompson. *Assistant-Surgeon*, Mr. B. Phillips. *Lecturers*, Andrews, Lewis, Hunter, J. W. C. Pennell, Roe, Kingston, Basham, B. Phillips, Bird, Hodges.

Medical Schools not connected with Hospitals.

ALDERSGATE STREET SCHOOL OF MEDICINE. *Lecturers*, Waller, Seoffern, White, Goodfellow, Emmott, Aldis, K. Grant, Willshire, P. B. Lueas, Brown, Hodges, Scoffern.

CHARLOTTE STREET SCHOOL OF MEDICINE. *Lecturers*, T. S. Harrison, Seoffern, Dermott, Aldis, Ryan, Cooper, B. Clarke, H. P. Hinde.

SCHOOL OF ANATOMY AND MEDICINE, ADJOINING ST. GEORGE'S HOSPITAL. *Lecturers*, Bloxam, Rodgers, Pettigrew, Lane, W. P. Pettigrew, Goolden, Lankester, Pileher, Cooke, Aneell, Warder.

MARYLEBONE INFIRMARY, NEW ROAD.—Physician's praetice only recognised by the Hall and College. Number of beds, 250. *Honorary Physicians*, Dr. Clendinning, Dr. Harrison, Dr. Mayo. *Physician-Accoucheur*, Dr. Robert Lee. *Surgeons*, Mr. Stafford, Mr. B Phillips. *Resident-Physician*, Dr. Robert Boyd. *Assistant-Surgeons*, Mr. Allen, Mr. Whitwell, Mr. Culpepper.

ROYAL FREE HOSPITAL, *Gray'-inn-road, (late Greville-street.)* Founded 1828.—*Patron*, the Queen. *Physician*, Dr. Weatherhead, *Assistant-Physician*, Dr. Wilson, *Surgeons*, Messrs. Marsden and Gay.

HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST, *opposite the Royal Hospital, Chelsea.* (1842.)—*Honorary Secretary*, Philip Rose, Esq., 22, Hans plaee. Number of beds at present, 20; intended to hold 50. *Physicians*, Dr. H. Rae, Dr. Walshe. *Visiting Physician*, Dr. Theoph. Thompson. *Consulting Physicians*, Dr. Forbes, Dr. C. J. B. Williams *Consulting Surgeon*, R. Liston, Esq.

NATIONAL VACCINE ESTABLISHMENT, 8, *Russell-place, Fitzroy-square.—Governing Board*, the President and the Senior Censor of the College of Physicians, and the President of the College of Surgeons. *Registrar*, Dr. Hue. *Inspector of Vaccinators*, J. Newton Tomkins, Esq. *Stationary Vaccinators*, F. Ager, 9, Trinity square, Tower hill; C. R. Aikin, 7, Baker's buildings, Liverpool street; A. Buehanan, Broad street, Rateliff; J. C. Carpue, 8, Russell plaee, Fitzroy square; G. Simpson, Surrey Chapel, Blaekfriars road; G. M. Leese, 6, Baker street, Portman square; W. J. Lewis, Spital square; R. H. Robertson, 36, Albemarle street; R. Semple, 2, Rufford's row, Islington; H. Sterry, 8, Alscot plaee, Grange road, Bermondsey; N. B. Ward, 7, Wellclose square.

PROVINCIAL HOSPITALS,

Recognized by the Hall and College, as Establishments for the completion of Medical Instruction without residence in London.

BRISTOL INFIRMARY. (1735.)—Number of beds, 233. SCHOOL: Museum of Human and Comparative Anatomy, and excellent eabinet of Materia Medica. —*St. Peter's Hospital and Bristol General Hospital* are recognized as Dispensaries by the Apothearies' Company.

LEEDS GENERAL INFIRMARY. (1767.)—Number of beds, 140. There is a *Dispensary and a Fever Hospital* in Leeds.

LIVERPOOL INFIRMARY. (1745.)—Number of beds, 228.—*Liverpool Lunatic Asylum.* (1745.) —Average number of inmates, 60. Not open to students.—*Liverpool Lock Hospital.—Liverpool Dispensary.*

LIVERPOOL NORTHERN HOSPITAL. (1834.)—Number of beds, 100.

MANCHESTER ROYAL INFIRMARY. Number of beds, 220.

NEWCASTLE INFIRMARY. (1751.)—Number of beds, 151. There are two Lunatie Asylums in Newcastle. The School is not connected with the Infirmary.

YORK COUNTY HOSPITAL. Number of beds, 50. An *Ophthalmic* Institution open to pupils of the hospital. SCHOOL: A good museum and library.—*York Lunatic Asylum.* (1777.)

HULL GENERAL INFIRMARY. (1785.)—Number of beds, 110.

SHEFFIELD GENERAL IRFIRMARY. (1797.)—Number of beds, 101. *Physicians Extraordinary*, Sir A. J. Knight, Dr. G. Holland. *Physicians*, Dr. C. Thompson, Dr. C. Favell, Dr. F. Bramson. *Surgeons*, Mr. Overend, Mr. H. Jackson, Mr. H. Thomas.

Provincial Hospitals whose surgeons' and physicians' practice are recognized by the College, but whose Physicians' practice is not recognized by Apothecaries' Hall.

BATH UNITED HOSPITAL. (1826.)—Number of beds, 112. *Physicians*, E. Barlow, M.D., W. Bealey, M.D., E. B. Hannan, M.D. *Surgeons*, George Norman, J. S. Soden, R. W. Brown.

DERBYSHIRE GENERAL INFIRMARY. (1810.) —Number of beds, 100. *Physicians*, Drs. Thomas Bent, William Baker, Thomas Heygate. *Surgeons*, John Wright, Douglas Fox, John Johnson.

DEVON AND EXETER HOSPITAL. (1741.)—Number of beds, 200. Operating days, at discretion. *Physicians*, John Blaekhall, M.D., Patrick Miller, M.D., Frederiek Granger, M.D., Richard

Parnell, M.D. *Surgeons*, Mr. Barnes, Mr. Harris, Mr. James, Mr. De la Garde.

KENT AND CANTERBURY GENERAL HOSPITAL. (1793.)—Number of beds, 120. Operating days at discretion. *Physicians*, Alfred Lochée, M.D., Edward Scudamore, M.D. *Surgeons*, David B. Major, Price B. Hallowes, Henry Denne, Henry Crawford.

NORFOLK AND NORWICH HOSPITAL. (1777.) Number of beds, 105. *Physicians*, Lewis Evans, M.D., Edward Lubbock, M. D., Robert Hull, M.D. *Surgeons*, John Green Cross, Benjamin Norgate, John G. Johnson.

GENERAL HOSPITAL, NOTTINGHAM. (1781.) —Number of beds, 118. Operating day, generally Wednesday. *Physicians*. R. S. Hutchinson, M.D., J.C. Williams, M. D., C. Storer, M. D. *Surgeons*, W. Wright, G. M. White, H. C. Attenburrow.

SALOP INFIRMARY. (1745.)—Number of beds, 140. Operating day, Wednesday. *Physicians*, H. Johnson, M. D., J. P. P. Marsh, M.D., T. J. Drury, M.D. *Surgeons*, H. E. Burd, John Dicken, J. Y. Arrowsmith.

Other Country Hospitals.

STAFFORDSHIRE GENERAL INFIRMARY.—(1766).—Number of beds, 112. *Physicians*, Edward Knight, M.B., John Thomas Harland, M.D. *Surgeons*, Richard Hughes, John Marfen.

SUSSEX COUNTY HOSPITAL, BRIGHTON. (1828.) —No. of beds, 114. *Phys.*, Thos. Blair, M.D., Geo. Hall, M.D., M. King, M.D. *Surgeons*, H. Blaker, R. Taylor, J. Lawrence.

WINCHESTER COUNTY HOSPITAL. (1736.)—Number of beds, 120. *Physicians*, Edward Phillips, M.D., John Harris, M.D. *Surgeons*, W. R. Wickham, C. Mayo, M. Lyford.

BEDFORD GENERAL INFIRMARY. (1830.)—Number of beds, 90. *Physicians*, Dr. Will, Dr. Mesham. *Surgeons*, Mr. Harris, Mr. Hurst, Mr. Short. Library of 1300 vols.

GLOUCESTER GENERAL INFIRMARY AND COUNTY HOSPITAL. (1755.)—Number of beds, 170. *Physicians*, Dr. Evans, Dr. Fletcher. *Surgeons*, Mr. Wilton, Mr. Fletcher, Mr. Buchanan, Mr. Wood.

LEICESTER INFIRMARY. — *Physicians*, Dr. Freer, Dr. Shaw. *Surgeons*, Mr. Hedlam, Mr. Paget.

NORTHAMPTON GENERAL INFIRMARY.—WORCESTER GENERAL INFIRMARY.

ADENBROOKE'S HOSPITAL, CAMBRIDGE.—*Physician*, Dr. Haviland. *Consulting Physicians*, Dr. Thackeray, Dr. Bond, Dr. Paget. *Surgeon*, Mr. Oakes. *Consulting Surgeons*, Mr. Lestourgeon, Mr. Hammond, Mr. Humphry.

PROVINCIAL MEDICAL SCHOOLS.

QUEEN'S COLLEGE, BIRMINGHAM.—*Lecturers*, Profs. Langston Parker, Sands Cox, David Bolton, Esq., J. Johnstone, G. B. Knowles, G. Kemp, J. Percy, T. Ingleby, Samuel Berry, J. Eccles, J. Birt Davies. *Visitor*, Sir W. Warneford Clerk. *First Principal*, Ed. Johnstone, M.D. *Vice Principal*, James Thomas Law Clerk. *Treasurer*, J. Edwards Piercy, Esq., J.P. *Dean of the Faculty*, W. Sands, Cox, F.R.S.

BRISTOL MEDICAL SCHOOL. — *Lecturers*, Riley, W. P. Carpenter, Colthurst, A. Pritchard, Fairbrother, Staples, Herapath, Swayne, Ketling, Symonds, J. Bernard, Clarke, Green, Kay, Herapath, Rootsey.

LEEDS SCHOOL OF MEDICINE.—*Lecturers*, P. Teale, Nunneley, Ikin, S. Hey, Price, Radcliffe, Derman, Morley, West, Smith, Braithwaite, Chadwick, W. Hey, Garlick, Peymont Smith

LIVERPOOL ROYAL INSTITUTION.—*Lecturers*, Long, A. Higginson, J. Dickinson, R. Brett, Batty, R. Scott, Banner

MANCHESTER SCHOOL OF MEDICINE AND SURGERY.—*Lecturers*, Turner, W. Smith, R. F. Ainsworth, Davies, Heath, Chaytor, Ransome, Black, Just, Hardy, Hunt

NEWCASTLE-UPON-TYNE SCHOOL OF MEDICINE AND SURGERY.—*Lecturers*, Embleton, W. Nicholson, W. H. Fife, J. B. Fife, R. Elliot, R. Glover, W. Dawson, E. Charlton, J. Fife, Morrison, Glover, Nicholson, and Thornhill.

HULL AND EAST-RIDING SCHOOL OF MEDICINE.—*Lecturers*, Wallis, Moxon, Carsill, Tollitt, Hardey, Alderson, Craven, and Smith.

YORK SCHOOL OF MEDICINE. — *Lecturers*, Hopps, Crummach, Williams, Barker, Allen, Anderson, Simpson, Goldie, Russell, Husband, and Matterson.

SHEFFIELD MEDICAL INSTITUTION. — *Lecturers*, Gregory, Jackson, Harwood, E. Thompson, Martin, Hardy, Flavell, Turton, Thomas, Harwood, J. Hardy, and Jackson.

PUBLIC SERVICE.

MEDICAL DEPARTMENT OF THE ARMY.—Office, 13, St. James's Place.

ARMY MEDICAL BOARD.— *Director-General*, Sir J. M'Grigor, Bart., M.D., 1815.—*Deputy Inspectors-General of Hospitals*, Theodore Gordon, M.A., 1836, and Dr. Clarke, Assistant Staff Surgeon.—*Apothecary*, Francis Bassano, 1825. Commissioned for Ireland only: *Director-General*, George Renny, M.D., 1795.—*Deputy Inspectors General*, H. M. Peile, M.D., Dublin, 1803; Sir James Pitcairn, M.D., Cork.

ARMY DEPARTMENT. — *Full-pay* per diem, after actual service (in years).—*Inspector-General*, 25 years, 2*l.*; 20 years, 1*l.* 18s.; 10 years, 1*l.* 16s. *Deputy-Inspector*, according to the same gradations of service, 1*l.* 10s. 1*l.* 8s., 1*l.* 4s. *Staff-Surgeon*, ditto, 1*l.* 4s., 1*l.* 2s., 19s. *Regimental-Surgeon*, ditto, 1*l.* 2s. 19s., 15s.; under 10 years, 13s. *Assistant-Surgeons*, ditto. 10s., 10s., 10s., 7s. *Assistant-Surgeons* serving in the Horse or Life Guards, or Dragoon Guards, receive about 1s. per diem in addition.

NAVAL MEDICAL DEPARTMENT.— Admiralty Office, Somerset House. *Inspector-General of Naval Hospitals and Fleets*, Sir W. Burnett, K.C.H. F.R.S. *Haslar Inspector of Hospitals and Fleets*, Dr. J. Richardson. *Deputy-Inspectors of Hospitals and Fleets*, Dr. J. Liddle and Dr. James Anderson. *Plymouth:—Inspector of Hospitals and Fleets*, Sir D. J. H. Dickson. *Deputy-Inspector*, R. Armstrong.

NAVY DEPARTMENT, *Pay per diem.—Physicians of Fleets*, under 3 years, 10s. 11d; above 3 years and under 10 years, 1*l.* 1s.; more than 10 years, 2*l.* 2s. *Inspectors of Hospitals and Fleets*, 1*l.* 11s. 6d.; after 10 years, 2*l.* 2s. *Deputy-Inspectors*, 1*l.* 1s. *Surgeons*, are paid in all rates according to length of their full-pay service (reckoning their whole time as assistant or hospital mate), under 6 years, 11s.; above 6 years, 12s.; 10 years, 14s.; 15 years, 14s; 20 years, 18s.; 25 and 30 years, with leave to retain, 18s. *Assistant-Surgeons*, in full pay service, 7s.; above 3 years, 7s. 6d; above 10 years, 9s.; if serving in small vessels, above 3 years and under 10 years, 8s.; above 10 years, 10s. *Surgeons of Hospital Ships*, of whatever duration, 18.

ORDNANCE MEDICAL DEPARTMENT, 63 Pall Mall.—*Master-General*, Gen. Rt. Hon. Sir George Murray, G.C.B. and G.C.H. *Director General*, Sir John Webb, K.C.H. 1813. *Deputy-Inspector General*, Morgan Thomas, Esq., 1841.

HONORABLE EAST INDIA COMPANY'S SERVICE.—*Depôt at Worley, Essex. Commander*, Lieut.-Colonel Edward Hay. *Surgeon*, A. R. Jackson, M.D. *Public Examiner and Inspector*, Maj.-General Pasley, R. Eng. *Seminary at Addiscombe: Surgeon*, Edward Westall, Esq. *Clerk for passing Cadets and Assistant Surgeons*, T. R. Clarke, Esq., Cadet Department, East India House. *Examining Medical Officer*, Dr. Chambers, Brook-street. *Chairman*, 2, Major-General Sir James Law Lushington. *Secretary*, Jas. Cosmo Melville, Esq. *Deputy-Sec.* John D. Dickinson, Esq. The appointment of assistant-surgeon of the East India service is in the patronage of the Directors.

PAY, per month, of 30 days. *Assistant*, to *Cavalry* in garrison, 28*l.* 4s. 2d., in the field, 30*l.* 5s. 10d.; *Infantry* in garrison, 18*l.* 13s. 4d., in the field, 21*l.* 3s. 4d. *Surgeon*, rank and pay of captain. *Cavalry* in garrison, 31*l.* 18s. 4d., in the field, 46*l.* 12s. 11d.; *Infantry* in garrison, 31*l.* 18s. 4d., in the field, 34*l.* 5s. In addition to this pay, both ranks of surgeons receive some additional consideration, in proportion to the number of companies of troops placed under their charge.

SCOTLAND.

EDINBURGH.—ROYAL COLLEGE OF PHYSICIANS, EDINBURGH, (1681). *President*, Dr. Robert Renton. *Vice-President*, Dr. Graham. *Censors*, Dr. Abercrombie, and Dr. Alison. *Treasurer*, Dr. Ransford. *Secretary*, Dr. Craige. *Fiscal*, Dr. Thatcher. *Librarian*, Dr. Seller. *Examiners*, Dr. Renton, Dr. Davidson, D. Abercromhie, Dr. Craigie, Dr. Henderson, Dr. Ransford. There are three sets of members: *Licentiates, Resident Ordinary Fellows*, and *Non-Resident Ordinary Fellows*. Few now apply for the licence merely, because it has long been but a step to the Fellowship which may be obtained without such preliminary.

UNIVERSITY OF EDINBURGH, (1582.)—*Principal*, the very Reverend John Lee, D.D. *Secretary to the Senate*, Sir William Hamilton, Bart. *Secretary to the University*, J. Gordon, Esq. *Conservator* of the Museum, William Mackenzie, Esq. The *Court of Examiners* in the medical faculty consist of two divisions: FIRST DIVISION: Professor of *Chemistry*,———; *Anatomy*, Dr. Munro; *Physiology*, Dr. Allen Thompson; *Botany*, Dr. Graham; *Natural History*, Professor Jameson; *Military Surgery*, Sir G. Ballinghall. SECOND DIVISION: Professor of *Practice of Physic*, Dr. Alison; *Materia Medica*, Dr. Christison; *Surgery*, Professor Miller; *Clinical Surgery*, Professor Syme; *Midwifery*, Dr. Simpson; *Medical Jurisprudence*, Dr. Traill; *General Pathology*, Dr. Henderson. Each examiner examines on his own branch, except Sir G. Ballinghall, who examines on Anatomy in conjunction with Dr. Munro.

DIPLOMA.—The medical graduation takes place annually on the 1st of August. Fee for diploma, 25*l.*; of which 10*l.* goes as stamp duty.

ROYAL COLLEGE OF SURGEONS, EDINBURGH. (Incorporated 1505).—*President*, Andrew Fife, M.D. *Treasurer*, Alexander Macauley. *Secretary*, John Scott, W. S. *Conservator of the Museum*, W. Macgillivray. *Examiners*, John Gairdner, William Browne, John McFarlan, James Pitcairn, John Campbell, James S. Combe, James Simpson, William Dumbreck, Archibald Inglis, Francis Farquharson, John Scott, Samuel A. Pagan. *Assessors to Examinators*, William Wood, Adam Hunter, David Maclagan, Sir George Ballinghall.

EDINBURGH EXTRA ACADEMICAL MEDICAL AND SURGICAL LECTURERS.—George Lees, A.M.; Mr. George Glover, 6, Infirmary Street; Dr. Mercer, 4, Surgeons' Square, Dr. Handyside, and Dr. Lonsdale, 1, Surgeons' Square; Dr. Skae, 11, Argyle Square; Dr. Gray, 4, Surgeons' Square, Dr. Handyside, and Mr. Spence, 1, Surgeons' Square; Dr. Macleod, 11, Argyle Square; Dr. Fyfe, 3, Surgeons' Square; Dr. Reid, Roxburgh Place; Dr. Seller, 11, Argyle Square; Dr. Douglas Maclagan, 9, Surgeons' Square; Dr. Craigie, 9, Surgeons' Square; Dr. Alexander Wood, 11, Argyle Square; Dr. Bennett, 1, Surgeons' Square; Dr. Argyle Robertson and Dr. Duncan, 11, Argyle Square; Dr. W. Campbell, 11, Argyle Square; Dr. Marr. —*Forensic Medicine*, Dr. Cormaek, 24 Brown Square; Dr. A. D. Campbell, 11, Argyle Square; Dr. Howinson.

ROYAL INFIRMARY OF EDINBURGH. (1738)—Number of beds, 300; divided into Surgical Wards, (100 beds); Ordinary Medical Wards, and Clinical Wards, (80 beds.) *Clinical Professors*, Dr. Alison, Dr. Graham, Dr. Christison, and Dr. Henderson, (of the University.) *Ordinary Physicians*, Dr. Craigie, Dr. Patterson, and Dr. Cormack. (Dr. Craigie gives Clinical Lectures three times a week.) *Clinical Professor of Surgery*, Mr. Syme. *Ordinary Surgeons*, Dr. Handyside and Dr. Duncan. *Assistant Surgeons*, Mr. Miller, Dr. A. Maclagan. *Pathologist*, Dr. Bennett.

SURGICAL HOSPITAL.—*Surgeon*, Mr. Syme. *Consulting Surgeon*, Sir G. Ballinghall, M.D.

LOCK HOSPITAL, Surgeons' Square. (1835). *Ordinary Medical Officers*, Dr. Skae, Esq. and Dr. Newbigging. *Consulting Physician*, Dr. Davidson. *Consulting Surgeon*, Sir G. Ballinghall, M.D. *House Surgeon*, J. Macgowan, Esq.

ROYAL DISPENSARY. (1776.)—*Medical Officers*, Drs. Wood, Mann, Lonsdale, Bennett, Campbell, Andrew, Seller, and Macleod.

NEW TOWN DISPENSARY. (1815.)—*Physicians (Cons.)* Drs. Thomson and Alison. *Ord. Medical Officers*, Drs. Wood, Ormond, Maclagan, Duncan, Newbigging, Thomson, Paterson, and Dunsmore.

EYE DISPENSARY, 405, Lawn Market. (1815.) —*Medical Officers*, Dr. Farquharson, Messrs. Skae and Walker. *Consulting Surgeon*, Dr. Robertson.

EYE INFIRMARY, Elder Street. (1834.)—*Physician*, Dr. Craigie. *Surgeons*, Dr. Watson, Mr. B. Bell, and Dr. Hamilton.

ROYAL PUBLIC DISPENSARY, 258 Canongate. —*Medical and Surgical Officers*, Mr. Brown, Drs. Handyside, Cormack, Mr. Corburn. Drs. Marr, Andrew, Spittal, Mercer, Lonsdale, Campbell, Wood, and Thomson. *Apothecary*, Dr. Gardner.

MINTO HOUSE DISPENSARY, Argyle Square, Edinburgh.—*Physicians*, Drs. Peddie, Brown, and Cornwall. *Cons. Surg.*, Professor Syme.

ABERDEEN.

MARISCHAL COLLEGE AND UNIVERSITY. (1593).—*Chancellor*, Duke of Richmond. *Rector*, Marquis of Breadalbane. *Principal*, D. Dewar,

LL.D & D. B. *Librarian*, W. Knight, LL.D. *Secretary*, John Cruikshank, LL.D.

MEDICAL SCHOOL.—*Lecturers*, Clark, Lizars, Henderson, Harvey, Pirrie, Macrobin, Doyce, Ogston, M'Gillivray.

UNIVERSITY AND KING'S COLLEGE, OLD ABERDEEN. (1494.)—*Chancellor*, Earl of Aberdeen. *Rector*, Lord Francis Egerton. *Principal*, Wm. Jack, D.D. *Secretary*, William Gregory, M.D.

MEDICAL SCHOOL.—*Lecturers*, Messrs. Gregory Moir, Kerr, Kilgour, Templeton, Fraser, and Robertson, Fowler, Dickie.

ROYAL INFIRMARY. (1740.) Number of beds, 240. *Physicians*, Drs. Robert Dyce, and Alexander Kilgour. *Surgeons*, Drs. Wm. Lang, and Wm. Keith.

GLASGOW.

UNIVERSITY OF GLASGOW.—*Chancellor*, Duke of Montrose. *Vice Chancellor* and *Principal*, Duncan Macfarlane, M.D. *President of the Senate*, Sir T. M. Brisbane. *Examiners*, 1843, J. Jeffray, W. Thomson, John Burns, Thomas Thomson, J. Cowper, A. Buchanan, John H. Balfour, John M. Pagan, Harry Rainy. *Lecturers*, Jeffray, Marshall, Thomson, Thomson, J. Couper Balfour. John Burns, W. Thomson, Buchanan, Pagan, Rainy, Mackenzie.

FACULTY OF PHYSICIANS AND SURGEONS, GLASGOW.—*President*, Dr. R. Perry. *Visitor*, Dr. W. Weir. *Collector*, Dr. F. Wilson. *Box Masters*, Dr. Charles Ritchie, Dr. James Brown. *Seal Keeper*, Dr. J. M. Pagan. *Visitors of Drugs*, Dr. John McDowall, Mr. Robert McGregor. *Vaccinator*, Dr. John Jackson. *Assistant Examinators*, Dr. J. A. Laurie, Dr. J. G. Fleming, Dr. James Douglas, Dr. John Panton, Dr. Wm. Davidson, Dr. A. M. Adams. *Librarian*, Dr. Andrew Anderson. Fee for diploma, 7*l.* 7*s.* The Faculty is a licensing body merely. The diploma is recognized by all the licensing bodies in the United Kingdom, and by the Poor Law Commissioners.

ANDERSONIAN UNIVERSITY.—*Lecturers*, Lawrie, Penny, Paterson, Hannay, S. Buchanan, Easton, Crawford, Anderson, Wilson.

SCHOOL OF MEDICINE, Portland-street (1830) —*Lecturers*, Lyon, McGregor, Douglas.

GLASGOW ROYAL INFIRMARY.—*Physicians*, Dr. Perry, Dr. Watson, Dr. M. Thomson, Dr. Wire. *Surgeons*, Dr. M. S. Buchanan, Dr. Pagan, Dr. Hannay, Dr. Lawrie. *Resident Medical Officer*, Dr. Orr.

GLASGOW EYE INFIRMARY. (1824.)—Number of beds, 10. *Surgeons*, Dr. Mackenzie, Dr. Rainy. *Assistant-Surgeon*, Dr. Andrew Anderson.

UNIVERSITY OF ST. ANDREWS (1412.)—*Chancellor*, Lord Viscount Melville. *Rector*, Rev. T. Jackson. *Principal of the United Coll. of St. Salvador and St. Leonard*, Sir David Brewster, LL.D. F.R.S. L. et E. *Professor of Anat. and Med.*, John Reid, M.D. *Professor of Chemistry*, Arthur Connel, F.R.S., E. Descriptive Anatomy, by Dr. Reid; and Chemistry, by Professor Connel. Fee to each, 3*l.* 3*s.* *Principal of St. Mary's* (a new College), Robert Haldane, D.D. *Examiners*, Thomas Gillespie, LL.D., Professor of Humanity; John Reid, M.D., Professor of Anatomy and Medicine; Arthur Connel, F.R.S.E., Professor of Chemistry; David Skae, F.R.C.S.E., Lecturer on Forensic Medicine; J. Argyll Robertson, M. D., F.R.S.E., Lecturer on Surgery, Edinburgh; Alex. J. Hannay, M.D., F.F.P. and S., and Professor of the Practice of Physic, Andersonian University, Glasgow.

IRELAND.

THE KING AND QUEEN'S COLLEGE OF PHYSICIANS. Founded 1667. Re-incorporated, Dec. 15th, 1692. — *Visitors*, the Lord Chancellor, the Chief Justice of the Common Pleas, the Chief Baron of the Exchequer. *President*, Dr. Kennedy. *Vice-President*, Dr. John O'Brien. *Registrar*, Dr. W. O'B. Adams. *King's Professors according to Act of Parliament.— Institutes of Medicine*, Dr. R. J. Graves. *Practice of Medicine*, Dr. Chas. A. Lendrick. *Materia Medica and Pharmacy*, Dr. Osborne. *Sir Patrick Dun's Librarian*, Dr. Sam. Litton, 10, Gloucester-street. The Library is open on Thursdays and Fridays at two o'clock; catalogues can be had of the Librarian. *Professor of Midwifery*, Dr. W. F. Montgomery. *Ditto of Medical Jurisprudence*, Dr. Brady.

ROYAL COLLEGE OF SURGEONS. (1784.)—*Officers elected in* 1843. *President*, James O'Brien, M.D. *Vice President*, John Hart, M.D. *Court of Censors*, Abraham Palmer, Charles Benson, M.B., Edward Hutton, M.D., William Hargrave, M.B., Andrew Ellis. *Secretary*, James W. Cusack, M.D. *Registrar*, Cornelius O'Keefe.

Schools of Medicine in Dublin recognized by the College.—1. School of the College. 2. Park-street. 3. Richmond Hospital. 4. Original School, Peter-street. 5. Dublin School, Peter-street.

SCHOOL OF MEDICINE connected with the Royal College of Surgeons. — *Anatomy and Physiology*, Dr. Jacob. *Practical and Descriptive Anatomy*, Dr. Hargrave, Dr. Hart. *Surgery*, Dr. Wilmot, Dr. Porter. *Practice of Medicine*, Dr. Benson, Dr. Evanson. *Chemistry*, Dr. Apjohn. *Materia Medica*, Mr. Williams. *Midwifery and Diseases of Women and Children*, Dr. Beatty. *Medical Jurisprudence*, Dr. Geoghegan. *Hygiene*, Dr. Maunsell. *Botany*, Dr. Bellingham. *Natural Philosophy*, Dr. Apjohn. *Comparative Anatomy*, Dr. Jacob.

UNIVERSITY, DUBLIN. — Medical Degrees are conferred by Trinity College, acting with the Vice-Chancellor, and thereby constituting the University. *Chancellor*, King of Hanover, LL.D., 1805. *Vice-Chancellor*, Archbishop of Armagh. *Provost*, Dr. Sadleir. *Visitors*, Vice-Chancellor and Archbishop of Dublin. *Censor*, Thomas Luby, M.A. *Librarian*, C. W. Wall, D.D. *Registrar*, R. Phipps, LL.D. *Registrar to the Professors in the School of Physic*, F. Barker, M.D. *Regius Professor of Physic*, Dr. Wm. Stokes, 1831. *Professor of Anatomy and Surgery*, Dr. Harrison, 1841. *Professor of Chemistry*, F. Barker, M.D. 1808. *Professor of Botany*, W. Allman, M.D., 1809. *Lecturer on Natural History*, Dr. Stokes, 1817.

SCHOOL OF PHYSIC, OR TRINITY COLLEGE SCHOOL OF MEDICINE.—*Lecturers*, Dr. Barker and Dr. Harrison, Dr. Law, Dr. Osborne, Dr. Greene, Dr. Montgomery, Dr. Brady, Dr. Allman, Dr. Hatchell, Dr. Charles Croker King, and Dr. William Barker.

SIR P. DUN'S HOSPITAL, FOR MEDICAL CASES ONLY.—The *Physicians* are the Professors of the School, with the exception of Dr. Montgomery and Dr. Brady. *Surgeon*, Dr. Jacob.

APOTHECARIES' HALL, DUBLIN.

COURT OF EXAMINERS.—*Directors*, W. D. Moore, Esq., M. D., George Atkinson, M. D., Richard Barker, Esq., John Batty, Esq., Charles Holmes, M. D., Charles H. Leet, M. D., John M'Munn, M. D., Ralph M'Dermot, Esq., William Madden, M. D., senior, William Madden, M. D., junior, Robert Mulock, M. D., Jeremiah O'Flaherty, Esq., James M'Donough, Esq. and John Robinson, M. D. *Secretary*, Charles H. Leet, M. D. *Inspecting Chemist*, Robert Kane, M. D., M.R.I.A. *Law Agent*, Gilbert Kennedy, Esq. *Resident Conductor*, Edward Ledger, Esq.

SCHOOL OF MEDICINE, Cecilia Street, connected with Apothecary's Hall.—*Lecturers*, B. Alcock, A. Ellis, J. H. Corbett, P. T. Roney, J. J. Scallan, J. C. Ferguson, Robert Kane, P. Hunt, M. B., S. Litton, Arthur Mitchell, D. Speedy, L. R. C. S. I. C. H. Leet, M. D., T. A. Purcell, Robert Kane, M. D., M. R. I. A., and Thomas Antisell.

SCHOOLS OF MEDICINE, DUBLIN.

SCHOOL OF MEDICINE, Park Street, Dublin. (1824.)—*Lecturers*, Carlile, Cusack, Fleming, Duncan, Aldridge, Eades, Isdell, Forde, Wilde, Denham and Hill. Messrs. M'Donnell and Hughes.

DUBLIN SCHOOL OF MEDICINE, Peter Street. *Lecturers*, P. Bevan, A.M. B.B., E. Stoker, C, Madden, B. Butcher, W. Auchinleck, Woodroffe, Corrigan, More Neligan, O'Reilly, Nixon, M.B., J. Antisell.

ORIGINAL SCHOOL OF ANATOMY, MEDICINE, AND SURGERY, Peter Street.—*Lecturers*, G. C. Hayden, M.B. Jaggert and Hayden, R. S. Ireland, A. Tyler, R. McDermott, R. Sargent, J. Sawyer.

RICHMOND HOSPITAL SCHOOL OF ANATOMY, MEDICINE, AND SURGERY.—*Lecturers*, Power, Mayne, Adams, Smith, Banks, Fleetwood Churchhill, W. Barker, Easks, Steele, Power, Mayne, Adams, Smith, Banks, Fleetwood Churchill, Barker, Easks, Steele, Mayne, Monachan and McDowall.

HOSPITALS, DUBLIN.

LYING-IN HOSPITAL.—*Master*, Dr. C. Johnson. *Physicians*, Dr. Labatt, &c. *Surgeons*, ——, Esq., &c. *Apothecaries*, Messrs. McMunn and Stroker. *Secretary*, William B. Benson, Esq.

MEATH HOSPITAL AND COUNTY DUBLIN INFIRMARY.—Number of beds, 100. *Physicans*, Dr. W. Stokes (Regius Professor), Dr. Robert Graves. *Surgeons*, Sir P. Crampton, Bart., Cusack Roney, Esq., Professor Porter, F. Rynd, A.M.

DR. STEVEN'S HOSPITAL. (1720.)—Number of beds, 200. *Medical Officers*, Sir P. Crampton, Bart., Sir H. Marsh, Bart., Dr. Cusack, Dr. Wilmot, Dr. Croker, Dr. Colles, who attend three times a week. *Resident Surgeon*, Dr. C. Crampton.

ST. VINCENT HOSPITAL. (1835.)—No. of beds, 80. *Medical Advisers*, 1st, Dr. O'Ferrall; 2d. Dr. O'B. Bellingham. *Consultants*, Sir P. Crampton, Bart., Sir H. Marsh, Bart.

MERCER'S HOSPITAL. (1724.)—No. of beds, 54. *Physician*, Dr. J. Osborne. *Surgeons*, Messrs. Alex. Read, M. Auchinleck, Ab. Palmer, Wm. Tager, and Dr. Jameson.

CITY OF DUBLIN HOSPITAL.—Number of beds, 52. *Medical Attendants*, Drs. A. Jacob, T. Beatty, C. Benson, J. Houston, and W. Hargreave, and Messrs. R. C. Williams, and J. A. Orr. *Consulting Physicians*, Sir H. Marsh, Bart., and Dr. S. Apjohn. *Consulting Surgeons*, Dr. Beatty, Dr. S. Wilmott, and Dr. W. Porter.

JERVIS STREET HOSPITAL.—Number of beds, 60. *Physicians*, Dr. Moore Neligan and J. T. Evans. *Surgeons*, Drs. J. Kirby, M. A. Stapleton, R. Harrison, J. Woodroffe, and A. Banon, and Messrs. R. O'Reilley and A. Ellis.

DUBLIN LYING-IN HOSPITAL. (1756.)—No. of beds, 140; 15 of which are appropriated to the *Diseases of Females.*

ANGLESEY LYING-IN HOSPITAL, PETER-STREET. (1828.)—*Consulting Officers*, Drs. Drygner, Sir J. Murray, and R. Ireland. *Ordinary attending Officers*, Drs. Hayden and Tyler.

MAISON DE SANTE.—*Superintendent*, Dr. H. Irvine.

COOMBE LYING-IN HOSPITAL.—*Apothecary*, M. Doyle, Esq.

WELLESLEY LYING-IN HOSPITAL.—*Resident-Surgeon*, James Curtis, Esq.

WESTERN LYING-IN HOSPITAL.—*Resident-Surgeon*, R. D. Speed, Esb.

SOUTH EASTERN LYING-IN HOSPITAL.—*Resident-Surgeon*, Dr. Mitchell.

ADELAIDE HOSPITAL.—*Resident Apothecary*, G. A. Davis, Esq.

NATIONAL EYE INSTITUTION.—*Surgeon*, R. Morrison, Esq.

SIR PATRICK DUN'S HOSPITAL.—*Medical Officers*, R. Law, J. C. Ferguson, P. Hunt, W. F. Montgomery, A. Jacob, C. Lloyd.

The Irish Provincial Hospitals and Schools are, Belfast Hospital, Royal Belfast Academical Institution, Medical School, Belfast District Lunatic Asylum, Cork Recognized School of Medicine, Cork South Infirmary, Cork North Infirmary, County of Limerick Infirmary.

METROPOLITAN, MEDICAL AND SCIENTIFIC SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY, 53 Berners Street. Founded 1805, chartered 1834.—*President*, Edward Stanley, Esq. F. R. S. *Secretaries*, George Cursham, M. D., Alexander Shaw, Esq. *Librarians*, R. B. Todd, M. D., F. R. S., Benjamin Phillips, Esq., F. R. S, *Assistant Librarian, Resident*, Mr. Williams. The meetings of the Society are held on the second and fourth Tuesday of every month, from the second Tuesday in November till the end of June. The admission fee is 6*l.* 6s., exclusive of the annual subscription of 3*l.* 3s., which is paid in arrear.

WESTMINSTER MEDICAL SOCIETY, 32 Sackville Street. 1801.—*Presidents*, Dr. Reid, Mr. Fisher. *Secretaries*, Mr. G. J. Chance, Mr. Robert Storks. The Meetings of the Society are held at 8 p. m. every Saturday during the session, which, commencing on the third Saturday in October, terminates at the end of the following April.

MEDICAL SOCIETY OF LONDON, Bolt Court, Fleet Street. (1773.)—*President*, G. Pilcher, Esq. *Secretaries*, W. A. Harrison, J. F. Clarke. *Secretary for Foreign Correspondence*, D. T. Davidson. *Librarian*, W. C. Dendy, Esq.

HUNTERIAN SOCIETY, Bloomfield Street, Finsbury. (1819.)—*President*, D. Cooke. *Secretary*, — Daldy, Esq. *Librarian*, T. Bull, M.D.

HARVEIAN SOCIETY, 17, Edward Street Portman Square. (1831.)—*President*, Dr. E. Murphy. *Council*, Dr. Clendinning, Dr. Ridge, Edgar Barker, Esq. *Honorary Secretary*, Alex. Anderson, Esq. *Treasurer* Dr. Stroud.

PHYSICAL SOCIETY, Guys' Hospital. (1772.)—The offices of *President* and *Honorary Secretaries* are filled from the staff of Physicians and Surgeons of the Hospital.

PHARMACEUTICAL SOCIETY, 17, Bloomsbury

Square. Founded in 1841, and since incorporated by Royal Charter.—*President*, W. Allen, Esq. *Treasurer*, R. Pigeon, Esq. *Secretaries*, Messrs. R. Farmer and G. Smith.

SCIENTIFIC AND OTHER INSTITUTIONS.

Royal Society, Somerset House. (Founded 1663.) *President*, Marquis of Northampton.—*Vice-President and Treasurer*, Sir J. W. Lubbock, Bart., M. A. *Secretaries*, Dr. Roget, S. H. Christie, Esq., M. A. *Foreign Secretary*, J. Daniell, Esq. *Resident Secretary*, Mr. Robertson. Admission, fee, 10*l*. Annual subscription, 4*l*. Composition fee, 60*l*. The meetings are held every Thursday at eight p. m., from the 16th of November to the 20th of June.

Royal Institution of Great Britain, Albemarle Street. (Established under charter, Geo. III., 1800.)—*Patron*, the Queen. *President*, Lord Prudhoe, F. R. S. *Secretary*, E. R. Daniell, Esq., F, R. S. *Professor of Chemistry*, W. T. Brande, F. R. S. *Professor of Natural and Experimental Philosophy*, *Professor of* Botany, J. Lindley, Ph. D. F. R. S. *Fullerian Professor of Chemistry*, M. Faraday, F. R. S. *Fullerian Professor of Physiology*, T. Rymer Jones, Esq. Admission fee, 6*l*. 6s. Annual subscription, 5*l*. 5s.

Sydenham Society, instituted 1843, on the plan of the Camden, Parker, and Percy Societies.—*President*, Sir H. Halford, Bart. *Treasurer*, B. G. Babington, M. D., F.R.S., George-street, Hanover-square. *Secretary*, J. R. Bennett, M. D., 24, Finsbury-plaec.

Provincial Medical and Surgical Association, instituted 1831.—*President Elect*, Dr. Robertson, *Secretaries*, Dr. Hastings, Worcester; J. Sheppard, Esq., Worcester.

Society of Arts, 18, John-street, Adelphi. 1754.

Botanical Society, 20, Bedford street.—President, J. E. Gray, Esq.; Secretary, G. E. Dennes, Esq.

British Association for the Advancement of Science.—President, the Earl of Rosse; Vice-Presidents, Earl of Listowell, Visc. Adare, M.P., Sir Wm. Hamilton, and the Rev. Dr. Robinson; Gen. Secretaries, R. I. Murchison, Esq., and Colonel Sabine. The meeting for 1844 is to be held in York in Sept., under the presidency of the Dean of Ely; Vice-Presidents, Earl Fitzwilliam, Vis. Morpeth, Hon. J. S. Wortley, M.P., Sir D. Brewster, Professor Faraday, and the Rev. W. Vernon Harcourt.

British Museum, Great Russell street.—Principal Libarian, Sir Henry Ellis; Secretary, Rev. Josiah Forshall.

Entomological Society, 17, Old Bond street.—President, G. Newport, Esq.; Secretary, J. O. Westwood, Esq.

Geological Society, Somerset House.—President, H. Warburton, Esq.; Joint Secretaries, W. J. Hamilton and R. A. Austen, Esqrs.; Foreign Secretary, Sir H. De la Beche.

Harveian Society, 17, Edward street, Portman square.—Presidents, Dr. Edward W. Murphy, and Bennett Lucas, Esq.; Secretary, Alexander Anderson, M.A.

Horticultural Society, 21, Regent street.—President, Duke of Devonshire; Secretary, Alexander Henderson, M.D.; Vice-Secretary, John Lindley, Ph. D.

Hunterian Society, 4, Bloomfield street, Finsbury.—President, James Luke, Esq.; Secretaries, T. M. Daldy, Esq., and E. L. Birkett, Esq.

Linnean Society, 32, Soho square.—President, Edward Lord Bishop of Norwich; Secretary, J. J. Bennett, Esq.; Under Secretary, Richard Taylor, Esq.

Literary Fund Society, 73, Great Russell street.—Patroness, the Queen; President, Marquis of Lansdowne; Secretary, Octavian Blewitt, Esq.

London Phrenological Society.—President, John Elliotson, M.D.; Secretary, E. S. Symes, Esq.

Medical Society of London, 3, Bolt Court, Fleet street.—President, G. Pilcher, Esq.; Secretary, M. A. Harrison, Esq.

Meteorological Society, 17, Old Broad street.—President, Lord R. Grosvenor; Secretaries, W. H. White, and P. L. Simmonds, Esqrs.

Royal Botanic Society, Regent's Park.—Patroness, the Queen; President, Duke of Norfolk; Secretary, J. De Carle Sowerby.

Royal Geographical Society, 3, Waterloo place.—President, R. I. Murchison, Esq.; Secretary, Col. J. R. Jackson.

Royal Institution, Albemarle street.—President, Lord Prudhoe; Secretary, Rev. John Barlow.

Royal Medico-Botanical Society, 32, Sackville street.—President, Earl Stanhope; Secretary, John Foote, Esq.

Royal Medical and Chirurgical Society, 53, Berners street.—President, Edw. Stanley, Esq., F.R.S.; Secretaries, Geo. Cursham, M.D., and Alex. Shaw, Esq.

Royal Society, Somerset House.—President, Marquis of Northampton; Vice-President and Treasurer, Sir J. W. Lubbock, Bart.; Secretaries, Peter M. Roget, M.D., and S. Hunter Christie, Esq.; Foreign Secretary, Professor Daniell; Assistant Secretary, J. D. Roberton, Esq.

Royal Society of Literature, 4, St. Martin's place.—President, Earl of Ripon; Secretary, Rev. R. Cattermole.

Scientific Society of London, 9, Gray's Inn square.—President, George Alexander, Esq.; Hon. Secretary, B. W. Croker, Esq.

Statistical Society, 11, Regent street.—President, Lord Ashley; Hon. Secretaries, Joseph Fletcher, Esq., W. A. Grig, Esq., and W. D. Oswald, Esq.; Assistant Secretary, C. R. Weld, Esq.

Westminster Medical Society, 32, Sackville street, Piccadilly.—Presidents, Henry J. Johnson, Esq., and Dr. Reid; Secretaries, E. J. Chance, Esq., and J. F. Clarke, Esq.

Zoological Society, 11, Hanover square.—President, Earl of Derby; Secretary, W. Ogilby, Esq.

EDINBURGH.

Royal Society.—President, Sir Thomas M. Brisbane; Secretaries, Robert Christison, M.D., David Milne, Esq.

Society of Antiquaries.—President, Earl of Elgin and Kincardine; General Secretaries, Alex. Smellie, and J. R. Cormack, M.D.; Foreign Secretaries, A. Brunton, D.D., W.B. D.D. Turnbull, Esq.

DUBLIN.

Royal Dublin Society for Improving Husbandry and other useful Arts.—President, the Lord Lieutenant; Hon. Secretaries, I. Weld, and L. E. Frost, Esqrs.; Assistant Secretary, E. Hardman, Esq.; Registrar, R. Wilson, Esq.; Professor of Botany and Agriculture, S. Litton, M.D.; Professor of Chemistry, Ed. Davy, Esq.; Professor of Mineralogy and Geology, J. Scoules, M.D.; Professor of Natural Philosophy, R. J. Kane, Esq.

London Statistical Society, 4, St. Martin's-place. 1834. Monthly Journal.

Aberdeen. Medico-Chicurgical Society.

Dublin. Medical Association of Ireland. 1836. *President*, R. Carmichael, Esq. *Treasurer*, Dr. M'Donnell. *Secretary*, H. Maun-sell, M. D.

Association of Graduates in Medicine of Trinity College.—*Secretary*, Dr. Travers, 6, Lower Sackville-street.

Surgical Society of Ireland.—*Secretaries*, Drs. Benson and Beatty.

The Geological Society.—*Secretary*, C. *W.* Hamilton, Esq.

The Pathological Society.—*Secretary*, Dr. Wm. Stokes and Mr. Smith.

The Microscopic Society.—*Secretary*, Mr. Allman, 6, Grattan-street.

Natural History Society.—*Secretaries*, William Andrews and J. R. Dombrun, Esqrs.

A pothecaries' Scientific Society.—*Secretaries*, T. Collins and Dr. Greghram.

Belfast. Natural History Society.—*Secretary*, Dr. J. D. Marshall.

Cork. Royal Institution.—*President*, Earl of Shannon.—Cuvierean Society, F. Jennings, Esq.

Society for the Relief of Orphans and Widows of Medical Men in London and its vicinity. *Secretary*, Walshe, Esq., Half Moon-street.

Medical Benevolent Society. 1816. *Secretary*, Mr. White, 73, Lamb's Conduit-street.

Friendly Society of Army Medical Officers. 1816. *Secretary*, Mr. Tanner, 13, St. James's-place.

The Army Medical Officers' Benevolent Society. *Secretary*, Mr. Tannor, 13, St. James's-place.

Medical Benevolent Fund Society of Ireland, 1842..—*Hon. Secretary*, Dr. Charles Benson.

British Lying-in Hospital, 34, Brownlow-street Long-acre. 1749.

Royal Lying-in Hospital, (Queen Adelaide's,) 10, Queen-street, Golden-square.

City of London Lying-in Hospital, City-road, 1750.

General Lying-in Hospital, York-road, Lambeth. 1830.

Queen Charlotte's Lying-in Hospital, Manor House, Lisson-grove. 1752.

Royal Westminster Lying-in Institution, Queen-square.

Royal Maternity Charity, 17, Little Knight Rider-street, City. 1757.

Southwark Lying-in Institution, Devonshire-buildings, Dover-road. 1824.

Guy's Hospital Lying-in Charity.

Seaman's Floating Hospital Ship 'Dreadnought,' office King William-street, City.

London Fever Hospital, Pancras-road. 1802.

Smallpox and Vaccination Hospital, Pancras-road. 1746.

Lock Hospital for Venereal Cases, Harrow-road. 1770.

Office of Metropolitan Commissioners of Lunacy, 6, John-street, Adelphi. Edward Du Bois, Clerk and Treasurer.

St. Luke's Lunatic Hospital, Old-street. 1751.

Bethlem Lunatic Hospital, St. George's Fields. Henry VIII.

Royal Universal Infirmary for Children, Wellington-terrace, Waterloo-road.

Royal Metropolitan Hospital for Sick Children, Broad-street, Golden-square.

General Dispensary for Children, 16, Queen-street, Worship-street.

Hospital for Consumption and Diseases of the Chest, Chelsea.

Infirmary for Asthma and Consumption, Artillery-lane, Bishopsgate street.

St. James's Infirmary for Diseases of the Chest, Dufour's-place. 1842.

Royal Infirmary for Diseases of the Eye, Cork-mews, Cork-street. 1804.

London Ophthalmic Hospital, Moorfields. 1805.

Royal Westminster Ophthalmic Hospital, Chandos-street, Covent-garden. 1817.

Royal Sea Bathing Infirmary, Margate; office, 16, Walbrook.

London Infirmary for Cutaneous Diseases, 84, London-wall.

Orthopædic Institution, 6, Bloomsbury-square.

Metropolitan Convalescent Institution, 32, Sackville-street.

Royal Dispensary for Diseases of the Ear, 10, Dean-street, Soho. 1816.

City of London Truss Society, Queen-street, Cheapside. 1807.

Society for the Relief of the Ruptured Poor, Wellington-street, Borough. 1796.

National Vaccine Establishment, 8, Russell-place, Fitzroy-square.

Royal Jennerian and London Vaccine Institution, Providence-row.

London Institution for Diseases of the Teeth, 10 Windmill-st. Tottenham-ct.-rd., &c. &c. &c.

SKIN DISEASES AND THEIR TREATMENT.

Rubeola.—Measles is characterized by fever of contagious character, accompanied by acute inflammation of the mucous and cutaneous systems. After a period of incubation varying from seven to fourteen days, coryza, cough; succeeded about the fourth day by an eruption of red patches, slightly elevated, at first distinct, and subsequently assuming an irregular and somewhat crescentic form, leaving intervals of skin less congested. The eruption disappears about the eighth or ninth day, and is followed by a furfuraceous desquamation of the epidermis. *Seat*, the entire surface of the body. *Diagnosis*, scarlatina and Roseola are the only diseases with which it can be confounded. *Prognosis*, generally favourable. The appearance of petechiæ, and the sudden or premature retrocession of the eruption, are bad signs. *Causes*, probably identical with causes producing scarlatina, allowing for difference in quantity or quality of a respired poison, the idiosyncracy, and the power of resistance in the individual attacked. *Treatment*, light diet; cool atmosphere; acidulated drinks; saline aperients, with ant. tart.; sponging the body with tepid water. In severe cases, an emetic at the commencement; should there be (as is frequently the case in severe forms of this disease) a necessity for topical depletion, employ leeches. Give a mustard bath in the event of the retrocession of the cruption. Blisters, if employed, should not be kept on beyond one hour and a half or two hours. Particular attention to cleanliness.

Scarlatina.—At a period from the first to the thirtieth day after exposure, fever, varying in intensity, followed, about the second or third day, by an eruption of minute red points, uniting to form a general efflorescence of a vivid scarlet colour, without intervals of comparatively healthy skin as in measles. The cruption persists during six or seven days, and is preceded or accompanied by inflammation of the throat and fauces (Scarlatina Simplex). In another form these symptoms predominate, and are accompanied by enlarged tonsils (Scarlatina

Anginosa); and in a still severer form (Scarlatina Maligna); the eruption is of a dull brick dust colour, and frequently complicated with innumerable minute vesicles; the prostration is excessive, the tonsils are deeply ulcerated; and in some cases, the whole chain of cervical, with the sublingual, submaxillary, and parotid glands, become so much swollen as to hasten death by the effect produced on the respiratory process. The eruption is not an absolute and essential characteristic of scarlatina. *Seat*, the entire surface of the body. *Diagnosis*, scarlatina may be confounded with Roseola and measles. *Prognosis*, if simple, favourable; more doubtful if the affection of the throat be severe; almost always unfavourable in Scarlatina Maligna. *Causes*, contagion; sometimes epidemic. The most malignant forms of this disease are found in neighbourhoods where there is a grossly neglected condition of the earth's surface and subsurface, and ill-regulated or imperfectly performed ventilation, neglect of personal cleanliness, and too great a compactness of the population. *Treatment*, mild diet; acidulated drinks; a cool atmosphere; saline aperients; tepid ablutions. Where there exists considerable congestion or inflammation of the fauces, with enlargement of the cervical, submaxillary, and parotid glands, leeches will give great relief. A stimulating embrocation to the throat. An excellent gargle is one consisting of tannin and diluted nitric acid; a scruple of the former with thirty minims of the latter to half a pint of distilled water. In Scarlatina Maligna, quinine and wine are indicated. The external and internal application of the n. argenti is frequently of great service. In the former case, moisten the skin covering the larynx and trachea from ear to ear, and pass lightly over three or four times the solid nitrate. Use the solid nitrate, or a solution of n. argenti, ten grains to the ounce, previously cleansing the throat of its mucus by means of a bit of fine flannel.

Variola.—Contagious, inflammatory fever. Characterized by an eruption of large phlyzaceous umbilicated pustules, the development of which is preceded and accompanied by constitutional symptoms more or less intense. Variola, whether discrete or confluent, presents five distinct periods:—1st. Period of incubation, extending from the date of exposure to poison to commencement of constitutional symptoms. This stage is of uncertain duration, varying from five or six to twenty days.—2d. Period of invasion, commencing with rigors, fever, epigastric and lumbar pains, frequently nausea and vomiting, oppressed cerebral circulation, and pain in the head. These symptoms, more or less intense, usher in the 3rd stage, or the period of eruption, which appears on the third or fourth day, usually first on the face, gradually extending (within twenty-four-hours) to the neck, chest, and arms, and soon covering the entire body. The eruption established, the general symptoms are alleviated. The 4th stage, or that of suppuration, sets in between the fourth and seventh day from the period of the commencement of the eruption. In favourable cases the pustules, as they advance to maturity, lose gradually their umbilicated appearance, become more and more convex, and the pus contained in them thickens and is more opaque. This stage, continuing three or four days, is attended by aggravation of symptoms, and general tumefaction of the integuments, especially of the hands and face. About the eleventh day the pustules burst, and are replaced by thick compact scabs; ptyalism and diarrhœa are now frequently present. The fifth stage, that of desiccation, commonly beginning on the face, is terminated in from fifteen to twenty days from the commencement of the eruption. *Seat*, the entire surface of the body, especially the face, neck, and arms. Varicella is the only disease with which it can be confounded. *Prognosis*, favourable in Variola discreta, unless there exists serious complications; more guarded in Variola confluens; unfavourable in infants at the period of dentition, in plethoric individuals, and where complicated with serious internal derangement. The sudden retrocession of the eruption, or the persistence of severe constitutional symptoms after the appearance of the eruption, are unfavourable signs. When the eruption is very abundant, or mingled with petechiæ, when the pustules are filled with blood, the prognosis is very serious. *Cause*, a specific contagious principle. *Treatment*, the constitutional treatment of the simple form should be limited to a mild diet; febrifuge salines; aperients, if necessary; strict attention to cleanliness and the preservation of a cool and equable temperature. Leeches to relieve local congestion or inflammation. Counter-irritation when topical bleeding is contra-indicated. At the decline of the eruption gentle laxatives must be given; if necessary, a little wine and nutritious diet may be allowed at this period. For the purpose of preventing the suppuration of the pustules, and the consequent cicatrices and deformity, various plans have been proposed. The emp. hyd. c. ammoniaco spread on soft thin leather, should be applied as a mask to the whole surface of the face, cutting out spaces for the eyes, nostrils, and mouth. This treatment should be employed at an early stage of the eruption; its application should never be delayed beyond the second or third day. The plaister applied to any other part of the body will equally prevent pitting.

Varicella. — A papular, vesicular, or pustular eruption, induced by a specific miasm. It runs its course in a shorter time, there is no umbilication, no central depression, and it is attended with much less constitutional disturbance than small-pox. *Seat*, the entire body. *Diagnosis*, there is very slight constitutional disturbance; the eruption is irregular in its appearance, and terminates between the fifth and eighth day. *Prognosis*, excepting it prevails epidemically, it is mostly a mild and easily manageable disease. Duration, six or eight days. *Cause*, epidemic contagion. *Treatment* as in Variola.

Syphilides.—Eruptions symptomatic of a peculiar morbid poison pervading the entire system. They may assume every type of the non-specific cutaneous affections. Thus we may have, as a symptom of constitutional syphilis, an eruption which may put on either the exanthematous, the bullous, the papular, the vesicular, the pustular, the squamous, or the tubercular form. The general symptoms of syphilitic affections of the skin are, Firstly, a certain peculiarity in the colour of the eruption as contrasted with that of the adjoining parts, the colour varying from a coppery red to a dirty greyish brown, and disappearing incompletely under the pressure of the finger. Secondly, these eruptions have always a tendency to assume a circular form; this also obtains with regard to the secondary lesions and cicatrices. Thirdly, they are almost invariably chronic in their progress, and are seldom attended with the local symptoms common to the non-specific affections; thus pruritus is rarely experienced, pain is generally absent, and, in the course of their development, they are ordinarily unattended with constitutional reaction. Fourthly, the secondary lesions present certain specific characters; thus, the crusts succeeding pustules are thick, very adherent, and greenish or blackish, and they usually surmount ulcerations. The vesicular, pustular, and tubercular varieties are generally attended with loss of substance, ulceration, and indelible cicatrices. These ulcerations are round, more or less excavated, with a grey or deep red base; puffy and perpendicular cut edges. The cicatrices are also circular, with the exception of those succeeding the serpiginous form of ulceration. They are depressed, and when recent of a bronze or a violet tint. Somewhat later they become thinner and paler in colour. They almost always preserve their depressed character. Syphilides are mostly accompanied by concomitant symptoms, developed under the influence of the same constitutional affection. These may have for their seat the skin, as syphilitic colourations; it annexes the hair and nails, as syphilitic alopœcia (baldness) and onyxis; the mucous membranes, as ulceration of the throat, tonsils, and pituitary surface; the cellular tissues, as *tumeurs gommeuses*; the glandular system, as induration and enlargement of the posterior cervical glands; the serous surfaces, as iritis; and, finally, the fibrous and osseous tissues, as nodes, caries, and necrosis. *Seat*, the entire body. *Diagnosis*, an absence of the general symptoms enumerated are, to a practised eye, sufficient to determine an opinion. For example, the antecedents, the colour of the eruption, its chronicity, the absence of pruritus, and the peculiar character of the secondary lesions. If concomitant symptoms be also present, it will be impossible to mistake the nature of the affection. *Prognosis*, ordinarily favourable. The prognosis will depend on the nature of the treatment opposed to the primary symptoms, on the number of the contaminations, and on the form of the eruption; on the nature, seat, and gravity of the concomitant symptoms, and especially upon the constitution, accidental or congenital, of the individual attacked. The exanthematous form is the slightest, the tubercular by far the most grave. *Causes*, constitutional syphilis, acquired either by exposure to poison, or transmitted from the parent; hereditary or congenital syphilis. Various circumstances may serve as determining causes. These affections are always secondary; the slighter forms (the exanthematous), usually manifest themselves from six to nine weeks after the commencement of primary symptoms. The pustular or tubercular forms generally occur at a much later period. *Treatment*, the constitutional treatment consists in the administration of some of the numerous compounds of iodine or mercury. M. Cazenave speaks highly of the success of the proto-ioduret of mercury, and the iodide of potassium in the syphilides. M. Ricord believes that the latter possesses but little efficacy except in the treatment of the tertiary forms of syphilis. He asserts, and I believe with reason, that the protoioduret is infinitely more efficacious in the treatment of syphilitic affections of the skin. Sudorifics, as sarsaparilla, mezereon, &c. Opium is valuable in certain cases, and the mineral acids may sometimes be usefully employed. The local treatment of these affections is of no inconsiderable importance. General steam-baths, to produce an equable action in the vessels of the cutaneous surface; and alkaline baths to promote the resolution of papulæ and indurated tubercles, are of the greatest value. The local application of mercury and iodine in the form of vapour will frequently succeed when every other known means have been unsuccessfully employed.

Scabies.—A contagious eruption, characterised by isolated slightly acuminated conical vesicles, having a transparent summit, and accompanied with pruritus, more or less intense. In severe case pustules may be present. The irritation producing the vesicles is caused by the presence of the acarus scabiei, a parasitic animalcule inhabiting the dermis. If a perfectly formed vesicle be examined with attention, a minute streak or line may be seen extending from it for one or two lines into the neighbouring epidermis. At the extremity of this sulcus a small dark spot may be observed, and if the epidermis be raised with the point of a needle, the insect is readily exposed. *Seat*, the intervals between the fingers at their base, the wrist, the flexure of the joints, the folds of the abdomen. *Diagnosis*, may be confounded with Prurigo, Lichen, or Eczema; distinguished from these, 1st, by seat; 2nd, the pointed acuminated vesicles; 3rd, the characteristic sulcus and acarus. *Cause*, proximate cause the Acarus Scabiei; predisposing, absence of cleanliness. *Treatment*, alkaline or soap baths at commencement of treatment. Sulphuret of potassium four ounces to be given in each bath daily, and the sulphuro-alkaline ointment (sulphur, two parts; subcarbonate of potass, one part; lard, eight parts) half an ounce to be used night and morning. A lotion, consisting of sulphuret of potassium, four ounces; sulphuric acid, half an ounce; dissolved in a pint and a half of water (Dupuytren), is very beneficial; the affected parts should be washed twice a day with the lotion. In some cases a strong solution of chloride of soda or lime may be used; the iodine and sulphur vapour, where the employment of the ointment may be objectionable or inadmissible.

Favus.—A disease, according to some writers produced by chronic inflammation of the hair follicle; according to Dr. Gruby and others, by the development of a mycodermatous vegetation in the cells of the epidermis. The disease first appears as a small circular yellowish spot, depressed below the level of the skin; this is subsequently converted into dry, friable, dirty yellowish crusts of a cup-like form, and pierced by a hair in the centre. As the disease continues, the hair, together with its follicles, is destroyed, leaving the affected surface, when the crusts are removed, smooth, red, and destitute of hair. The disease is excessively contagious. The cup-like crusts may be isolated (Favus Dispersus), or they may be agglomerated to form patches of considerable extent (Favus Confertus). *Seat*, most frequently the hairy scalp, but occasionally seen on other portions of the cutaneous surface. *Diagnosis*: it must be carefully distinguished from Herpes Circinnatus, and Impetigo Figurata. The cup-like form of the crusts of Favus, the presence of a hair in the centre of each crust (which is dry, discoloured, shrivelled, and twisted), are distinguishing diagnostic marks. It is excessively rebellious—rarely dangerous. *Cause*, contagion most easily excited in children of a strumous habit. *Treatment*, remove the hair by scissors as far as practicable; apply by means of an India rubber or silk cap, steam at a low temperature; repeating it until crusts are detached. In the absence of the steam apparatus, use alkaline water dressing. After the crusts are removed, let the head be carefully washed with soap and water, and combed. I know no remedy of equal value with iodine, applied either in the form of vapour or the strong spirituous solution (saturated). *Note.*—This disease must never

considered as cured until every trace of redness is entirely removed. The general health must be carefully attended to.

Roseola.—A non-contagious inflammation of the skin, characterized by small non-prominent red patches of irregular form, the appearance of which is preceded or accompanied by sub-acute febrile symptoms. These patches, at first, of a bright red, gradually assume a deep roseate hue, and terminate by resolution or slight desquamation of the epidermis. The primary lesion, the progress, and the mode of termination of this affection, so closely resemble Erythema, that Roseola may with justice be regarded as a variety of this affection. A mere difference in colour surely cannot afford a sufficient ground for forming a distinct species; it is a "distinction without a difference." It is true, the extent of surface affected, and consequently the constitutional disturbance, is much more considerable in this affection than in Erythema. *Seat*, the entire body: *diagnosis*, it may simulate Rubeola, Scarlatina, or Urticaria. In ordinary cases, the diagnosis will not be difficult. It is a slight affection. Duration from twenty-four hours to a week. *Cause*, teething or intestinal irritation in children. In adults, the ingestion of acrid and indigestible substances. The administration of the balsam of Copaiba will often produce it. Sometimes caused by drinking cold liquids when the functions and circulation of the skin are actively increased. *Treatment*, light diet, with non-irritating laxative cooling drinks; baths.

Urticaria.—Inflammation of the skin, characterized by prominent irregular patches, redder or whiter than the skin, always accompanied with intense itching (U. Simplex.) At other times the disease is chronic in its progress, the eruption appearing at irregular epochs (U. Evanida); this form is exceedingly obstinate. At other times the disease assumes the form of hard, deep-seated, and painful tubercles (U. Tuberosa.) Urticaria is usually ushered in by slight febrile symptoms, and irritation of the gastric and pulmonary mucous membranes. *Seat*, the entire body: the appearance of the eruption, its evanescent character, the itching, and the constitutional symptoms, suffice to distinguish it from every other eruption; it is not in itself dangerous. U. Tuberosa, being mostly symptomatic of irritation of mucous membranes, is generally difficult of cure. *Cause*, referable to irritation of mucous surfaces, dentition, ingestion of certain aliments, as muscles, shell fish, &c. &c. In some individuals the slightest irritation is sufficient to produce Urticaria. *Treatment*, shonld be based upon the causes. If from the ingestion of offensive aliments, give an emetic, followed by purgatives. If accompanied by febrile symptoms, treatment of the antiphlogistic kind may be used, as warm baths, light diet, saline aperients, &c. The chronic forms require the application of leeches, the steam bath, and douche. If intermittent in its character, sulphate of quinine.

Erythema.—A slight and superficial inflammation of the skin, characterized by redness, disappearing on pressure, irregularly circumscribed, and in patches varying from a few lines to several inches in extent; sometimes forming elevations readily perceptible to the touch. The redness passes into a purplish livid tint as the inflammation subsides, and is usually followed by slight desquamation of the epidermis. It is ordinarily accompanied with a slight burning painful sensation, rather than by itching; although in some forms of chronic Erythema, the itching is almost insupportable. *Seat*, the entire body. The chest and face. The extremities, especially the inferior, are, however, the most frequent seats of this affection. It is distinguished from erysipelas by the absence of general tumefaction; from Urticaria by the absence of itching; and the form and progress of the eruptive patches. Is a slight and generally unimportant affection. When complicated with visceral disease, the prognosis will depend on the nature of the internal derangement. When chronic it is an exceedingly obstinate complaint. *Cause*, local irritation; the ingestion of certain substances. When chronic, mostly symtomatic of derangement of the digestive organs, or of some other viscus. *Treatment*, remove causes. Give baths and employ emollient applications. When symptomatic, attend to the state of the internal organs. The N. Argenti lightly applied (v. Erysipelas) will often give great and immediate relief in Idiopathic Erythema.

Erysipelas.—An inflammation of the skin occupying a surface more or less extensive, preceded and accompanied by a febrile condition more or less intense. We have present deep redness, heat and tumefaction; the redness disappears upon pressure, and reappears when the finger is removed. Vesications are frequent. The disease usually terminates in resolution and desquamation of the epidermis (Erysipelas Simplex); sometimes in suppuration of the subcutaneous cellular tissue (Erysipelas Phlegmonodes); occasionally in gangrene and mortification (Erysipelas Gangrenosum). *Seat*, any portion of the body: *diagnosis*, easy. The character of the inflammation, the extent of surface involved, the peculiar burning pain, the rapidity with which it spreads, the febrile disturbance, readily distinguish this affection from any other. *Prognosis*, depends upon the gravity and complication of the causes producing it. When slight, not serious. Erysipelas attacking the scalp and face, especially in infants, is more grave. When it attacks the genital organs in infants, and spreads upwards over the abdomen, and downwards over the thighs, it is extremely fatal. Phlegmonous Erysipelas is always dangerous: *causes*, miasm and contagion, sometimes epidemic. Derangement of the digestive apparatus is a frequent and powerfully exciting cause of Erysipelas. A corrupted and stagnant condition of atmosphere, hereditary or inherent peculiarity, depressing passions, fear, any circumstances tending to enervate and depress the power of resistance, may be considered as predisposing causes. *Treatment*, in the early stages, an emetic followed by a purgative; small doses of liq. ant. tart.; fomentations and warm water dressing. If the powers of life are failing, a tonic and generous treatment is necessary. The external application of the nitrate of silver, in the following manner, has been highly recommended by Mr. Higginbottom, of Nottingham. Wash the part with soap and water; wipe dry; moisten the inflamed and surrounding skin with water. Pass a long stick of the n. argenti over every portion of the inflamed surface, and for an inch or two beyond it, in severe cases, employing the nitrate once, twice or thrice, according to the severity or nature of the case.

Herpes.—Characterized by an eruption of globular, agglomerated vesicles, upon inflamed patches, forming by their re-union an irregular surface, varying in size from a half-crown piece to that of the palm of the hand. The eruption is not usually accompanied by constitutional disturbance. After a lapse of about ten days, either the contents of the vesicles are absorbed, or they burst; the serous fluid escaping, forms a thin brownish scab, which speedily falls. *Seat*, ordinarily the upper part of the body; round the mouth (H. Labialis); on the prepuce (H. Præputialis), sometimes takes a half course, forming a semicircular band (H. Zoster). The small size of the vesicles will be sufficient to prevent its being mistaken for the bullæ of Pemphigus, and their large size and duration will suffice to distinguish them from the more minute and transitory vesicles of Eczema. The H. Præputialis has been confounded with commencing chancre. *Prognosis*, by no means a severe affection, excepting H. Zoster in aged and debilitated persons. This form is somewhat dangerous, as it not unfrequently terminates in ulceration and gangrene. Duration uncertain. *Causes*, irregularities in diet, and consequent derangement of the digestive organs, considerable atmospherical changes, moral emotions of a depressing kind. Herpes Præputialis is most frequently occasioned by neglect of cleanliness: *treatment*, slightly antiphlogistic; leeches should be applied early in H. Zoster; and when vesicles form, open early. In old persons, much good results from the insertion of a finely pointed stick of n. argenti into the carefully punctured vesicles. If they are already formed and ruptured, dust them with starch or some other desiccating powder. The best local emollients in all the forms of Herpes are, steam at a low temperature and starch poultices; when the disease is chronic, alkaline and sulphureous baths, with the steam douche, are highly useful.

Eczema.—An eruption of numerous minute vesicles, agglomerated, and frequently confluent, occupying a surface of considerable extent and of irregular form. These vesicles terminate either by absorption of their contents, or they become ruptured, and are succeeded by thin, moist brownish incrustations. The contents of the vesicles sometimes become purulent, and are then succeeded by thick moist yellowish scabs. This disease is sometimes complicated with slight inflammation, the skin preserving its normal colour (E. Simplex); at other times, the vesicles are situated on a deeply red and congested surface (E. Rubrum); whilst, occasionally, the vesicles contain pus instead of the usual transparent serous fluid (E. Impetiginodes). Each of these varieties may be either acute or chronic. *Seat*, every part of the body, more especially the inner surface of the extremities, the intervals between the fingers' the axilla, the head, ears, pubis, scrotum, &c. It may be confounded with Scabies and Miliaria. Both scabies and eczema occupy the same seat; in both the form is the same (vesicular), in both there exists considerable itching, but the absence of the sulcus, characteristic of itch, affords a ready means of diagnosis. The copious perspirations present in Miliaria, and the scattered disposition of the vesicles, will be amply sufficient to denote the nature of this affection. Eczema Impetiginodes may readily be confounded with Impetigo, but the diagnosis of these two nearly-allied affections is by no means important. *Prognosis*, the disease is rather troublesome than dangerous, being usually symptomatic of constitutional disturbance. The chronic form is exceedingly difficult of cure. *Causes*, local or constitutional. The most common local causes are heat, hence its frequency in those whose skin, finely organised, is exposed to the rays of the sun, or to other sources of heat. In cooks, eczema of the hands is a common occurrence. Those whose employments oblige them to handle acrid and irritating substances are very subject to this disease, as grocers, masons, &c. Stimulating and improper foods and drinks, severe mental emotions, are also frequent causes of eczema. *Treatment*, while the disease is acute, the treatment must be strictly antiphlogistic; leeches, if necessary; water dressing, &c.; alkalies internally. When the inflammatory action is somewhat diminished, steam, alkaline, and sulphureous baths are very valuable. In obstinate chronic affections, the vapour of sulphur and iodine are highly useful. The constitutional treatment must be regulated by circumstances. Arsenic, cantharides, and mercury, may each in their turn be employed. Chronic and old standing cases will, frequently, be found very rebellious.

Milliaria.—An eruption of discrete vesicles, rarely exceeding a millet seed in size; at first transparent, becoming opaque in from twelve to twenty-four hours, and, after the lapse of three or four days shrivelling and forming thin scales, which are subsequently thrown off by desquamation. This vesicular eruption extended over a surface more or less considerable, is usually accompanied by constitutional affections of some severity. *Seat*, especially the thorax, neck, rarely the face. *Prognosis*, will depend on the constitutional affection accompanying it. *Cause*, it usually develops itself during the course of some other severe constitutional affection. Stimulating regimen and a confined atmosphere. *Treatment*, the eruption, apart from that of the constitutional affection with which it is complicated, scarcely requires any treatment.

Pemphigus.—An eruption of bullæ of considerable size, appearing upon erythematous patches on one or several parts of the body. Those bullæ contain or enclose, at first, a transparent serous fluid, which shortly becomes reddish or turbid, eventually forming thin yellowish incrustations and superficial excoriations by the bullæ being ruptured. The disease usually occurs in successive crops. It may be either acute or chronic; the latter is mostly complicated with severe gastro-intestinal and hepatic derangement: *seat*, the face, the extremities, indeed every part of the body. The extenrive inflammation and tumefaction accompanying Erysipelas (complicated with bullæ) will prevent its being confounded with Pemphigus. It is distinguished from Rupia by the thick and prominent scabs which characterise the latter. *Prognosis*, acute Pemphigus is by no means dangerous; the chronic form is always obstinate, and not unfrequently causes death by exhaustion. *Cause*, the acute form attacks chiefly young persons. Its causes are dentition and gastro-intestinal derangement. The chronic form affects chiefly old and debilitated persons. It may be induced by any circumstances tending to depress the powers of the system. *Treatment*, in the acute form, antiphlogistics, purgatives, and diluents. Bleeding and leeches are rarely necessary. In the chronic form, tonics, with iodide of potassium—having regard to gastro-intestinal symptoms. Puncture the bullæ, and press out the fluid very carefully. If there be already excoriations, cover the parts with starch powder. I can recommend very strongly the use of the warm air bath, at a temperature of 121 F. as a most valuable means in chronic Pemphigus.

Rupia.—An eruption of small, isolated flattened bullæ, surrounded with a slight erethematous redness, and inclosing a fluid sometimes serous and sometimes purulent or blackish. These bullæ give place to thick dark-coloured conical crusts, and unhealthy foul looking ulcerations. This affection may be considered as a form of Pemphigus developed in broken-down constitutions, and should be com-

prehended in the description of that affection. *Seat*, chiefly on the lower extremities; in its secondary lesion it may be confounded with Ecthyma, but the primary lesion of Ecthyma is a pustule. Vide Pemphigus. *Prognosis*, dependent on the state of constitution. Syphilitic Rupia more readily yields to treatment than the idiopathic variety. *Causes*, depressing influences. Sometimes is a sequela of Smallpox, Scarlatina, and Measles. *Treatment*, remove the causes; give tonics, and a generous diet. Mercury, in well regulated doses, is almost specific in the syphilitic form. Iodine and sulphur fumigations rapidly effect the cicatrization of the secondary ulcerations, and sensibly diminish pain.

Impetigo, an eruption of small flat psydracious pustules, generally arranged in groups, forming thick, rough, soft yellow crusts. *Seat*, legs and folds of articulations in adults, in children, head and face: Eczema Impetiginodes is scarcely distinguishable from some forms of Impetigo. When occurring on the chin it is liable to be confounded with Sycosis. It is highly important to distinguish impetigo affecting the scalp from Favus, the latter being highly contagious, and the former (Impetigo) perfectly innocuous. *Prognosis*, rather troublesome than dangerous. *Causes*, the contact of irritating substances and dentition in children. *Treatment*, in the first stage, purely antiphlogistic. If the inflammation be severe, leeches. Emollient and sedative fomentations, water dressing, and steam at a low temperature. Towards the end of the treatment, when the disease becomes chronic, sulphureous water internally, vapour douches, weak alkaline and sulphureous lotions, with attention to constitutional treatment. Thorough ablutions.

Ecthyma.—An eruption of large, round, discrete, phlyzacious pustules, succeeded by dark-coloured thick crusts, which on falling expose a red congested surface, or occasionally a slight cicatrix. It may be either acute or chronic, and may be prolonged by successive eruptions. *Seat*, the entire surface of the body: for *diagnosis*, vide Rupia. The size of the pustules, and the appearance of the seat, are sufficient to distinguish this affection from Sycosis and Acne. *Prognosis*, when the disease arises from local irritation it is readily curable; when chronic, and depending upon constitutional disturbance, it is somewhat rebellious. Its duration is from one to two weeks. *Causes*, friction or irritating applications. Ecthyma is sometimes symptomatic of disorder of general health. *Treatment*, the removal of local irritation; emolient fomentations, water dressing, and steam baths. In cachectic habits, tonics and a generous non-stimulating diet. Secondary ulcerations will readily yield to the fumigations of iodine and sulphur already spoken of.

Acne and Sycosis.—Chronic inflammation of the sebaceous glands, the hair follicle into which their duct opens, together with the surrounding tissues. They are characterised by an eruption of hard, conical, isolated pustules. When seated on the chin, or about the mouth (Sycosis). The bases of the pustules remain hard, indolent, and of a deep red colour; their apices present a suppurating point. *Seat*, acne, face, neck, shoulders, and back. Sycosis, the hairy parts of the face as beard, upper lip, &c. *diagnosis*, vide Ecthyma. Acne may be confounded with certain of the Pustular Syphilides; it is difficult of cure, but unattended with danger; duration is very variable; it may continue weeks, or years. *Causes*, local irritation, excesses in eating and drinking, sedentary occupation, depending position of the head, chronic affection of the intestinal mucous membrane, organic or functional derangement of the hair. *Treatment*, remove all local irritation. In Sycosis the use of the razor must be suspended. Light, non-stimulating diet, occasional laxatives, and careful regulation of the alvine secretions. If there be much local congestion, leeches may be used with advantage. Alkaline preparations and sulphureous waters internally are valuable means. The douche and the sulphur and iodine vapour cannot be too highly praised.

Lichen.—An eruption of minute papulæ occurring in adults, sometimes very red, but frequently of the natural colour of the skin. They are almost always agglomerated and accompanied with itching (L. Simplex). In some cases the papulæ are somewhat confluent, resembling the appearance produced by the sting of a nettle, and accompanied with intolerable itching (L. Urticatus). The Lichen of Infants is usually termed Strophulus. Sometimes the papulæ are inflamed, red, and prominent, occupying or seated upon an erythematous surface, with an ulcerated summit, the secretion of which forms crusts (L. Agrius). *Seat*, general, in some cases limited to a single point. *Prognosis*, it may be confounded with Eczema, Scabies, and Prurigo; in prurigo, however, the papulæ are larger, flatter, and scarcely differ from the surrounding skin in colour; they are also usually surmounted with a little black scab, It is, when acute, readily curable; when chronic, obstinate. *Cause*, exposure to great heat, mental emotion, stimulating food, and spirituous drinks. In infants, viceral derangements and dentition. *Treatment*, in simple cases ordinary treatment. Sponge the surface with vinegar and water to allay itching. When chronic, acidulated drinks, alkaline, and sulphur vapour baths. In L. Agrius, steam at a low temperature; leeches and general bleeding in some instances may be required.

Prurico.—A chronic eruption, characterised by large, slightly prominent papulæ, which in colour scarcely differ from the surrounding skin, accompanied by incessant and intolerable itching, which is aggravated by changes in temperature. The summit of the papulæ is usually abraded by scratching; a drop of blood exudes, which, concreting forms the small black scab peculiar to this affection. This disease chiefly occurs in old persons. *Seat*, the entire body, especially the genitals and external surfaces of extremities. For *Diagnosis*, Vide Lichen. *Prognosis*, excessively obstinate; duration almost indefinite. *Cause*, want of cleanliness, debility, &c. *Treatment*, the daily use of the tepid, alkaline, or sulphur bath, or the cold sea water bath. To relieve the pruritus, a strong solution of the bichloride of mercury, as recommended by Bateman. The iodine vapour. The general treatment must be regulated according to circumstances.

Pityriasis.—A slight chronic inflammation of the most superficial layer of the dermis, accompanied by constant exfoliation of small micacious bran-like scales, which are constantly reproduced. The disease is accompanied with heat, redness, and tingling. *Seat*, every part of the body, particularly the hairy portions: it may be confounded with Psoriasis or lepra. *Prognosis*, intractable, but not dangerous. *Causes*, more common in females than males. Frequently caused by local irritation; as on the face, from exposure to east winds; and in females in the head, from the irritation of the comb. *Treatment*, vapour baths; avoid all irritating applications, emollient fomentations, alkaline lotions. When attacking the head, the use of the comb should be relinquished, and a soft brush only used.

Psoriasis and Lipra.—A chronic inflammation of the dermis, characterized by the development of irregular patches, slightly elevated above the level of the skin, and covered with fine, brilliant, white scales of indurated epidermis (Psoriasis). When the patches are round, with the edges only elevated, and a depressed centre, the disease is usually termed Lepra. Both these diseases have great tendency to relapse. The general health is rarely affected. *Seat*, the external surface of the extremities, the neighbourhood of the articulations and posterior surface of the trunk; it may be confounded with Pityriasis and chronic Eczema; it is obstinate of cure. The *causes* are exceedingly obscure, frequently hereditary. *Treatment*, the internal treatment has embraced at various times every known remedy, with various and too often uncertain and very unsatisfactory success. The external treatment has consisted in the employment of baths, ointments, poultices, &c. A most intractable and rebellious wease as treated by Mr. Walker, after every other means had failed, with the vapour of sulphur and iodine; the result was in the highest degree satisfactory—a cure, which has remained permanent, having been effected in an incredibly short space of time. M. Emery, of St. Louis, prescribes the use of the tar ointment externally with great advantage, a cure being generally effected. M. Cazenave prefers the internal administration of arsenic. The cure is not, however, often permanent in either case.

Ichthyosis—Scales more or less large, formed of thickened epidermis, occupying a surface of considerable extent, often the entire body; unaccompanied by inflammation, pain, heat, or itching. Usually congenital; sometimes, however, accidental. *Seat*, vide Psoriasis and Lepra. *Prognosis*, when congenital, incurable. The local forms are sometimes cured. *Cause*, unknown, most frequently congenital. *Treatment*, alkaline, steam, and sulphur vapour baths; pitch internally. General treatment as required by circumstances.

Lupus.—A disease commencing by purple-violet coloured spots, or more frequently by small, livid, indolent tubercles. The affection speedily extends to the surrounding tissues. It may progress in depth, the tubercle ulcerating and giving rise to deep circumscribed ulcers (Deep-seated Lupus); or it may increase in surface, forming extensive superficial ulceration, covered with brown, adherent crusts (Superficial Lupus); or it may extend without ulceration; the surrounding tissues becoming indurated and hypertrophied (Lups with hypertrophy). As the disease progresses, the nasal cartilages and the lower eyelids are frequently destroyed. *Seat*, any region of the body, most frequently the cheek, the nose, chin, and lips. *Diagnosis*, may be confounded with *Noli me tangere*, and some forms of syphilitic tubercle. *Noli me tangere* occurs chiefly in old persons. It always commences by a single tubercle; it is accompanied by pain, and in a later stage presents the characteristic appearance of cancerous ulceration. Hence, it may be readily distinguished from Lupus. For the *diagnosis* of syphilitic affections, vide Syphilides. *Prognosis*, a serious affection, being always followed by indelible cicatrices. The prognosis will depend on the length of time the patient has been affected, and on the severity of the disease. *Cause*, commonly attacks scrofulous children or adults. *Treatment*, constitutional regulation; good air; sarsaparilla; iodine of iron, &c. &c. The local treatment consists of remedies calculated to alter the vitality of the skin, of which decidedly the best is the vapour of iodine and sulphur, conjoined with a carefully regulated temperature, and caustics to destroy the diseased tissue and arrest the extension of the disease. Of these the best perhaps is the chloride of zinc. The cauterization must be repeated if necessary. When the disease is attended with hypertrophy with or without ulceration, the sulphur and iodine fumigations will be found of great value.—*Condensed from Mr. G. A. Walker's admirable Chart on Skin Diseases.*

CHEMICAL COMPOSITION OF THE TEXTURES.

The human body is capable of being resolved by ultimate analysis into chemical elements, or simple constituents, not differing in nature from those which compose mineral substances. Of the chemical elements known to exist in nature the following have been discovered in the human body, though it must be remarked, that those at the bottom of the list occur only in exceedingly minute quantity; oxygen, hydrogen, carbon, nitrogen, phosphorus, sulphur, chlorine, fluorine, potassium, sodium, calcium, magnesium, iron, silicon, manganese, aluminum, copper.

These ultimate elements do not directly form the textures or fluids of the body; they first combine to form certain compounds, and these appear as the more immediate constituents of the animal substance; at least the animal tissue or fluid yields these compounds, and they in their turn are decomposed into the ultimate elements. Of the immediate constituents some are found also in the mineral kingdom, as for example, water, chloride of sodium or common salt, and carbonate of lime; others, such as albumen, fibrin, and fat, are peculiar to organic bodies, and are accordingly named the proximate organic principles.

The animal proximate principles have the following leading characters: They all contain carbon, oxygen, and hydrogen, and the greater number also nitrogen; they are all decomposed by a red heat; and, excepting the fatty and acid principles, they are, for the most part, extremely prone to putrefaction, or spontaneous decomposition, at least, when in a moist state; the chief products to which their putrefaction gives rise being water, carbonic acid, ammonia, and sulphuretted, phosphuretted, and carburetted hydrogen gases. The immediate compounds found in the solids and fluids of the human body are the following:

I. Azotized substances, or such as contain nitrogen, viz., albumen, fibrin, casein, gelatin, chondrin, extractive soluble in alcohol, extractive soluble in water, salivin, kreatin, pepsin, globulin, mucus, horny matter or keratin, pigment, hæmatin, pyin, urea, uric acid, azotized biliary compounds.

II. Substances destitute of nitrogen, viz., fatty matters, (except cerebric acid), sugar of milk, lactic acid, certain principles of the bile

Some of the substances now enumerated require no further notice in a work devoted to anatomy. Of the rest, the greater number will be explained, as far as may be necessary for our purpose, in treating of the particular solids or fluids in which they principally occur; but there are a few of more general occurrence, which it will be advisable to give some account of here; these are, albumen, fibrin, casein, gelatin, chondrin, extractive, and fatty matters.

ALBUMINOID OR PROTEIN COMPOUNDS.

Albumen and fibrin, with casein, globulin, and perhaps some others, such as horny matter, belong to a group of compounds, which have been supposed to consist essentially of one and the same fundamental substance united with varying proportions of sulphur, phosphorus, salts, or other inorganic bodies. This common principle has been named Protein. [In some of these instances, as albumen and casein, the protein comprehends the whole carbon, hydrogen, nitrogen, and oxygen of the compound; the proportions of these elements are therefore the same in each, and the substances are identical in essential composition, though they may differ in some of their properties In other compounds, yielding protein, the proportion of the above-mentioned elements is not the same as in that substance; and in such cases it has been supposed, that some other organic substance is associated with protein, or the compound has been represented as consisting of protein with the addition of oxygen, the elements of water, or the elements of ammonia or with some similar modification calculated to reconc\

the supposed protein constitution with the actual analysis. The most general characteristic mark of those protein or albuminoid compounds is, that they are soluble in acids, and precipitated from their acid solutions by the ferro and ferricyanide of potassium (the yellow and the red prussiates of potash).

Albumen exists very extensively in the body, forming the chief ingredient of the serum of the blood, chyle, and lymph, and of the serous fluid which penetrates and moistens nearly all the tissues; it enters largely also into the composition of the brain and nerves. The white of eggs consists of liquid albumen.

In the albuminous liquids mentioned, which are all, more or less, alkaline from contained soda, the albumen is dissolved in water, but it may be obtained in a solid state by evaporation at a temperature of 120 deg., and successive washing of the dry residue with ether and alcohol, to remove foreign matters. Solid albumen thus obtained is soluble in water. In the liquid or dissolved state it is coagulated by a heat of 158 deg.; but if its solution is much diluted, a boiling heat is required. Albumen is also coagulated, and its solutions rendered turbid by alcohol, creosote, most acids, the acetic, phosphoric, and pyrophosphoric, being notable exceptions, and by many metallic salts; also by the voltaic pile, which acts by decomposing salt in the albuminous solution. Ether coagulates the white of eggs, but not the serum of the blood.

In its coagulated state albumen is insoluble in water; it is freely dissolved by caustic alkali. When exposed to an acid extremely diluted with water it is dissolved; by increasing the proportion of acid the albumen is precipitated, but this precipitate is again dissolved, if the acid be still more concentrated and heat applied. The solution in strong hydrochloric acid acquires a purple and then a blue colour. When dissolved in diluted acetic acid it is not precipitated by adding that acid in excess, and the tartaric, phosphoric, and pyrophosphoric acids, agree in this respect with the acetic. The acid solutions of albumen are precipitated by the ferroprussiates of potash.

Albumen unites with alkalies and metallic oxides, forming albuminates. The albuminates of the alkalies are soluble in water, those of the oxides in an excess of albumen. Metallic salts, as already stated, cause a precipitate in watery solutions of albumen, and none in a more marked manner than corrosive sublimate, which causes a milkiness in a solution containing no more than one two-thousandth part of albumen, and serves therefore as one of its most delicate tests. These precipitates appear not to be all of a similar constitution, some of them being compounds of albumen and the metallic salt; while in others the albumen is supposed to combine independently with the acid and with the base, and the precipitate accordingly to consist of albuminate of the acid and albuminate of the oxide. Whatever their constitution, the precipitates in question, not excepting that from corrosive sublimate, are soluble in an excess of albumen. Phosphate of lime is readily dissolved by liquid albumen, and a certain portion of that salt naturally exists in the albumen of the egg, and in the albuminous fluids of the human body; a fact of no small importance in a physiological point of view.

Albumen consists of protein, combined or associated with a small proportion of sulphur and phosphorus. To obtain the protein, albumen is dissolved in a solution of caustic potash, and heated to 120 deg.; by this means the sulphur and phosphorus are converted into sulphuret of potassium and phosphate of potash; the alkaline solution is then to be saturated with acetic acid, and the protein separates as a gelatinous, greyish, semitransparent precipitate, which when washed and dried appears as a yellowish, hard, easily pulverised, and tasteless substance. According to the latest analysis, that of M. Dumas, the following is the composition of protein.

	From Actual analysis.	Calculated by atoms.
Carbon	54·33	54·44 — C48
Hydrogen	7 14	6·99 — H37
Nitrogen	15·92	15·88 — N6
Oxygen	22 56	22·69 — O15
	100·—	100·—

Liebig's formula is C48, H36, N6, O14. These numbers will, of course, also represent the proportions of the respective elements contained in albumen; but the proportion of sulphur differs in the albumen of eggs and that of the serum of the blood. According to Mulder, the albumen of eggs consists of ten atoms of protein with one of sulphur, and half an equivalent of phosphorus, and is accordingly represented by the formula, 10 Pr+SP½. The albumen of serum contains twice the amount of sulphur, and its formula is therefore 10 Pr+S2 P ½. Protein is insoluble in water and in alcohol; its solubility in acids follows the same law as that of albumen, and, like albumen, it is precipitated from its acid solutions by the ferroprussiates of potash. With concentrated acids it forms new compound acids.

Fibrin exists in two states, liquid and coagulated. In the former condition it is found in the blood, and in its concrete state it may be obtained from muscle, of which it forms the basis.

The most characteristic property of liquid fibrin is its tendency to coagulate spontaneously, or at least independently of any apparent extrinsic cause; the coagulation of the blood itself, in fact, is owing to this property of the fibrin contained in it. Hence the difficulty of procuring fibrin in a liquid state, and indeed it has never been obtained pure in this condition. The fibrin and serum of the blood together constitute its colourless part or liquor sanguinis; this fluid, in certain states of the body, separates from the red particles before coagulation, and may be obtained by itself; or, if blood be diluted with serum the instant it is drawn, it may be filtered before coagulation, and the diluted liquor sanguinis, containing the liquid fibrin, is obtained free from the red particles, which remain on the filter. In both cases, however, the fibrin quickly solidifies and separates in a concrete form from the serum, and the same happens with fibrinous fluids, resembling the liquor sanguinis, occasionally found effused into cavities within the body.

Coagulated fibrin may be procured by stirring fresh-drawn blood with a bundle of twigs, the solidifying fibrin is thus entangled and removed. When well washed, it then appears as a white, soft, stringy, somewhat elastic, substance, without taste or smell, which, by drying, loses about three-fourths of its weight, and becomes hard and brittle. The appearance of coagulated fibrin under the microscope will be afterwards noticed.

Coagulated fibrin is insoluble in water, alcohol and ether; but by long boiling in water, especially under pressure, it is dissolved, being, however, at the same time altered in nature. Like albumen, it is soluble in caustic alkalies, and combines with them, neutralizing their alkaline properties. It also combines with acids in different proportions, its neutral combinations being soluble in water, but precipitated by the addition of an excess of acid. Strong acetic acid is rapidly imbibed by it, and causes it to swell up into a transparent colourless jelly, which is soluble in hot water. This solution is precipitated by adding another acid, but not by acetic acid. The acid solutions of fibrin, like those of albumen, are precipitated by the prussiates of potash.

Many neutral salts, when added to the blood, prevent its coagulation by preventing the coagulation of its fibrin; and some of them, as nitre for example, may, with certain precautions, be made to dissolve freshly coagulated fibrin. Corrosive sublimate and the persalts of iron combine with moist fibrin, giving it increased firmness, and obviating its tendency to putrefy.

Moist coagulated fibrin decomposes binoxide of hydrogen, liberating oxygen, and reducing the binoxide to water, without itself undergoing any change. This property belongs to many organic substances which contain no fibrin, but it happens not to be possessed by coagulated albumen, which in most other respects so much resembles coagulated fibrin. The property just mentioned, and that of forming a jelly with acetic acid, are the most striking points of difference between the two substances.

Fibrin was considered by Mulder as identical in composition with albumen of eggs, the formula he assigned for it being accordingly 10 Pr+SP ½; and in this view he has been followed by most other chemists. Dumas, however, after a very laborious experimental inquiry by M. Cahours and himself, has assigned to it a different composition; in the fibrin of human blood he found 52·78 of carbon, 6·96 of hydrogen, 16·78 of nitrogen, and 23·48 of oxygen; therefore, more nitrogen and less carbon than in protein or albumen. He states that, by long boiling in water, it yields a little ammonia and a peculiar soluble product, while the fibrin that remains undissolved is altered in nature, having become identical in composition with albumen; he therefore supposes that fibrin contains protein along with another substance. Fibrin yields on incineration about ⅔ per cent. of ashes, which consist principally of phosphate of lime, with a little phosphate of magnesia, and sometimes traces of silica.

Casein is an albuminoid or protein compound, agreeing with albumen in constitution and in most of its properties. It is a well-known ingredient of milk; it exists also in smaller proportion in the pancreatic juice and some other secretions and in the blood.

The most remarkable property of casein is that of being, coagulated by rennet. Its solution is precipitated by acids, not excepting the acetic, and in this last circumstance it differs from albumen. The precipitates may be freed from acid, purified and redissolved in water, by which means pure casein may be obtained. In this condition it is soluble in water, and, to a small extent, in alcohol. Coagulated casein, on the other hand, is insoluble, or only very sparingly soluble. The acids combine with it, both in its liquid and coagulated state, its combinations closely resembling those of albumen, and it is precipitated from its acid solutions by ferroprussiate of potash. Like albumen, also, it forms soluble combinations with alkalies, and unites with alkaline earths; and the same earthy and metallic salts which precipitate liquid albumen likewise precipitate casein. Milk, or a concentrated solution of casein, is also precipitated by alcohol. When heated in an open vessel it becomes covered by an insoluble pellicle, which is ascribed to the formation of lactic acid by oxidation, and is said not to occur when milk is heated in carbonic acid.

Casein yields on incineration 6 per cent. of phosphate of lime, and ½ per cent. of lime or its carbonate. It contains a little sulphur, but no phosphorus in chemical combination. Its basis is protein, and it may be represented as composed of 10 atoms of protein and one atom of sulphur.

GELATINOUS COMPOUNDS.

Many of the solid parts of the body are, by long boiling in water, entirely or in great part reduced into a soluble substance, which has the remarkable property of forming a jelly with the water as it cools; and two distinct kinds of this substance have been recognized, which differ in a marked manner in many of their chemical characters, as well as in the sources from which they are derived. The one has been long known under the name of "gelatin," the other, being principally obtained from cartilages, has accordingly been named "chondrin." Neither kind of the gelatinizing substance is found in any of the animal fluids nor, according to the view entertained by Berzelius, does it exist ready formed in the tissues which yield it; he conceives that these tissues are converted into gelatinous substance by the prolonged action of boiling water, somewhat in the same manner as starch may be changed into gum and sugar, and the analogy is strengthened by the fact, that in both cases the process is accelerated by the presence of a dilute acid.

Gelatin, strictly so called, is obtained from the cellular and fibrous tissue, skin, serous membrane, and the animal basis of bone. The jelly derived from these tissues yields the dry gelatin in form of a hard transparent substance, which, when pure, is without colour, taste, or smell. It softens but does not dissolve in cold water. A gentle heat is, however, sufficient to effect its solution in water; and, as already stated, the solution, unless too much diluted, forms a jelly when cold. It is insoluble in ether, and very nearly insoluble in alcohol. With the aid of heat, it readily dissolves in acetic and diluted mineral acids.

A solution of gelatin in water is precipitated by alcohol, creosote, and corrosive sublimate; but its most effectual precipitant is tannic acid, or a strong infusion of gall-nuts, which throws down gelatin, when dissolved even in 5000 times its weight of water; the precipitate, which has been named *tanno-gelatin*, is dissolved by adding a fresh quantity of gelatin. It is not precipitated by mineral acids, acetic acid, alum, sulphate of alumina, acetate and subacetate of lead, all which occasion a precipitate in a solution of chondrin; nor is gelatin thrown down from any of its solutions by the prussiates of potash, in which respect it differs from the albuminoid compounds. Gelatin combines with several salts; it readily dissolves freshly precipitated phosphate of lime, and it naturally contains about ½ per cent. of this salt, as appears by incineration.

The composition of gelatin may be represented by the formula, C48, H41, N7½, O18, founded on an analysis of gelatin and of some of the tissues yielding it by Scherer. This formula gives the following proportions per cent.:—viz., carbon, 50·207, hydrogen, 7·001, nitrogen, 18·170, oxygen, 24·622. Hence, it appears, that gelatin contains proportionally less carbon and more oxygen and nitrogen than ar contained in albumen.

Chondrin was first pointed out as a distinct substance by Muller. It is obtained from permanent cartilages, and the cartilage of bone before ossification, and from the cornea of the eye, by boiling these tissues for a long time in water. In its relations to water chondrin resembles gelatin, but the jelly it forms is not so firm. Like gelatin, also, it is thrown down from its solutions by tannic acid, alcohol, ether, creosote, and corrosive sublimate, and not by prussiate of potash. It differs from gelatin in being precipatated by the mineral and other acids, the acetic not excepted, also by alum, sulphate of alumina, persulphate of iron, and acetate of lead; the precipitates being soluble in an excess of the respective precipitants. According to Mulder, 100 parts of chondrin yield 49.96 of carbon, 6.63 of hydrogen, 14.44 of nitrogen, 28.59 of oxygen, and 0·38 of sulphur. Liebig gives the following formula from Scherer's analysis: C48, H40, N6, O20.

EXTRACTIVE MATTERS.

Serum of blood and several other animal fluids, on being freed from albuminous ingredients by heat or some other suitable means, and evaporated, yield a substance known under the name of animal extractive matter, usually mixed with fatty matters, from which it is to be separated by solution in water and subsequent evaporation. The same kind of substance may be extracted from many of the solid tissues, especially muscle, by macerating them in cold water, boiling the liquid to free it from albumen, and proceeding as before. The matter obtained from these different sources is associated with free lactic acid and several salts, especially the lactates of soda, lime, and magnesia, lactate of ammonia in minute quantity, the chlorides of sodium and potassium, phosphate of soda and phosphate of lime; moreover, the animal substance itself is separable into several different compounds, but even if the characters of these compounds were better defined than they are, it would here be out of place to enter into detail respecting them individually; it will be sufficient to point out the differences between the two principal classes of them.

1. *Extractive matters soluble in water only.*—While all are soluble in water, the substances included under the present head are insoluble in pure alcohol and rectified spirit; they are accordingly left undissolved after treating the mass with spirit of wine of specific gravity ·833, and along with them there remain the phosphates of soda and lime, with a portion of free lactic acid, rendered difficultly soluble in alcohol by its connexion with the animal matter. Of this group of extractive principles, one of the most important is a substance which has been named *zomidin*, from its being supposed to be the cause of the peculiar taste of boiled or roasted meat.

2. *Extract matters soluble in rectified spirit.*—By evaporating the spirit employed in the preceding operation, there is obtained, along with the chlorides of sodium and potassium, and the greater part of the lactic acid and lactates, a yellowish brown matter, which was named *osmazome*, because the characteristic odour of soup seems to be owing to it. Berzelius has, however, shown that this matter may be further subdivided, by means of anhydrous alcohol, into an extractive substance, which is soluble in that menstruum, and another which is not; the lactic acid and lactates being shared between the two; for the acid and salts in question are naturally soluble in pure alcohol, a certain portion pertinaciously abides by the insoluble organic substance. Finally, the two matters thus separated from each other by pure alcohol are themselves mixtures of two or more principles, which show different reactions with corrosive sublimate, subacetate of lead, tannin, &c.

The extractive compounds obtained from a tissue are supposed to be contained in the fluids which penetrate the solid substance, and Berzelius has suggested that these matters, as well as the lactic acid, lactates, and and other salts, which seem invariably to accompany them, are the product of the continual change or waste of the tissues, especially of the muscular substance, which naturally takes place in the economy, and that they are destined to be separated from the tissue, and afterwards eliminated from the blood by the excretions; a view which, as he states, is strengthened by the fact, that principles of the same kind are found in the urine.

FATTY MATTERS.

The substances of this class which are found in the human body possess the following general characters: They are lighter than water, fusible at a moderate heat, insoluble in water, and soluble in ether and in boiling alcohol. They are divided into the proper fats, or such as are capable of forming a soap with alkalies and oxides, and those which are not saponifiable.

SAPONIFIABLE FATS.

The common fat of the human body may be represented as a mixture of a solid fatty substance, named "margarin," and a liquid oily substance, "olein;" the suet or fat of oxen and sheep, on the other hand, consists chiefly of a second solid principle, "stearin," associated with olein. These three substances, margarin, stearin, and olein, are themselves compounds of a base, named "glycerine," with three different fatty acids, the margaric, stearic, and oleic. In the saponification of fat these acids combine with the alkali or oxide employed, and the glycerine is set free.

Glycerine.—The common base of the above-mentioned compounds, is obtained separately as a liquid of syrupy consistence, and remarkably sweet taste, from which circumstance it has received its name. It is supposed to be an oxide of a hypothetical radical "glyceryl," which again is composed of C^6, H^7, this, combined with 5 atoms of oxygen, forms an oxide, and the oxide of glyceryl, in separating from the acids with which it is naturally combined in fat, unites with one atom of water to form glycerine, so that glycerine is, strictly speaking, a hydrated oxide of glyceryl, and has the formula, C^6, H^7, O^5+HO.

Margaric and stearic acids.—These acids are both obtained as solid crystalline substances, soluble in ether and in boiling alcohol, and fusible, the margaric being more susible than the stearic. They combine with bases, but, having weak acid properties, are separated from their combinations by most other acids. They are both compounds of a radical "margaryl," C_{34}, H_{33}, with different proportions of oxygen, and, in their uncombined state, are obtained as hydrates. One atom of margaryl, with three of oxygen, and one of water, form margaric or "margarylic" acid, C_{34}, H_{33}, O_3+HO; and two atoms of margaryl, with five of oxygen, and two of water, $2(C_{34}, H_{33},) O_5+2HO$, form stearic acid, which is, therefore, "hypomargarylic" acid. The combined water quits them when they unite with bases. Stearin, or the acid stearate of glycerine, is soluble in alcohol and ether, and separates from its solutions in crystalline plates; but, on being fused and cooled, it appears as a white, waxy-like, pulverisable substance, which is not crystalline. Margarin, or margarate of glycerine, in most of its properties, resembles stearin, but it is more fusible and more soluble in ether and alcohol.

Oleic acid is an oily liquid, possessing very distinctly acid properties. It solidifies into a crystalline mass a few degrees above the freezing point of water. Its formula is C_{44}, H_{39}, O_4. Olein, the oleate of glycerine, is also a liquid substance at ordinary temperatures, insoluble in water, but easily soluble in ether and in alcohol. It is the chief constituent of the fat oils, and of most solid fats found in nature; with margarin it forms the human fat.

Cerebic acid.—From the researches of Fremy, it appears that the chief constituent of the fat found in the brain is a compound of soda, with a peculiar acid, the "cerebric," which also exists in a free state. The cerebric acid differs from other fatty principles as yet known in containing nitrogen; 100 parts of it consist of carbon 66·7, hydrogen 10·6, nitrogen 2·3, oxygen 19·5, and phosphorus 0·9.

UNSAPONIFIABLE FATTY MATTERS.

Cholesterin is a solid, white, crystalline substance, which may be obtained in small quantity from the blood, the bile, and the subsiance of the brain and nerves. It is found much more abundantly in many morbic products, dissolved, swimming in fluid in form of chrystalline scales, or forming solid concretions, as in biliary calculi, the most common species of which are formed of cholesterin, tinged with the colouring principles of the bile. Cholesterin fuses at 273 deg.; it is soluble in ether, sparingly soluble in cold, but abundantly so in boiling alcohol. It possesses no acid properties, and is not acted on by alkalies: by nitric acid it is converted into cholestearic acid. The formula of cholesterin is C_{37}, H_{32}. O.

Serolin.—When blood is dried, deprived of matters soluble in boiling water, and repeatedly treated with boiling alcohol, a small quantity of a fatty substance thus named is obtained, which separates from the alcohol on cooling, as a shining flocculent mass. It possesses neither acid nor alkaline properties, fuses at 97 deg., is readily soluble in ether, sparingly so in boiling alcohol, and quite insolublo in coid alcohol.

SUMMARY OF THE LEADING CHARACTERS OF THE FOREGOING SUBSTANCES.

A. Albuminoid principles, albumen, fibrin, and casein. Coagulable, fibrin spontaneously, albumen by heat, casein by rennet. Precipitated by mineral acids, tannic acid, alcohol, corrosive sublimate, subacetate of lead, and several other metallic salts. When coagulated, not soluble in water, cold or hot, unless after being altered by long boiling; insoluble in alcohol; soluble in alkalics; soluble in very dllute and also in concentrated acids; the solutions precipitated by red and yellow prussiates of potash.

B. Gelatinous principles, gelatin and chondrin. Not dissolved by cold water; easily soluble in hot water, the solution gelatinizing when cold. Precipitated by tannic acid, alcohol, ether, and corrosive suhlimate, and not by the prussiates of potash. Chondrin, precipitated by acids, alum, sulphatc of alumina, and acctate of lead, which do not precipitatc gelatin.

C. Extractive matters, associated with lactic acid and lactates. All soluble in water, both cold and hot; some in water only, some in water and rectified spirit; some in water, rectified spirit, and pure alcohol.

D. Fatty matters. Not soluble in water, cold or hot; soluble in ether and in hot alcohol.—*Professor Sharpey in Quain's Anatomy.*

LIST SHOWING THE COMPOSITION OF SEVERAL OF THE PRINCIPAL MINERAL WATERS.

SELTZER.—In a wine pint. Carbonic acid 17 cubic inches, specific gravity 1·0027, carbonate of soda 4 grains, carbonate of magnesia 5 grains, carbonate of lime 3 grains chloride of sodium 17 grains, temperatnre 49 deg. Fahr.

CARLSBAD.—In three wine pints. Carbonic acid 50 cubic inches, carbonate of soda 38·5 grains, carbonate of lime 12·5 grains, carbonate of iron 0·1 grains, sulphate of soda 66·75 grains, muriate of soda 32·5 grains, silica 2·25 grains, temperature 165 deg., in 1000th part by weights.

SEIDLITZ (Saline.)—In a pint. Carbonate of magnesia 2·5 grains, carbonate of lime 0·8 grains, sulphate of magnesia 180·0 grains, sulphate of lime 5·0 grains, muriate of magnesia 4·5 grains, specific gravity 1·0060.

AIX-LA-CHAPELLE.—Temperature 143 deg. Wine pint. Sulphuretted hydrogen 5·5 c. inches, carbonate of soda 12·0 grains, carbonate cf lime 4·75 grains, muriate of soda 5·0 grains.

CHELTENHAM (Sulphur spring.)—Specific gravity 1·0085. Wine pint. Carbonic acid 1·5. c. inches, sulphuretted hydrogen 2·5 inches, sulphate of soda 23·5 grains, sulphate of magnesia 5·0 grains, sulphate of lime 1·2 grains, muriate of soda 35·0 grains, oxide of iron 0·3 grains, temperature 49 degrees.

CHELTENHAM (Saline.)—Specific gravity 1·010. In each pint. Sulphate of soda 15·0 grains, sulphate of magnesia 11·0 grains, sulphate of lime 4·5 grains, muriate of soda 50·0 grains.

HARROWGATE (Sulphuretted.)—Specific gravity 1·01286 at 69 deg. One wine gallon contains sulphuretted hydrogen 6·4 c. inches, carbonic acid 5·25 inches, nitrogen 6·5 inches, carburetted hydrogen 4·65 inches, also muriate of soda 735 grains, muriate of lime 71·5 grains, muriate of magnesia 43· grains, bicarbonate of soda 14·75 grains.

LEAMINGTON (Saline.)—Specific gravity 1·0119 at 49 deg. In a pint, muriate of soda 59 75 grains, muriate of lime 28·64 grains. Muriate of magnesia 20·16 grains, sulphate of soda 7·83 grains, oxide of iron a trace.

TUNBRIDGE (Chalybeates.)—Specific gravity 1·0007. One gallon contains, muriate of soda 2·46 grains, muriate of lime 0·39 grains, muriate of magnesia 0.29 grains, sulphate of lime 1·41 grains, carbonate of lime 0·27 grains, oxide of iron 2·22 grains.

BATH (Saline.)—Temperature 109 deg. to 117 deg., specific gravity 1·002 in each pint. Carbonic acid 1·2 cubic inches, carbonate of lime 0·8 grains, sulphate of soda 1·4 grains, sulphate of lime 9·3 grains, muriate of soda 3·4 grains, silica 0·2 grains, oxide of iron a trace.

KILBURN.—Two gallons contain, carbonic acid 84 c. Inches, sulphuretted hydrogen 36 inches, carbonate of lime 2·4 grains, carbonate of magnesia 1·25 grains, carbonate of iron 0·3 grains, sulphate of soda 18·2 grains, sulphate of magnesia 91·0, muriate of soda 6·0 grains, muriate of lime 0·6 grains, muriate of magnesia 2·8 grains, resin 6·0 grains.

INGREDIENTS OF PATENT MEDICINES, RECIPES, &c. &c.

Principally Extracted from the Cyclopædia of Practical Receipts.

BAILEY'S (DR.) ITCH OINTMENT.—Sweet oil one pound, suet one pound, root alkanet two ounces. Melt and macerate until sufficiently coloured, then add powdered nitre three ounces, powdered alum three ounces, powdered sulp, zinc. three ounces, powdered vermilion, to colour. Oil of aniseed, spike, and origanum, to perfume.

BATTLEY'S GREEN SENNA POWDER.—Pick out the yellowest senna leaves you can find, and add a little powdered indigo, or charcoal, to produce the desired colour.

BAYNTON'S ADHESIVE PLASTER.—Diachylon (simple) four pounds, yellow resin three ounces; mix with heat.

BROOMLEY'S REMEDY TO CURE THE FITOF DRUNKENNESS.—Aromatic water of ammonia two drachms, distilled water two ounces; mix.

CATECHU LOZENGES.—Finely-powdered catechu four ounces, finely-powdered sugar one pound, mucilage to mix. Add oil of cassia twenty drops.

CHEVALIER RUSPINI'S TOOTH-POWDER.—Cuttle-fish bone sixteen parts, cream of tartar four parts, prepared chalk four parts, roach alum two parts, orris powder three parts, oil of rhodium ten drops, oil of lavender ten drops. Reduce then to a fine powder and sift through gauze.

CHING'S WORM LOZENGES (The Yellow).—Powdered saffron one ounce, protochloride of mercury twelve ounces, sugar quarter cwt., mucilage to mix. Divide the mass into 5,760 lozenges. Doses, one to six going to bed.

CITRATE OF IRON, LOZENGES OF.—Powdered gum acacia twenty parts, fine sugar 640 parts, essence of lemon one part, citric acid forty parts, citrate of iron forty parts, and water to mix. Divide into ten-grain lozenges, five or six to be taken every day for gout.

CORN PLASTER.—Bee's wax one pound, resin four ounces, Venice turpentine, eight ounces, sulphate of copper eight ounces, arsenic one ounce; mix with heat.

CORN SOLVENT, SIR H. DAVY'S.—Potash two parts, salt sorrel one part, mix in fine powder. Lay a small quantity on the corn for four or five successive nights, binding it on with rags.

DALBY'S CARMINATIVE.—Magnesia two drachms, oil of peppermint three drops, oil of nutmeg seven drops, oil of aniseed nine drops, tincture of castor one drachm and a half, tincture of asafœtida forty-five drops, tincture of opium eighteen drops, tincture of (ess.) pennyroyal fifty drops, tincture of cardamons (comps.) ninety-five drops, peppermint water seven ounces; mix.

DARBY'S OIL.—Oil of amber one part, balsam of sulphur one part, Barbadoes tar one part; mix, with heat.

DAWSON'S LOZENGES.—Powdered lump sugar twenty-six parts, powdered gum arabic two parts, Italian juice one part, starch three parts; mix, with warm water, and form into lozenges.

GOWLAND'S LOTION.—Blanched sweet almonds four parts, distilled water thirty-two parts, bichloride of mercury one part, alcohol two parts, attar of roses to each six-ounce bottle two drops. Rub the almonds to a milk with the water, strain through gauze, then add the other ingredients. This is a most useful lotion for removing eruptions of the skin.

GREEK TINCTURE FOR DYEING THE HAIR.—Nitrate of silver eleven parts, nitric acid one part, sap green three parts, gum arabic one part, distilled water one hundred and eighty parts; mix.

JACKSON'S ITCH OINTMENT.—Lard, sulphur vivum, palm oil, white hellebore, equal parts; mix.

INCOMBUSTIBLE CLOTH.—Sal ammonia one part, water four parts. Dissolve and impregnate the cloth with the solution.

INJECTION, METALLIC ANATOMICAL.—Bismuth five parts, tin two parts, lead three part, quicksilver to render it fusible at the required temperature.

INK, SYMPATHETIC.—A dilute solution of nitro-muriate of cobalt. When heated, the writing performed with this ink assumes a fine green colour and disappears again when cooled.

KALYDOR, FOR THE COMPLEXION.—Blanched bitter almonds one part, rose water sixteen parts. Mix and strain, then add five grains of bichloride of mercury to every eight-ounce bottle of the mixture, and scent with rose or violet.

LIME WATER.—Quicklime one part, water sixteen parts. Mix, and after a short time well shake the vessel, then let it stand to settle, and decant the clear. This article should be both made and kept in a close vessel.

MARSHMALLOW OINTMENT.—Yellow resin fifty-six pounds, yellow wax fifty-six pounds. Melt and reduce them to a proper consistence with rape oil, then add thick mucilage one gallon; turmeric to colour if required. Stir till cold. (Supposed to be Holloway's.)

NAPOLEON'S PECTORAL PILLS.—Ipecacuanha (powdered) one drachm, squills and gum ammoniac (powdered), each four scrs; mucilage to mix. Divide into forty-eight pils, and take two, night and morning.

THOMSON'S RULES TO ADMINISTER MEDICINE.—For an adult, suppose the dose to be one or one drachm, Under

1 year	will require	only	1-12th 5 grs.
2	,,	,,	⅛ 8 grains
3	,,	,,	1-6th 10 grs.
4	,,	,,	¼ 15 grains
7	,,	,,	⅓ 1 scruple
14	,,	,,	½ ½ drachm
20	,,	,,	⅔ 2 scruples
Above 21 tho full doses			1 drachm

65 the inverse gradation of the above.

ODONTALGIC PASTE.—Orris powder ten parts, rose pink powder one part, gum mastic two parts, cream of tartar two parts, burnt alum two parts, prepared chalk twenty parts, honey forty parts, oil of cloves to perfume; mix.

OINTMENT FOR CHAPS AND ERUPTIONS OF THE SKIN.—Simmer ox marrow over a fire, and afterwards strain it through a piece of muslin into gallipots. When cold rub the parts affected,

PARACELSUS' PLASTER.—Diachylon fifty-six pounds, compound do. five pounds, gum thurs three pounds, white canella two pounds; mix.

POWELL'S DIURETIC DROPS.—Oil of juniper one part, alcohol five parts; mix. Doses; a teaspoonful, in any warm liquid, twice a day. By simply placing these together in a bottle, and shaking them repeatedly during two or three days, the alcohol will retain the oil in solution.

POWELL'S OPIUM.—Opium one part, spirit nine parts. Macerate until the spirit will take up no more, decant and reserve the tincture; then pour six parts of water on the residuum and repeat the process; strain and mix the two solutions, next put them into a retort and distil over, spirit nine parts, and evaporate the remainder to a proper consistence.

PREVENTIVE LOTION (HANNAY'S).—Perlash one part, water six parts; mix and filter. Keep it in close bottles and use it, with or without soap, immediately after connexion.

BRADLEY'S MIXED OILS.—Oil of vitriol a quarter of a pound, oil of turpentine four pounds, oil of linseed four pounds, Barbadoes tar half a pound; mix, and when cold add oil of origanum one ounce.

RUSPINI'S STYPTIC.—Sulphate of iron one part, water fifty parts, alcohol fourteen parts; mix.

RUSPINI'S TINCTURE.—Orris root eight parts, rhatany eight parts, cloves one part, alcohol thirty parts, essence of musk to every pint five drops; mix.

SARSAPARILLA, COMPOUND DECOCTION OF.—Sarsaparilla root (bruised) one pound, boiling water one gallon. Simmer gently for two hours, adding a little water occationally to make up for evaporation, then add sassafras root (sliced) one ounce, guaiacum root (rasped), liquorice root (bruised) one ounce, mezerion root (bruised) one ounce, boil for a quarter of an hour and strain. Doses; two to six ounces, three times a day.

SARSAPARILLA, EXTRACT OF.—Bruised sarsaparilla one part, water 16 parts; boil until reduced to ten parts, then pour off the clear and add to the residue water six parts. Boil down to four parts, pour off the clear, and evaporate in a steam heat.

SILICA, FOR FILLING DECAYED TEETH.—Gypsum one part, levigated porcelain one part, levigated iron filings one part; make into a paste with equal parts of thick quick-drying copal and mastic varnish.

SMELLOMB'S EYE OINTMENT.—Verdigris two drachms, sweet oil two drachms, Basilicon four ounces; mix.

SPANISH FLIES, PLASTER OF.—Simple wax plaster three pounds, suet one pound, cantharides of flies two pounds; mix.

SPERMACETI CERATE—Sweet oil eight ounces, suet four ounces, white wax three ounces, spermaceti one ounce; mix, and while cooling stir in water five ounces.

SPRAINS, EMBROCATION FOR.—Olive oil eight ounces, hartshorn two ounces; agitate until mixed.

SPRUCE WINE.—Honey fifty pounds, sugar fifty pounds, soft water twenty-five gallons, starch (made into jelly) two pounds, essence of spruce half a pound, cream of tartar half a pound; boil, then add essence of lemon a quarter of an ounce, yeast half a pound. Bung close.

STEEL LOZENGES.—Sugar two pounds, starch one pound, carbonate of oxide of iron six ounces, powdered cassia five ounces; mix with mucilage.

SUGAR OF LEAD OINTMENT.—Lard one pound, suet one pound, sugar of lead, two ounces; mix. Cooling desiccation.

SULPHURET OF IRON.—Sulphur five parts, iron filings three parts; melt in a covered crucible. Excellent for taking casts of medals, &c.

SULPHUR, BALSAM OR OIL OF.—Flowers of sulphur one pound, seal oil one gallon; boil until dissolved.

SULPHUR LOZENGES.—Flowers of sulphur one ounce, essence of lemon one drachm, sugar one pound; mix with mucilage.

SULPHUR OINTMENT.—Sulphur one pound, lard four pounds; mix.

SYDENHAM'S LIQUID LAUDANUM.—Opium twelve parts, cinnamon or cassia one part, cloves one part, saffron one part, common white wine one hundred parts; dissolve in a close vessel, with the heat of a water bath.

TAR OINTMENT.—Tar and tallow equal parts; mix. Detergent.

TARTAR, SALT OF.—Argol, any quantity. Calcine it till it becomes white, then dissolve it in water, filter, evaporate, and crystalize.

TARTRATE OF IRON, LOZENGES OF.—Tartrate of iron nine parts, white sugar two hundred and forty parts, esseuce of mint one part; mucilage sufficient quantity to mix Form into fifteen-grain lozenges, each of which will contain about half a grain of the tartrate of iron.

TAR WATER.—Tar three pounds, boiling water one gallon; digest and strain.

TASTELESS PURGING SALT.—Powdered burnt bones, nitric acid to dissolve. Add a solution of sulphate of soda as long as any precipitate is produced; filter, distil off the nitric acid, evaporate and crystalize.

TEARS OF THE WIDOW OF MALABAR.—Water three quarts, proof spirit four quarts, white sugar four pounds, powdered cinnamon half an ounce, powdered cloves three-quarters of a drachm, powdered mace three quarters of a drachm; burnt sugar to tinge. Macerate for ten days in a closely-corked carboy.

TOLU LOZENGES.—Sugar four pounds, starch two pounds, balsam of tolu one ounce; mix with mucilage.

TOOTH POWDER.—Powdered cassia one part, rose pink one part, orris powder three parts, burnt alum two parts, powdered bark two parts, powdered myrrh two parts, chalk twenty parts; mix and sift through lawn.

TOOTH TINCTURE, BARKER'S.—Tincture of pellitory four parts, tincture of red lavender one part, tincture of red sanders wood one part; mix.

TRANSPARENT SOAP.—Good tallow soap (in shavings, and perfectly dry), strong alcohol equal parts; put them together into a copper still, and apply a gentle heat, until the solution is complete; then allow the fluid to settle and pour off the clear into moulds, which must be so arranged that the alcohol can be saved as it evaporates from the hardening mass. This soap may be coloured red, with tincture of archill; and yellow, with tincture of turmeric.

TURNER'S CERATE.—Factitious wax one pound, lard one pound, carbonate of zinc six ounces; mix at a low heat. Healing.

URETHRA, CAUSTIC INJECTION FOR ULCERATION OF THE.—Sulphate of zinc five grains, rosewater one ounce; mix.

UVULA, GARGLE FOR RELAXATION OF.—Tincture of catechu eight parts, laudanum one part, rosewater sixty parts; mix.

ESSENCE OF VANILLA.—Vanilla (cut small) six pounds, cloves four drachms, musk one drachm, spirit of ambrette one gallon, alcohol three-fourths of a gallon. Digest for two months in a heat of 100 deg. to 130 deg. Fahr.

VEGETABLE OIL, TO PURIFY.—Oil fifty gallons, roche alum seven pounds, dissolved in water twenty-five pounds; mix, and rummage well for an hour, then add strong oil of vitriol three-quarter of a gallon, agitate for two hours more, then let it stand and draw off the clear in three or four days, and wash it with hot water. Either of the processes named for rape oil may also be followed.

VEGETABLE ROUGE FOR THE COMPLEXION.—Carmine (finely powdered) one part, French chalk (levigated) four parts, clarified lard four parts; mix on a slab, and perfume with attar of roses or lavender.

VENICE TURPENTINE FACTITIOUS.—Resin, oil of turpentine, equal parts; mix, with heat.

VERATRINE, POMMADE DE.—Veratrine four grains prepared lard one ounce; mix. Used in rheumatism and gout.

VINEGAR OF CANTHARIDES.—Powdered cantharides one ounce, acetic acid eight ounces; macerate for a week, then strain. Used as an extemporaneous blister.

VIOLET POWDER.—Starch or farina one cwt., orris powder seven pounds, essence of bergamotte one ounce, essence of lemon three-quarters of an ounce, oil of rhonium a quarter of an ounce, oil of cloves a quarter of an ounce; mix well, and sift through lawn.

WARD'S PASTE FOR THE PILES.—Powder of elacampane four ounces, black pepper four ounces, fennel seed six ounces, honey eight ounces, sugar eight ounces; mix, and take a spoonful two or three times a day.

WARD'S WHITE DROPS.—Bichloride of mercury ninety grains, hydrochloric acid ten drachms, water twenty-four ounces; dissolve.

WATERPROOF CLOTH, SIEVIER'S.—India rubber, turpentine to dissolve. With a brush apply it to the cloth once or twice, and afterwards apply a similar solution mixed with litharge or sugar of lead, or other drying materials; then sprinkle wool-floss upon the varnish, press, dry, and apply a brush to lay the nap.

WATERPROOF COMPOSITION FOR LEATHER, &c.—Boiled oil sixteen parts, yellow wax two parts, Burgundy pitch one part, turpentine two parts; mix.

DITTO (PATENT).—Boiled oil fifty parts, resin one part, wax three parts, boil with driers four parts, until it begins to feel stringy, when cold add spirits of turpentine 20 parts, or as much as will reduce it to a convenient consistence. Colour to taste, and apply with a sash tool. The best driers for this purpose will be found to be litharge, or red lead, finely powdered, for dark colours, and sugar of lead for light ones.

WATERPROOF VARNISH, FOR BOOTS, SHOES, &c.—Linseed oil eight parts, boiled oil ten parts, suet eight parts, bee's wax eight parts; mix with heat and apply hot.

WATER, TO PURIFY PUTRID.—Water one pound, sulphuric acid eight drops; mix and filter through charcoal.

WATERS, TO REMOVE THE BURNT SMELL FROM DISTILLED.—Expose them to a temperature of lower than 32 Fahr.

WAX, SOFT SEALING.—Yellow resin one part, bee's wax four parts, lard one part, Venice turpentine one part; colour to fancy. Mix with a gentle heat.

WHITE CERATE.—Sweet oil one pound, white wax one pound; melt, then add water one pound, and continue stirring until cold.

WHITE ELDER OINTMENT.—Elder flowers thirty pounds, lard ninety pounds, suet twenty-eight pounds; melt and strain.

WHITE CRYSTAL, OR FACTITIOUS DIAMOND.—Manganese one part, rock crystal 2,800 parts, borax 1,900 parts, white lead 5,700 parts. Mix in fine powder, then fuse in a clean crucible, pour it into water, dry, powder, and repeat the process two or three times.

WHITE FIRE.—Nitre fifty parts, sulphur fourteen parts, sulphate of antimony eight parts; mix. Nitre seventy-five parts, sulphur twenty-four parts, charcoal one part; mix Meal powder eighty parts, fine borings twenty parts; mix well.

WHITEHEAD'S ESSENCE OF MUSTARD.—Oil of turpentine twenty-two parts, flour of mustard five parts, camphor one part; digest for a week.

WHITE PECTORAL LOZENGES.—Sugar two pounds, starch one pound, flowers of benzoin one drachm, balsam of tolu one drachm; mucilage, to mix.

WHITE SPIRIT OF VARNISH.—Alcohol (strongest) 100 parts, sandarach twenty-five parts, mastic (tears) six parts, elemi three parts, Venice turpentine; dissolve in a closely corked vessel.

WHITE WAX, FACTITIOUS.—Hard cake stearine 100 parts, bleached resin ninety parts, fine potato starch twenty-five parts, melt, and well mix, then add mucilage twenty parts, stir well until nearly cold, then form into cakes. If well managed this recipe will form a good article for all the commoner purposes for which white wax is required, especially for making ointments.

WILSON'S LIQUID ASPHALT.—Bruised asphalt two parts, balsam of copaiva four parts, spirits of turpentine three parts; mix. This liquid, thinned with a little spirits of turpentine, forms an indestructible ink, capable of resisting all the usual reagents.

WINDSOR SOAP.—Hard soap seven pounds, water to soften, then add oil of caraway two drachms, finely powdered cassia three ounces; form into cakes.

WOOD, TO POLISH.—A piece of pumice stone, and water, and pass regularly over the work until the rising of the grain is cut down; then take powdered tripoli and boiled linseed oil, and polish the work to a bright surface.

WOOD, STAINS FOR (Red).—Brazil wood eleven parts, alum four parts, water eighty-five parts; boil.

(Blue).—Logwood seven parts, blue vitriol one part, water twenty-two parts; boil.

(Black).—Logwood nine parts, sulphate of iron one part, water twenty-five parts; boil.

(Green).—Verdigris one part, vinegar three parts; dissolve.

(Yellow)—French berries seven parts, water ten parts, alum one part; boil.

(Purple).—Logwood eleven parts, alum three parts, water twenty-nine parts; boil.

WRITING FLUID, BLUE.—Ferrocyanide of Iron (powdered) two parts, strong hydrochloric acid two parts; dissolve, and dilute with soft water.

(Indestructible).—Shell lac four parts, borax two parts, soft water thirty-six parts; boil in a close vessel till dissolved, then filter, and take of gum arabic two parts, soft water four parts. Dissolve, and mix the two solutions together, and boil for five minutes as before, occasionally stirring to promote their union; when cold, add a sufficient quantity of finely powdered indigo and lamp black to colour; lastly, let it stand for two or three hours, until the coarser powder has subsided, and bottle for use. Use this fluid with a clean pen, and keep it in glass or earthen inkstands, as many substances will decompose it while in the liquid state. When dry it will resist the action of water, oil, turpentine, alcohol, diluted sulphuric acid, diluted hydrochloric acid, oxalic acid, chlorine, and the caustic alkalies and alkaline earths. This fluid costs about two shillings a gallon, made in quantity. This fluid is well calculated, from its indestructibility and cheapness, for cancelling the new Post Office stamps.

WRITING, TO GILD OR SILVER.—Let there be a little gum, and lump sugar in the ink you write with; when dry breathe on it and apply the leaf.

WOODWORK, TO PRESERVE.—Boiled oil and finely-powdered charcoal; mix to the consistence of a paint, and give the wood two or three coats with this composition. Well adaped for water-spouts, casks, &c.

ANATOMY.

WEIGHT OF THE HUMAN BODY.

The average weight of an adult man, aged 40, according to M. Quetelet, is 140 lbs 6 oz. The skeleton generally consists of 240 bones, but 248 have been occasionally found, and weighs about 14 lbs. The height of a man when alive being 5 ft. 8 inch., the skeleton will be about 5 ft. 7 inches. The average weight of the brain of a man is 3½ lbs.—that of a woman, 2 lbs. 11 oz.

ENUMERATION OF THE VARIOUS BONES OF THE SKELETON.

BONES OF THE SKELETON.—1. HEAD—1 skull, 1 os frontis, 2 ossa parietalia, 2 ossa temporum, (each having 1 malleus, 1 incus, 1 orbiculare, 1 stapes); 1 os occipitis, 1 os æthmoidcs, 1 os sphenoides. 2. Face—2 ossa nasi, 2 malaria, 2 maxillæ superiores, 2 ossa lachrymalia, 2 ossa palati, 2 ossa spongiosa, 1 os vomer, 1 maxilla superior, and 1 maxilla inferior, containing together 18 dentes incisores, 4 dentes canini, 8 dentes bicuspidati, 12 dentes molares.

2. NECK—Os hyoides and 7 vertebræ cervices.

3. TRUNK—Thorax; 12 vertebræ dorsi, 5 vert. lumborum, 1 sternum. Abdomen and Pelvis; 1 sacrum, 2 ossa innominata, 1 coccyx, 2 ilia, 2 pubes, 2 ischia.

4. EXTREMITIES, UPPER—2 shoulders, each 1 scapula, 1 clavicula; 2 arms, each 1 os humeri; 2 fore arms, each 1 radius and ulna; 2 hands, each 1 carpus, consisting of 1 scaphoides, 1 lunare, 1 cuneiforme, 1 pisiforme, 1 trapezium, I magnum, 1 unciforme, 1 metacarpus of 4 bones, 1 thumb of 3 bones, 4 fingers of 3 bones, named phalanges, to each finger, 4 sesamoid bones, to each thumb 2.

5. EXTREMITIES, LOWER—2 thighs, each 1 os femoris; 2 legs, each 1 tibia, 1 patella, 1 fibula; 2 fect, each 1 tarsus, containing 1 os calcis, 1 os astragalus, 1 os naviculare, 1 os cuboides, 3 ossa cuneiformia, *viz.* interna, media, and externa; 1 metatarsus of 5 bones. The Toes, the great toe having 2 bones, the others 3 bones each, 4 sesamoid bones, 2 to each great toe.

ENUMERATION OF THE VARIOUS MUSCLES OF THE SKELETON.

1. MUSCLES OF THE TRUNK—1. Arising from and inserted into it and the linea alba; obliq. extern. abdom. obliq. intern. abdom., transvers. abdom., rectus abdom., pyramid. abdom.—2. From ribs and vertebræ, and terminating in a central tendon; greater muscle of the diaphragm, lesser muscle of the diaphragm—3. From pelvis and vertebræ, and inserted into the ribs and vertebræ; longissimus dorsi.—4. From pelvis and vertebræ, and insert. into the ribs; sacro lumbalis.—5. From pelvis and vertebræ, and insert. into the vertebræ; multifidus spinæ.—6. From the pelvis, and insert. into the ribs; scalenus antic., scal. med., scal postic., cervicalis descend., serratus sup. postic., serratus inf. postic.—7. From the vertebræ and insert. into them; longus colli, splenius cervicis, obliquus cap. inf., transversalis colli, semi-spinalis colli, spinalis dorsi, semi-spinalis dorsi, interspin. colli, interspin. dorsi et lumborum, intertransversales colli et lumb. intertransversales dorsi.—8. From one rib, and insert. into, another; intercostales ext., intercostales int.—9. M. from the sternum to the ribs; sterno costalis.—10. Arising from vertebræ, and insert. into pelvis; psoas parvus.—11. From one part of the pelvis, and insert. into another; coccygeus, curvator coc:

2. MUSCLES OF THE M. ORGAN OF GENERATION AND ANUS.—1. Arising from obliq. inter. abdom., and insert into testis; cremaster.—2. From tuber isehii, insert. about the penls; erect. penis, transversus perinei, transversus per. alter.—3. From one part of penis, and insert. in another; accelerat. urinæ.—4. From the pubes, and insert. about the prostate gland; compressor prostat.—5. From the penis, and insert. about the anus; levator ani, sphincter ani externus, sphincter ani internus.

3. MUSCLES OF THE F. ORGAN OF GENERATION.—1. M. arising from ischium, and insert into the clitoris; erector clitoridis.—2. From clitoris, and insert. into vagina; sphincter vaginæ.—3. From tuber ischii, and insert. into perineum; transversus perinei.—4. From tuber ischii, and insert. into vagina; transversus perinei alter.—5. From one part of the clitoris, and insert. into another; depressor urethræ muliebris.

4. MUSCLES OF THE HEAD AND FACE.—1. Arising from integuments of breast and shoulder, and inserted into those of the face; platysma myoides.—2. Arising from sternum, ribs or vertebræ, and inserted into the head; sterno-cleido-mastoideus, rectus capitis anticus major, rectus capitis anticus minor, rectus capitis lateralis, splenius capitis, complexus, trachelo-mastoideus, rectus capitis posticus major, obliquus capitis superior, rectus capitis posticus minor.—3. Arising from the skull, and inserted into its integuments; occipitis frontalis and corrugator supercilii.—4. Arising from the cranium, and inserted into the eye-lids; levator palpebræ superioris, orbicularis palpebrarum.—5. Arising from the cranium, and inserted into the eye ball; levator oculi, depressor oculi, adductor oculi, abductor oculi, trochlearis or obliquus superior, obliquus inferior oculi.—6. Arising from the cranium, and inserted into ext. ear; attollens auris, anterior auris, retrahens auris.—7. Arising from one part of the pinna of ext. ear, and inserted into another; helicis major, helicis minor, tragicus, anti-tragicus, transversus auris.—8. Arising from cranium, and inserted into ossicula auditus; laxator tympani major, lax. tympa. minor, tensor tympani, stapedius.—9. Arising from one part of the nasal cartilage, and inserted into another; compressor nares.—10. Arising from the cranium, and inserted into the nose and lips; levator labii sup. alæque nasi, depressor labii sup. alæque nasi.—11. Arising from the nose, and inserted into upper lip; nasalis labii sup.—12. Arising from cranium, and inserted into the lips; depressor labii inferioris, levator labii inferioris, depressor anguli oris, buccinator, zygomaticus major, zyg. minor.—13. Arising from one part of the lips, and inserted into another; orbicularis oris.—14. Arising from one part of the upper jaw, and inserted into another; anomalus maxillæ sup.—15. Arising from cranium, and in-

serted into lower jaw; temporalis, masseter, pterygoideus externus, pterygoideus internus, digastricus.

5. MUSCLES OF THE ORGANS OF VOICE AND DEGLUTITION.—1. Arising from the cranium, and inserted into the larynx; stylo-hyoideus, mylo-hyoid., genio-hyoid.—2. Arising from the trunk, and inserted into the larynx; sterno-hyoideus, sterno-thyroideus.—3. Arising from the shoulder, and inserted into the larynx; omo-hyoideus.—4. Arising from one part of the larynx, and inserted into another; thyreo-hyoideus, musculus glandulæ thyroideæ, crico-thyroideus, crico-arytænoideus posticus, crico-aryt. lateralis, thyreo-aryt. major, thyreo-aryt. minor, arytænoideus obliquus, aryt. transversus.—5. Arising from the cranium, and inserted into the tongue; genio-glossus, stylo-glossus.—6. Arising from the larynx, and inserted into the tongue; hyo-glossus.—7. Arising from the tongue, and inserted into itself; lingualis.—8. Arising from the cranium, and inserted into the palate; circumflexus and levator palati.—9. Arising from larynx, and inserted into epiglottis; thyreo-epiglottideus major, thyreo-epiglottideus minor, arytæno-epiglottideus,—10. Arising from the cranium, and inserted into the uvula; azygos uvulæ.—11. Arising from the tongue, and inserted into the fauces; constrictor isthmi faucium.—12. Arising from the cranium, and inserted into the pharynx; stylo-pharyngeus, constrictor pharyngis superior.—13. Arising from the larynx, and inserted into the pharynx; constrictor pharyngis medius, constrictor pharyngis inferior.—14. Arising from the palate, and inserted into the pharynx; palato-pharyngeus.

6. MUSCLES OF THE UPPER EXTREMITY.—1. Arising from the trunk, and inserted into the shoulder; pectoralis minor, angularis scapulæ, trapezius, rhomboideus, serratus magnus, subclavius.—2. Inserted into the humerus; pectoralis maj. and latissimus dorsi.—3. Arising from the shoulder, and inserted into the humerus; deltoides, coraco-brachialis, supra-spinatus, infra-spinatus, teres minor, teres major, subscapularis.—4. Arising from the shoulder, and inserted into the forearm; biceps cubiti and long head of the triceps.—5. Arising from the humerus, and inserted into the forearm; shorter head of triceps, anconeus, brachialis internus, supinator radii longus, supinator radii brevis, pronator radii teres.—6. Arising from the humerus, and inserted into the hand; flexor carpi ulnaris, palmaris longus, flexor carpi radialis, extensor carpi radialis longior, ex. carpi radialis brevior, ex. carpi ulnaris.—7. Arising from the humerus, and inserted into the fingers; flexor digitorum sublimis perforatus, flexor longus pollicis, extensor digitorum communis.—8. Arising from ulna and interosseous lig. and inserted into the phalanges of the fingers; flex. dig. profund. perforans.—9. From the tendons of the flexor profund. and insert. into the phalanges of the fingers; lumbricales.—10. Arising from forearm, and insert. into fingers; extensor ossis metacarpi pollicis, ex. primi internodii pollicis, ex. secundii internodii pollicis, flexor longus pollicis, indicator.—11. From ulna, and insert. into radius; pronator quadratus.—12. Arising from wrist, and insert. into integuments of the hand; palmaris brevis.—13. Arising from wrist, and insert. into thumb; abductor pollicis, flexor ossis metacarpi pollicis, fl. brevis pollicis.—14. Arising from wrist, and insert. into forefinger; abductor indicis.—15. Arising from wrist, and insert. into little finger; abductor minimi digiti manus, ad. metacarpi minimi digiti, flexor parvus minimi digiti.—16. Arising from metacarpus, and insert. into the thumb; abductor pollicis.—17. Arising from metacarpus, and insert. into the fingers; prior indicis, posterior indicis, prior medii, posterior medii, prior annularis, posterior annularis, interosseus auricularis.—18. Arising from the trunk, and insert. into femur; psoas magnus.—19. Arising from pelvis, and insert. into femur; gluteus max., gl. med., gl. min., pyriformis, obturator inter., gemini, quadratus femoris, iliacus inter., pectinalis, obturator exter., adductor longus femoris, add. brevis, magnus.—20 Arising from pelvis, and insert. into fascia of thigh; tensor vaginæ femoris.—21. Arising from pelvis, and inserted into leg; rectus cruris, sartorius, gracilis, semi-tendinosus semi-membranosus, long head of biceps.—22. Arising from femur, and insert. into leg; cruralis, vastus externus, v. internus, short head of biceps, popliteus.—23. Arising from femur, and insert. into foot; gastrocnemius, plantaris.—24 Arising from leg, and insert. into foot; soleus, tibialis posticus, peroneus longus, p. brevis, tibialis anticus, peroneus tertius.—25. Arising from leg, and insert. into toes; extensor long. digit. pedis, e. proprius pollicis pedis, flexor longus digitorum pedis profundus perforans, f. pollicis pedis.—26. Arising from tarsus and metatarsus, and insert. into toes in general; extensor brevis digit. pedis, flexor pedis, fl. digitorum accessorius.—27. Arising from tendons of flexor longus, and inserted into toes; lumbricales pedis.—28. Arising from tarsus and metatarsus, and inserted into toes; adductor pollicis pedis, flexor brevis pollicis, abductor pollicis pedis, adduct. min. digiti pedis, flexor brevis minimi digiti pedis, abduct. minimi digiti pedis, ad. indicis pedis, ab. indicis pedis, ad, medii, digiti pedis, ab. medii dig. pedis, ad. tertii dig. ped., ab. tertii dig. ped.—29. Arising from one bone of the metatarsus, and inserted into another; transversalis pedis.

ENUMERATION OF THE ARTERIES OF THE HUMAN BODY.

CIRCULATION.—All the blood is brought to the heart by the two venæ cavæ, terminating in the right auricle, whence it proceeds to the right ventricle; thence, through the pulmonary artery, to the lungs; thence to the left auricle; thence to the left ventricle; and, finally, to the aorta.

AORTA, ASCENDING.—1. Coronaries of the heart. Arch, innominata, dividing into right subclavian, right carotid, left carotid, left subclavian. 2. Descending or thoracic.—Intercostal, 10 pairs, bronchial, œsophagæal. 3. Abdominal.—Diaphragmatic, 2 cœliac, 2. mesenteric sup., capsular, renal, spermatic, 2 mesenteric inf., 5 pairs of lumbar; sacro-median. The aorta then bifurcates and forms the common iliacs.

1 carotid, divided into external and internal; 1 external giving off thyroidalis inf., lingualis, facialis, pharyngæ inf., occipitalis, auricularis post, maxillaris int., arteria temporalis. 2. Internal, giving off ophthalmica communicans, cerebralis ant. and media. 2. Carotid, the cœliac gives superior gastric, hepatic, and splenic. 3. Superior mesenteric from convex side, pancreatic, duodenal, branches to jejunum and ilium on concave side, ilio-colica, cœlica dextra, and sinistra. 4. Inferior mesenteric, giving off ramus ascendens, cœlica sinistra, and hæmorrhoidalis interna. The subclavian becomes axillary, humeral, radial, and ulnar. Subclavian gives off mammaria interna, vertebralis, intercostalis sup., thyroidalis inf., cervicalis ant. and post., dorsalis sup., scapulæ. The axillary gives off mammaris ext. inter. scapulæ, dorsalis inf., scapulæ, circumflexa ant. and posterior. The humeral gives off profunda sup., and inf., anastomotica mag., medullaris. The radial gives off recurrens, superficialis volæ, pollicis magna, radialis indices, palmaris profunda. The ulnar gives off recurrens interossea post. and ant., arcus sublimis, and superficialis. Each common iliac gives iliaca exter., femoral, popliteal (pudica ext. and femoris profunda). Epigastrica, circumflexa ilii, iliaca interna.

The popliteal gives off anterior tibialis, giving off recurrens, malleoli int. and ext., tarsea, anastomotica profunda, dorsalis pedis; posterior tibialis gives off fibularis, nutritia tibiæ, plantaris ext. and int. The iliaca interna divides into posterior and anterior branches, the posterior giving off ilio-lumbares, sacræ laterales, gluteæ, the anterior branches giving off obtoratoria, umbilicales, vesicalis interna, uterina hæmorrhoidalis media, pudica communis, and sciatica.

ENUMERATION OF THE NERVES OF THE HUMAN BODY.

Of the nerves, the brain supplies 9 pairs, and the spine 31 pairs.

1st pair of cerebral nerves		Olfactory
2nd	ditto	Optic
3rd	ditto	Motores oculorum
4th	ditto	Pathetici
5th	ditto	Trigemini
	divided into	Ophthalmic
		Superior maxillary
		Inferior ditto
6th	ditto.... Auditory	Abducentes
		Portio mollis
7th	ditto.... Facial	Portio dura
8th	ditto	Glosso-pharyngeal
	or great Sympathetic	Par vagum
		Nervus accessorius
9th	ditto	Hypo-glossales, or Linguales

SPINAL NERVES.

1 pair suboccipital	32 pairs.
8 pairs cervical	
12 „ dorsal	
5 „ lumbar	
6 „ sacral	

They arise by two fasciculi; one from the front and the other from the back of the medulla spinalis; they pass through the dura mater, and perforate the lateral foramina of the vertebral canal; a ganglion is formed on the posterior fasciculus, before the union.

All the nerves of the upper extremities arise from the brachial plexus, situated in the neck, which is chiefly constituted by the union of the five lowermost cervical nerves and a large branch of the first pair of the back. Several small branches are first given off to contiguous parts; and then, 1st. The axillary nerve. 2nd. External cutaneal, 3rd. Internal diito. 4th. Median. 5th. Ulnar. 6th. Radial.

The four first pair of the sacral, with the last lumbar, unite to form a plexus, whence proceeds the Ischiatic, which becomes popliteal and then divides into Perineal and Tibial, Internal and External Plantar.

FACTS IN PHYSIOLOGY.

The circulating blood is 28 lbs.

The brain about ..... 3½ lbs.

Total 45½ lbs., without muscles and intestines.

An embryo is usually about 20 inches in length, and weighs about 7 lbs. The average weight of twins is about 11 lbs.

Dr. Blundell once delivered a woman of a fœtus weighing 11 lbs., and in another instance of one weighing 17 lbs.

An ordinary sized man consumes about 46,000 cubic inches of oxygen = 125 cubic inches of common air, per day. The average number of respirations are 20 per minute, or 2 for every arterial pulsation.—(Dr. Ure.)

The weight of a skeleton of a middle-sized man is from 12 to 14 to 16 lbs.

WEIGHT OF PARTS OF THE HUMAN BODY.

An adult man æt. 40, mean weight 140 lb. 6 oz.—(Quetelet). The skeleton, mean weight 10 lb. 13 oz., ascertained from 4 dried skeletons—3 males, 1 female.—(Quetelet). The skeleton of a girl æt. 15, 6 lb. 10 oz. The brain of a male, mean of 60, 3 lb.; the brain of a female, mean of 60, 2 lb. 11·5 oz.—(Sir W. Hamilton). The brains and crania belonged to Scotchmen; 1 in 7 of the male, and 1 in 100 of the female, brains weighed more than 3 lb. 5 oz. The heart (natural size), mean weight of 14, 0 lb. 9·3 oz.; the heart (atrophied), mean weight of 7, 0 lb. 6·2 oz.; the heart (hypertrophied), mean weight of 11, 0 lb. 16·6 oz,—(Bouillard). The blood was removed from these hearts before they were weighed.

Blood in coagulating separates into serum and crassamentum, the former consisting of the fibrine and red particles, the latter holding in solution the albumen and salts. When the circulation is extremely rapid, coagulation is slow, so that the red particles have time to sink, leaving the fibrine, which forms the upper surface of the clot, colourless; this is called the buffy coat. When the crust contracts strongly, so as to make its surface concave, it is said to be cupped as well.

The forces that circulate the blood are four; contractinn of the left ventricle of the heart, elasticity of the arteries, muscular action propelling the blood in the veins, and expansion of the chest during inspiration.

The chemical constituents of healthy urine are urea; superlithate of ammonia, superphosphate of lime, and phosphates of soda and ammonia; colouring matter, and mucus the average quantity voided daily is from 30 to 40 ounces; the average specific gravity 1 02246.

There are two species of gravel, red and white, the red consisting of crystals of lithic acid, and thrown down when the urine contains free acid; and the white, of phosphates of ammonia, magnesia, and lime.

Calculi may be divided into three groups, lithic, phosphatic, and mulberry.

The lithic is smooth and fawn-coloured, laminated.

Phosphatic, composed of three vars. 1. Phosphate of lime, smooth, pale brown, and laminated. 2. Triple phosphate of ammonia and magnesia, minute, brilliant crystals. 3. Fusible calculus, composed of the two preceding, and very fusible.

Mulberry, composed of oxalate of lime, dark coloured, and tuberculated.

There are three other very rare calculi, cystic oxyde, xanthic oxyde, and fibrinous.

The teeth are 32 in number; 8 incisors, 4 cuspidati, 8 bicuspides, 12 molars. The bicuspides have one, rarely two, roots; the molars of the upper jaw have three; those of the lower, two.

Saliva contains seven parts of solid matter in the 1,000, consisting of chloride and sulpho-cyanuret of potassium, with various salts of potassa, mucus, albumen, and peculiar animal matter.

PERIODS OF GESTATION.

Elephant, 2 years; buffalo, 1 year; camel, 1 year; ass, 11 months; horse, 11 months; cow, 9 months; sheep, 5 months; lion, 5 months; dog, 9 weeks; cat, 8 weeks; swine, 4 weeks; guinea-pig, 3 weeks.

Gen. humanum, 280 days, (39 weeks + 1 day)—(Blundell).

PERIODS OF INCUBATION.

Swan sits 42 days; parrots, 40 days; geese, 30 days; ducks, 30 days; hens, 21 days; (the temperature of hatching is 104 deg. Fah.); pigeons, 10 days; canaries, 14 days

The stomach converts food into a pulp, called chyme, which, passing into the intestines, mingles with the bile, and is converted into chyle, in which state it is taken up by the lacteals, conveyed to the blood near the heart, through which it passes to the lungs, and is changed from venous to arterial blood.

Total abstinence above seven days is fatal to man; but there are instances of surviving after a longer period.

The pulse of children is 120 in a minute; and at puberty, 80; and at 60, only 60.

ELEMENTS OF ORGANISED OR LIVING BODIES.

1. Carbon. 2. Hydrogen. 3. Oxygen. 4. Nitrogen. 5. Phosphorus. 6. Sulphur. 7. Silicon. 8 Chlorine. 9. Iodine. 10. Bromine. 11. Fluorine. 12. Iron. 13, Sodium. 14. Calcium. 15. Magnesium. 16. Iron. 17. Manganese. 18. Aluminum. 19. Copper.

ELEMENTS OF THE FOOD OF MAN.

1. Carbon. 2. Hydrogen. 3. Oxygen. 4. Nitrogen. 5. Phosphorus. 6. Sulphur. 7. Iron. 8. Chlorine. 9. Sodium. 10. Calcium. 11. Potassium. 12. Magnesium. 13. Fluorine.

By the union of two, three, four or more of these elements, there are formed certain substances, which, on account of their use as food, may be denominated alimentary principles.

ALIMENTARY PRINCIPLES.

1. Water. 2. Sugar. 3. Gum. 4. Starch. 5. Pectine. 6. Acetic Acid. 7. Alcohol. 8. Oil or Fat.—Vegetable and Animal. 9. Albumen. 10. Fibrine. 11. Caseino. 12. Gluten. 13. Gelatine. 14. Chloride of Sodium.

These alimentary principles, by their mixture or union, form our ordinary foods, which, by way of distinction, may be denominated compound aliments; thus meat is composed of fibrine, albumen, gelatine, fat, &c.; wheat consists of starch, gluten, sugar, and gum, &c.

NUTRITIOUS FOOD.

The following estimate constitutes the result of a series of experiments instituted to ascertain the proportion of nutriment contained in various articles of food:—

1. Greens and turnips contain 8 lbs. in the 100 lbs. 2. Carrots, 14. 3. Potatoes, 25. 4. Butcher's meat sorted, about 35. 5. Wheaten bread, 80. 6. Broad beans, 89. 7. Peas, 93. 8. Lentiles, or quarter pea, 94. 9. French beans, in grain, from 92 to 94.

The small intestines are four or five times longer than the length of the body containing them.

The facial angle is the horizontal angle formed by a line parallel to the bottom of the nose, with another line from the level of the upper jaw to the ridge of the frontal bone. It is—In Europeans from 75 to 85 deg. American Indians, 73½ deg. Africans, 70. Ourang Outangs, 65. Monkeys, 57. Dogs, 40. Sheep, 30. Horses, 23.

USEFUL TABLES, &c. &c.

APOTHECARIES' WEIGHT.

				Troy.
20 Grains ..	make 1 Scruple ..	=	20 grs.
3 Scruples ..	.. 1 Drachm ..	=	60 „
8 Drachms ..	.. 1 Ounce ..	=	480 „
12 Ounces ..	.. 1 Pound ..	=	5760 „

This weight is only established by custom, and not by any Act of Parliament.

Apothecaries compound their medicines by this weight, but buy and sell their drugs by avoirdupois.

The pound and ounce of the apothecaries' weight are equal to those of Troy weight, only differently divided and subdivided.

APOTHECARIES' FLUID MEASURE.

			Marked
60 Minims ♏ ..	make 1 Fluid Drachm ..		℥
8 Drachms ..	.. 1 Ounce		℥
20 Ounces ..	.. 1 Pint		O
8 Pints ..	.. 1 Gallon		gall.

To Prepare a Storm Glass.—This instrument consists of a glass tube sealed at one end, and furnished with a brass cap at the other end, through which the air is admitted by a very small aperture. The tube is nearly filled with the following solution— Camphor, ʒiiss.
Nitrate of Potash, gr. xxxviij.
Muriate of Ammonia, gr. xxxviij.
Water, ʒix.
Rectified Spirit, ʒxj.
Dissolve with heat. At the ordinary temperature of the atmosphere, plumose crystals are formed. On the approach of stormy weather these crystals are often observed to occupy only the bottom of the tube, where they appear to be compressed into a compact mass, while on the other hand, during fine weather, they assume their plumose character, and extend a considerable way up the glass. These results depend upon the condition of the air, but they are not considered to afford any indications that can be relied upon, of the approaching state of the weather. When exposed to a very low temperature, the Compound Camphor Liniment bottle affords the same appearance and indication as these storm glasses.

On Coca and Matico, by Dr. Martius, of Germany.—Dr. Martius examined a specimen of the noted Coca or Ypada of the Brazils. It is the leaf of the Erythroxylon Coca growing on the other side of the Andes. These leaves are chewed by the native Indians, as we use tobacco, a small pinch is wetted with saliva, and made into a ball with unslaked lime. The Indians who are capable of undergoing great fatigue, will, during the most strenuous exertion, subsist on one or two spoonfuls of maize flour mixed with water, daily, and their coca. The use of this plant has become as much an abuse amongst them, as opium smoking in China. Its effect is to deaden sensation, and produce even madness; it has, morally, a most pernicious influence on those who take it in excess. The Matico, or Matica, so highly esteemed in Peru, Dr. Martius believes to be a species of Phlomis. The tree grows in the interior of Peru, also on the other side of the Andes. Its leaves are said to possess marvellous medicinal properties. The preparation for use amongst the Indians is very simple, the leaf is dried and finely powdered, and the dust, sprinkled on wounds, is said to effect cicatrization very speedily. The Indians use an infusion of the fresh leaves as an aphrodisaic, and attribute to them the power of arresting arterial hæmorrhage, even if a large vessel be wounded.

Poisoning by Solution of Acetate of Lead.—A young girl of good constitution, driven by despair to suicide, took about an ounce of acetate of lead in solution. She was almost immediately seized with collapse and syncope, and afterwards with vomiting and convulsions. Sugared water, sulphate of magnesia, and sulphate of soda were given, but she died in twenty-five hours. She voided a large quantity of urine, which M. Villeneuve sent to M. Orfila. Carbonized, treated by nitric acid, and submitted to the tests of the salts of lead, this urine afforded a sensible quantity of lead.

To prepare Ammonio-Tartrate of Iron.—Take of

Tartaric Acid	100	drachms
Sesqui-carbonate of Ammonia, crystalline	39⅓	"
Sesqui-oxide of Iron	53⅓	"
Hydrochloric Acid	18	"

Solution of Ammonia and water, of each a sufficient quantity.
Dissolve the tartaric acid in a gallon of the water, and add the sesqui-carbonate of ammonia gradually. A considerable quantity of a white crystalline powder subsides, which is bitartrate of ammonia, and with which the supernatant liquor is saturated. Dissolve the sesqui-oxide of iron in the hydrochloric acid, by means of a gentle heat, dilute the solution with six pints of water, and add a sufficient quantity of solution of ammonia to precipitate the oxide. Separate this on a flannel filter, wash it with water, until the washings pass tasteless, and add it to the solution containing the bitartrate of ammonia; then apply a gentle heat, by means of a water-bath, until the whole of the sesqui-oxide of iron is dissolved, and a deep-reddish brown solution results. The solution thus obtained should be evaporated, by means of a water-bath, to dryness: it is of importance to the excellence of the product, that a moderate heat be employed, and that of a water-bath is the best and most easily regulated. It will be observed, that the carbonate of ammonia is directed to be in a crystalline form, because, when it has fallen into powder, or lost its transparency, it has become more or less a *bicarbonate*, which contains much less of the volatile alkali than the sesqui-salt.

To Prepare Oxygen Gas.—If chlorate of potash be mixed with half its weight of peroxide of manganese, oxide of copper, or several other oxides, and the resulting mixture heated, it soon becomes red-hot in some point, and the process of ignition gradually spreads throughout the mass. In this way the chlorate of potash is so speedily converted into chloride of potassium and oxygen, that in the course of a few minutes a gasometer may be filled. The metallic oxides suffer no change, they act merely as substances of contact—a point to be afterwards explained. This is the most convenient method to procure oxygen in quantity; to fill an ordinary-sized gasometer, about three ounces of chlorate of potash are required.

THE SYMPTOMS, TREATMENT, AND TESTS OF THE VARIOUS POISONS, MINERAL, VEGETABLE, AND ANIMAL.

Mineral Poisons.

Arsenic: *Arsenious Acid, or White Arsenic*;—Sulphurets: *Orpiment, or Yellow Arsenic; Realgar, or Red Arsenic*;—King's Yellow: *Scheele's Green, or Arsenite of Copper; Arsenite of Potash contained in Fowler's Solution, and Ague Drops.*—The symptoms are—Little or no taste. Within an hour pain and heat in stomach, followed by vomiting, burning, and dryness of throat; great thirst; ejected matters are green, yellow, bloody; diarrhœa and tenesmus; the pulse small, frequent, irregular; breathing oppressed. Dysuria and bloody urine occur, cramps and slight convulsions often precede death, which sometimes takes place in five or six hours. The treatment is—To excite vomiting by emetics of sulphate of zinc, if not already present; encourage it with large draughts of *new milk*, gruel, or linseed tea; fat, oil, charcoal powder, alkaline sulphurets, and various vegetable decoctions are not to be relied on. Inflammatory symptoms (gastritis) are to be combated by bleeding from the arm, and leeches, fomentations, emollient clysters, and other appropriate remedies. Dysenteric and nervous consequences should be relieved by the usual means. If death does not ensue, the diet should be fluid, farinaceous and demulcent, for a considerable time afterwards. The hydro-oxyd of iron* has lately been recommended to be given in half-ounce doses, to produce an insoluble arseniate. The carbonate may be used if the hydro-oxyd is not at hand—but it is not so efficacious. The tests are—1. If the suspected fluid reddens litmus paper, *neutralise* it with potash; if it is alkaline, *acidulate* it *slightly* with acetic acid: then if it contains arsenic, on passing through it a stream of sulphuretted hydrogen gas a lemon yellow precipitate, or yellow *cloudiness* will be formed, which, after boiling, or exposure to air, will subside—this is sulphuret of arsenic: the presence of animal or vegetable matter may, however, change the colour to a brown tint. 2. The ammoniacal nitrate of silver precipitates arsenic yellow (arsenite of silver), but the presence of ammonia or of muriates renders it fallacious. 3. The ammoniacal sulphate of copper gives a grass green precipitate (arsenite of copper), but acids or ammonia in excess, or vegetable matter may obscure the tint, but it may confirm other tests. 4. If bits of zinc and a little sulphuric acid be put into a vial containing fluid arsenical material, and closed with a cork and tobacco pipe, the nascent hydrogen becomes arseniuretted, and when kindled will deposit the metallic crust on a piece of flask held in the flame. Beware of explosion. 5. The most certain test is the reduction of the metal, by calcining in a small glass tube, with a spirit lamp, the *dried* suspected matter mixed with fresh burnt charcoal, when if arsenic be present (even the hundredth of a grain), it will be sublimated and adhere to the inside of the tube, in the form of a shining metallic crust *externally*, and appear crystalline *internally*, when viewed with a lens:—this crust may be reconverted by exposure to heat, into the white oxyd, consisting of minute octahedrons, with triangular fascettes, easily recognised by a microscope. The doubtful precipitates procured by the fluid reagents, 1, 2, 3, may be dried and exposed to the above test of reduction, which is so decisive as to the detection of minute portions of arsenical poison, that no judicial evidence should be given without the *demonstration* which it affords to the medical jurist.

* Made by heating a pure solution of sub-sulphate of iron with nitric acid, adding an excess of caustic ammonia, and then washing the precipitate obtained, which is hydro-oxyd of iron.

Antimony: *Tartarised Antimony, or Emetic Tartar; Muriate of Antimony, or Butter of Antimony; Vitrified Oxyd, or Glass of Antimony.*—The treatment is—To excite vomiting by tickling the throat with a feather or the finger, and by large draughts of mild fluids; or *allay* it by opium, according to the previous effect of the poison. The best antidotes are, decoctions of astringent vegetables, such as oak, cinchona, or willow bark, gall nuts, or strong tea, which may be given freely, to excite vomiting, and at the same time to decompose the poison. The tests—Tartarised antimony is precipitated from its solution of an orange colour by sulphuretted hydrogen and the hydrosulphurets, the precipitate being reduced to the metallic state by exposure to a stream of hydrogen gas while heated in a glass tube. It is also precipitated white by sulphuric acid, alkalies, lime and barytes waters. Alkaline and earthy *neutral* salts do not affect it, but salts with excess of acid do. The muriate of antimony is a dark heavy fluid, to which, if water be added, a white precipitate is formed. The oxyd is soluble in muriatic acid, forming the muriate. All the preparations of antimony are readily reduced to the metallic state on a large scale, by calcination with charcoal and potash.

Bismuth: *The Nitrate; the Oxyd; the Tartrate, or Pearl White, or Face Powder.*—Milk and mucilaginous fluids, and purgatives. No specific antidote known. Tests—The nitrate boiled with distilled water is decomposed; part being precipitated as *sub*-nitrate, and part remaining dissolved, being a *super*-nitrate; this solution is colourless, reddens litmus paper, and the hydro-sulphurets produce a black insoluble sulphuret of bismuth. The *sub*-nitrate is soluble with a little heat in nitric acid, from which the alkalies precipitate the white oxyd, which is easily redueed by calcination. Chromate of potash precipitates it yellow.

Copper: *Sulphate of (Blue Vitriol); Acetate of Verdigris,*—Give large draughts of milk and water to encourage vomiting; the white of eggs stirred up with water; iron filings mixed with water or very strong coffee, which instantly decomposes the salts of copper.

Silver: *Nitrate, or Lunar Caustic.*—The treatment—A table-spoonful of common salt dissolved in a pint of water, of which give a wine-glassful every two or three minutes; after which, mucilaginous drinks, or purgatives. The tests—Nitrate of silver is precipitated white by muriate of soda; yellow, by phosphate and chromate of soda; if placed on burning coals it enlivens them, leaving a coating of silver; calcined with charcoal and potash the silver is reduced to its metallic state.

Lead: *Acetate, or Sugar of Lead; Red Oxyd, or Red Lead; Carbonate, or White Lead; Wine sweetened by Lead.*—The symptoms, if quantity taken, are—A sugary astringent metallic taste; constriction of throat, pain in stomach, obstinate, often bloody vomitings, hiccup, convulsions, death. *Vide Alkaline Earths.* In addition, bleeding must be used if symptoms require it. Castor oil, either with or without opium, to clear the bowels, assisted by frequent emollient clysters. The warm bath. Carbonates should not be given, as they increase the activity of the *acetate*. All the preparations of lead are easily reduced to the metallic state by calcination with charcoal.

Mercury: *Oxy-muriate, or Sublimate; Calomel; Nitric Oxyd, or Red Precipitate; Bi-sulphuret, or Vermilion.*—The symptoms are—Acrid metallic taste, immediate constriction and burning in throat; anxiety; tearing pains in the stomach and bowels; nausea and vomiting of various-coloured fluids, sometimes bloody; profuse diarrhœa and sometimes dysuria. Pulse quick, small, hard, &c. Death in 24 or 36 hours. Treatment—*Whites of eggs*, mixed with water, given every two or three minutes to procure vomiting, and decompose poison. Milk in large quantities, gum water, or linseed tea, sugar and water, or water itself at about 80°. Gluten, as it exists in wheat flour, decomposes sublimate, and should be given mixed with water. Tests—Mercurial preparations heated to redness in a glass tube with potash, are decomposed, the quicksilver being volatilised. The oxy-muriate is precipitated white by ammonia, yellow by potash, and of an orange colour by lime water; by nitrate of tin a copious dark brown precipitate is formed, and by *albumen* mixed with cold water, a white floceulent one. A few drops of solution of sublimate placed on a bit of gold forms a silvery amal am on it if touched with an iron pin, owing to a galvanic nergy being excited at the point of contact. The hydriodate of potash and protochloride of tin are very delicate tests of sublimate.

Tin: *Muriate of, Chloride of (Dyer's Spirits of Tin); Tin, Oxyde of (Putty Powders).*—Milk to be drunk copiously, which decomposes this poison. Excite vomiting by copious draughts of warm water, or by irritating the fauces.

Zinc: *Sulphate, or White Vitriol; Oxyd.*—The Symptoms are—Acerb taste, sensation of choking, nausea, vomiting, pain in stomach, frequent stools, difficult breathing, quickened pulse, paleness of face, coldness of the extremities;

but seldom death, owing to the emetic quality of the poison. The TREATMENT—Vomiting must be rendered easy by draughts of warm water, and particular symptoms met by appropriate remedies. Milk and albumen may be given. The TESTS—The *pure sulphate* is precipitated white by caustic potash and ammonia; yellowish white by the alkaline hydro-sulphurets, and of an orange colour by the chromate of lead. The oxyd is readily reduced by calcination with charcoal and nitre, and, when heated nearly to redness, it becomes yellow, and on cooling becomes white again.

ACIDS: *Sulphuric, or Oil of Vitriol; Nitric, or Aqua Fortis; Hydrochloric, or Spirit of Salt; Oxalic, or Acid of Sugar; Phosphoric; Fluoric; Tartaric; Prussic or Hydrocyanic.*—The SYMPTOMS are—Acid burning taste, acute pain in parts, frequent vomiting of bloody fluid, which effervesces with chalk or alkaline carbonates, and reddens litmus paper; mouth or lips excoriated, shrivelled, white or yellow; hiccup, copious stools, more or less bloody; tenderness of the abdomen; difficult breathing, irregular pulse, excessive thirst, drink increasing the pain, and seldom staying down; frequent but vain efforts at micturition; cold sweats, altered countenance, convulsions, and death. If prussic acid be taken largely, death immediate; in smaller quantities, stupor, nausea, vertigo, with loss of sight, and sometimes salivation, difficult breathing, dilated pupils, and syncope, which, if not soon relieved, terminates in death; when applied to sores or the surface of the body incautiously, the same effects are produced. All the salts formed with this acid are more or less poisonous. The essential oil of bitter almonds is nearly as destructive. The TREATMENT—Mix ounce of *calcined* magnesia with quart of water; give glassful every two minutes. Soap, or chalk and water, to be used till magnesia can be procured. *Carbonated* alkalies cause great extrication of gas in stomach, the salts formed with them are too irritating. Vomiting should be excited. Diluents may be taken after the poison is got rid of, and the return to solid food must be very gradual. If *vitriolic acid*, water alone should not be given, nor should calcined magnesia with water be given, but the common carbonate of magnesia mixed with water. There is too much heat generated in the stomach if the above cautions be not attended to. Chalk and water is preferable to magnesia if *oxalic acid* has been taken. Give lime in all its forms, but not alkalies or their carbonates. If *prussic acid* has been taken, use emetics or the stomach pump; try the cold affusion, and let the patient inhale the vapour of ammonia or chlorine freely: get ammonia or other stimulants into the stomach, and rouse the system in every possible way. TESTS—*Sulphuric acid* is known by its great weight, evolving heat when mixed with water; by emitting no fumes. If barytes be added to it, a sulphate is formed, which is insoluble in water or nitric acid. *Nitric acid* emits orange-coloured fumes upon adding copper to it, and is changed blue by it; if potash be added, a nitrate is formed, which deflagrates when thrown on burning coals. It tinges the skin yellow. *Hydrochloric acid* emits pungent fumes; if nitrate of silver be added to it, a very white precipitate is formed of hydrochlorate of silver, soluble in ammonia, but not in nitric acid. *Oxalic acid* precipitates lime and all its salts from water, the precipitate being soluble in nitric, but not in excess of oxalic acid. Exposed to heat it volatilizes, leaving but little residue; it is decomposed by sulphuric acid, becoming brown; it is dissolved by heat and nitric acid, and rendered yellow; muriatic acid dissolves it with heat, and decomposes it. *Phosphoric acid* precipitates barytes and lime waters, the precipitate being soluble in nitric acid; it is decomposed by charcoal at a high temperature, evolving carbonic acid, and phosphorus being sublimed. *Fluoric acid* exhales white vapours, not unlike those of muriatic acid; heat is evolved with a hissing noise when water is added to it; it dissolves glass. *Tartaric acid* produces a precipitate from lime water, soluble in an excess of acid, and in nitric also; with potash it forms a *neutral* and a *super*-salt; it does not precipitate solution of silver; but its salts do. *Prussic acid* smells like bitter-almonds or peach leaves, it precipitates nitrate of silver white, which is insoluble in *cold* nitric acid, and when dried and heated gives out cyanogen gas, which burns with a fine rose-coloured flame.

ALKALIES: *Caustic or Carbonated; Potash; Soda; Ammonia.*—The SYMPTOMS are—Taste acrid, urinous, and caustic; great heat in throat; nausea and vomiting of bloody matter, which changes syrup of violets to green, and effervesces with acids if the carbonated form of the alkali has been taken; copious stools, acute pain of the stomach, colic, convulsions, derangement, and death. The TREATMENT—Vinegar and other vegetable acids to neutralize the poison; then dilute freely with demulcents. Almond or olive oil might be given largely, either of which would render vomiting easy, and would convert the alkali into soap.

ALKALINE EARTHS: *Lime;*—BARYTA: *Pure Baryta; Carbonate; Muriate.*—The SYMPTOMS—Violent vomitings, convulsions, palsy of the limbs, distressing pains in the abdomen, hiccup, alteration of the countenance, and very early death, when baryta or any of its combinations, which are very energetic poisons, have been taken. The TREATMENT for—lime, vinegar, and other vegetable acids, with demulcents. For baryta, in any of its forms, a weak solution of Epsom or Glauber's salt should be drank plentifully, to produce vomiting, and decompose the poison, which it renders inert by forming an insoluble sulphate. Large draughts of well water alone, or made sour by sulphuric acid, may be drank freely, if above not procurable.

NITRE, OR SALTPETRE, OR SAL PRUNELLA.—The SYMPTOMS are—Cardialgia, nausea, painful vomiting, purging, convulsions, syncope, pulse feeble, extremities cold, with tearing pains of the stomach and bowels, difficult respiration, a kind of intoxication, and death. TREATMENT—See Arsenic.

MURIATE OF AMMONIA, or SAL AMMONIAC.—SYMPTOMS—Excessive vomitings, with convulsions and general stiffness of the muscles, great pain in the bowels, early alteration of features, and death. The TREATMENT—Vomiting to be rendered easy by large draughts of warm sugared water, and if not occasioned by the poison, should be excited by the finger. The consequent nervous symptoms to be calmed by anodynes and antispasmodics, and inflammatory ones counteracted by the usual means. The TESTS—Muriate of ammonia is soon volatilized if placed on hot coals; if rubbed with quick lime, it gives out the odour of hartshorn. A solution of it in water is precipitated white upon the addition of nitrate of silver.

IODINE: *Hydriodate of Potash and Soda.* The SYMPTOMS—Strong burning sensation, with constriction in throat, nausea, and bilious vomiting, heartburn, and slight salivation, pain in the eyeballs, and obscure vision, palpitation, tremor, and occasionally paralysis. The TREATMENT—Mucilaginous drinks, and large emollient clysters. Administer cold mucilage of starch to combat iodine; add a little weak solution of chlorine if the *salts* of iodine have been taken in excess.—The TESTS—Iodine exists in scales of a greyish black colour, and becomes a violet-coloured gas at about 120°: it is sparingly dissolved by water, which tinges raw starch of a purple hue: it stains the skin brown, which soon vanishes: it destroys vegetable colours like dilute chlorine, and has nearly the same odour. Hydriodate of potash precipitates oxy-muriate of mercury of a carmine red colour, and acetate of lead of a fine yellow tint.

VEGETABLE POISONS.

These consist firstly of *Irritating Poisons*, viz; Monk's hood, Pasque Flower, Wake robin, Bryony, Ipecacuanha, Celandine, Virgin's Bower, Meadow Saffron, Scammony, Bitter Apple, Laburnum (seeds), Mezereon, Spurge Laurel, Stavesacre, Euphorbium, Crown Imperial, Hedge Hyssop, Marsh Pennywort, Black Hellebore, Bear's Foot, Savine, Cardinal Flower, Eleterium, Daffodil, Hemlock Dropwort, Water Hemlock, Louse Wort, Butter Cups, Water Crowfoot, Lesser Spear Wort, Yellow Rhododendron, Poison Oak, Purging Nut, Spurred Rye, Wall Pepper, House Leek, Squill, Gamboge, White Hellebore, Heart's Ease.—The TREATMENT—If vomiting had been occasioned by the poison, and the efforts are still continued, they may be rendered easier by large draughts of warm water, or thin gruel; but if symptoms of insensibility have come on without vomiting, it ought to be immediately excited by the sulphate of zinc, or some other active emetic substance, and after its operation a sharp purgative should be given. After as much as possible of the poison is got rid of, a very strong infusion of coffee, or vinegar diluted with water, may be given with advantage. Camphor mixed with æther, may be taken frequently, and if insensibility be considerable, warmth, frictions, and blisters, may be employed.

Secondly of *Narcotic Poisons:* Mountain Tobacco, Bane Berries, Fool's Parsley, Birth Wort, Deadly Night Shade, Water Hemlock, Common Hemlock, Thorn Apple, Fox Glove, Lentil, Henbane, Strong Scented Lettuce, Camphor, Common Laurel, Darnel, Coculus Indicus, Tobacco, Opium, Herb Paris, Woody Night Shade, Crow Fig. The TREATMENT—The stomach to be effectually evacuated, by giving four or five grains of tartar emetic, or from ten to twenty of the sulphate of zinc, and repeating it every quarter of an hour, till the full effect is produced. These means may be assisted by tickling the throat with a feather, or the finger. Large and strong clysters of soap dissolved in water, or of salt and gruel should be speedily administered, to clear the bowels and assist in getting rid of the poison, and active purgatives may be given after the vomiting has ceased. When as much as possible of the poison has been expelled, the patient may drink, alternately, a tea-cupful of strong hot infusion of coffee, and vinegar diluted with water. If the drowsiness, which is sometimes extreme, and the insensibility, bordering on apoplexy, be not remedied by these means and by the tepid bath, blood may be taken from the jugular vein, blisters may be applied to the neck and legs, *and the attention roused by every means possible.* If the heat declines, warmth and friction must be perseveringly used. Vegetable acids are on no account to be given *before* the poison is expelled, and it is desirable that but little fluid of any kind should be given, as it promotes the diffusion and absorption of the poison.

General Observations.—The principal object in the treatment of persons under the influence of *narcotic* poison is, to rouse the sensibility so as to render the stomach alive to the irritation of emetics, and the action of other stimulants. Late experience has proved that this is best effected by repeatedly dashing cold water over the head and neck, whilst the rest of the body is kept dry and warm. Applying the liquor ammoniæ to the nostrils by means of a feather, sprinkling the pubes dolichi prurientis over the neck, breast, and hands, and the application of a mustard plaster over the stomach, have been attended with good effects. When opium has been taken, it is of great consequence to keep the patient moving about while the somnolency lasts, and where it is so great as to impede respiration very much, artificial inflation may be attempted. The *cautious* injection of one grain of tartar emetic into the veins, might, in an extreme case, produce vomiting when other means failed. Orfila found that a decoction of galls precipitated the active principles of opium from its infusion, so that it might be useful as an antidote. In all cases of severe poisoning where vomiting has not come on, or is not easily produced, recourse should be had to the stomach pump, taking care not to use too forcible suction. A very simple and efficacious substitute for this instrument has been recommended by Mr. Bryce of Edinburgh. To the Œsophagus tube he attaches a long tin tube, having a bladder filled with warm water at the other end.—By raising the bladder above the patient's head, the fluid passes into the stomach; and by depressing it below the stomach it acts as a syphon, and abstracts the contents of it. In passing the tube down, let it be kept in contact with the back part of the œsophagus, and bent as much as possible to avoid irritating the larynx. *Vide Edinburgh Medical and Surgical Journal, Vol. xxiii.* 416.

POISONOUS MUSHROOMS.—These are: agaricus muscarius, fly agaric; agaricus piperatus, pepper agaric; agaricus necator, deadly agaric; agaricus bulbosus, bulbous agaric; agaricus chantarellus, champignon; agaricus semiglobatus, glutinous agaric.—*Observations:* Poisonous mushrooms may be distinguished from the edible ones by their botanical characters, and by the following criteria:—The former grow in wet shady places, have a nauseous odour, are softer, more open and porous; having a dirty-looking surface, sometimes a gaudy colour, or many very distinct hues, particularly if they have been covered with an envelope; they have soft bulbous stalks, grow rapidly, and corrupt very quickly. THE TREATMENT.—The stomach and bowels to be first cleared by an emetic of tartarized antimony, followed by frequent doses of Glauber's or Epsom salt, and large stimulating clysters. After the poison is evacuated, æther may be administered with small quantities of brandy and water, but if inflammatory symptoms manifest themselves, such stimuli should be omitted, and other appropriate means had recourse to.

ANIMAL POISONS.

POISONOUS FISH.—These are: Old Wife, Sea Lobster, Land Crab, Yellow-billed Sprat, Gray Snapper, Hyne, Dolphin, Blue Parrot Fish, Conger Eel, Mussel, Bottle Fish, Barracuda, Grooper, Rock Fish, King Fish, Bonetta, Porgee, Tunny, Blower. The TREATMENT—An emetic to be speedily administered, or in the absence of it, vomiting, excited by tickling the throat with the finger, and taking large draughts of warm water. After full vomiting, an active purgative should be given to remove any of the noxious matter that may have found its way into the intestines. Vinegar and water may be drank after the above remedies have operated, and the body may be sponged with the same. Water made very sweet with sugar, to which æther may be added, may be drank freely as a corrective, and a very weak solution of alkali has been recommended to obviate the effects of the poison. If spasms ensue, after evacuations, laudanum, in considerable doses, is necessary. If inflammation should occur, the means for removing it must be employed.

POISONOUS SERPENTS.—These are: The Viper, Black Viper, Rattlesnake, Indian Serpents. The TREATMENT—A moderately tight ligature is to be applied above the bite; next let the bitten part be removed with the knife, and the wound left to bleed after being well washed with warm water; the actual cautery, lunar caustic, or butter of antimony, may be then applied freely to it, and afterwards covered with lint, dipped in equal parts of olive oil and spirits of hartshorn. The ligature to be removed if the inflammation be considerable. Warm diluting drinks, and small doses of ammonia or hartshorn, to cause perspiration; the patient to be well covered in bed, and a little warm wine given occasionally. If gangrene be threatened, wine may be given more freely, and the bark should be had recourse to. Arsenic, the principal ingredient in the Tanjore Pill, has been strongly recommended. Excision is seldom necessary for the bite of the viper in this country. The application of a cupping glass immediately after the bite, or sucking the wound, might be serviceable.

VENOMOUS INSECTS.—Scorpion, Hornet, Wasp, Bee, Gnat, Gad Fly.—In general the sting of these insects causes only a slight degree of swelling; but occasionally the symptoms are more violent, and sickness and fever are produced by the intensity of the pain.—Hartshorn and oil may be rubbed on the affected part, and a piece of rag moistened

in the same, or in salt and water, may be kept upon it till the pain is removed. A few drops of hartshorn may be given frequently in a little water, and a glass or two of wine may be taken. The sting may, in general, be removed by making strong pressure over it with the barrel of a small watch key.

SALIVA OF MAD DOG.—Hydrophobia is more easily prevented than cured; indeed it is doubtful if ever it has been cured. Mercury, arsenic, opium, musk, camphor, acids, wine, vegetable and mineral alkali, oil, various herbs, and many other remedies, whose effects are quite opposite, have been employed, but none can be relied on. Large bloodlettings, the warm and cold bath, and almost all other remedial agents have been tried without success. The bitten part should be completely cut out, even after it has healed, if the symptoms have not yet come on; the part should then be immersed in warm water, or washed with it as long as it will bleed, and after the most persevering ablution, caustic should be applied to every part of the surface, and then the wound covered with a poultice, and suffered to heal by granulations.

PHOSPHORUS.—THE TREATMENT: Vomiting should be excited by large draughts of water mixed with magnesia, and oil or fatty substances should be avoided.

ALCOHOL.—THE TREATMENT:—A powerful emetic of white vitriol, or tartar emetic should be got into the stomach as soon as possible, and if the person has lost the power of swallowing, a flexible catheter or tube should be the means of conveying it there. The vomiting should be encouraged as much as possible with warm water, and large active clysters of salt and water should be thrown up. The patient should be placed erect, and if the countenance and other appearances are not improved after these means have been used, the jugular vein may be opened, and cold wet cloths applied to the head, particularly if the body is hotter than natural. If the extremities become cold warmth and friction should be perseveringly used.

CANTHARIDES.—The symptoms are: Nauseous odour of the breath, acrid taste, burning heat in the throat, stomach and belly, frequent vomitings, often bloody, with copious bloody stools; excruciating pain in the stomach; painful and obstinate priapism, with heat in the bladder, and strangury or retention of urine; frightful convulsions, delirium, and death. The TREATMENT:—Vomiting to be excited by drinking sweet oil, sugar and water, milk, or linseed tea very freely. Emollient clysters should be administered; and if symptoms of inflammation of the stomach, kidney, or bladder, supervene, they must be subdued by appropriate treatment. Camphor dissolved in oil may be rubbed over the abdomen and on the thighs, and the warm bath should be had recourse to.

AN ABSTRACT OF THE PHARMACOPŒIA.

Abietis resina: rubefacient: used externally in the form of plasters.

Abrotani folia: tonic, anthelmintic. ℈j. to ʒiss.

[*Inf. abrotani.* Abrotani fol. ʒvj. aquæ fervent. ʒx.; dose, ʒj. to ʒij. bis terve die; used in the form of enema, as an anthelmintic. Incompatibles: sulphate of iron, acetate of lead.]

Absinthii fol. et summ: bitter, antispasmodic, tonic, anthelmintic: gr.x. to ℈ij.

[*Infus. absinth.* Absinth. fol. et summ: ʒj. aquæ fervent. 0j.; dose ʒss. to ʒiss. ter. die. Incomp.: sulphates of iron and zinc, acetate of lead, nitrate of silver.]

Acaciæ gummi: demulcent: ad libitum.

[*Mist. acaciæ.* ℞ pulv. gummi acaciæ ʒx. aquæ fervent. ʒxx. ad libitum. Incomp.: Liq. plumbi diacetatis, alcohol, æther, tinctura ferri sesquichloridi.]

Acetosa, Acetosella: refrigerant, diuretic, antiseptic: ad libitum.—[Used in infusion, decoction, or whey.]

Acetum: refrigerant, diaphoretic, antiseptic; externally stimulant and discutient.—[Used in drink, so as to give a pleasant acid taste, and also in the preparation of cold lotions. Its vapours may be inhaled with advantage in putrid sore throats.]

Acidum Aceticum: } stimulant, rubefacient:
Acidum Aceticum Aromat. } used externally
Acidum Aceticum Camphorat. } only.

Acidum Benzoicum: stimulant, expectorant? gr. v. to ʒss.

[*Tinct. Benzoes C.*; stimulant, expectorant, antispasmodic. Dose ʒss. to ʒiv. Used externally to languid ulcers, as a stimulant.—Incomp.: alcalies and their carbonates, metallic oxides.]

Acidum Arsenicum: tonic, febrifuge, escharotic: gr.1-16th. to gr. 1-6th.—[Seldom used, except in solution. *Liq. Arsenitis Potassæ.* ℞. Acidi Arsenici, Potassæ carbon. aa. gr. 80. Tinct. Lavend. Comp. ʒv. Aquæ destillatæ. ʒxx. Solve—dose ♏iv. to ♏x. It is apt to accumulate in the system: its effects therefore require to be carefully watched. Its external use, either in the form of ointment or lotion, is highly dangerous, especially if applied to an open sore.]

Acidum Citric.: refrigerant, antiseptic: used to supply the place of lemon-juice, and in the preparation of effervescing draughts; gr. x. to ʒj.—[Incomp.: sulphuric and nitric acids, acetate of lead, nitrate and acetate of mercury, alcalies, alcaline sulphurets.]

Acidum Hydrochlor.: tonic, antiseptic, diuretic: ♏v. to ♏x.; also employed as an useful adjunct to gargles.—dose ʒss. to ʒj. diluted with ʒvj of fluid.

[*Acid. Hydrochlor. dil.* ℞. Acid. Hydrochl. f.ʒiv. Aquæ destill. f.ʒxij.; dose ♏xx to ♏lx.—Incomp.: alcalies, earths, and carbonates, metallic oxides, sulphuret of potassium, tartrate of potass, tartarised antimony, and most metallic salts.]

Acidum Hydrocyan. dil.: antispasmodic, sedative; ♏j. to ♏v.—[Incomp.: metallic oxides, chlorine.]

Acidum Nitric.: escharotic—used externally, is also an adjunct to gargles.

[*Acid. Nitric. dil.* ℞. Acid. Nitric. ʒj. Aquæ destill. ʒix. M. Is used as a tonic, antiseptic, and escharotic; and is also recommended in the treatment of syphilis. Dose ♏v. to ♏xx.—Incomp.: Tinct. Lavend. C., the essential oils, metallic oxides.]

Acidum Phosphor. dil.: tonic, antilithic. ♏v. to ♏xx.

Acidum Sulph.: escharotic: externally, also as an adjunct to gargles.

[*Acid. Sulph. dil.*: ℞. Acid. Sulph. ʒiss. aquæ destill. ʒxivss. Mix the acid with the water gradually: tonic, refrigerant, and astringent. ♏v. to ♏xx. *Acid. Sulph. Arom.* stimulant, tonic. ♏x. to ♏xxx. bis terve die.]

Acidum Tartaric.: refrigerant, antiseptic: gr.v. to gr.xx.: seldom used, except in preparing effervescing draughts.

Aconiti Folia: narcotic, sudorific, deobstruent: gr.j. to gr.iv.

[*Ex. Aconiti.* gr.j. to gr. v.]

Aconitina: narcotic, sudorific: used externally only, in the form of an ointment; gr.viij. to Adeps ʒj.

Ærugo Prep.: tonic, emetic, escharotic; gr.⅛ to gr.¼. as emetic, gr j. to gr. ij.: seldom used.

Æther Sulph. } diffusible stimulant, sedative, antispas-
Æther Rectif. } modic: externally refrigerant: ♏xv. to ʒj.

[*Sp. Æth. Sulph. C.* ♏xv. to ʒiss.]

Alcohol: diffusible stimulant, sedative: used much diluted, and also externally in lotions.

Allii Radix: stimulant, expectorant, diuretic: externally rubefacient. Of the juice, ʒss. to ʒij. with sugar.

Aloes Spicatæ Extr.: warm cathartic, emmenagogue, anthelmintic. gr.ij. to gr.xij.

[*Dec. Aloes C.* Dose ʒss. to ʒij. *Extr. Aloes*, gr.v. to gr.x. *Pil. Aloes C., Pil. Aloes C. Myrrha*, gr.v. to ℈j. *Pulv. Aloes C.* gr.x. to ℈j. *Tinct. Aloes*, ʒj. to ʒvj. *Tinct. Aloes C.* ʒss. to ʒiij. *Vin. Aloes*, as cathartic, ʒj, as stomachic, ʒss. to ʒij.]

Althææ folia et radix: emollient, demulcent.

[*Decoct. Althææ*, ad libitum. *Syr. Althææ*, ad libitum, diluted with water.]

Alumen: astringent, tonic: gr.iij. to gr.x.—[Incomp.: potassa, potassæ bicarb., sodæ sesquicarb., ammonia, calx, magnesia, acet. plumbi, infus. gallarum.—*Liq. Alumin. C.* ℞. Alumin. zinci sulph. aa. ʒj. aquæ fervent. 0iij. solve et cola. As an astringent lotion and injection.]

Alumen exsicc.: escharotic: the powder sprinkled on fungous ulcers.

Ammoniacum: expectorant, deobstruent: gr. iij. to gr. x.

[*Mist. Ammon.* dose ʒss. to ʒj. *Emp. Ammon. Emp. Ammon C. Hydrarg.* external stimulants, and discutients.]

Ammoniæ hydrochloras: diuretic, stimulant: seldom used internally, but employed in preparing cold and discutient lotions.—[Incomp.: Acid. sulph., acid. nitric.; acet. plumbi, potassa, sodæ sesquicarb., potassæ bicarb. calx.]

Ammoniæ sesquicarbonas: diffusible stimulant, antispasmodic, antacid.; gr.v. to gr.x.—[Incomp.: potassa fusa, liquor potassæ, magnesia. *Liq. ammoniæ acet.* distilled vinegar saturated with ammonia: used as a saline and sudorific: dose, ʒj. to ʒiv.; also in preparing discutient lotions. Incomp. acids, potassa fusa, liq. potassæ, magnesia, nitras argenti. *Liq. ammoniæ, Liq. ammoniæ sesquicarb.*: stimulant, antacid; dose, ♏v. to ʒss., externally rubefacient. *Linim. ammon. Linim. ammon. sesquicarb.*; external stimulants. *Sp. ammon. arom.; Sp. ammon fœtid.; Tinct. ammon. comp.*: diffusiblo stimuli, antispasmodics: dose, ♏xx. to ʒj.—Incomp.: the metallic salts, acids, alumen.]

Amygdalæ amaræ: sedative.

Amygdalæ dulces: demulcent.

[*Ol. amygdal.*: dose, ʒiij. to ʒj.: chiefly used in emulsion with liq. potassæ. *Mist. amygdal.*; dose, ʒj. vel ad libitum.]

Amylum: demulcent.

[*Decoct amyli.* used only in enemata.]

Anethi sem. } carminative. gr.v. to ʒss.
Anisi sem. }

[Of the essential oils, dose, ♏ij. to ♏vj.: of the distilled waters, dose, ʒj. to ʒiv.; of the spirits, dose ʒss. to ʒiv.]

Anthem. flores: tonic, stomachic; warm infus. emetic: as stomachic, of cold infus. dose, ʒss. to ʒiss.: as emetic, warm infus. ad libitum.

[*Ol. anthem.* stimulant, antispasmodic: dose, ♏v. to ♏x.]

Antim. oxysulph.: emetic, diaphoretic, alterative: gr.j. to gr.v.

Antim. potassio. tart.: emetic, diaphoretic, expectorant; externally counter-irritant in ointment or liniment; gr.j. to gr.iij., as emetic, gr.1-6th to gr.½ diaphoretic.

[*Vin. antim. potassio tart.* as emetic, dose, ʒss. to ʒj.: as diaphoretic, dose ♏x. to ♏xxx.—Incomp.: alcalies, earths, and their carbonates; the mineral acids, hydrosulphurets, bitter and astringent decoctions, salts of lead, chloride of calcium, liquor calcis. *Ung. antim. potassio tart.* ℞. antim. potassio tart. ʒj. Axungiæ ʒiv. m. fl. Ung. rubefacient, counter-irritant, pustulant.]

Aqua destillata: must be used in pharmaceutic preparations, when any of the following are ordered: acid. citric., antim. potassio tart., ferri potassio tart., argenti nitras, cupri ammon., hydrarg. binoxid. et bichlor., liquores ammon., potassæ, arsen. potass. et plumbi acet., plumbi diacet., hydrochlor. barytæ, vinum ferri, zinci sulphas, ferri sulphas, liquor calcis, acidi nitric., hydrochlor., hydrocyan. et arsen.

Argenti nitras: tonic, antispasmodic, escharotic: gr.⅛ to gr.½

[Caution must be had in prescribing it, as from its long use, the skins of some individuals, particularly those of a fair complexion, are liable to be discoloured, by the deposition of the oxide of silver in a minute state of disintegration in the cuticular tissues. It is usually administered, made into pills with crumb of bread. *Liq. argenti nitratis.* ℞ argenti nitratis ʒj. aquæ destillatæ ʒj. solve—used much diluted, as a stimulant injection in fistulous sores.—Incomp.: sulphuric, hydrochloric, and arsenious acids, and their salts; alcalies, except ammonia, lime, astringent vegetable solutions, aqueous solutions of salts of mercury or copper.]

Armoraciæ radix: stimulant, diuretic; ʒss. to ʒiss. of infusion.—[*Sp. armoraciæ comp.* dose, ʒj. to ʒiij.]

Asari folia: errhine, gr.ij. to gr.v.

Assafœtida G. R., antispasmodic, expectorant, emmenagogue; gr. v. to ℈j.

[*Mist. assaf.*, dose, ʒss. to to ʒj., *tinct. assaf.*, dose, ♏xv. to ʒj. *Sp. Ammon. Fœt.* dose ♏xx to ʒj. As an enema, ʒij. of assafœtida, dissolved in half a pint of liquid, is used as an anthelmintic.]

Aurantii. Limon. succus: refrigerant: ad libitum.

Aurantii. Limon. cortex: bitter, tonic: ʒss. to ʒij. of the infusion.—[*Tinct. aurant.* dose ʒj. to ʒiij. *Inf. aurant C.* dose ʒj. to ʒij.—Incomp.; ferri sulphas, acetas plumbi, liquor calcis, infusum cinchonæ cordifoliæ.]

Bals. Peruv.: stimulant, expectorant: rarely used internally, chiefly as a dressing to languid, indolent ulcers.

Bals. Tolut.: expectorant, stimulant: used only in the form of tincture, dose ♏x. to ♏xl., or of syrup. dose ʒj. to ʒiv.—[Incomp.: acids, alkalies.]

Barii chloridum.—[*Liq. barii chloridi*: ℞. Barii chloridi ʒij. aquæ destillatæ ʒj: stimulant, antistrumous: dose, gtt.ij. to gtt.x.]

Belladonnæ folia: powerfully narcotic, anodyne: gr.¼ to gr.j.—[*Extr. belladonnæ*, dose, gr.1-6th to gr.j.; *Emp. belladonnæ*, external anodyne.]

Benzoinum: stimulant, expectorant; gr.x. to ʒss.

[*Tinct. benzoin., c.* stimulant, expectorant: dose ʒss. to ʒiv. *Acid. benzoic.*, dose gr.v. to gr. xx.—Incomp. alcalies, acids, metallic oxides.]

Bismuthi trisnitras: tonic, antispasmodic: gr.iv. to gr.x.

Borax: sodæ biboras: detergent.

[*Mel boracis*: applied to aphthous sores.]

Brominium: escharotic.

Cajeputi oleum: stimulant, antispasmodic, diaphoretic. ♏ij. to ♏viij.

Calami rhizoma: stomachic, carminative: ℈j. to ʒj.

Calcii chlorid.: tonic, deobstruent.

[*Liq. calcii chlorid.* ℞. Calcii chloridi ʒiv. aquæ destillatæ, ʒxij. solve: dose, ʒj. to ʒij. much diluted.]

Calx, caustic.—[*Liq. calcis*, antacid, astringent, lithontriptic, anthelmintic: dose ʒss. to ʒiv.—Incomp.: acids, alcaline carbonates, barytes, antim. potassio tart., tartrates and citrates, infusi aurant. c. calumbæ, cinchonæ, rhei et sennæ.]

Calx chlorinata; disinfectant.—[℞. Calcis chlorin. p.j. aquæ p.xv. solve—a stimulant lotion or gargle.]

Calumbæ radix: tonic, bitter; gr.x. to ʒss.

[*Inf. calumbæ*, dose ʒss to ʒij.; *tinct. calumb.* ʒss. to ʒij. Incomp.: acetas plumbi, infus. gallarum, antim. potassio tart., nitras argenti, bichlor. hydrargyri.]

Cambogia: drastic cathartic, hydragogue, anthelmintic; gr.ij. to gr.iv.: seldom used.

[*Pil. camb. c.* dose, gr.v. to gr.x.]

Camphora: narcotic, anodyne, diaphoretic; gr.j. to gr.viij.

[*Mist. camph.* dose, ʒss. to ʒiij., *tinct. camph. c.* dose, ♏xv. to ʒj.; 1 & 4-5ths gr. opium are contained in ʒj.—*Linim. camph., linim. camph. c., tinct. camph.*, external stimulants.]

Canellæ cortex: carminative; gr.v. to ℈j.

Cantharis: stimulant, vesicant; gr.¼ to gr.⅛

[*Tinct. canth.*, diuretic, stimulant: dose, ♏v. to ʒj.; *Acet. canth.* ℞. canth. pulv. ʒij., acidi acet. 0j., vesicant: it is 8 times as strong as the tincture. *Emp. canth.*, vesicant; *cerat. canth., ung. canth.*, stimulant, epispastic.]

Capsici baccæ: stimulant, rubefacient: gr.v. to gr.x.

[*Tinct. capsici*, dose ♏x. to ʒj.—Incomp.: nitras argenti, bichlor. hydrarg., acetas plumbi, sulphates ferri, zinci, et cupri, bicarb. potassæ, sesquicarb. sodæ.]

Carbo ligni: antiseptic; as a poultice, with linseed meal..
Cardamomi semina: carminative, stomachic; gr.v. to gr.xx.
[*Tinct. cardam., tinct. cardam. c.*, dose ʒss. to ʒij.]
Caricæ fructus: demulcent.
Carui semina: carminative; gr.v. to ʒss.
[*Aqua carui*, dose ʒj. to ʒiv.; *ol. ess. carui*, dose ♏j. to ♏vj.; *sp. carui*, dose ʒss. to ʒij.]
Caryophilli: stimulant, aromatic: gr.v. to gr.xx.
[*Ol. ess. caryoph.*, dose ♏j. to ♏vj.; *inf. caryoph.*, dose ʒss. to ʒij.]
Cascarillæ cortex: tonic, febrifuge: gr.x. to ϑij.
[*Inf. cascar.* dose ʒss. to ʒiss.; *mist. cascar. c.* dose, ʒss. to ʒi.; *tinct. cascar.* dose ʒss. to ʒiij.—Incomp.: infusi gallar., et cinch. cord., argenti nitras, plumbi acetas, antim. potassio tart., liquor calcis.]
Cassia pulpæ: aperient; ʒij. to ʒvj.
Castoreum: antispasmodic; gr.v. to ϑj
[*Tinct. castor.* dose, ♏xx. to ʒij.]
Cataplasma fermenti: antiseptic.
[℞. Farinæ lb.j. cerevisiæ fermenti. ʒss. M. expose to a gentle heat until it begins to swell.]
Cataplasma sinapeos: stimulant, rubefacient.
[Pulv. sinap., pulv. s. lini p. æ.; aceti ferventis q. s. ut fiat cataplasma.]
Catechu extr.: astringent: gr.v. to gr. xv.
[*Inf. catechu c.* dose, ʒss. to ʒiss.; *tinct. catechu*, dose, ʒss. to ʒij.—Incomp.; antim. potassio tart.; sulphates ferri et zinci, solutio ichthyocollæ, infus. cinch. acidi sulph., nitric., et hydrochlor., hydrargyri bichlorid.]
Centaurium: in cold inf.: tonic, stomachic, strong decoction, emetic.
[*Centaur.* ʒvj. aquæ frigidæ ℥j. fiat inf.; dose ʒj. to ʒij.]
Cetaceum: demulcent, emollient; gr.x. to ʒj.
Cherattæ herbæ: bitter, alterative, tonic: ϑj. to ʒj.
[*Inf. cherattæ.* ℞. cherattæ ʒj. aquæ fervent., ℥j.; dose, ʒss. to ʒij.]
Cetraria: demulcent, nutritive.
[*Decoct. cetrariæ*, dose ʒj. to ʒiv.]
Chimaphila: diuretic, tonic, astringent.
[*Decoct. chimaphilæ*, dose ʒj. to ʒlj.]
Cinchonæ cortex: febrituge, tonic; gr.x. to ʒij.
[*Decoct. cinch.* dose ʒj to ʒiij.; cold infus. dose ʒj. to ʒiij.; *tinct. cinch., tinct. cinch. c.*, dose ʒj, to ʒiij.; *extr. cinch. cord.* dose gr.v. to ϑj.—Incomp.: antim. potass. tart.; infus. gallarum.]
Cinchonia: tonic, febrifuge; gr.ij. to gr.vj.
[Incomp.: tannin.]
Cinnam. cortex: aromatic, carminative; gr.v. to ʒss.
[*Ol. cinnam., ol. cassiæ*, dose ♏ss. to ♏iij., *sp. cinn., tinct. cinnam, tinct. cinnam. c.*, dose ʒss. to ʒiij.; *aq. cinnam.*, dose ʒss. to ʒiv., *pulv. cinnam. c.* vel *pulv. aromat.* dose gr.iij. to gr.xv.]
Colchici cormus et sem.: diuretic, purgative, narcotic; gr.v. to gr.xv.
[*Vin. corm. colch.*, dose ♏xv. to ʒj.; *tinct. sem. colch., tinct. colch. c.* dose ♏xv. to ʒiss.; *acet. colch.* dose ♏xx. to ♏xl.; *extr. acet. colch.*, dose gr.1-6th to gr.j.; *extr. colch.* gr.¼ to gr. ij.]
Colocynth: pulpa; purgative.
[*Extr. colo. comp.* dose gr.v. to ϑj.]
Conf. aromat.: cordial, astringent; gr. x. to ʒss.
[Incomp.: acids.]
Conii folia et sem.: narcotic, resolvent, anodyne; gr.ij. to gr. vj.—[*Extr. conii*, dose gr.iij. to gr.x.; *calapl. conii*, ℞. Extr. conii, ʒij. aquæ ℥j.; pulv. lini. q.s. ut fiat catapl. *Pil. conii c.*, dose gr.iij. to gr.x.; *tinct. conii*, dose ʒss. to ʒiij.]
Contrayervæ radix: tonic, diaphoretic; gr.x. to ϑj.
Copaiba: stimulant, diuretic, purgative: ♏x. to ʒiij.
[*Extr. copaibæ*, dose gr.x. to gr.xxx.—Incomp.: acid. sulph., acid. nitric.]
Coriandri semina: carminative, ϑj. to ʒj.
Cornua cervi: nutritive.
Cornu ustum: absorbent: gr.x. to ʒss.
Creosoton: powerfully stimulant; gtt.j. to gtt.x.
[*Ung. creosoti*, used in ringworm.]
Creta pp.: absorbent, antacid; gr.v. to ϑij.
[*Mist. cretæ*, dose ʒj. to ʒij.: *pulv. cret. c.*, dose gr.v. to ʒss.; *pulv. cret. comp. c. opio*, dose gr.x. to ʒss.—ϑij. contain gr.j. of opium.]
Crotoni tiglii oleum: drastic purgative: gtt j. to gtt.iij. in pills or alcoholic solution.
Cubeba: stimulant. purgative; ϑj. to ʒij,
[*Tinct. cubebæ*, dose ʒj. to ʒiv., *ol. ess. cubeb.*, dose, ♏iij. to ♏xv.; *extr. sp. cubeb.*, dose, gr.v. to ϑj.]
Cupri ammonio sulphas: tonic, antispasmodic; gr.¼ to gr.iij.
[*Liq. cupri ammon. sulph.* used as a stimulant lotion.]
Cupri sulphas: tonic, emetic, astringent: externally escharotic, gr. 1-6th to gr.ij. in pills: as emetic, gr.ij. to gr.vj.—[Incomp.: alcalies, earths, and their carbonates; sodæ biboras, salts of lead, acetate of iron, astringent vegetable infusions, and tinctures.]
Cusparіæ cortex: tonic, febrifuge, astringent; gr.v. to ϑj.
[*Infus. cuspar.* dose ʒss. to ʒij.: *tinct. cuspar.* dose ʒj. to ʒiij.—Incomp.: sulphates ferri et cupri, nitras argenti, antim. potassio tart., acetas plumbi, bichlor. hydrargyri, potassa, infusi gallarum. et cinch. cordif.]
Cydoniæ sem.: demulcent: in decoct. ad libitum.
Dauci radix: antiseptic; used as poultice.
Dauci sem.: stomachic, carminative. ϑj. to ʒj.
Decoct. Hordei } demulcent, ad libitum.
Decoct. Hordei Comp. }
Digitalis fol. et sem.: diuretic, sedative: gr.1-6th to gr.ij.
[*Inf. Digitalis*; ℞. Digit. fol. sic. ʒj. Sp. Cinnam. ʒj. Aquæ destill: ferv. ʒxx. fiat infus. dose, ʒj. to ʒiss. *Incomp.* sulphas ferri, acetas plumbi, infus. et decoct. cinch. cord. *Tinct. digitalis*, dose ♏x. to ♏xxx. *Extr. digitalis*, dose gr.ss. to gr.j. It is apt to accumulate in the system.]
Diosmæ crenatæ fol.: diuretic: gr.v. to ϑij.
[*Inf. diosmæ*, dose ʒj. to ʒiij.; *tinct. diosmæ*, dose ♏x to ʒj.]
Dulcam. caules: sudorific, diuretic: gr.xv. to ϑij.
[*Decoct. dulcam.*, dose ʒiv. to ʒviij.]
Elaterii pepones: hydragogue cathartic: gr.ss. to gr.j.
[*Extr. elaterii*, dose gr.1-8th to gr.j.]
Elemi: stimulant.
[*Ung. Elemi*, a stimulant dressing.]
Ergota: anti-hæmorrhagic, emmenagogue: gr.v. to gr.x.
[*Decoct. Ergotæ*, ℞ Ergotæ ʒss. vel ʒj. aq. destillatæ ʒviij. ft. decoct.: coque per minutas x.: capt ʒij. pro dosi. *Tinct. Ergotæ* ʒij. to ʒvj. The ergot or secale cornutum exerts a peculiar action on the uterus during parturition, exciting and sustaining its expulsive action. It has also been recommended by M. Payen, of Aix, as a valuable agent in the treatment of spinal paralysis. He believes it to possess the power of stimulating the nerves of the spine.]
Euphorb.: G. R. errhine, rubefacient: seldom used.
Ferri acetas: tonic, emmenagogue: ♏x. to ♏xxx.
Ferri ammonio-chlorid.: tonic, emmenagogue: gr.iij. to gr.x.
[*Tinct. Ferri ammon. chlor.*:—dose ʒss. to ʒij.: Incomp.: alcalies and their carbonates, liquor calcis, astringent vegetable infusions.]
Ferri iodidum: tonic, emmenagogue, deobstruent; gr.ij, to gr. viij.
[Incomp.: chlorine, mineral acids, arsenious acid, alcalies and their carbonates, liquor calcis, tannin, nitrates of mercury, lead, and silver, quina, cinchonla, inf. digitalis, hyoscyamus, belladonna, tobacco, and all vegetable infusions containing starch.]
Ferri potassio-tartras: tonic, deobstruent: gr.vi to ʒss.
[Incomp.: potassii sulphuret; inf. quercus, inf. gallarum, &c.]
Ferri prussias: tonic: gr.iij. to gr.viij.
Ferri sesqui-oxid: tonic, emmenagogue: gr.x. to ʒij.
Ferri sesquichlor.: tinct., tonic, antispasmodic, astrlngent: ♏x. to ♏xl. [Used in dysuria.]
Ferri sulphas: tonic, emmenagogue, anthelmintic: gr.j to gr.v.
[*Mist. Ferri c.*, dose ʒss. to ʒiss: *Pil. Ferri c.*, dose gr.iij. to gr.x.—Incomp.: earths, barii chloridum, calcii chloridum. alcalies and their carbonates, sodæ biboras, nitras argenti, acetas plumbi. soaps, tannin.]
Fœniculi semina: carminative, diuretic: ϑj. to ʒj.
[*Aqua fœniculi*, dose ʒj. to ʒiij.]
Galbani G. R.: antispasmodic, expectorant, discutient: gr.v. to ϑj.
[*Pil. Galb. c.*, dose gr.v. to ʒss. *Emp. Galbani*, externally stimulant, discutient.]
Gallæ; astringent, tonic: gr.v. to gr.x.
[*Tinct. Gallæ*, dose ʒj. to ʒiij: *ung. Gallæ c.*, astringent; used in hæmorrhoids.—Incomp.: liquor calcis, potass carb., plumbi acetas, cupri sulphas, argenti nitras, ferri sulphas, ferri iodidum, autlm. potassio tartras, hydrargyri nitras, hydrargyri bichloridum, infusum cinchonæ, solutio ichthyocollæ.]
Gentianæ radix: tonic, stomachic; gr.v. to ϑj.
[*Inf. Gent. c.*, dose ʒss to ʒij; *mist. Gent. c.*: tonic and aperient: dose ʒj. to ʒiij,; *extr. Gentianæ*, dose gr.v. to ϑj.; *tinct. Gent. c.*, dose ʒj. to ʒij.]
Granati cortex: astringent: ϑj. to ϑij.
[*Decoct. granati*: dose ʒss. to ʒij.—Incomp.: sulphas ferri, ferri iodidum, argenti nitras, plumbi acetas.]
Guaiaci res. et lign.: stimulant, diaphoretic: gr.v. to ϑj.
[Incomp.: the mineral acids.]
Hæmatoxyli lignum: astringent: used in decoction, ʒss. to ʒij.
[*Extr. Hæmatoxyli*, dose gr.v. to ϑij.—Incomp.: the mineral acids, acetic acid, solution of alum, sulphates of iron and copper, acetate of lead, potassio tartrate of antimony.]
Helleb. officin. radix: drastic cathartic, emmenagogue: gr.iij. to gr.x. Seldom used.
[*Tinct. Helleb.* dose ʒss. to ʒj.]
Hydrargyrum.
[*Pil. Hydrarg.*: alterative, antisyphilitic: dose gr.v. to ϑj.; *ung. hydrargyri*, antisyphilitic, discutient, ʒss. rubbed in night and morning; *cerat, hydrarg. c., linim. hydrarg. c.*, alterative, discutient; *emp. hydrargyri*, stimulant, discutient.]
Hydrarg. ammonio. chlorid: detergent: used only in ointment.
Hydrarg. bichloridum: antisyphilitic, escharotic: gr.¼ to gr.j.
[*Liq. hydrargyri bichloridi*, dose ʒj. to ʒiv:—ʒj. contains half a grain. Incomp.: alcalies and their carbonates, volatile oils, potassio-tartrate of antimony, acetate of lead, nitrate of silver, astringent infusions and decoctions, white of egg, almond mixture.]
Hydrarg. bycyanidum: alterative.
Hydrarg. biniodidum: antisyphilitic: gr.ss. to gr.j.
[*Ung. hydrarg. biniodidi*, stimulant, discutient.]
Hydrarg. binoxydum: escharotic.
Hydrarg. bisulphuretum: antisyphilitic: used in fumigation.
Hydrarg. chloridum: antisyphilitic, purgative, alterative: gr.j., ij., vel iij., night and morning, or more frequently to induce ptyalism; gr.iij. to gr.x. as purgative.
[*Pil. hyd. chlor. c.*: alterative: dose gr.v. to ϑj.—Incomp.: nitric acid, hydrochloric acid, chlorine, alcalies and their carbonates, liquor calcis, soaps, sulphurets of alcalies, iron, lead, copper.]
Hydrarg. iodidum: antisyphilitic: gr.j. to gr.iij.
[*Pil. hydrarg. iodidi*, dose gr.v. to gr.x.; *ung. hydrargyri iodidi*, stimulant, discutient.]
Hydrarg. nitrico oxydum: escharotic.
[*Ung. hydrargyri nitric. oxydi*; *ung. hydrargyri nitratis*, stimulant.]
Hydrarg. oxydum; antisyphilitic: gr.j. to gr.v.
[It is not apt to disorder the stomach and bowels.]
Hydrargyri sulphuret. cum sulphure: alterative: gr.v. to ϑj.
Hydrargyrum cum creta: alterative: gr.v. to ϑj.
[Incomp.: acids.]
Hyoscyami fol. et sem.: narcotic, anodyne, antispasmodic: gr.iij. to gr.viij.
[*Tinct. hyoscyami*, dose ♏xx. to ʒij.; *extr. hyoscyami*, gr.v. to ϑj.]
Inulæ helenii radix: stimulant, expectorant: ϑj, to ʒj.
Iodinium: stimulant, deobstruent: gr.¼ to gr.iv.
[*Tincl. iodin. c.*, dose ♏v. to ♏xx.; *ung. iodinii c.*, stimulant, deobstruent.]
Ipecacuanæ radix: emetic, sudorific, expectorant: as emetic, ʒss. to ϑij.; as sudorific, or expectorant, gr.¼ to gr.ij.
[*Vin. ipecac.*: dose, as emetic, ʒss. to ʒj.; sudorific, or expectorant, ♏x. to ♏xxx.; *pulv. ipecac. c.*, dose gr v. to gr.xx.—gr.x. contains gr.j. of opium; *pil. ipecac. c.*: expectorant: dose gr.v. to gr.x.—Incomp.: vegetablo acids.]
Jalapæ radix: hydragogue cathartic; gr.x to ϑj.
[*Pulv. jalap. c.*, dose ϑj. to ʒiss.; *tinct. jalapæ*, dose ʒss. to ʒij.; *extr. jalapæ*, dose gr.v. to ϑj.]
Juniperi fructus et cacum: diuretic, carminative.
[*Ol. juniperi*, dose ♏j. to ♏v.; *sp. juniperi c.*, dose ʒss. to ʒiij.]
Kino. G. R.: astringent: gr.v. to gr.xv.
[*Pulv. kino c.*, dose gr.v. to ϑj.; *tinct. kino*, dose ʒss. to ʒij.—Incomp.: mineral acids, alcalies and their carbonates, ichthyocolla, acetate of lead, nitrate of silver, potassio-tartrate of antimony, sulphate of iron.]
Krameriæ radix: astringent: ϑj. to ʒj.
[*Inf. Krameriæ*, dose ʒss to ʒij.]
Lactucarium: narcotic, diaphoretic: gr.j. to gr.ij.
[*Extr. lactucæ*, dose gr.iij. to gr.x.]
Lavend. flores: stimulant, errhine.
[*Tinct. lavend. c.*, dose ʒss. to ʒiss.; *ol. lavend*, dose ♏j. to ♏vj. *sp. lavend.*, dose ʒss. to ʒij.]
Lauri baccæ et fol.: stimulant, carminative: gr.x. to ʒss.
Lini sem.: demulcent: inf. or decoct., ad libitum.
Lobelia inflata: antispasmodic, expectorant, narcotic.
[*Tinct. æth. lobeliæ inflatæ.*, dose ʒss. to ʒiss.]
Lupuli strobuli: anodyne, diuretic: gr.iij. to gr.xv.
[*Inf. lupuli*, dose ʒss. to ʒiss.; *tinct. lupuli*, dose ʒss. to ʒiij.; *extr. lupuli*, dose gr.v. to ʒss.]
Magnesia: } antacid, absorbent:
Magnes. carbonas: } gr.x. to ϑij.
Magnes. sulphas: aperient, diuretic: ʒss. to ʒiss.
[When given in enema, ʒiss. to ʒiij.—Incomp.: fixed alcalies and their carbonates, liquor calcis, barii chloridum, nitras argenti, acetas plumbi.]
Malva: demulcent: decoction ad libitum.
[Incomp.: salts of lead.]
Manna: laxative: ʒij. to ʒj.
[A purgative for children: it is apt to gripe; is most generally combined with other purgatives.]
Maranta: demulcent, nutritive.
Marrubium: tonic, diuretic: ʒss. to ʒj.
[*Infus. marrubii.* ℞. Marrubii fol. ʒss., aquæ ferventis ℥j.; dose ʒij. bis terve die.]
Mastiche: stimulant, sialogogue: gr.x. to ʒss.
Mel.: aperient.
[*Oxymel*: demulcent, pectoral: dose ʒiij. to ʒj.]
Mentha Piperita
Mentha Pulegium } carminative: gr.x. to ʒj.
Mentha Viridis
[*Aq. m. pip., m. puleg., m. vir., vel infus. earundem*, dose ʒss. to ʒij.; *ol. ess. mentharum*, dose ♏j. to ♏vj.; *sp. mentharum*, dose ʒj. to ʒiij.]
Menyanthes trifol: tonic, diuretic: ϑj. to ʒj.
[*Infus. menyanth.* ℞. Menyanth. fol. sicc. ʒss., aquæ ferv. ʒviij.; dose ʒss. to ʒiss.]
Mezerei cortex: stimulant, diaphoretic: gr.j. to gr.x.

Mist. sp. vini Gall.; stimulant: ℥ss. to ℥iss.

Morphia, Morphiæ acetas, Morphiæ hydrochloras } anodyne: gr.1-6th to gr.ij. [Incomp.: tannin.]

Moschus: stimulant, antispasmodic, diaphoretic: gr.ij. to ℈j.

[*Mist. moschi*, dose ℥ss. to ℥ij.—Incomp.: bichloridum hydrargyri, sulphas ferri, infusum cinchonæ cordifoliæ, acidi sulphuricus, nitricus, et hydrochloricus.]

Mucuna pruriens: mechanical anthelmintic; gr.v. to gr.x.

Myristici nuclei; stimulant, carminative; in large doses narcotic; gr.v. to ℈j.

[*Sp. myristici*, dose ℥ss. to ℥ij.; *ol. ess. myristici*, dose ♏ij. to ♏vj.]

Myrrha: tonic, expectorant, emmenagogue: gr.v. to ℥ss.

[*Tinct. myrrhæ*, dose ♏x. to ♏xl.]

Nux vomica; tonic, stimulant; gr.j. to gr.vj.

Oleum olivæ; demulcent: ℥ss. to ℥ij.

Oleum Ricini: aperient: ℥ss. to ℥iss.

Oleum Succini: stimulant, antispasmodic: ♏iij. to ♏x.

Oleum Terebinthinæ: stimulant, diuretic, ♏x. to ℈j. anthelmintic, ℥j. to ℥ij: externally rubefacient.

[*Linim. terebinthinæ*: stimulant.]

Olibanum G. R.: stimulant: gr.x. to ℥ss.

Opium: stimulant, narcotic, anodyne: gr.¼ to gr.iij.

[*Conf. opii*, dose gr.v. to ℥ss.; gr.xxxvj. contain gr.j. of opium: *extr. opii*, dose gr.j. to gr.v., (it produces less subsequent derangement of the nervous system than crude opium): *pil. saponis cum opio*, dose gr.v. to gr.x.; gr.v. contain gr.j. of opium: *pil. styracis comp.*, dose gr.iij. to gr.viij.; gr.v. contain gr.j. of opium, (ordered in prescriptions when opium is needed and its use is objected to): *pulvis cretæ comp. cum opio*, anodyne, absorbent, dose gr.x. to ℥ss.; ℈ij. contain gr.j. of opium: *pulvis ipecacuanæ comp.*, diaphoretic, dose gr.v. to ℈j.: gr.x. contain gr.j. of opium: *pulvis kino comp.*, astringent, dose gr.v. to ℈j.; ℈j. contains gr.j. of opium: *tinct. opii*, dose ♏x. to ℥j.; ♏xix. contain gr.1½ of opium: *tinct. camph. comp.*, dose ♏xx. to ℥iss.; ℥j. contains nearly gr.ij. of opium: *vinum opii*, dose ♏x. to ℥j.; ♏xviij. contain gr.j of opium, (it occasions less cerebral or nervous disturbance than the tincture does:) *enema opii*, anodyne: *linim. opii*, *emp. opii*, external anodynes.—Incomp.: alcaline carbonates, liquor calcis, nitras argenti, bichlor. hydrargyri, sulphates zinci, cupri, et ferri, acetas plumbi, astringent vegetable solutions.]

Opopanax. G. R., antispasmodic, emmenagogue: gr.v. to ℥ss.

Origanum: carminative: gr.v. to ℈j.

[*Oleum origani*, dose ♏j. to ♏iij.]

Papav. caps: anodyne: used for fomentations in decoction

[*Syr. papav.*, dose ℥ss. to ℥iv.: *extr. papav.*, dose gr.v. to gr.xv.]

Pareiræ radix; demulcent, diuretic.

[*Inf. pareiræ*, dose ℥ss. to ℥iss.; *extr. pareiræ*, dose gr.v. to ℈j.]

Petroleum; sudorific, stimulant, antispasmodic; ♏x. to ℥ss,

Phosphorus; highly stimulant; gr.1-20th to gr.1-8th.

Pimentæ baccæ; stimulant, carminative; gr.v. to ℥ss.

[*Ol. pimentæ*, dose ♏ij. to ♏vi.; *aq. pimentæ*, dose ℥j to ℥iv.; *sp. pimentæ*, dose ℥j. to ℥iv.]

Piper longum, Piper nigrum } carminative, stimulant; gr.v. to ℈j.

[*Conf. pip. nigr.*, dose gr.x. to ℥j.]

Pix abietina; rubefacient.

Pix liquida; stimulant, diuretic, detergent.

[*Ung. picis liquid*: stimulant, detergent.]

Pix nigra; stimulant and detergent.

[*Ung. picis nigr.*, stimulant and detergent.]

Plumbi acetas; astringent; gr.¼ to gr.ij.

[It is generally prescribed combined with opium: *liq. plumbi diacetatis*; astringent; much diluted forms lotions and collyria.—Incomp.: mucilaginous solutions or decoctions, common water, alcalies, earths, acids, alum, borax, the potassio-tartrates of iron and antimony, lime water, sulphuretted hydrogen. *Ceratum plumbi acetatis*, *cerat. plumbi comp.*, cooling and astringent.]

Plumbi iodidum; stimulant, deobstruent.

[*Ung. plumbi iodidi*, stimulant, resolvent.]

Plumbi oxydum.

[*Emp. plumbi*: discutient: *ung. plumbi comp.*; discutient, stimulant.]

Polygoni radix; astringent, tonic; gr.xv. to ℥j.

Porrum; expectorant, diuretic; ℥j. to ℥ss. of the juice.

Potassa; escharotic.

Potassæ acetas; diuretic, aperient; ℈j. to ℥iij.

[Incomp.: mineral acids, decoction of tamarinds, bichloride of mercury, nitrate of silver, tartrate of potash, the sulphates of soda and magnesia, the hydrochlorate of ammonia.]

Potassæ bitartras; purgative, diuretic; ℥ij. to ℥j.

[Incomp.: alcalies, alcaline earths, mineral acids.]

Potassæ bicarb. & carb.; antacid, diuretic, deobstruent; gr.x. to ℥ss.

[Incomp.: acids, borax, hydrochlorate and acetate of ammonia, alumen, sulphate of magnesia, lime, lime water, the metallic salts: *liq. potassæ carbonatis*, dose ♏x. to ℥ss.: *liq. potassæ effervescens*, antacid, saline.]

Potassæ bisulphas et sulphas; purgative; ℥j. to ℥vj.

[Incomp.: nitric and hydrochloric acids, hydrochlorate of lime, salts of mercury, nitrate of silver.]

Potassæ chloras; stimulant, tonic; gr.v. to ℈j.

Potassa cum calce; caustic.

Potassæ hydras; caustic.

[*Liq. potassæ*; antacid; dose ♏x. to ♏xl.—Incomp.: acids, metallic salts.]

Potassæ nitras; refrigerant, diuretic; gr.v. to ℈j.

[Incomp.: sulphuric acid, and the sulphates.]

Potassæ tartras; purgative, saline; ℥ij. to ℥vj..

[Incomp.: acids, lime, magnesia, the sulphates and nitrates, acetate of lead, and hydrochlorate of ammonia.]

Potassii bromidum; stimulant, deobstruent; gr.iij. to gr.x.

Potassii iodidum; stimulant, deobstruent; gr.iij. to gr.viij.

[*Liq. potassii iodidi comp.*, dose ♏v. to ♏x.]

Potassii sulphuretum; expectorant, diaphoretic; gr.v. to gr.xv.

[Incomp.; acids, acidulous salts, metallic and earthy salts.]

Pulvis antim. comp.; alterative, diaphoretic, febrifuge; gr.ij. to gr.x.

Pyrethri radix; stimulant, sialogogue.

Quassiæ excels. lign.; bitter, tonic, stomachic; gr.x. to ℥ss.

[*Inf. quassiæ*, dose ℥j. to ℥ij.—Incomp.: nitras argenti, acetas plumbi.]

Quercus cortex; astringent, tonic; gr.v. to ℥ss.

[*Decoct. quercus*, dose ℥ss. to ℥ij. used as an injection in leucorrhea.]

Quinæ disulphas; tonic, febrifuge; gr.j. to gr.iv.

[Incomp.: alcalies, alcaline earths, tannin.]

Resina; stimulant.

[*Ceratum resinæ*; stimulant: *emp. resinæ*; defensive, adhesive.]

Rhamni baccæ; drastic purgative.

[*Syr. rhamni*, dose ℥iij. to ℥j.: it causes much griping.]

Rhei radix; purgative, stomachic; gr.x. to ℥ss.

[*Tinct. rhei comp.*, dose ℥ij. to ℥j.; *inf rhei*. dose ℥iij. to ℥iss.; *ext. rhei*. dose gr.v. to gr.xv.; *pil rhei comp.*, dose gr.v. to ℥ss.]—Incomp.: solutio ichthyocollæ, infusum cinchonæ cordifoliæ, acidi, nitras argenti, bichloridum hydrargyri, acetas plumbi, ferri sulphas, antimonii potassio tartras.]

Rorismarini cacum.; tonic, stimulant; gr.x. to ℥ss.

[*Ol. rorismar.*, dose ♏j. to ♏v.; *sp. rorismar.*, dose ℥ss. to ℥ij.]

Rosæ galli: petal.; astringent.

[*Inf. rosæ comp.*, dose ℥j. to ℥iij.; *conf. rosæ*, dose ℥j. to ℥iv.: *mel. rosæ*, dose ℥j. to ℥iv.: the last is used chiefly in gargles.]

Rutæ folia: stimulant, emmenagogue; gr.x. to ℥ss.

[*Ol. rutæ*, dose ♏ij. to ♏vj.; *conf. rutæ*, antispasmodic, carminative; dose ℈j. to ℥j.]

Sabadillæ semina; acrid cathartic, stimulant, rubefacient, dose gr.½ to gr.j. [Rarely used internally.]

Sabinæ folia; emmenagogue, anthelmintic, escharotic; gr.iij. to gr.x.

[*Cerat sabinæ*; stimulant.]

Sagapenum G. R.; antispasmodic, emmenagogue; gr.v. to ℥ss.——[*Pil. Sagap. C.*, dose gr.v. to gr.x.]

Salicis cortex; tonic, febrifuge; ℈j. to ℥j.

[Its active properties depend on the alcaloid, salicine. Incomp.: solut. ichthyocollæ, alcaline carbonates, liquor calcis, ferri sulphas.]

Sapo durus; diuretic, detergent, lithontriptic; gr.v. to ℥ss

[Incomp.; acids, earths, metallic salts, alumen. *Linim. saponis*, stimulant; *ceratum saponis*, resolvent; *emplastrum saponis*, discutient.]

Sarzæ radix; alterative, diaphoretic; ℈j. to ℥j.

[*Decoct. sarzæ*, *dcc. sarzæ comp.*, dose ℥viij. to ℥xxiv. in die; *extr. sarzæ*, *extr. sarzæ comp.*, dose ℥ss. to ℥j.]

Sassafras lignum et radix; diuretic, sudorific, stimulant.

[Used only in preparing the dec. sarzæ c.; *ol. ess. sassafras*, dose ♏ij. to ♏vj.]

Scammonii G. R.; hydragogue cathartic, anthelmintic; gr.iij. to gr.x.

[*Conf. scammon.*, dose ℈j. to ℥i.; *pulv. scammon. c.*, dose gr.lij. to gr.xij.]

Scillæ radix; expectorant, diuretic, emetic; gr.j. to gr.v.

[*Acet. scillæ*, dose ♏x. to ℥ss.; *oxym. scillæ*, dose ♏xv. to ℥j.; as emetic, dose ℥ss. to ℥j.; *pil. scillæ c.*, dose gr.x. to ℈j.; *tinct. scillæ*, dose, ♏x. to ℥j. Incomp.: gelatine, liquor calcis, alcaline carbonates, acetas plumbi, nitras argenti.]

Scoparii cacumina; diuretic; ℈j. to ℥j.

[*Inf. scoparii*, dose ℥j. to ℥ij.; *decoct. scoparii comp.*, dose ℥j. to ℥iij.]

Senegæ radix; stimulant, expectorant, diaphoretic; gr.xx. to ℈ij.

[*Decoct. senegæ*, dose ℥j. to ℥ij.]

Sennæ folia; purgativo, hydragogue; ℥ss. to ℥ij.

[*Inf. sennæ c.*, dose ℥j. to ℥ij.; *tinct. sennæ c.*, dose ℥j. to ℥ij j.; *conf. sennæ*, dose ℥j. to ℥iij.]

Serpentariæ radix; stimulant, diaphoretic, diuretic; gr.x to ℈j.

[*Inf. serpentariæ*, dose ℥ss. to ℥j.; *tinct. serpent.*, dose ℥ss. to ℥ij.]

Simarubæ cortex; bitter, tonic; ℈j. to ℥j.

[*Infus. simarubæ*, dose ℥j. to ℥ij.]

Sinapis semina; stimulant, emetic, rubefacient; gr.x. to ℥ʃ

Sodæ acetas; diuretic, purgative; ℥ss. to ℥ij.

Sodæ carb. et sesquicarb; antacid, deobstruent; gr.v. to ℥j

[Incomp.: calx, acids. *Liq. sodæ effervescens.*; antacid, refrigerant.]

Sodæ carb: exsicc.; antacid, lithontriptic; gr.x. to ℥ss.

Sodæ phosphas; purgative; ℥ss. to ℥j.

[Incomp.: alumen, calcis carbonas, earthy salts.]

Sodæ potassio tartras; purgative, diuretic; ℥j. to ℥vj.

Sodæ sulphas; purgative, diuretic; ℥ij. to ℥j.

[Incomp.; sulphates potassæ et magnesiæ.[

Sodii chloridum; purgative, anthelmintic; gr.x. to ℥ss.

[*Liq. sodæ chlorinatæ*; antiseptic.]

Spigeliæ radix; anthelmintic; gr.x. to ℥ss.

Sp. ætheris nitrici; diaphoretic, diuretic; ℥ss. to ℥ij.

Sp. rectif, Sp. tenuior, Sp. vini gallici } stimulants.

Staphisagriæ semina; cathartic, emetic, anthelmintic; gr.iij. to gr.viij.

[Owing to its violent action, it is rarely used internally.]

Stramonii fol. et sem.; narcotic, antispasmodic, anodyne; gr.j. to gr.v.

[*Extr. stramonii*, dose gr.ss. to gr.iv.]

Styrax; stimulant, expectorant; gr.x. to ℥ss.

Strychnia; tonic, stimulant; gr.1-16th to grj.

[Incomp.: acidulous salts, tannin.]

Sulphur lotum, Sulphur precipitatum } aperient, diaphoretic, alterative; ℥ss. to ℥ij.

[*Ung. sulph., ung. sulph. c.*, detersive.]

Swietenia febrifuga; tonic, febrifuge; ℈ss. to ℈ij.

Tabaci folia; narcotic, emetic, errhine.

[*Enema tabaci*. ℞. Tabaci fol. ℥j., aquæ ferventis ℥xx., ft. infus.: a third only should be used at once as an enema. It is employed as a lotion in tinea, but its use requires great caution and watching; death having more than once followed its application.]

Tamarindi pulpa; aperient, refrigerant; ℥j. to ℥iij.

[Incomp.; carbonates, tartrates, and acetates of potass and soda; resinous cathartics.]

Taraxici radix; diuretic, alterative.

[*Extr. taraxici*, dose gr.v. to ℈j.—Incomp.: infus. gallarum, nitras argenti, bichloridum hydrargyri, acetas plumbi, sulphas ferri.]

Terebinth. canadense, Terebinth. chia, Terebinth. vulgaris } stimulant, diuretic; gr.x. to ℥j.

Testæ prop.; antacid, absorbent; gr.x. to ℥j.

Tormentillæ radix; astringent, escharotic; gr.x. to ℥ij.

[*Decoct. tormentillæ*, dose ℥ss. to ℥iss.]

Toxicodendri folia; stimulant, narcotic; gr.ss. to gr.iv.

Tragacantha; demulcent; gr.x. to ℈j.

[*Pulv. tragac. c.*, dose gr.xx. to ℥ij.—Incomp.: cupri et ferri sulphates, plumbi acetas.]

Tussilago; demulcent, expectorant; gr.x. to ℥j.

Ulmi cortex; tonic, alterative, diuretic.

[*Decoct. ulmi*, dose ℥iij. to ℥viij.—Incomp.: alcohol and tinctures.]

Uvæ ursi folia; tonic, astringent, diuretic; gr.x. to ℥ss.

[*Decoct. uvæ ursi*, dose ℥ss. to ℥ij.; *extr. uvæ ursi*, dose gr.v. to ℈j.]

Valerianæ radix; tonic, antispasmodic; gr.x. to ℥j.

[*Infus. valer.*, dose ℥j. to ℥ij.; *tinct. valer.*, *tinct. valer. comp.*, dose ℥ss. to ℥ij.—Incomp.: salts of iron.]

Veratri radix; stimulant, emetic, purgative; gr.ij. to gr.v.

[*Vin. veratri*, dose ♏v. to ♏x.; *decoct. veratri*, used as a lotion only, in tinea, scabies, etc.; *ung. veratri*, stimulant.]

Veratria; irritant, powerfully emetic and purgative; gr.1-16th to gr.1-8th.

[Incomp.: acids, acidulous salts, tannin.]

Zinci oxydum; tonic, antispasmodic; gr.j. to gr.v.

[*Ung. Zinci*, stimulant, astringent.]

Zinci sulphas; emetic, tonic, astringent; as emetic, gr.x. to gr.xx.; as tonic, gr.¼ to gr.ij.]

[Incomp.: alcalies, earths, hydro-sulphurets, astringent vegetable infusions.]

Zinzib. rad.; carminative, stimulant; gr.v. to gr.xv.

[*Tinct. Zinzib.*, dose ℥ss. to ℥ij.: *syr. zinzib.*, dose ℥j. to ℥iij.]

To Efface "Indelible Ink."—Digest the linen or other cloth marked with the ink, for about two hours in a solution of iodine in rectified spirit, then let it remain for a minute or two in a very weak solution of caustic potash, and rince it in hot water, afterwards place it in a solution of hyposulphite of potash in water, occasionally taking it out, washing it with distilled water, and putting it in a fresh solution until the mark is effaced. This may be effected without in any degree injuring the texture of the linen.

A SELECT PRACTICAL FORMULARY.

(PREPARED EXPRESSLY FOR THE "MEDICAL TIMES," FROM THE RECENT WORK OF DR. FOY, PRINCIPAL PHARMACIEN TO THE HOSPITAL OF PARIS.)

ABSINTHIUM, infusion, one or two drachms to the quart of boiling water; powder, eighteen to thirty-six grains in bolus or pills; extract, eighteen to seventy-two grains, in bolus, pills, potion, julep, &c.; distilled water, two to four ounces, as a vehicle for potions, mixtures, &c.; tincture, half a drachm to two drachms, in potion, julep, ptisan, &c.; wine, two to four ounces, to be taken in the morning fasting, daily; syrup, half an ounce to an ounce, in potion, julep, mixture, &c., from two to three ounces in ptisan, apozema, &c.; stimulant, or tonic, employed in atonic affections of the intestinal canal, certain forms of amenorrhea, chronic leucorrhea, &c.; a light febrifuge, and an anthelmintic.

ACETATE OF AMMONIA, a stimulant diaphoretic; from twenty to sixty drops in a glass of sugared water, in drunkenness; from two drachms to the ounce to relieve the colic that accompany or precede the appearance of the menstrua in some women; in a potion or julep, in the treatment of typhoid fevers, gout, chronic rheumatism, &c.; from four drachms to sixteen, as a sudorific drink. Externally in lotions or injections, from two to four ounces to the pint of water, in the treatment of uterine diseases.

ACETATE OF MORPHIA, one-fifth of a grain to two grains in the twenty-four hours in bolus, pills, potion, julep, &c. externally, the same dose applied to the denuded epidermis, or else mixed with a little saliva, and passed under the skin with the point of a lancet; syrup, half an ounce to an ounce in draught, julep, &c., employed in the same cases as opium.

ACETATE OF POTASS, diuretic, purgative; as the first, eighteen grains to a drachm in bolus, pills, or solution, in an appropriate vehicle; as the second, four drachms to an ounce in a proper menstruum.

ACETATE OF LEAD (neutral), one-fifth of a grain to two grains in bolus or pills; in colliuqative diarrhea, kept up by superficial ulcerations of the mucous intestinal membrane, in the nocturnal sweats of phthisical patients, aneurisms of the aorta, etc. The same dose externally in an ounce of liquid, as an astringent and repellent, in opthalmia and slight inflammation of the skin.

ACETATE OF QUININE, a less soluble salt than the sulphate, and one more rarely employed.

ACETATE OF SODA, less active than the acetate of potass.

ACETATE OF ZINC, astringent; employed sometimes in collyrium or injection, in the dose of two to threo grains to the ounce of water.

ACETIC ACID (impure), half-an-ounce to two ounces in a quart of water as a cooling drink; oxymel, syrup, one to two ounces, as demulcent; externally, detersive.

ARSENIOUS ACID, ARSENIC, one grain mixed with an inert powder, and made into sixteen pills, of which one, two, four, eight, &c, to be given daily, and more progressively; employed externally as a topical application; used in cancerous affections, certain diseases of the skin, some intermittent fevers, &c. This very dangerous and poisonous substance, as also all its preparations, which have been vaunted as stimulant and antiperiodic, requires the greatest caution in its exhibition.

ARSENIOUS ACID (liquid), one grain dissolved in eight ounces: a table-spoonful, gradually raised to six, to be taken in the morning fasting, in a cup-full of sugared milk, as a febrifuge.

BENZOIC ACID, four grains to thirty in bolus or pills; a stimulant rarely employed.

CARBONIC ACID dissolved in water (gaseous water); cooling diuretic; in obstinate vomiting, bilious fevers, gravel, &c.

CITRIC ACID, in lemonade, twenty to thirty grains to a pound of water; a cooling medicine, constantly used in the treatment of acute phlegmasia of the abdomen, in jaundice, scurvy, &c.

HYDRIODIC ACID, take 230 parts of ioduret of potassium, 264 to 300 parts of tartaric acid, and a sufficient quantity of water, that each drachm of the liquid may contain five grains of iodine: dose from one, two, three, and four, to eight drachms daily, the quantity being gradually increased; in syphilis, scrophula, lepra, psoriasis, ichthyosis, impetigo, and porrigo.

HYDROCHLORIC ACID, in lemonade, half a drachm to two drachms in a quart of water; stimulant; in the treatment of typhoid fever and certain cutaneous affections; externally, as a caustic in its concentrated state; in croup, it is applied pure by means of a camel hair brush; more or less diluted with water, (from two to four drachms in the half-pint of water,) it is used in lotions in obstinate ulcers, in injections in old gonorrheas, and in gargles in ulcers of the pharynx, &c.

HYDROCYANIC ACID (medicinal; Magendie), five to fifteen drops in a draught or julep, or better still in the form of pill, as it is easily decomposed under the influence of light, and decompositions which take place greatly irritate the mucous membrane of the pharynx. These pills may be covered with a layer of gluten; used internally in neuralgic, convulsive, and cancerous pains, chronic phlegmasia of the lungs, certain cases of intermittent dyspnea, continued febrile coughs, palpitation of the heart, gastralgia, hysteria, &c. Its curative properties in phthisis are more than doubtful. Externally, as a topical sedative, in the treatment of cancerous ulcers, and in certain cutaneous affections, accompanied with itching or much pain.

*** This acid is prepared in the following proportions:—Prussic acid of Gay Lussac one volume, distilled water six volumes; it must be kept in phials covered with black paper, and shaken every time it is used. Hydrocyanic acid acts specially on the nervous system; it diminishes the muscular sensibility and contractility, and finally causes great prostration of strength.

HYDROCYANIC ACID (alcoholized; Magendie), used in the same manner and doses as the preceding, and with the same precautions; prepared with one volume of Gay Lussac's prussic acid, and six of alcohol.

HYDROCYANIC ACID (vegetable; Schroder), one drachm of the essential of oil of bitter almonds, nine drachms of rectified alcohol, and nine drachms of distilled water: dose, two or three drops in a little sugared water, every two or three hours—sedative.

HYDRO-SULPHURIC ACID (sulphuretted hydrogen), used externally only, as an energetic stimulant of the skin; when inhaled, or taken internally, it acts as a violent poison.

LACTIC ACID, used in cases of dyspepsia, or in simple atony of the digestive organs. Magendie employs it in the form of lemonade and pastilles.

NITRIC ACID, in lemonade, half a drachm to two drachms to the quart of water, or until it is pleasantly acid; stimulant; in typhoid fever, affections of the liver, scurvy, &c.; externally, in the concentrated form, a very energetic caustic, used for the removal of warts, in wounds complicated with hospital gangrene, &c.; diluted with water, it is used as a stimulant and astringent in atonic ulcers and certain diseases of the skin.

NITRIC ACID (alcoholized), in lemonade, one to two drachms to the quart of water; or one to two drachms in potion or julep.

NITRO-MURIATIC ACID, prepared with three parts of hydrochloric acid, and two of nitric acid; employed sometimes internally as an anti-syphilitic, and, externally, in stimulant pediluvia and baths, in obstructions of the liver, certain diseases of the skin, &c.

OXALIC ACID, in lemonade, eighteen to thirty-six grains to the quart of water; citric and tartaric acids are preferred to it.

PHOSPHORIC ACID, diluted with seven or eight parts of distilled water, this acid applied with moistened compresses, has been recommended in carics of the bones. It has been also advised in cases of croup, to dissolve the albumen of the false membranes.

PYRO-ACETIC ACID (naphtha), employed in the impure state in children in gastro-malacia, or softoning of the mucous membrane of the digestive organs, in the dose of one drachm added to two ounces of orange-flower water, and one ounce of syrup, a table-spoonful every hour; externally, as an antiseptic in unhealthy wounds, cancers, ulcers, &c. It has been recently strongly recommended in phthisis and bronchial affections.

SULPHUROUS ACID, used in the gaseous state in the treatment of the itch, and dartrous eruptions; internally, a few drops in the liquid state as astringent, and refreshing, in acute fevers.

SULPHURIC ACID (alcoholized), in lemonade, twenty, forty, or sixty drops, in a quart of water.

SULPHURIC ACID (concentrated), in lemonade, fifteen to thirty drops in a quart of water; or, until it is pleasantly acid:—astringent and tonic, in typhoid fever, hemorrhages, colliquative sweats, chronic diarrhea, scurvy, &c.; refrigerant, in bilious fevers; externally, in its concentrated state, as a caustic; diluted with water, as an astringent, and in the treatment of itch.

[*Note.*—Sulphuric acid has been lately recommended by M. Gerardin as a prophylactic and curative of lead-colic: in the first case, he gives daily from a drachm to two drachms and a half, in three pints of water, and two ounces of alcohol, or a pint of wine, with a few drops of essence of citron as an aromatic, and a sufficient quantity of sugar or syrup; in the second, a drachm of the acid, diluted with three pints of sugared water, with sufficient of an aromatic to please the palate, is taken by glassesful during the day, and continued until there no longer remains any abdominal pain or cramp in the limbs.]

TARTARIC ACID, in lemonade, half a drachm to two drachms to a quart of water; syrup, half an ounce to an ounce in julep, draught, or mixture; one to three ounces, to sweeten a ptisan or apozema; refrigerant; in inflammations of the stomach, in fevers, mucous affections of the digestive apparatus, &c.

ACONITE, an aqueous and an alcoholic extract are prepared from the juice; dose two-fifths of a grain to a grain, in bolus or pills, in acute rheumatic and nervous affections; the alcoholic tincture is prepared in the propertion of one part of the dried aconite to eight of the vehicle; it is given by drops in the treatment of gout and rheumatism. Clinical observation has also shown that aconite possesses emmenagogue, anti-herpetic, and antiphthisical properties.

ACONITINE, the alcaloid of the *Aconitum Napellus*, possessing electro-stimulant properties; employed in the form of liniment, embrocation, pills, and drops, in neuralgia, rheumatism, &c.

AGARIC, in powder, four to ten grains in bolus or pills; extract, three-fifths of a grain to three grains, drastic; used in nocturnal sweats in mucilage or bitter extract. Soft and supple agaric of the oak is used daily to arrest the bleeding of leech-bites. Dr. Recamier has also employed it as a means of compression in the early treatment of cancerous tumours.

AGRIMONY, infusion, one to two drachms to a pint of boiling water, as a gargle; distilled water, two to four ounces, as the menstruum of draughts, mixtures, &c.; used in inflammations and ulcerations of the tonsils.

ALCOHOL, two drachms to two ounces in drink; diffusible stimulant; in the treatment of typhoid fever; externally, diluted with water, topical, astringent and refrigerant.

CAMPHORATED ALCOHOL, solution of one part of camphor in seven of alcohol; used externally in lotion, fomentation, &c., in rheumatic pains, gout, neuralgia, &c.

ALCOHOL WITH BRUCINE (Magendie), eighteen grains of brucine dissolved in an ounce of alcohol; dose, five to twenty drops in draughts, juleps, &c.; in certain cases of paralysis; it is less active than strychnia.

ALCOHOL WITH CINCHONINE (Magendie), twelve grains dissolved in an ounce of alcohol; dose two to four drachms in draughts, juleps, &c., used in the same way as the sulphate of quinine.

ALCOHOL WITH NUX VOMICA (Magendie), four grains of the alcoholic extract dissolved in an ounce of alcohol; doso, ten to thirty drops in draughts, juleps, &c., in paralysis not depending on cerebral lesions; its principal action is on the spinal marrow. Its use requires the greatest precautions.

ALCOHOL WITH QUININE (Magendie), six grains dissolved in an ounce of alcohol; dose, two to four drachms in draughts, juleps, &c.

ALCOHOL WITH STRYCHNIA (Magendie), three grains dissolved in an ounce of alcohol; dose, five to thirty drops in draughts, juleps, &c.

ALCOHOL WITH VERATRINE (Magendie), four grains dissolved in an ounce of alcohol; dose, ten to thirty drops in draughts, juleps, &c.; or else used externally in frictions, made into an ointment with fifty parts of tincture to seventy of lard; but the pommade or liniment prepared with the oil of veratrine is generally preferred.

ALCOHOL OF CITRON, a spirit prepared with the essential oils of citron, canella, rosemary, orange-flowers, lavender; &c., it is employed as a tonic and discutient; dose internally, from half a drachm to two drachms in a little water; externally, in lotions, frictions, and fomentations.

ALCOHOL OF HORSE RADISH, used in scorbutic affections, in the dose of from two to four drachms in ptisans, draughts, juleps, &c.

ALCOHOL OF TURPENTINE (compound), this spirit, holding balsamic and resinous substances in solution, is used externally in rheumatic and rachitic affections; its vapour is also employed as a collyrium.

ALCOHOL (Vulnerary), a spirit prepared from aromatic leaves and flowers, is employed as tonic and discutient; internally, from two to four drachms in a little sugared water; externally, in frictions, lotions, and fomentations.

ALCOHOLATE OF ANIMAL SOAP (compound), an alchoholic preparation containing the essenees of rosemary and thyme, soap, camphor, and liquid ammonia; used in frictions in the treatment of rheumatic pains, gout, &c.

ALCOHOLATE OF THE ACETATE OF IRON (Béral), one part of dry acetate of iron in seven of alcohol; dose, half a drachm to a drachm in draughts or juleps.

ALCOHOLATE OF THE OLEO-RESINOUS EXTRACT OF CUBEBS (Béral,) one part of the extract in three of alcohol.

ALKEKENGE (winter-cherry), diuretic, rarely employed; two to four drachms to the quart of boiling water.

ALOES, in powder, as a tonic, one to five grains in bolus or pills; as a drastic purgative, six to ten grains in bolus or pills, or by the endermic method; as a stimulant, ten to thirty grains in bolus or pills; aqueous extract, four to ten grains in bolus or pills. ori n draught, julep, &c.: simple tincture, fifteen to thirty drops in draughts, juleps, &c.; compound tincture, (*elixir vitæ*) two to four drachms pure, or in a little water; aloes and its preparations act principally on the large intestines; they are employed advantageously in obstinate constipation dependant on an atonic condition of the intestinal canal, in jaundice, chlorosis, predisposition to cerebral congestions, &c. The action of aloes on the rectum, which may be propagated as far as the uterus, renders it of service as an emmenagogue, to recal hœmorrhoids, &c. In these cases the vapour of the aloes is directed on the uterus and rectum.

ALUM, the powder, six to thirty grains in bolus or pills, potion or julep, as an astringent, in mucous atonic discharges, passive hœmorrhages, follicular enteritis, atony of the vocal organs, non-inflammatory typhoid fevers, non-symptomatic fetid breath, &c.; from one to two drachms in julep, in the treatment of lead colic. Dr. Kapeler has given as much as six drachms in a day. Dr. Gendrin gives it as prophylactic of the same affection, in the dose of a drachm or a drachm and a half daily in three or four glassesful of wine and water, and, as a curative, in the dose of two drachms in four ounces of water, sweetened with two ounces of syrup or gum. In the latter case, the medicine ought to be continued until the abdominal pain and cramp of the limbs have ceased. It is used externally in injections, lotions, gargles, collyria, &c.; half a drachm to a drachm in a quart of common or rose-water in vaguities, blenorrhea, &c. in the dose of two drachms to a quart of water.—(Hopital Lourcine.) Alum is employed in croup in powder, paste, or solution. In powder, a drachm is blown into the pharynx four or five times a day. It is requisite to blow it in as far back as possible; we must therefore take advantage of the moment when the patient is crying to practise the insufflations; the paste, the powder mixed with a sufficient quantity of honey, and spread over the affected part with a spatula, or any other proper instrument; in solution, a mixture of water, saturated with the alum, honey, and vinegar. It is applied by means of a sponge soaked in it, and fastened to a piece of whalebone, as far back as possible. A concentrated aqueous solution has been recommended for cleansing dissection-punctures or wounds.

ALUM (calcined), used as powder on the surface of wounds and ulcers, to repress fungous granulations. Drs. Jobert and Legrand advise bougies covered with calcined alum in the treatment of stricture of the urethra. The alum is caused to adhere by means of heat, or by plaster.

ALMONDS (bitter), three or four beat up into an emulsion. In Germany, they are often used instead of prussic acid, and they are also prescribed in intermittent fever; distilled water from ten to fifty drops in a draught; essential oil, half a drop to a drop, gradually increasing the dose, to be given in a potion, or on sugar.

ALMONDS (sweet), in emulsion, half an ounce to an ounce to a pound of water, and an ounce of sugar. As a looch, fifteen to eighteen in four ounces of water; used in the treatment of internal inflammations.

AMBERGRIS, in powder, four to twenty grains and more

in bolus or pills. Tincture, etherial, or alcoholic, fifteen to sixty drops in draughts, juleps, or mixtures; used in the treatment of neurose, convulsions, and adynamic fevers—rarely employed.

AMMONIA (liquid) internally, in the dose of four to ten drops in a glass of water, in cases of drunkenness, tetanus, bites of venomous reptiles, dropsy, diseases of the urinary organs, certain cutaneous eruptions, &c.; in the dose of five, twenty and thirty drops in a glass of water, ammonia is given as a sudorific; externally, it is inhaled in poisoning by hydrocyanic acid, in syncope, the precaution being taken not to touch the alœ of the nose with it, as otherwise phlyctenæ might be produced. It is also used to cauterize the bites of venomous reptiles; rubefacient, vesicant, and caustic liniments are also prepared with it.

ANGELICA, powder, one to two drachms, in bolus or pills; infusion, two to four drachms to a quart of boiling water; tincture, one to two drachms in a julep, draught, ptisan, &c.; conserve or simple electuary, one to two drachms in bolus or pills, or on the end of a knife; used in debility of the digestive organs, spasmodic vomiting, flatulence, cephalalgia, chlorosis, hysteria, &c. It is also employed as an emmenagogue and diaphoretic, and towards the termination of chronic pulmonary catarrhs, to facilitate expectoration, and give tone to the mucous membrane.

ANGUSTURA (true), powder, ten to thirty grains in bolus or pills; infusion, two to four drachms to a quart of boiling water; wine, half an ounce to two ounces; tincture, one to two drachms, in a draught, julep, or a little water; stimulant and febrifuge.

ANISEED, powder, twenty to sixty grains, in bolus or pills; infusion, one to two drachms to a quart of boiling water; tincture, half a drachm to two drachms in potion, julep, ptisan, &c.; distilled water, two to four ounces, as a menstruum: essence, two to three drops in a potion or julep; to stimulate the digestive organs, relieve flatulence, infantine colic, certain serous diarrheas, &c.

ANTIMONY.—Dr. Trousseau has employed this metal in impalpable powder, in the dose of fourteen grains to a drachm, suspended in mucilage, in pneumonia and articular rheumatism; he has also successfully employed as antiphlogistics or counter stimulants, in inflammatory affections of the thoracic viscera, the crystallized oxide of antimony (protoxide of antimony), antimonious acid, antimonic acid, the super-antimoniate of potass (improperly called white oxide of antimony). He gives the preference to the last-named. He prescribed it for adults in the dose of twenty, thirty, forty, fifty, sixty, and even seventy-two grains; two or three drachms even may be given in white looch, or tragacanth mucilage.

APOZEMA (bitter), two drachms of bruised gentian, and half a drachm of camomile flowers, infused for a quarter of an hour in a pint of boiling water, strained, and an ounce of syrup added; to be taken by cupsful in the course of the day, in atony of the digestive organs, in mucous affections, &c.

APOZEMA (astringent), one drachm of catechu, dissolved in a pint of warm water, strained, half a drachm or a drachm of tincture of kino added, and an ounce of syrup of cinchona; to be taken by cupsful in the course of the day, in mucous discharges, chronic diarrheas, passive hemorrhages, &c.

APOZEMA (counter-stimulant), six grains of tartar-emetic, dissolved in a pint of orange-leaf infusion, with two ounces of syrup; to be taken in six doses, at intervals of two hours, in inflammation of the lungs.

APOZEMA (febrifuge), half an ounce of bruised yellow bark, infused for an hour in a pint of boiling water, strained, and an ounce and a-half of syrup of sulphate of quinine added; to be taken in three or four doses in the course of the day.

APOZEMA OF POLLINI, two ounces of cut sarsaparilla and squina, two ounces of powdered pumice-stone, four ounces of sulphuret of antimony, twelve ounces of dried nuts—the sulphuret of antimony is to be tied up in a separate piece of linen, and the whole boiled slowly in fifteen pounds of water, to eight, when the liquid is to be strained, set aside for a while, and then decanted. One, two, or three table spoonsful every hour, in obstinate syphilis, dartrous eruptions, &c.

APOZEMA (purgative), two to four drachms of senna, one drachm of coriander, aniseed, or any other aromatic, infused for four hours in a pint of boiling water, strained, and an ounce of syrup added.

ARNICA (flowers and root), powder six to ten grains, (flowers), ten to thirty (root) in bolus or pills; infusion, (flowers), half a drachm to a drachm, to a quart of boiling water; decoction, (root), one to two drachms to a quart of water; distilled water, two to four ounces as a menstuum; extract, 20 to 30 grains in bolus, pills, potion, julep, &c.; it is a very active stimulant, acting chiefly on the nervous system. Stoll praised it as a febrifuge, and called it "the poor man's bark." Popular prejudice assigns it extraordinary powers in removing the effects of blows, falls, and of cerebral shocks; but it appears to be more serviceable in the treatment of chronic rheumatism, palsy, gout, amaurosis, &c.

ARSENIATES AND ARSENITE, internally, one grain mixed with crumb of bread or any other inert body, made into sixteen pills, of which may be given progressively, 1, 2, 4, 8, 16, 32, and even to 64 in a day, being in the two last doses, from two to four grains of the arseniate or arsenite in the twenty-four hours; these salts are also employed in solution. Administered with great caution, arsenical preparations possess very energetic stimulant properties; they are useful in certain intermittents, in some chronic affections of the viscera, and in obstinate cutaneous affections.

ARTICHOKE, the extract obtained from the stem or leaves of the artichoke is very efficacious in rheumatism, in the dose of from six to 12 grains daily. Dr. Montain has recommended it, in the dose of several scruples, as a febrifuge.

ASPARAGUS, in ptisan, two to four drachms, or an ounce to a quart of water; syrup, one to two ounces; diuretic. According to Dr. de la Harpe, of Lausanne, asparagus ends are useful in paralysis of the bladder, not complicated with inflammation or organic disease. A syrup made with them is recommended as sedative and diuretic.

ASSAFŒTIDA, ten, to 60 grains in bolus or pills, or by the endermic method, or half a drachm to a drachm in enema; tonic and antispasmodic, in the treatment of hysteria, hypochondriasis, flatulent-colic, hooping-cough, and many other nervous affections. It also possesses emmenagogue and vermifuge properties.

BELLADONNA AND LEAD OINTMENT (Dupuytren), six parts of lard, one of extract of belladonna, and one of the liquor of the diacetate of lead, made into an ointment; topical, sedative, and astringent; used in persons labouring under fissures of the anus, who will not undergo an operation.

BATH (antipsoric; Jadelot), four ounces of dry sulphuret of potass, dissolved in two pounds of common water. This quantity to be added to the water necessary for a full bath, which is to be taken in a wooden vessel; employed in the treatment of recent or obstinate itch, and other cutaneous affections.

BATH (antisyphilitic), from two drachms to an ounce of the deuto-chloruret of mercury, dissolved in a pint of distilled water, to be added, in a wooden vessel, to the quantity of water requisite to form a bath; advised in the treatment of venereal disease, when the action of sublimate on the stomach is dreaded.

BATH (aromatic; Form. hosp. Paris), two pounds of aromatic species, infused for 12 hours in 12 pounds of boiling water, strained, and added to a sufficient quantity of hot water for a general bath; used in diarrhea and chronic rheumatism, some gouty affections, dyspepsia, consumption, &c.

BATH OF BAREGES (F. Boudet), ten ounces and a half of crystallized neutral hydro-sulphate of soda, a sufficient quantity of water to dissolve it, and add 10 ounces of the saline gelatinous solution, prepared according to the French pharmacopœia.

BATH OF CONIUM (Fantonetti), eight or ten pinches of dry or fresh conium, eight to ten pints of boiling water, infuse for seven or eight hours, strain, and pour into the bath, which is to be covered up directly the diseased part, are placed in it; the bath should continue for two hours and be of the temperature of about 90 deg. Fahrenheit; these baths are used in acute and chronic dermitis, such as impetigo, erythema, psoriasis, lichen, &c. and in gout.

BATH WITH SOAP (Form. hosp. Paris), two pounds of white soap of commerce, four to six pints of water; dissolve the soap in the water, and pour it into the bath previously filled with water.

BATH OF GELATINE, two pounds of gelatine, dissolved in three pints of warm water, added to a sufficient quantity of hot water for a general bath.

BATH, GELATINE-SULPHUROUS (Dupuytren), four ounces of sulphuret of potass, two pounds of gelatine; dissolve the salt and the gelatine separately; pour the solutions into the water intended for the bath, into a vessel made of wood; used in diseases of the skin.

BATH OF THE HYDRIODATE OF IRON, (Picrquin), half an ounce to two ounces of the hydriodate of iron, dissolved in a pound of pure water, and added to the water destined for the bath; used in amenorrhea and fluor albus; the quantity of the hydriodate may be gradually increased.

BATH (Iodureted. No. 1. Lugol), two drachms of iodine, four drachms of the ioduret of potassium, dissolved in twenty ounces of distilled water, the whole to be poured into a wooden bath containing a sufficient quantity of water; used in scrofula. Bath No. 2, contains half a drachm more iodine, and a drachm more of the ioduret of potassium; and Bath No. 3, one drachm more iodine, and two drachms more of the ioduret of potassium than bath No. 1. In the iodureted baths for children, scruples are to be employed instead of drachms.

BATH, (salino-gelatinous) one pound of sea-salt dissolved in four pounds of hot water, and two pounds of Flanders glue dissolved in six of hot water; these two solutions are to be added to a sufficient quantity to make a bath; used in the treatment of scrofulous diseases.

BATH OF BAREGES (artificial sulphurous, Form: hosp. Paris), five ounces of the sulphuret of potass, dissolved in a pint of common water, to be added in a wooden vessel to a sufficient quantity of water to form a bath; used in diseases of the skin and chorea. For children only two ounces of the sulphuret are to be used.

BALSAM (camphorated acetic. Pelletier), two drachms of animal soap and camphor, dissolved in a sand-bath in two ounces of acetic ether, add twenty drops of essential oil of thyme; used in frictions in rheumatism, sciatica, arthritic pains, &c.

BALSAM (Acoustic), one part of compound alcoholate of turpentine, two parts of oil of sweet almonds, four parts of ox-gall; mix. A few drops on cotton to be introduced into the auditory canal; used in cases of accidental deafness, not complicated with inflammation, nor with severe pain

BALSAM OF THE COMMANDER OF PERMES, a stimulant and discutient preparation made with alcohol, angelica-root, hypericon flowers, olibanum, balsam of tolu, myrrh, benzoin, and aloes. It is used externally as a topical application in contusions, bruises, &c.

BALSAM (Nerual), a preparation made with ox-marrow, the butter of muscade, balsam of tolu, the essential oils of rosemary and cloves, camphor, and rectified alcohol; it is used in frictions in rheumatic affections, two to three drachms at a time.

BENZOIN, powder, 10 to 40 grains in bolus or pills, tinctur, half a drachm to two drachms in julep, mixture, ptisane, &c.; syrup, half-an-ounce to two ounces, as demulcent, in colds, chronic catarrhs, &c.; the vapour of burnt benzoin is useful in the treatment of white-swellings, rheumatism, gout, &c.

BUTTER OF ANTIMONY, used to cauterize narrow and sinuous wounds, such as the bites of venomous and mad animals.

BUTTER OF MUSCADE (nutmeg), a stimulant application employed in frictions in chronic rheumatic affections, palsies, &c.

BEER (bitter), half an ounce of the buds of the northern pine, three drachms of the leaves of wormwood, and two drachms of gentian-root, previously sliced, then macerated for two or three days in five pints of beer, which is afterwards to be filtered and bottled; dose, three or four cupsful in the day, as tonic, vermifuge, and diuretic.

BEER (antiscorbutic), two parts of the recent wild rahpany, sliced, one part of recent leaves of horse-radish, and one part of pine-buds, two of spirit of horse-radish, and 32 of fresh beer; macerate for four or five days, filter, and bottle. It has the same properties and mode of exhibition as the preceding,

BEER (English cephalic), five ounces of the root of wild valerian, sliced, three ounces of whole mustard seed, one ounce and a half of rosemary leaves and sage leaves, one ounce of Virginian serpentary, sliced, macerated for two or three days in 40 pints of new white beer, after which filter and bottle; dose, three or four glassesful daily; used in cephalalgia, palsy, epilepsy, &c.

BEER (English diuretic), four ounces of entire mustard seed, and of bruised juniper berries, three ounces of carrot seed, macerated for two or three days in 40 pints of ale; dose, three of four glassesful daily in vesical catarrh and dropsies.

BEER OF MUTIS; one part of powdered yellow bark, eight parts of sugar, 100 of water; set it aside for four or five days to ferment, then filter; dose, three or four cupsful daily, as tonic and antiscorbutic; or it may be prepared with 24 parts of tincture of bark, two parts of tincture of canella, one of tincture of nutmeg, and 768 parts of new beer; mix and filter.

BEER (black), eighty parts of decoction of vulnerary species, eighty parts of yellow sugar, 40 parts of generous wine, sixteen parts of white sugar, one part of very fine liquid balsam of Peru, twelve parts of alcohol at 22°. The yellow sugar is to be calcined and powdered, the boiling decoction poured gradually upon it, and the whole placed for an hour or two in a sand-bath, and then strained; the wine, white sugar, and balsam of Peru, previously dissolved in the alcohol, are next to be added, after which the liquid is to be evaporated to the consistence of syrup, and bottled. This medicine, called the tonic-vulnerary, is frequently employed, according to M. Foy, in England, Spain and Portugal, &c., when it takes the place of the Rob of Laffecteur; it is given chiefly in cases marked with great general weakness, marasmus, &c., in the dose of from two to four table-spoonsful evening and morning.

BEER (English purgative), one ounce of senna, six drachms of the tops of the less centaury, and wormwood, one drachm of socotine aloes, macerated for three or four days in twenty pints of ale; dose, four cupsful in the day.

BEER OF BARK, one part of bruised yellow bark, thirty-two of new beer, one part of rectified alcohol; sprinkle the bark with the alcohol, add the beer, macerate for four or five days, and filter; dose, three or four cupsful daily.

BEER (English stomachic), two ounces of gentian-root, one ounce and a half of lemon peel, one drachm of canella, all to be bruised, and macerated for three days in eight pints of ale; dose, one glass full evening and morning.

BISCUITS (purgative), two drachms of resin of jalap, incorporated in a sufficient quantity of paste for three dozen common biscuits. Each biscuit contains four grains of resin.

BISCUITS (vermifuge), two drachms of calomel, prepared by steam, incorporated in a sufficient quantity of paste for two dozen ordinary biscuits. Each biscuit contains six grains of calomel.

BISTORT, powder, half a drachm to two drachms, in bolus or pills; cold infusion, half an ounce to an ounce, in a quart of water; astringent, in the treatment of chronic flux, passive hemorrhages of the lungs and intestines, a tonic diarheas, &c.

BOLUS anti-periodic; (Form. hosp. Paris), one ounce of cinchona powder, sixteen grains of tartar emetic, one drachm of carbonate of potass, two ounces of syrup of wormwood; mix, and divide into boluses as large as nuts; as febrifuge, during the apyrexia.

BOLUS, antheimentic (Chaussier); two grains of calomel in powder, eight grains of semen contra, six grains of camphor, mix, and make three boluses with simple syrup, to be taken at bed-time.

BOLUS, antimonio mercurial. (Cheyne), twenty-four grains of the sulphuret of antimony and of the black sulphuret mercury, to be mixed and made into two boluses with orange confection, one to be taken evening and morning; in the treatment of scrophula.

BOLUS antispasmodic. (Bally), two drachms of powdered castor, amber, assafœtida and valerian, and twelve grains of camphor, made into boluses with syrup, of which six or eight are to be taken daily, in newroses, neuralgia, hysterical affections, &c.

BOLUS (sedative), one grain of opium to a drachm of treacle, to be taken in the evening during the first five days of the treatment in painter's colic, after an anodyne injection.

BOLUS anti-epileptic. (Siegler), two grains of oxide of zinc, four grains of extract of hyoscyamus, ten grains of powdered liquorice, to be made into a bolus, and taken evening and morning. Dr. Siegler has given as much as fifteen grains of the oxide of zinc evening and morning.

BOLUS anti-catarrhal. (Bally), half a drachm of fresh cacao butter, eighteen grains of powdered tragacanth, powdered saffron, and Narbonne honey, nine grains of extract of liquorice, and anisced balsam of sulphur, three grains of extract of hyoscyamus, one grain of acetate o.

morphia; to be made into eighteen boluses, one to be taken every two or three hours, in catarrh, accompanied by great irritation, and to promote expectoration.

BOLUS anti-gonorrheal. (Defermon), one ounce of copaiba resin, one drachm of calcined magnesia, five grains of pure opium, three drachms of powdered cubebs; mix and add sufficient syrup of diacodium to make boluses weighting half a drachm each; two to be taken at bed-time; as many as ten may be taken in the day.

BROMINE.—Bromine and its preparations are used in scrophulous diseases, suppression of the catamenia, cases of hypertrophy, &c., in the dose of 6, 12, and 20 drops, in a little water. Magendie employs it when iodine does not seem to have sufficient energy, or when the system has become accustomed to its action. Bromine has been employed in chronic arthritis, in the dose of two drops, gradually increased to 60, in four ounces of solution of gum; also in frictions in the dose of 10 drops, gradually raised to 108, in an ounce of rectified spirits. Dr. Fournet employs alcaline maniluvia and pediluvia at the same time.

BROMURET OF IRON, same properties as bromine; 2-5ths of a grain to a grain in bolus or pill. Dr. Magendie gives it in the following manner:—one grain of bromuret of iron, five ounces of white looch, one ounce of syrup of mint, to be taken in table-spoonsful during the day.

BROMURET OF POTASSIUM antiscrophulous, emmenagogue, analogus to the iodide of potassium. Dr. Williams employed it in a case of atrophy of the spleen.

BRUCINE; this substance might replace strychnia, but it is rarely used, and is ten or twelve times less active. It has been given with success, in palsy, atrophy, &c., in pill or tincture in the dose of 1-5th of a grain to five grains in the 24 hours. Medicinal brucine should be extracted from the bark of the false angustura.
chronic dysentery.

BOLUS (purgative), one drop of castor oil, half a drachm of powdered gum arabic, syrup q. s., to make four boluses; to be taken in the morning.

BOLUS (stimulant), eight grains of camphor and powdered arnica, treacle, q. s., to make two boluses; to be taken every six or eight hours, in malignant catarrhal fevers.

BORAX externally, one drachm to two in a pint of water, for gargles, injections, &c. As astringent and detergent, in aphthæ, excessive salivation, ulcerations of the tongue, of the internal surface of the cheeks, &c., and in granulations of the cornea.

BOUILLIE OF OPIUM (Hôp. Midi), equal parts of crude opium and warm water; dissolve the opium in the water, and strain; for dressing chancres and painful syphilitic ulcers and gangrene.

BALLS OF BAREGES (Montain), eight parts of sulphuret of calcium (prepared with eight parts of sulphur and 14 of powdered lime), two parts of hydrochlorate of soda, half a part or a part of extract of saponaria, one part of Flander's glue; to be divided into balls or masses, weighing ten drachms, three or four of which are sufficient for a bath for an adult; they are dissolved by working them about in the water for the bath.

BOLUS of cubebs, copaiba, and turpentine. (Puche), three ounces of powdered cubebs, six drachms of copaiba, and six drachms of turpentine, to be made into 108 boluses, to be enveloped in gelatine; from four to twenty-eight and more to be taken daily, the dose being increased by four each day. By adding to this mass 108 grains of the salt of iron, used in the pills of Valette, we have the boluses of cubebs, copaiba, and turpentine of Dr. Puche. They are used for lymphatic subjects, labouring under atonic gonorrhœa; four to sixteen are given daily.

BOLUS febrifuge. (Marc), one drachm of powdered sulphate of iron, and two drachms of powdered valerian, made into twenty-four boluses, with honey. Three to be taken every two hours during the apyrexia.

BOLUS (febrifuge. Laennec), six drachms of powdered bark, six grains of tartar-emetic, extract of juniper, q. s., made into boluses weighing eight grains: in intermittents.

BOLUS tonic. (Alibert), half a drachm of powdered Virginian serpentary and contrayerva, six grains of succinic acid, to be made into two boluses, with syrup of orange-peel; the dose for a day.

BOLUS (of Pringle), twenty-four grains of treacle, two grains of ipecacuanna, and prepared chalk, q. s., to make four boluses; two to be taken evening and morning, in

BUCHU, powder, twenty to 30 grains, in bolus, pills, or white wine; infusion, two to four drachms to a quart of boiling water; the leaves are the part of the plant used; in chronic vesical catarrh, retention of urine from atony of the organs, gravel, rheumatism, &c.

CATECHU: powder, four grains to thirty in bolus, pill, or in water or wine; ptisan, two to four drachms dissolved in a quart of water; tincture, half a drachm to two drachms; astringent; in small doses catechu acts as a tonic and stomachic; it increases the appetite, improves the digestion, &c.; it is also used in lotions and gargles, in softening of the germs, apthous ulcerations, scurvy, fœtid breath, &c.; given with rice in gum arabic; it is used in the treatment of chronic diarrhea, passive uterine and intestinal hæmorrhage, &c,

COFFEE (purgative); one drachm of senna leaves, macerated for twelve hours, in a cup of coffee; a useful purgative for children and weak and delicate persons.

CAINCA (the root), powder, one to three drachms, in bolus, pill or electuary; infusion, one to two drachms to a quart of boiling water; extract, ten to thirty grains in bolus, pill, or solution; tincture, half a drachm to a drachm; caincic acid, four grains to ten in bolus or pill. pastile or lozenge; a diuretic tonic, purgative and anthelmintic, used in the treatment of idiophatic and symptomatic dropsies; chiefly when chronic, and accompanied with anasarca. It is not of service in encysled dropsies, or vesical catarrhs; employed also as a stimulant in amenorrhea, and in the pica o negroes.

CALAMUS AROMATICUS, powder, twenty grains to a drachm, in bolus or pill; infusion, two to four drachms to a quart of boiling water; spirit, two to four drachms, as a stimulant; a stimulant employed in intermittent fever, the second stage of typhoid fevers, in certain forms of dyspepsia, &c.

CAMOMILE, powder, 20 to 60 grains; infusion, 10 to 12 flowers to a quart of boiling water; essential oil, 1 to 3 drops in bolus, pill, or mixture; distilled water, 2 to 4 ounces, as a menstruum: tonic, stomachic, anthelmintic, febrifuge, &c.; the aqueous infusion, drank hot, assists the action of emetics; it is popularly regarded as a sovereign remedy in windy colic.

CAMPHOR, powder, as excitant, 2 to 30 grains in the day, in bolus or pill, or suspended in potion, mixture, emulsion, &c.; as anti-neuralgic, 10 to 30 grains two or three times a day, given as above; as antiseptic, 1 to 3 drachms daily. When camphor is combined with any other medicine, it must be borne in mind, that many of those which are of a resinous nature, destroy its odour. Given in small doses, camphor possesses sedative properties; in large doses it acts as a very energetic excitant; it is much employed in nervous and spasmodic affections, such as neuralgia, spasms of the bladder and œsophagus, hypochondriac mania, epilepsy, hysteria, odontalgia, delirium, convulsions, chorea, ardor urinæ, typhus, plague, ataxic and putrid diseases, &c. It has also been used successfully as an aphrodisia. Dr. Raspail has lately prescribed it as a sedative in certain affections of the chest and large vessels, such as cough, catarrh, influenza, and asthma, the patient taking it powdered, in lieu of snuff, or respiring its vapour, small pieces of camphor being enclosed in a straw or quill, the ends closed with cotton, the tube then placed in the mouth, and the breath drawn through it. Externally, camphor is often used as sudorific and sedative, in gout, rheumatism, &c.; it is also advised as an excitant and discutient in lymphatic engorgements, fungous ulcerations, gangrenous wounds, contusions, chilblains, sprains, burns, &c.

CANTHARIDES, powder, 1-5, 2-5, and 3-5 of a grain, in bolus or pill; tincture, 1 to 5 drops, in emulsion, or solution of mucilage, &c.; it is sometimes employed externally, in frictions. Although the cantharis is one of the most energetic acrid poisons, although it may cause violent irritation of the gastro-intestinal surface, and of the genito-urinary apparatus, produce strangury, hematuria, priapism, &c., some practitioners have not hesitated to give it internally, but in very small doses. It has been employed in paralysis of the bladder, and epilepsy caused by suppression of urine. It has even been recommended in England as an energetic stimulant in anaphrodisia, obstinate gleets, hydrophobia, and certain cutaneous affections. M. Biet has used the tincture in psoriasis inveterata. Cantharides are constantly employed to act as a vesicant, but its use internally and externally is not without danger, and requires the greatest caution.

CINNAMON, powder, six to thirty grains; infusion, two to four drachms to a quart of boiling water; distilled water, half an ounce to two ounces, as a menstruum or aromatic adjuvant; tincture, half a drachm to two drachms; syrup, one to two ounces; spirit, two to four drachms; essential oil, one to three drops in draught or julep; cinnamon possesses very powerful stimulant properties, and is advantageously prescribed, combined with bark, wormwood, &c. in cases of atoney of the stomach, chronic diarrheas, ataxic and adynamic fevers in the last stage, spontaneous, non-symptomatic, salivations, &c.

COPPER ammoniacal carbonate of, one fifth of a grain to two and three grains, as febrifuge, in certain fevers, which will not yield to other remedies.

CARBONATE OF AMMONIA, internally, four to ten grains, two or three times a day; stimulant and diaphoretic, employed in ataxic fevers, certain cases of obstinate cutaneous affections, which have been suddenly suppressed, in the bites of venomous reptiles, affections of the uterus, the toxic effects of hydrocyanic acid, in croup, scarlatina, infantile convulsions dependent on dentition, &c.

CARBURET OF SULPHUR, a preparation employed topically by Dr. Kirmer in cold tumours, strangulated hernia, goitre, in the dose of forty to fifty drops, which is allowed to fall from a height on the diseased parts; in rheumatism and gout by Lampedius Alta of Copenhagen, either internally, in the dose of three or four drops every two hours, added to alcohol in the following proportions; carburet, two drachms, spirits of wine, half an ounce; or externally, in frictions made with two drachms of the carburet to half an ounce of oil; certain cutaneous eruptions, some cases of palsy, burns, &c. have also been treated with the carburet of sulphur.

CARDAMONS, powder, ten to twenty grains; tincture, one to two drachms; general a stimulant much used in England in flatulent colic of children, gastralgia, &c.

CASCARILLA, powder, ten to thirty-six grains; infusion, one to three drachms to a quart of water; syrup, half an ounce to two ounces; extract, ten to thirty-six grains in bolus, pills, or solution; tincture, half-drachm to two drachms; tonic, stomachic, and diaphoretic; it is used in cases of atony of the digestive organs, in dyspepsia, dysentery, and chronic diarrheas, and, combined with bark, it frequently succeeds in curing intermittent fevers.

CASTOR, powder, 4, 20, 40, and 80 grains in bolus or pills; ætherial or alcoholic tincture, 10, 30, 60, and 80 drops. Many practitioners deny that castor possesses any antispasmodic and stimulant properties, while others assert that they have used it successfully in low malignant fevers, hysteria, hypochondriasis, amenorrhea, and many other nervous affections. M. Foy believes it would be much more appropriately used by the perfumer than by the druggist.

CATAPLASM camphorated antiseptic. (Reuss), one ounce of powdered bark, half a drachm or a drachm of powdered camphor, and an ounce of rue, added to a pound of cataplasm; it is applied cold to wounds of a bad character; or (Williams), a mixture of malt and boiling beer to the consistence of bouillie. This poultice may be renewed two or three times in the 24 hours; or (Dupuytren), a drachm of kino, half a drachm of camphor, and four ounces of bread poultice; used in gangrene.

CATAPLASM astringent, one ounce of catechu, oak-bark, and barley in powder, boiled in a sufficient quantity of water to the consistence of bouillie; applied cold.

CATAPLASM mercurial. (Hamilton), two grains of the deuto-chloride of mercury dissolved in two ounces of distilled water, made into a poultice, with a sufficient quantity of crumb of bread; to be applied hot on scrophulous tumors, and renewed three times a day.

CAUSTIC ammoniacal. (Goudret), one part of mutton suet, and one of olive oil, melted together, and two parts of ammonia at 22 deg. incorporated; it is employed to produce a sharp and speedy revulsion, or to denude the epidermis.

CAUSTIC (Recamier), six grains of the chloruret of gold, dissolved in an ounce of aqua regia.

CERATE antiherpetic. (Alibert), one drachm of porphyrised cinnabar, 24 grains of camphor, and an ounce of cerate.

CERATE antipsoric, three parts of phosphoretted ether, and 24 of cerate without water. A piece the size of a nut to be used in frictions.

CERATE (Galen's), one part of white wax, four parts of oil of sweet almonds, and three parts of rose water; an emollient and demulcent topical application.

CERATE opiated. (Lagnean), 10 grains of pure crude opium, rubbed down in two drachms of yolk of egg, the whole incorporated in an ounce of Galen's cerate; used in ulcers and painful chancres. Dr. Gibert's opiate cerate is prepared with one part of liquid laudanum in 16 of simple cerate.

CERATE cherry-laurel. (Roux de Brignolles), four parts of white wax, melted in 16 of oil of sweet almonds, and 12 parts of cherry-laurel water, incorporated afterwards; for dressing of burns, old, painful wounds, ulcerated cancers, &c.

CERATE lead and camphor. (Frere Come), eight parts of yellow wax, melted in 16 of rose-oil at a gentle heat, then add two parts of extract of lead, and one of camphor, stirring the while; dessiccative, and antiseptic.

CETRARINE, bitter principle of the lichen Islandicus; prescribed by Dr. Muller as a febrifuge, in the dose of from two to four grains every three hours, combined with gum and sugar.

CEVADILLA (fruit of the veratrum sabadilla), the powder used to destroy insects; given in injection, in the dose of two drachms to ten ounces of water, and eight ounces of milk; it is used to destroy ascarides. Its alcoholic extract, prepared with one part of cevadilla in powder, and two of rectified alcohol, has been given in paralysis.

CHICCORY (wild), leaves and roots; ptisan, one to two drachms, leaves; two to four, or eight (root) in infusion, or gentle decoction, to a quart of water; expressed juice, two to four ounces; extract, half a drachm to two drachms; simple syrup, one to three ounces; compound syrup, two drachms to an ounce, as a purgative for children; tonic and febrifuge, in atonic affections of the digestive canal, and spring fevers.

CHLORINE, in the liquid state, and properly diluted, one to four drachms in eight or ten ounces; chlorine acts as a stimulant; it is administered internally by spoonsful in typhoid fever, scurvy, and some other diseases of the skin, &c.; its use in typhoid fever has been denied, and it is rarely so employed at present; it has also been advised in baths, in chronic affections of the liver; in its concentrated form it acts like the strongest mineral acids; in its gazeous state it is employed only as a hygienic means to destroy putrid miasmata, and purify the air of prisons, vessels, hospitals, &c.; it was at one time supposed to be a specific for phthisis, but later observation has not shewn this to be the fact; certain acute and chronic bronchites, simple or complicated, bronchorrheas, &c., have, however, yielded to its employment.

CHLORURET OF SILVER, recommended by Dr. Serre, of Montpellier, in syphilitic affections, in the dose of a grain, mixed with the powdered orris, to form four frictions on the tongue; he also advises frictions with the oxyde and cyanuret of silver in ointments; these preparations have the advantage of not exciting the salivary glands; many practitioners have not any confidence in the preparations of either gold or silver.

CHLORURET OF BARIUM, in pills, or in a gummy vehicle, in the dose of one-fifth, two-fifths, three-fifths, and four-fifths of a grain; thirty-six grains have been given lately, and at Montpellier the dose has been raised as high as two and four drachms in four ounces of menstruum; its use requires caution; employed in scrophulous diseases, engorgements of the viscera and lymphatic glands, scirrhous affections, dropsy, &c.

CHLORURET OF GOLD, in bolus or pill or in a mucilaginous vehicle; in the dose of 1-5, 2-5, 3-5, and 4-5 of a grain or more, rubbed in on the gums; used in the treatment of constitutional venereal diseases, not curable by mercury, in dartrous eruptions, goitre, &c. In large doses, the chloruret of gold is a very violent corrosive poison; in small doses it possesses stimulant properties; its use requires the greatest caution, but some practitioners aver that it is very uncertain in its action, and that they have given it in the dose of twelve to twenty grains, from the beginning.

CHLORURET OF GOLD AND SODIUM (Chrestien), the same doses, properties and mode of administration as the preceding; the syrup contains about three grains of the salt to a pint of syrup.

CHLORURET OF THE OXIDE OF SODIUM, internally, 15 to 30 drops to a quart of menstruum; externally, in lotion, injections, fomentations, &c., one ounce to three of water. Lisfranc recommends this as a sedative and discutient application to burns of the first and second degree, a discutient action for burns of greater depth. It must not be employed when there is much inflammation, nor until the granulations are well marked, and cicatrization is com-

mencing. The chloride of the oxide of potassium possesses similar properties.

CHLORURET OF ZINC, a salt much employed in the treatment of cancers.

CICUTA, (leaves) powder, two to thirty grains; extracts (aqueous, alcoholic, prepared with the purified or non-purified juice), two to thirty grains in bolus or mixture; ethereal or alcoholic tincture, five to thirty drops; expressed juice, ten to thirty drops; a narcotico-acrid poison, the deleterious effects being in proportion to the intensity of the temperature of the climate where the plant grows. It has very powerful poisonous properties in hot countries, but very little activity in Russia or the Crimea. The success obtained with it by Storck, in the treatment of scirrhous swellings and cancer, has not been realised by other practitioners; it has relieved the pain for a moment, but has not effected a radical cure. In small doses it is recommended in nervous affections, convulsive coughs, &c. Its elective action on the lymphatic glandular system will explain the success obtained in the treatment of indurations of the breasts, testicles, liver, the axillary and sub-maxillary glands, and especially of the mesenteric glands. Bruised and applied as a poultice, fresh conium is often applied externally, to relieve the lancinating pains of scirrhous and cancerous affections of the breast, chronic mammomitis. Dr. Baudelocque uses the alcoholic extract of conium in the Hopital des Enfans, in the treatment of scrophula, in the dose of two grains in pills evening and morning, the dose being increased every second or third day; when headache, disordered vision, general numbness, &c. come on, the use of the medicine is suspended.

CINNABAR: powder, six to thirty grains in bolus, pill, or electuary; used in certain chronic affections of the skin; employed more frequently externally than internally, in fumigation, in the treatment of syphilitic exostoses and ulcerations, of certain old cutaneous diseases, syphilides, &c.

CINCHONINE, internally, four to ten grains suspended in sweetened citron juice, or by the endermic method. This medicine is but slightly soluble, and consequently has very little bitterness.

COCHLEARIA, infusion, one to three drachms to a quart of boiling water; expressed juice, two to three ounces; spirit, two to four drachms as an adjuvant; syrup, one to two ounces.

CODEINE, a therapeutic agent extracted from opium, possessing the sedative properties of morphia, without its inconveniences; it is given in the dose of one-fifth of a grain to a grain.

COLCHICUM (seed and bulb), powder, two to six grains in bolus or pill; tincture and wine, fifteen to thirty drops in julep or mixture; honey and oxymel, two drachms to an ounce; flowers and roots, in infusion, half a drachm to a drachm to a quart of water. A popular remedy at Heidelberg in anasarca. In large doses, colchicum produces a violent gastro-intestinal inflammation, nausea, vomiting, purging &c.; in small doses it is rather sedative than irritating; it is used to relieve severe arthritic pains in medium doses; its action is upon the intestinal mucous membrane, and upon the urinary apparatus; it is employed as a drastic purgative in the treatment of hydro-thorax, anasarca, rheumatism, &c. The dry seeds have been used successfully in tetanus.

COLUMBO (root), powder, ten to forty grains; ptisane, infusion or decoction, two to four drachms to a quart of water; in the treatment of chronic diarrhea, dysentery, atonic diseases of the stomach and bowels, &c.

COLOCYNTH, powder, six to twenty grains in bolus or pills, mixed with some inert and insoluble matter, in order to diminish its violent irritation on the stomach, or else administered endermically; extract, two to six grains, in bolus, pill, or solution. In large doses, colocynth causes violent irritation of the stomach and rectum; in small doses, it is a very energetic drastic purgative. Its irritant action on the rectum is occasionally made use of, to induce the catamenia; and it is also employed in passive dropsy.

COPAIBA, internally, ten to thirty drops in emulsion or on sugar, or in bolus or pill, in gelatine capsules, or solidified by magnesia, and covered with gum and sugar. From two to four drachms may be given in 24 hours. Although copaiba is endowed with well-marked stimulant properties, and is useful in chronic catarrhal affections, cough with expectoration, serous diarrheas from atony, blenorrheas, &c. it is rarely employed except to cure acute or chronic gonorrhea; its special action on the mucous membrane, and especially on that of the genito-urinary organs, is the cause of its being so freely used in the treatment of those diseases. In order to avoid the nausea, purging, vomitings, and the repugnance which is always excited by so disagreeable a medicine, many practitioners administer it only in enemata, containing from half an ounce to an ounce of the balsam, and, it is said, with great success; copaiba has sometimes produced an eruption similar to that of measles or scarlet fever.

CUBEBS, powder (should be preserved in black bottles well stopped), half a drachm to two drachms two or three times a day in bolus or pill, or in electuary, combined with balsam of Peru or tolu; etherial extract, ten to twenty grains in bolus or pill. The action of cubebs is specially on the mucous membranes, and principally on that of the genito-urinary apparatus; it is employed advantageously in the treatment of acute and chronic blenorrhagias and blenorrheas. It is also administered externally in the same complaints either in enema, or injection.

CUBEBINE (Labeylome), extractive, obtained by treating cubebs with water, alcohol and ether; it is employed in the form of lozenge in the treatment of gonorrhea in the dose of twenty to thirty grains.

CYANURET OF IRON, a febrifuge considered by German practitioners to be superior to the sulphate of quinine; dose four to six grains in bolus or pill, two or three times a day during the accession and the apyrexia.

CYANURET OF MERCURY, internally, one-fifth, two-fifths, three-fifths, four-fifths of a grain in bolus, pill or solution; externally, in squamous dartrous eruptions, accompanied with violent itching. This salt has the following advantages; it is more soluble than the deuto-chloride; it is not decomposed by any azotized decoction; it acts more quickly than the sublimate, and does not cause those epigastric pains which so frequently follow the use of the latter medicine. Its employment, however, demands the greatest caution.

CYANURET OF GOLD (Chrestien), internally, one-fifth, two-fifths, three-fifths, four-fifths of a grain in bolus or pill, combined with orris powder, or chocolate paste, in the treatment of syphilitic affections. It is employed in frictions on the tongue.

CYANURET OF POTASSIUM, internally, one-fifth, two-fifths, three-fifths of a grain, in bolus or pill; possesses the same properties as hydrocyanic acid; its use has not been of service in the treatment of phthisis pulmonalis.

CYANURET OF ZINC, internally, a sedative, one-fifth, two-fifths of a grain, and one grain, or more, in bolus or pill; as vermifuge, in one-grain doses, combined with powdered jalap.

CYNARIN, extracted from the artichoke, and recommended by Dr. Montain, of Lyons, as a febrifuge, and substitute for quina; it does not appear to be of service.

DAPHNE MEZEREUM, a bark proposed as a substitute for mercury, and employed in the treatment of syphilis.

DATURA STRAMONIUM, powder, two to twenty grains in bolus, pill, or endermically; extract, two-fifths of a grain to two grains, in bolus, pill, or solution; pulverulent conserve (prepared by adding dry sugar to the powder), eight to eighty grains; cigarettes, in convulsive cough, nervous and idiopathic asthma, &c.; the use of this poisonous plant, as a sedative, in convulsions, neuralgia, rheumatism, &c., demands the greatest precautions.

DECOCTION OF DANDELION iodurétted. (Magendie), half a drachm of ioduret of potassium dissolved in a quart of decoction of taraxicum, and two ounces of syrup of mint added; to be taken by cupsful during the day in chronic rheumatism, old syphilitic affections, &c.

DECOCTION OF GUAIACUM, compound, half an ounce of raspings of guaiacum and of sliced sarsaparilla, macerated for twelve hours in four pints and a half of water, then boiled until it is reduced one-third, after which a drachm of senna, sassafras and liquorice each, is to be added, and half a drachm of rhubarb and coriander seed; after infusing for half an hour, it is to be strained and expressed, set down to deposit, and then decanted; dose, a pint or two daily in syphilitic diseases and chronic rheumatism.

DECOCTION OF LOBELIA SYPHILITICA (Swediaur), five ounces of the root of the lobelia syphilitica are to be boiled in twelve pints of water until the liquid is reduced one-third, then strained and sweetened as the patient pleases; dose, half a pint to two pints daily, in cutaneous and syphilitic affections.

DECOCTION OF POMEGRANATE BARK, two ounces of bruised pomegranate bark, macerated for twelve hours in a pint and a half of water, then boiled until it is reduced one-third, strained and sweetened to the patient's taste. If the bark is fresh, which is to be preferred, the previous maceration is not requisite. Mode of exhibition; the first decoction is taken in three doses, every half hour; the second at twice, evening and morning, for two or three days together, in the treatment for tænia. Some practitioners precede the administration of pomegranate bark by a dose of castor oil, others give the aperient after the second decoction. The vomitings which occasionally ensue after the second dose of the first decoction should not be a preventive of the exhibition of the third.

DECOCTION OF SARSAPARILLA, IODURETTED (Magendie), one drachm of Ioduret of Potassium dissolved in two pints of decoction of sarsaparilla, and two ounces of syrup of orange-peel, to be taken by glassesful during the day, in chronic rheumatism, and in inveterate syphilis.

DECOCTION OF SQUILLS, compound (Italian hospitals), 24 grains of squills, 4 drachms of juniper, three drachms of polygala; bruise them, and boil in a pint of water, until it is reduced to eight ounces, then strain, and add half a drachm of nitric ether. Sweeten to the patient's taste; dose, a table-spoonful every two hours, in dropsies.

DELPHINE, the active principle of the seeds of the delphinia staphisagria, and may be employed in the same circumstances. It has been administered for the dispersion of chronic glandular tumours, in the douloureux, and other nervous diseases.

(To be concluded in our ordinary Numbers.)

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ON THE PHYSIOLOGY OF HEALTH AND DISEASE,

AS APPLIED TO VEGETABLES AND ANIMALS, BUT MORE ESPECIALLY TO MAN.

By M. RASPAIL.

LECTURE XV.

Intoxicating gases produce asphyxia, as well as a train of other phenomena. Disorganization, in fact, is always attended by pain as a symptom; suffering has been given, to every being possessed of reflection, to forwarn it against its own destruction. The symptoms of this pneumatic intoxication vary according to the energy, the proportion and the mode of action of the intoxicating gas: some gases act with the rapidity of lightning; such as the vapour of hydrocyanic acid, as also that gas, whatever may be its nature, which escapes from our privies, immediately on removing the flag-stone; this frightful intoxication possesses no antidote. Other gases, again, act in a more gradual manner, and forwarn us, so to speak, of the threatening danger. The animal experiences an undefinable uneasiness; the head becomes stupified, the mind is disturbed; a restless and unquiet state of the whole system supervenes, as manifested by the gaping and stretching, the convulsive twitchings of the tendons, the sudden and intermitting febrile excitement, attended with a variable state of the pulse; the blood becomes congested towards the head and the heart; the stomach ineffectually attempts to relieve itself of its contents by nausea, hiccough, &c.; the voice becomes feeble, the sight grows misty, a buzzing or ringing takes place in the ears, the faculty of smell becomes lost, and the sense of touch is paralyzed; the animal struggles for breath, and dies in a state of suffocation. Such is the action of the intoxicating gases, when mixed gradually with the air. But if privative asphyxia be suddenly combined with the intoxicating species, the effects which are induced are of a most alarming character; and the same gas would operate in these two cases in two distinct ways. We thus see why human life is destroyed more or less slowly, by carbonic acid, according to the size of the apartment, the volume of the combustible body, and the activity of combustion; and why vitality is so suddenly annihilated, where a man imprudently descends into the bottom of wells or of wine-vats, in which carbonic acid is condensed, and completely replaces the atmospheric air.

With a view of adopting some kind of order in the classification of our ulterior researches, and of presenting some systematic arrangement in our experiments on this subject, we shall divide the intoxicating gases into two principal categories, which we shall designate by the terms—*emanations*, and *exhalations* or *miasms*. We understand by the word *emanation* the disengagement of some deleterious gas or vapour, which is produced by some transient cause, the existence of which is but accessory or accidental to the locality where the phenomenon takes place. Smoke, the various products of combustion, the vapours or gases disengaged from our iron-works, sewers, drains, &c., are *emanations*. *Miasms* are in respect to *emanations* what geography is in respect to topography. Their focus of elimination being constant, they become a component part of the local atmosphere. They are disengaged from the stagnant waters or from fissures in the soil itself; their influence is lasting, as the nature of the locality which produces it. Marshes and volcanos are the sources of *miasmata* or *exhalations*.*

Each of these two categories may be subdivided into two others: the one which comprehends acid gases or vapours; and the other, gases or vapours with an excess of base or of alkalinity. Lastly, each of these two classes may be again subdivided into two ultimate ones: simple substances and compound substances; and which are acid or alkaline, according as the acid or the base predominates. The intoxicating action of a deleterious gas or vapour varies in intensity and in character, according to these different circumstances; the acid, which destroys by combining itself with the bases of the tissue, or with the saline bases of the liquid, does not act in the same way as ammoniacal vapour, which is destructive by appropriating to itself the carbon, at the expense of the organic molecule of the organized tissue, or else by dissolving the albuminous tissues, which were destined to undergo a more solid organization.

1. *Acid emanations or exhalations, or those which act after the manner of acids.*—The introduction of a certain quantity of acid substance into the current of the circulation, suddenly perverts its properties, the base of which is alkaline, and renders it unfit for the nutrition of the tissues, which are then no longer able to aspire; and the circulation becomes arrested.

1°. Smoke.—Smoke is the product of the combustion of vegetable tissues. These products, however variable may be the organization from which they emanate, are in general composed of aqueous vapour, ammoniacal salts, carburetted hydrogen, carbonic acid and oxide of carbon; acetic acid more or less impregnated with essential oil; lastly, volatile salts with an ammoniacal base, and fixed salts, as well as particles of coal, which the aqueous vapour is capable of carrying as high as the region of the clouds, but which are mostly detained in the chimnies, and deposited as soot upon the walls, wherever the aqueous vapour, which serves as their vehicle, becomes condensed. In consequence of this inextricable mixture, smoke carries with it the antidotes of its numerous poisons. It exhausts rather than poisons. It irritates the mucous membranes, provokes the tears, cough and sneezing, by its essential oils; but if the air have free access to an atmosphere charged with these vapours, life may be maintained in this medium for a long time with impunity. Suffering is induced, but respiration is still carried on; and but few traces of this suffocation are left behind, as soon as the individual is removed into a free and pure atmosphere. Still the habit of living in such an atmosphere cannot fail to exercise a most injurious influence over both mind and body: it would render us morose, impatient, irritable, incapable of any work of reflection; while, as a consequence of this waking-state, our sleep would be disturbed and unquiet.

2°. Combustion of Charcoal.—Charcoal is not carbon in a perfectly pure state; it contains also carburetted hydrogen, either in a gaseous state, or as an essential oil, which necessarily complicates, during its disengagement, the phenomena of the asphyxia caused by its combustion. Charcoal while burning robs the atmosphere of its oxygen, to transform itself into carbonic acid and oxide of carbon; by the simple fact of this absorption of oxygen, its combustion, as also all combustion in general, becomes asphyxiating, but its deleterious qualities are inseparable from its privative qualities; combustion cannot deprive a medium of its oxygen, without disengaging in it the products of the combination. About fourteen years ago I brought to light some very interesting experiments of Fontana, upon the subject now before us: these experiments had been totally forgotten. Fontana had established, by experiments upon the living animal, that there are two distinct phases, in the combustion of charcoal; the first while it is being kindled, and the second when it is thoroughly lighted and incandescent. In the first period, more carbonic acid is produced than oxide of carbon; and in the second, much more oxide of carbon than carbonic acid. In the latter period, asphyxia will then be more privative than intoxicating; in the former period, the case is exactly reversed. The progress of asphyxia or of intoxication is so much more rapid, as the combustion is more active, and the medium less accessible to a renewal of the air; and, according as the capacity of this medium shall permit it to become heated to a greater degree and more quickly. Asphyxia, by charcoal, is a painful and convulsive asphyxia; for the slowness, with which it becomes kindled, allows the oxygen to combine itself during a long period, with the carbon, into carbonic acid; the flame which is disengaged from it, moreover indicates that the combustible body is also rich in essential oils and carburetted hydrogen. Few persons commit suicide by this means; for the suffering quickly overcomes the resolution, and the feeling of self-preservation resumes the upper hand, as soon as the reason wanders, and when convulsions automatically arouse the muscular energy. The unhappy being now flies from the death, which before he had courted; he finds it not so sweet nor so attractive, as he had imagined; he darts from his bed, to break open either the window or the door, and thus give access to the external air,—the antidote to the poison by which he is encompassed.

Asphyxia is much less intoxicating by that species of charcoal which has been deprived of its aqueous and oleaginous parts by a first incandescence, and which has thus been rendered lighter and more porous. This substance, becoming more quickly kindled, passes sooner to the state of incandescence, that is to say to the period, in which the carbon becomes combined, with the oxygen, into oxide of carbon. The unfortunate being who may be surrounded by this gas, is lulled asleep without suffering; a light and soothing sleep is induced, which, in his eyes, realizes by anticipation, the repose which he seeks in death. How, then, can we expect a love of life to return in that bosom, which has been agitated by so many throes, when death presents itself under such enticing features? I have lately had an opportunity of paying great attention to the phenomena of asphyxia by charcoal, from having been engaged in testing the qualities of the new combustible material, for the invention of which M. Wurmser has taken out a patent. This new substance, composed of the refuse which is cast into the streets, emits neither odour nor smoke, and burns like common charcoal; it ignites more quickly than it, and lasts a longer time; sufficient may be furnished for the consumption of all Paris, about 1,500,000 tuns *per annum*, without having recourse to importation, or the least addition of wood, and by means alone of the refuse and offal of the capital itself.

Now, when experimenting on the asphyxiating qualities of the different kinds of charcoal, I

* These terms are very frequently confounded together. The word *mephitism* conveys the mode of action of both. We might say, in common language, that an emanation takes place without visible or sensible sign, while an exhalation is plainly perceptible; that the miasm, in fine, is an emanation on a large scale.

have met with certain anomalous results, which I should perhaps have been led to regard as general rules, had I not adopted a more extended examination. The stove which I employed was constructed of thin iron plates, capable of containing about fifty *litres* of air, and having an opening in the centre of its upper surface, over which was placed a glass bell, large enough to contain a small mouse-trap or cage. The animal was thus placed at a distance of 50 *centimetres* above the lighted chafing-dish. The chafing-dish itself was about 20 *centimetres* in diameter, and capable of containing 500 *grammes* of charcoal.

On the 21st of April, 1842, I placed a lively mouse beneath the bell, and introduced into the stove, a chafing dish containing common charcoal which was beginning to kindle. This was at 12 minutes past 3. The mouse did not commence to struggle till 7 minutes after 4; in another minute it was dead. I removed the bell, ventilated the apparatus, and recommenced the experiment, with another mouse, equally lively, which I submitted this time to the influence of the patent charcoal. The chafing-dish, in which the charcoal was commencing to light up, was introduced into the stove at 46 minutes past 4; in one minute, the mouse became uneasy, gnawing the wires of the trap; at 50 minutes past 4, it lay upon its sides in a convulsed condition; at 55 minutes past 4, it was dead. This latter experiment occupied but 8 minutes; the first lasted nearly an hour. Whence, then, this difference? It depends on the circumstance that common charcoal is very long lighting up, whilst the patent preparation kindles almost immediately. In fact, the effects take place with an equal degree of promptitude, with both species of charcoal, when they are introduced, in the incandescent state, into the stove. This is demonstrated by the two following experiments, which were performed on the 25th of April following, on two sparrows. *With common charcoal:* introduction of the chafing-dish, thoroughly lighted up, at 55 minutes past 2; in two minutes, the bird began to flutter and to struggle; at 58 minutes past 2, it was dead. *With the patent charcoal:* introduction of the chafing-dish, equally lit up, at 19 minutes past 3; at 21 minutes past 3, the bird panted and fell upon its side; at 22 minutes past 3, it expired Three minutes sufficed, as we see, in both cases, to produce a perfect state of asphyxia; and the animal was not restored to life, although the bell was removed, and air admitted, immediately that it appeared motionless. Asphyxia by charcoal is then of a convulsive character, as Fontana had pointed out some time previously. Although its energy varies according to the extent of the locality, the relative volume of the burning charcoal, the heat which results from it, and the size of the animal which respires it, still we see that, when once they take place, its results are irrevocable; assistance, however prompt it may be, generally comes too late. Asphyxia by burning charcoal is not simply an asphyxia by privation, it is principally a deleterious and convulsive asphyxia; for it introduces, into the blood, a principle, of which the acidity suddenly changes the alkaline nature of this fluid, and consequently its physiological destination.*

3°. Gas used for lighting the streets.—This gas is a more or less complicated compound, when impure, but in which carburet of hydrogen predominates. We may judge by that of its unfitness for respiration.

4°. Disengagement of carbonic acid by alcoholic fermentation, or by any other meteorological means.—Alcoholic fermentation is brought about by the disengagement of carbonic acid and of hydrogen. The carbonic acid, being heavier than the hydrogen and the air, remains on the surface of the ground, unless carried away by some violent current of air. Thus we find it dwelling for years together in the bottom of wine-vats, and in that of certain wells; every one knows the phenomenon presented in the *Dog-grotto*, at the foot of Vesuvius, so named, since dogs fall down dead in it, while their masters remain sound and well in the upright position, because the stratum of carbonic acid which exists there, does not exceed the height of the dog. Asphyxia in these different cases, assumes the same characters as in that produced by charcoal, with the exception of the symptoms owing to the elevation of temperature, and to the simultaneous disengagement of oleaginous gases, and carburetted hydrogen. It is a convulsive form of asphyxia, which is so much more rapid, as it is more deleterious.

Every species of fermentation disengages carbonic acid; but in certain cases, such as that of the putrid fermentation, this gas becomes saturated during its disengagement, or dissolved in the liquid, as we see in the steeping of hemp. The most serious attention should then be given to these considerations, whenever we have occasion to send workmen down into a vat or a pit, at the bottom of which grounds or other moist vegetable substances have been left; for it is impossible that, in the midst of this moisture, some kind of fermentation shall not have taken place, and consequently a considerable disengagement of carbonic acid. I was consulted, in 1840, upon a similar case, which gave rise to a claim for damages. A wine grower, no doubt forgetting that he had left the husks of the grape at the bottom of his vat, sent down a poor labourer to make some repairs, and, in addition to this act of imprudence, left the place to pursue his other occupations; when he returned, the man was dead, having been asphyxiated by the carbonic acid gas. It was evident to me that the owner was culpable, by imprudence, of the death of this poor workman, and he could not better repair his fault, than by granting a pension to the widow and children. We may attribute, with great probability, the greater portion of the morbid phenomena, which are experienced in low and damp places, to the disengagement of carbonic acid, arising from the soil. In fact, the vegetable matters contained in the soil cannot fail, in this medium, of being in a constant state of fermentation; and, moreover, at every change in the specific gravity of the air, a disengagement of carbonic acid is apt to take place, from the spontaneous decomposition of the calcareous carbonates. If we place some fragments of limestone recently extracted from the bowels of the earth, beneath the bell of the air-pump, and then create a vacuum, we shall quickly find the glass become filled with carbonic acid. Now, when the air is rarified, a similar species of vacuum is formed, and which must produce analogous results. Thus the poor workman who may, by chance of birth, be condemned to labour in low situations, is not long in perceiving the effects of this mephitism in the decomposition and deterioration of his blood. The atmosphere may be compared to an immense pneumatic bell, in which the variations of heat, the water-spout, sudden gusts of wind, flashes of lightning, &c., often create a vacuum, and this in large proportions; at each of these strokes of the atmospheric piston, the earth gives forth its deleterious exhalations. The vicious construction of our kitchen stoves is the cause of deterioration of the health of those who have to stand over them. The carbonic acid, which is disengaged from these stoves breast high, arrives directly at the lungs of the person manipulating. Hence the vitiated state of the blood, which becomes congested about the large vessels, the derangement of digestion, the loss of appetite, œdema, vertigo, dizziness, &c., and as a consequence, a predisposition of the tissues, to receive diseases of every kind, by whatever vehicle it may reach them.

5°. Combustion of Pit-Coal.—The combustion of pit-coal is, perhaps, less injurious than offensive to respiration, when burnt in a good chimney. The gases which are disengaged from it are of too mixed a nature not to be heavy, and, therefore, remain on the surface of the ground, when the current of air has not sufficient draught, to carry them along the tube of the chimney. The sulphur combines itself with bases almost immediately that it becomes oxygenated into sulphurous or sulphuric acids; the essential oil, which abounds in it, is converted into a soapy compound with the carbonic acid and the volatile sulphurets, so as to render them less fit for respiration than for deglutition; and their action on the stomach, under this form, and in small quantities, is not at all injurious; they even frequently perform the office of a condiment. Suicide by exposure to the smoke of common coal is hardly possible, for the gases which it disengages act with such violence, when confined in a room without any current of air, that the individual is quickly aroused from the lethargy, in which his mind has been steeped. We all know how insupportable is the combustion of coal, when the smoke beats down into the room, and is thus brought into immediate contact with the olfactory and respiratory organs. To understand this, we have only to bear in mind that coal is an intimate mixture of empyreumatic essential oil, of decomposable sulphurets, of carbon in an infinitely divided state, of resin, and then of earths, with which the whole are amalgamated together.

6°. Disengagement of Acid Vapours from our Manufactories.—The neighbourhood of certain manufactories is the scourge of the surrounding vegetation, whatever care may be taken to raise the height of the chimnies. Acids, in fact, being heavier than the air, incessantly fall upon the soil in the shape of a destructive rain. The large trees, on the road-side, become dried up, and the plants wither away in the bud; it is evident that the health of the inhabitants must suffer by this unwholesome condition. As to the workmen of the establishment, they may be preserved from its effects by judicious arrangements; and we should be wrong to argue, from their state of health, as to the justice of rejecting the complaints, often too well founded, of the neighbours. How is it possible that the animal respiration can escape, when we find, even at a considerable distance, that every thing which is green turns yellow, that which is blue becomes red, and that the surface of the walls, as well as that of the soil, becomes covered with a nitrous efflorescence?—These emanations re-act with so much the more energy, upon the animal respiration, as the air is drier, and the earth more arid. In fact, the acid emanations which remain upon the soil, can only combine and become neutralized with its earthy bases, by means of the moisture derived from the water-courses, or from the rain; in dry weather, they are left in strata of variable depths, exposed upon the surface of the ground, and thus exert a deleterious action on all living beings that come within their reach. The establishments for the manufacture of vitriol, chlorine, aquafortis, hydrochloric, hydrocyanic, acetic, and pyrolignous acids, phosphorus, fulminating powders, &c., and the iron and copper works, more especially the latter,* &c., ought in this respect, to engage the special attention of the members of the local administration, who should never lose sight of the fact that children are more accessible to these terrible emanations than adults, not only by reason of the susceptibility of their young tissues, but also, in a particular manner, because the shortness of their stature keeps them constantly placed within the denser layers of these corroding vapours. Hence, the softening of the bones; the transformation of the mucous tissues into expectorable matter; the inflammatory excitement of the capillary system; the abnormal action of the different functions; pain in the stomach and bowels; disordered digestion, vomitings, giddiness and vertigo; symptoms which are dependent on the poisonous action of these vapours on the system.

In the foregoing observations, it is understood that these emanations, to produce the effects we have pointed out on the animal œconomy, shall be disengaged in considerable volume, and remain

* This fact implies no contradiction, to what we previously stated, as to the absorption of carbonic acid by the walls of the stomach and by the green and herbaceous tissues of plants; for, in the latter case, the carbonic acid is decomposed, and consequently does not reach the blood, in the acid state.

* If we dissolve some copper in aquafortis, or dilute nitric acid, we find a bluish vapour disengaged, consisting of particles of nitrate of copper carried away in the nitrous acid gas; a combination in which the deleterious qualities of the nitrous acid gas are conjoined with the still more poisonous properties of the salt of copper.

for some time in the atmosphere in a free state. For a moderate acidulation of the atmospheric air by a small quantity of chlorine, of pyrolignous or of any other acid, will be favourable to public health, when the air is loaded with putrid miasmata; when any contagious affection is raging among the population; when the dampness of the streets favours the fermentation of the filth; upon the edges of marshes, and of stagnant waters; in the neighbourhood of slaughterhouses, sewers, &c.; and, in fact, in all places, where putrefaction prevails, and discharges its miasmata into the air.

7°. Vapour of Iodine.—The vapour of iodine may produce asphyxia by privation; but its poisonous action on the respiratory passages has been greatly exaggerated. When in 1828, I was actively engaged in the study of the different kinds of fœcula, I happened, unknown to myself, to pass nearly four hours in an atmosphere loaded with an uninterrupted disengagement of iodine; I was so much familiarized with this odour, that I did not perceive it; and I was only acquainted with the danger with which, according to toxicologists, I had been threatened, after having been into the air outside the chamber, and having re-entered the room shortly afterwards. I did not perceive the least inconvenience; but still I thought it prudent to swallow a few drops of ammonia in a glass of sweetened water; I went to bed, after having finished my experiment, and passed an excellent night.

COURSE OF LECTURES ON THE THEORY AND PRACTICE OF MEDICINE.

Delivered by C. J. B. WILLIAMS, M.D., F.R.S., Professor of the Practice of Medicine, and of Clinical Medicine, at University College.

In the last lecture I mentioned that there were some varieties of pneumonia, which are important to be borne in your recollection. You will remember that I told you that pneumonia arose from matters in the blood producing congestion of the lung,—an organ which is exposed in an especial way to irritation by any foreign matters conveyed through the medium of the circulation. The bite of the rattlesnake is, for this reason, very apt to cause it. It occurs likewise as a complication of granular degeneration of the kidney, in which the urea is retained in the circulation. Of the varieties of pneumonia, there are those I have already described:—the two great forms, the sthenic and the asthenic;—but there is one of the asthenic kind which is highly remarkable, and very important. It is called typhoid pneumonia, and is that form of the disease described by a French writer under the head of idiopathic fever. The symptoms of typhoid pneumonia are often very obscure. There is little or no expectoration, and the patient is stupid and heavy, or in a state approaching coma or delirium. There is, however, with this but little heat of skin; it is only partial. There may be a clammy sweat outside the chest and the abdomen. The urine is unusually disordered, and of a high colour, and the fœces too are of an unhealthy character. The lungs are found greatly gorged, so much so that, on cutting into them, they appear watery, and serum is exuded in large quantities; sometimes too, the blood is coagulated. There is a little consolidation, but not to so great an extent as in the sthenic pneumonia. This appears to be a modification of the suppurative form, as sometimes pus is effused into the air cells in the midst of congestion. The physical signs are chiefly, dulness in the posterior parts of the lung, attended with an absence of the respiratory murmur. Perhaps this affection is more congestive than truly inflammatory. It seems to be a disease affecting the blood, and also the blood vessels by a sort of paralysing stroke, injuring their contractility and their tonicity. Therefore, when congestion or inflammation is obviously connected with a typhoid state of the whole system, and a disordered condition of the blood itself, it is more difficult of removal, and of course requires a different treatment.

Now, the modifications of pneumonia with pleuritic effusion are, in some points, remarkable, The inflammation of the lung often extends to the pleura, which becomes affected too, causing the usual products of pleurisy, but these products are not so abundant as in other cases, and consist merely of lymph and of a little serum. This is not so much dependant on the inflammation of the lung, as that where the pleura has been originally affected, or where the inflammation of the pleura is attended with inflammatory action in the lung itself, then the inflammation of the lung exhibits a remarkable modification. There are certain pathological differences, and generally there is but a small quantity of effusion. For instance, in the congestive state of the disease, some time after death the lung exhibits a less humid appearance, more approaching to a state of consolidation, and wanting the softness and crepitation which inflammation, unattended with liquid effusion, exhibits. As the disease goes on, some modification appears to be produced. There is little or no granular appearance in the lung, but its tissue seems to pass from a flaccid state to one of greater hardness and density. The consolidation, moreover, is uniform, not granular; and it is of an uniform redness. The lung appears as if converted into flesh or muscle. The disease, in this state, has a much greater tendency to stand still; it is less rapid in its course, and less inclined to run on into the suppurative stage. But, as I said before, the results are more permanent when consolidation has taken place under the influence of liquid effusion, and they are not so easily removed. And this leads to other changes in the diseased lung; it is inflamed, liquid effusion compresses it, and the process of adhesion takes place. Now, the phenomena which I described under the head of pleurisy, take place here. The rigidity of the parts prevents their due contraction; and when air, therefore, finds an entrance into the lung, the effort of expiration is more or less impeded; the air enters the tubes, and distends them more and more, and hence, dilatation of the bronchi is frequently met with. This is the result of pleuro-pneumonia of the long continued kind.

The symptoms of pleuro-pneumonia differ principally from those of pneumonia, in their degree of intensity. There is, generally, a pleuritic stitch. The pathological signs are a combination of the signs of the two diseases. Crepitation is, in the early stages, more distinct at the exterior parts; while, in the interior, there is a degree of dulness on percussion. There is likewise a tendency to bronchial respiration; for this reason, that the lung is not, generally speaking, pushed aside, as it is in common pleurisy. The lung comes into contact with the walls of the chest, and the consolidated tissue transmits the tubular sound, and the breath sound, to the surface; then, under these circumstances, you hear some tubular respiration. But what is more remarkable, you have the modified voice sound. You have bronchophony transmitted by the consolidated lung, modified by its passing through the liquid, and creating a sort of mixture of bronchophony and œgophony. The degree to which it approaches that point, depends very much on the quantity of liquid. Where the quantity is considerable, it is more œgophonic, and where it is inconsiderable, and nearer the surface, the sound is more bronchophonic. There is a cracked character, giving a buzzing sound to the voice.

Now, we have considered the subject of acute inflammation of the lung, both in its sthenic and its asthenic form, as also the treatment of it. The same disease, a disease similar in seat, likewise exhibits itself under the form of chronic inflammation. This affection occurs but rarely, though it is not half so rare as it is generally believed to be, and for this great reason: that the disease in some measure changes its character and its name, when it becomes chronic. When inflammation of the lung, or what is called inflammation, continues for upwards of six weeks, the obstruction continuing, and having a tendency to pass to the changes of softening and of suppuration—then it does not exhibit the character of common inflammation, but more resembles phthisis. However, there is a form of chronic pneumonia which seems to be a congestion, like that which is the result of asthenic inflammation. Where it succeeds to the acute disease imperfectly cured, where the inflammation, instead of being entirely removed, continues in a reduced degree and keeps up the products, there may be more or less of the general symptoms; such, for instance, as the quickened pulse, heat of skin, and the constitution not being in a state of convalescence—not restored to its stamina—some degree of weakness continuing; and with this, there is a certain degree of troublesome breathing. The breathing, although not oppressed, is quick on exertion, and cough is generally excited by this cause. The physical signs under these circumstances are, a remaining soreness in the affected lung, the dulness continuing, with the signs of consolidation; namely, bronchial respiration, or bronchophony, to a greater or less degree. There is frequently a good deal of expectoration, but this is the result of chronic bronchitis. It very often varies; not having the character of purulent expectoration, but somewhat resembling the expectoration of the acute stage of pneumonia, but without the rusty appearance. It is, generally, viscid and glutinous, sometimes partially opaque. This expectoration often prevents the physical signs or sounds of bronchial respiration from being heard, and the voice from being transmitted through the bronchial tubes. The sound is more or less obscured in that part of the lung, and what is heard is of a mucous character,—the crackling, sonorous, or sibilant rhonchus. Then, there is another character, too, exhibited by this chronic pneumonia. If it continues long, the chest contracts in size over the corresponding part of the lung. This is one of the general results of chronic inflammation, and this contraction is, by many authors, described as a sequel occurring after pneumonia. This chronic pneumonia, however, very frequently exhibits a circumscribed form; it does not affect the whole lung, but only one lobe of the lung; and this being the case, there is some irregularity in the sound on percussion. This is extremely puzzling. The fact is, that while some of the globules remain condensed, or in a state of consolidation, and thus unable to receive air into their cavities, others become too much distended, and are thrown into a state of pulmonary emphysema. This is a common result of pneumonia in the chronic form. On examination after death, these appearances are met with:—the consolidated parts may more or less resemble a state of hepatization, which may be either granular or uniform. The granular appearance I have described before, but the chief difference is in its toughness and hardness. The hepatized lung, you know, is hard to a certain degree, but it easily breaks down under the finger. Now, in the chronic state, it is not only solid and firm, but very tough, so that you can with difficulty break through the substance with the finger. It is also less red than in the acute stage of inflammation. It has a brownish tinge, or, sometimes, a greenish hue, and in some cases it is almost black. This occurs most usually in the circumscribed form of pneumonia. The hypertrophy is not at all uniform, or affecting all the textures alike, so as to produce an even enlargement of the lung; but there is an hypertrophied condition of the vesicular texture, or rather of the inter-cellular texture, and this causes a great part of the increased toughness and solidity which the lung presents in chronic inflammation. Now, this patch of inflammation is generally circumscribed, so that there is not a general expansion of the lung, but while certain parts are more enlarged than naturally, there is a puckering or corrugation of the adjoining parts of the lung. Now, chronic pneumonia, it would appear, has a tendency to one or two results. The tissue of the lung may become more and more contracted, until, by and by, the greater part of it seems to be absorbed and removed away. This is one of the causes of contraction met with in phthisical lungs—lungs affected with tubercles. You find pneumonia exhibited in these lungs; and this has been described by Laënnec, by Louis and others. Thus, you see, chronic pneumonia must be taken into account, not only as a separate disease, but as being mixed up with tuberculous affections of the lungs. This is one result; and I have met with it in a separate form,

without there being any tubercles. In cases of chronic pneumonia in children, succeeding to hooping-cough, the inflammation is very apt to be globular, or confined to the cellular texture surrounding the air-cells; and this is probably one reason why it does not extend over a large surface; but still it may remain in that state for a long time. In adult subjects, I have frequently found the lower part of the lung in a perfectly solid state, exhibiting a very tough consolidation, more or less uniform, and more or less hypertrophied; and the cellular texture, around the bronchi and large vessels, exhibiting a completely mottled appearance. But there is another result to which this disease appears to tend. Sometimes, in this very stage of the affection, ulcerated cavities are found in the tissue. I speak from the result of extensive experience in this matter. In the tough, solid texture, I have just described, there appear one or more cavities, communicating with the bronchial tubes, and exhibiting an ulcerated state. Then, again, in connexion with this, are cases of pleuro-pneumonia,—cases where the liquid effusion presses on the lung, causing increased consolidation, and a slower progress of the disease, either towards cure on the one hand, or destruction and suppuration on the other. Again, take the the result of pleuro-pneumonia:—this is very apt to pass into the chronic form, and with the contraction of the lungs, there will be pleuritic effusion. I knew a case, in which the lower part of the lung was in a partly consolidated state, exhibiting the dense, tough consolidation I have just described, and it was also contracted to a greater degree than you meet with in the common consolidated lung, which appeared to have arisen from the previous pressure of the effusion. In the middle of this, was a large cavity, differing from the tuberculous cavity, and it was in the lower lobe of the lung, the upper lobe being comparatively free from disease. The patient exhibited signs of this cavity during life. I may here mention, that the excavations met with in phthisical lungs, appear to consist, in many parts, not merely in the removal of tuberculous matter, but likewise in an ulcerated condition of constricted portions of lung, which had been previously consolidated by chronic inflammation. Now, this chronic affection brings us to the subject of consumption, with which it is closely allied, and I shall treat of this subject to-morrow.

Tartar on the Teeth.—M.. Mandl has ascertained that the tartar, which is deposited on the teeth, consists of the skeletons of dead infusoria or vibriones, agglutinated by dried mucus, nearly as certain earths, according to the researches of M. Ehrenberg, are composed almost entirely of fossil infusoria. These animals exist in the living state in the mucus, which is accumulated upon and between the teeth, and they also constitute the greatest part of the mucous coating of the tongue in persons whose digestion is disordered. According to an analysis of tartar, made by Vauquelin and Langier, it consists of sixty-six parts of phosphate of lime, nine of carbonate of lime, fourteen of animal matter, (of a yellowish-white, different from the gelatine of bone) and three parts of oxide of iron, and phosphate of magnesia. Other chemists have found the proportions different; sometimes the phosphate of lime was more abundant, and sometimes the animal matter or mucus.

The Bruit-de-Soufflet.—Dr. Kilgour states that the bruit-de-soufflet is of value as a sign, when permanently present, that disease does exist somewhere in the heart, pericardium, or large vessels, but that it is not a guide to the special site of the lesion. If there is a slight exception to be made to this opinion, it is, that the greater distinctness of the sound in the large vessels of the neck is an indication of disease in the aortic valves, provided it is confirmed by the jerking or leaping character of the pulsation in the same vessels.

OVARIOTOMY.

Another Case of Extirpation of Diseased Ovary by the major Operation.

By CHAS. CLAY, Member of the Royal College of Physicians, London, Lecturer on Medical Jurisprudence, &c. Piccadilly, Manchester.

From the suggestion of my kind friend Professor Simpson, of Edinburgh, to whom I feel greatly obliged for much information I have received on a question so interesting to me, I have adopted the title at the head of this paper, considering it not only very expressive of the object in view, but equally legitimate with other terms in surgical science, with similar terminations.

In addition to the cases already recorded by me and others, principally through your valuable journal, I have now to give, through the same medium, the result of my seventh section of the Peritoneum for the Extirpation of Diseased Ovaria, &c.

As the merits of the major and minor operations have been freely discussed since the publication of my first cases, I need not renew the subject here, any further than to state, that I am fully prepared to shew by documentary evidence (that with very few exceptions indeed) the major operation is now generally, and justly preferred by the most celebrated characters both at home and abroad.

I do not deny the existence of cases where the minor incision might be practised with success, yet I feel confident, (and experience gives me that confidence,) that in all cases (without any exception) less difficulty will accrue at all times to the operator, by the adoption of the large incision, *without in the least adding to* the peril of the patient.

In the *Medical Gazette* a few weeks ago, I find a case of the minor incision, recorded by Dr. F. Bird, attended by a successful result, on which I cordially congratulate him. Nor do I find any fault with him for preferring the small incision in *that case;* but I am convinced, that if he had not been singularly fortunate in his case being free from adhesions, he would not have had room to descant on the merits of the minor incision over the major, as he would have found the former totally inadequate to accomplish his purpose.

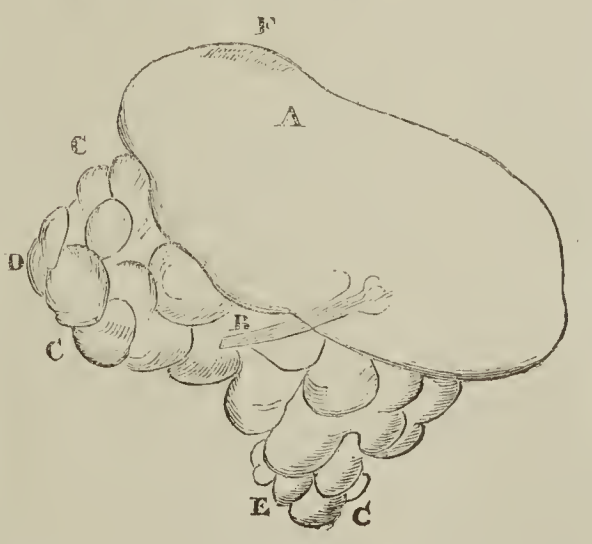
Dr. Bird states, that he learned but little from the previously recorded cases of my own and of Mr. Walne on this question, although it would be difficult for him to prove that he ever read of cases more minutely recorded on any subject than those of mine for the extirpation of diseased ovaria. The analagous treatment adopted by Dr. Bird, shows a singular coincidence which, though not unexampled, is certainly rare. I am however at a loss to see the justness of Dr. Bird's reasoning on the merits of two operations, on the isolated experience of one case only, and that singularly fortunate in its character, (in being free from adhesions) where the minor incision happened to be sufficient for extirpation. I have stated already, and I here repeat it again, that there are no certain means of knowing that the diseased part is perfectly free from adhesions, with the exception of course of the pedicle, and on that ground I maintain that the minor incision, in nine cases out of ten, would be inadequate for the completion of the operation; nay, I even question if the dragging of the pedicle (if short), though no other adhesions be present, will not always be a serious objection to the minor incision. Again, whoever attempts ovarian extirpation and finds no adhesions, will do a serious injury to the enquiry, if he supposes from that single case that adhesions seldom exist, and therefore argues in favour of the minor plan. In all my operations I have found no case entirely free from, and some with very many and extensive adhesions. Let those who advocate the minor plan once come in contact with a case where adhesions are extensive or numerous, and I have no doubt (however slow to acknowledge it before) ere the operation is concluded, they will be as strong advocates for the roomy incision as I am, not even excepting Dr. Bird himself; and what is more certain still is, that though the small incision be adopted at first, that incision will have to be enlarged before the tumour can be removed,—thus the minor will often terminate in the major operation. During the past year I have diagnosed a great number of cases of ovarian disease—certainly not less than a hundred,—and I feel confident, I have not seen one case on which I should like to run the risk of the small incision for the extirpation of the tumour. Time and statistical accounts have already settled this question in favour of the large incision, by which there is not a tithe of that injury committed which is the almost unavoidable consequence of the minor operation, arising from want of room and dragging of the parts, and not being able to see the extent of injury the operator may be inflicting. I was the first to adopt the large incision in this country; I never regret its adoption, and I strongly advise it in preference to any other mode. I will now give the case, as briefly as its importance will admit.

Hannah Hague, æt. 32, of Rye Croft, near Ashton-under-Lyne, had been suffering from ovarian disease for five or six years. It commenced on the right side, without any other known cause than that she recollected having a fall some years back, after which she felt pain in the right groin. She had submitted to tapping six times; first time 17 lbs. of fluid, second, 18 lbs. third, 20 lbs. fourth 20 lbs. fifth 22 lbs. sixth 25 lbs. The last tapping was a few days before the extirpation. I do not usually approve of tapping, except at the time of operation, after the first incision, when the sac is exposed; but as this case had only been under my care a few days, I felt anxious to ascertain if there was much solid matter connected with the sac, a point not very clear, whilst the sac was distended with fluid. The catamenia had been regular, and when the sac had been emptied of its contents, a large solid nucleus appeared to fill the pelvic cavity above the upper aperture, as well as below it. As far as I could ascertain, I thought the sac and tumour pretty free from adhesions, and, therefore, advised the operation. A medical gentleman, however, in the neighbourhood, strongly advised her to take a course of medicine, and not to submit to the operation at all, which he characterized in the worst view possible. My patient went under his treatment for a time; ptyalism was produced, great prostration of strength followed, without any benefit being derived. She now determined on having the operation performed, as soon as I thought she was sufficiently recovered from her debility to undergo it with a chance of success. She subsequently took lodgings in Salford, near Manchester, and Aug. 21st was appointed for the operation. I should have mentioned that she had never been married, nor had any children. The operation was conducted similarly to those already published, in the presence of Dr. Radford, Messrs. Southams, Close, Winterbottom, &c. surgeons. After the integuments were divided, I discovered a broad patch of adhesion of the sac to the parietes, about midway between the umbilicus and the sternum; with this exception, no other obstacle presented itself, and the operation was concluded in less than twenty minutes, including dressing, bandaging, and putting to bed. My patient was of a weak, delicate habit, and had been much worn down by the disease; nevertheless, she bore the operation extremely well, complaining only of a severe pain about the right groin and low down in the back; but as this is usual after the operation, I depended on the morphine for its relief. The temperature of the room during the operation was rather more than 70° F.; and for some days the thermometer was only allowed to range from 68 to 70°. Some medical gentlemen think I attribute too much to the raised temperature of the apartment; I do not think so, and therefore earnestly advise all who operate not to overlook this (in my consideration) important fact. Very little blood was lost during the operation; certainly not more than three or four ounces. The tumour weighed 29lbs. 14oz., the empty sac and solid portion being about 14lbs., and the fluid contents near 16lbs. It must be also borne in mind, that the sac had been emptied only a few days before, to the extent of 25lbs. of fluid. I would here observe, even supposing I had had no adhesions at all to contend against, (which I had) what could I have done with an incision of three, four, or even eight or nine inches in length, to extirpate 14lbs. of solid matter? In other words, the minor operation in this case would have been a decided failure, and such an attempt must have terminated with enlarging the incision.

General Remarks.	Vomiting.	Sleep....	Motions..	Urine....	Cough ..	Pain	Flatus ..	Thirst ...	Tongue ..	Surface...	Pulse	Temperature.	Operation, 2 o'clock. Monday, Aug. 21. Temperature 71. Pulse 76.
Medicines Ordered, &c., Aug. 20, *Fel Bovis*, ℈j. Had a motion, and passed urine immediately before the operation; after operation gave 1½ grs. of mur. morphine.													
Complains of severe pain in the loins, and groin, right side—panada and toast-water.	Little.	None.	None.	None.	None.	Severe	None.	None.	Clean.	Cold.	82	71	4 o'clock, P.M.
Free from pain no sleep—gave mur. morphine gr. j., panada, and toast-water.	None.	None.	None.	None.	Do.	Little.	None.	None.	Clean.	Warm.	72	71	9 o'clock, P.M.
Urine drawn, ℥viij—gave calomel and opium, of each 1 gr.; panada diet.	None.	30 minutes.	None.	℥viij.	Do.	Less.	None.	None.	Clean.	Warm.	74	71	Aug. 22, 3 o'clock, A.M.
Slept little or none; skin inclined to moisture; pulse soft—gave calomel, gr. j., ground rice pudding.	None.	Little.	None.	None.	Do.	Soreness.	None.	Little.	Clean.	Warm.	76	70	11 o'clock, A.M.
Urine drawn, ℥viij, high coloured; skin, very hot and dry—fel. bovis, grs. x.	Some.	Little.	None.	℥viij.	Do.	Soreness.	None.	More.	Furred	Hot.	80	70	3 o'clock, P.M.
Nausea, with eructations of wind—ground rice and bread pudding.	Nausea.	1 hour.	None.	None.	Do.	None.	Little.	More.	Furred	Hot.	80	68	½-past 9, P.M.
Urine passed naturally; slept soundly—ordered a clyster of gruel, with ℥j ol. terebinth.	Nausea.	4 hours.	None.	℥vj.	Do.	None.	Little.	More.	Furred	Hot.	82	68	Aug. 23, 9 o'clock, A.M.
Slight nausea; no motions;—fel. bovis, grs. x., diet continued.	Nau sea.	1½ hour.	None.	℥viij.	Do.	None.	Little.	Less.	Furred	Hot.	82	69	5 o'clock, P.M.
Nausea continues; clyster returned, with fœces, diet continued.	Nausea.	2 hours.	One	℥viij.	Do.	None.	Less.	None.	Clean.	Warm and moist.	75	69	10 o'clock, P.M.
Very much improved in every respect; free from pain; urine passing freely; motions without assistance of clysters.	None.	4 hours.	Two.	℥xiv.	Do.	None.	None.	None.	Clean.	Warm and moist.	75	68	Aug. 24, 10 o'clock, A.M.
Wound dressed; adhesion taken place the whole length of incision, except half an inch where the ligatures came outward.	None.	1½ hour.	Two.	℥x.	Do.	None.	None.	None.	Clean.	Warm and moist.	75	69	5 o'clock, P.M.
Continues very easy; complains of hunger—beef-tea and an egg in the pudding.	None.	None.	One.	℥xiv.	Do.	None.	None.	None.	Clean.	Warm and moist.	78	68	10 o'clock, P.M.
Continues well; wound dressed—a mutton chop.	None.	6 hours.	Two.	℥xiv.	Do	None	None.	None.	Clean.	Warm and moist.	75	68	Aug. 25, 10 o'clock, A.M.
Very well—two chops in the day.	None.	6 hours.	One.	℥xvi.	Do.	None.	None.	None.	Clean.	Natural.	76	68	Aug. 26, Saturday.
Sat up a little; felt very well; eats her food with great relish.	None.	All night.	One.	℥xvi.	Do.	None.	None.	None.	Clean.	Natural.	76	68	Aug. 27, Sunday.
Very well—a broiled beef-steak, &c., teacupful of good porter.	None.	All night.	One.	℥xv.	Do.	None.	None.	None.	Clean.	Natural.	76	68	Aug. 28, Monday.

From this time she progressed favourably, with the exception of a slight depression of mind, in consequence of my having to leave her two or three days for a distant patient; on my return her spirits revived, and on the 9th September, only 18 days from the operation, she returned to her friends at Ashton-under-Lyne. The first ligature came away on the 14th day, and the principal one on the 14th Sept. or 23d day. Up to the date of this communication, she feels quite well—eats her food with great relish—feels her strength improving daily. As I am of opinion that the character of these tumours cannot be too freely discussed, the following rough outline will give the reader some idea of the one in this case:

A the large sac, having at the time of operation 14lbs. of fluid, but which had been emptied a few days before, to the extent of 25lbs. B, the pedicle. C C C, the solid mass, which, with the sac emptied, weighed nearly 16lbs. D, the solid part situated in the abdominal region with the sac. E, the solid part jammed into the pelvic cavity. F, the upper part of the large sac adherent to the abdominal parietes, midway between the umbilicus and the sternum. One or two remarks have occurred to my mind since my last published cases. The constant tendency of the solid part of the tumour towards filling up the pelvic basin, and from the pressure of this mass on the



pelvic viscera—particularly the uterus—the liability of diagnosing a diseased uterus where no such disease exists. The other point is, the apparently greater liability of the right ovary to taking on this disease than the left; certain it is, that nearly four-fifths of the cases I have seen (and they are many) have been of the right ovary. In conclusion, the case here given is of peculiar interest, as being the first presented to my notice of this disease in so young a female who had not been married; not the slightest derangement of the catamenia had ever taken place—consequently, not the slightest connection with conception can be traced.

State of the Pupils in Injuries of the Head.—Dr. Lawrie, in a paper on injuries of the head, states, that the pupils were contracted in four cases, contracted and insensible in three, dilated in two, dilated and insensible in two, sluggish in two, and in four cases one was contracted, the other dilated, and both insensible to the stimulus of light. In one case, they alternately contracted to a mere point, and dilated to a very large extent. The condition of the pupil does not uniformly correspond with the extent of the injury, nor with the situation of the extravasation; at the same time, in the majority of cases, it was dilated when the extravasation was very extensive, and almost invariably so previous to dissolution. In the cases of concussion there was not any instance of the one pupil being dilated and the other contracted, while this symptom is noted as having occurred in one-sixth of the cases of extravasation.

INTRODUCTORY LECTURE OF SIR BENJAMIN BRODIE, ON THE OPENING OF THE WINTER SESSION, AT ST. GEORGE'S HOSPITAL, October 2, 1842.

* A large proportion of those whom he now addressed were assembled, for the first time, probably, in the metropolis, for the purpose of pursuing their studies in the medical school of St. George's Hospital; and, therefore, on this occasion, their feelings were not unknown to him, for to a great extent, at least, they were such as he himself had experienced, when, long ago, he was placed in a similar situation. Transplanted, perhaps, from some small community into this vast city—the largest, the most populous, the richest that ever flourished—jostled in the crowded streets; surrounded by palaces, where the high-born, and the wealthy, where the most eminent statesmen, and the most distinguished in literature, in the sciences, in the arts, and in every other pursuit of life, are, as it were, pressed into one mass, to make the London world: contemplating the novel scene around him, but being not yet identified with it, the medical student could not do otherwise than feel a sense of loneliness creep over him in the intervals of studies, or avoid the thought, "Who will there be to watch the course of the medical student? Who will determine whether I am diligent or idle, or bear testimony, in after-life, to the correctness or irregularity of my conduct during this brief period of my existence?" But (said Sir Benjamin) let not your inexperience lead you into so great an error; even now, when you believe no one heeds you, many eyes are upon you. Whether you are diligent in your studies, striving to the utmost to obtain a knowledge of your profession —honourable in your dealings with others—conducting yourselves as gentlemen;—or, whether you are idle and inattentive, offensive in your manners, coarse and careless in your general demeanour, wasting the precious hours which should have been devoted to study, in frivolous or discreditable pursuits;—all these things are noted to your ultimate advantage or disadvantage; and in future days, you will find that it is not on accidental circumstances, but on the character which you have made as a student, that your success as practitioners and as men engaged in the business of life, will mainly depend. By the time they were sufficiently advanced, he said, for their situation in life to be clearly determined, the course of events would have made a mighty change. Among them, of those who are now most conspicuous in station, and the most influential in society, many will have altogether vanished from the scene; others will be found only in the retirement of old age; and younger and more active spirits will have occupied their places, and the tribunal by which the students of the present day will be judged hereafter, will be composed of those to whose favourable opinion they would be most anxious to appeal at the present moment. But, he should be sorry if he were so misunderstood as considering this to be the only, or the principal, motive, or as if he could lead them to rest too much on present acquirements. The knowledge they were to obtain as students, would be the foundation, in early life, on which many years of professional practice were to be built on afterwards, and if the foundation be insecure, the superstructure would be of little value. However imperfect may be the sciences belonging to the healing art—to bring them even to their present state has been the work of many centuries. The industrious student may enter on the active pursuit of his profession with a scanty store of knowledge, compared with that which he will find himself possessed of twenty years after. But then he is on the road to greater knowledge; he has the advantage of principles established by the labour of many preceding generations, and these will make the subsequent efforts of his life comparatively easy. But he who has neglected his education, must, as it were, begin anew; he will find when too late that no combination of energy and talent will enable him to rise to the level of those who in the beginning were his more diligent companions. One business of education was to impart knowledge; but another and still more important one, was to train the intellectual faculties, and to acquire the habit of fixing our attention on the object before us, of observing for ourselves, of thinking and reasoning accurately, and distinguishing that which is important from that which is trivial: all this must be accomplished in the early part of life, or it would not be accomplished at all. The same remark was not less applicable to another class of faculties. Integrity and generosity of character; a disposition to sympathise with others; a power of commanding our own temper, and of resisting our selfish desires; and self-respect, are important in every profession, but especially so in that of the medical student, which would prevent him doing in secret that which he would not do before all the world. This character is rarely acquired except by those who have been scrupulous to scrutinize and regulate their conduct at the very outset of their career. This, he said, could not be too often brought before medical students, or too earnestly impressed on their minds, for being in the present state of the journey through life in a great degree relieved of responsibility to others, their responsibility to themselves was much increased; their future fortunes were placed in their own hands; they might make them or mar them if they pleased. Those who now laboured hard in the acquirement of knowledge, would find they had laid in a store that would be serviceable to them ever afterwards, and they would have the satisfaction of knowing that in practising their art to their own advantage, they were making themselves useful to their fellow creatures; and where they obtained credit they would feel it was not undeserved, and self-confidence would support them in their failings. But for those who took the opposite course, there was prepared a long series of mortifications and disappointments; younger men would be placed over their heads; even their judgment would be suspected, and their passage through life would be a succession of tricks and expedients; or if by any accident they found themselves in situations for which they were not qualified by previous study, they would find it to be no good fortune; the world would always compare them with better persons, and their consequent anxiety to satisfy others and keep themselves from falling would destroy the comfort of their existence. Whether in the medical profession or in any other, he knew of none more to be pitied than those whom fortuitous circumstances had lifted into place and duties which they were not qualified to perform. He trusted that none among his auditory would suspect that these observations were founded on any inadequate view of the subject, or that it was, as a matter of course, that he thus addressed himself to young men. He wished to see those educated at this hospital—an institution to which he was indebted for so many of the advantages he had obtained in life—he wished to see them go forth into the world useful and respectable members of an honorable and independent profession. He wished to see them obtain success, and worthy of the success they obtained; and having now had long experience in the history of medical students, and having been careful to watch their progress through life, he was satisfied that the only method by which it could be accomplished was that which he had pointed out. He might add, that he never knew an individual who thus applied himself to the task, whose exertions were not rewarded with a reasonable quantity of success, such as fully satisfied any one with an ordinary ambition. Beyond this, our lot in life might, indeed, be influenced by circumstances not altogether under our own control. Accident might place one individual in a situation more favourable, and another in a position less favourable to his views,—one might have the advantage of greater physical powers, enabling him to undergo greater exertion with less fatigue, and to preserve his energies unimpaired, while those of others are exhausted; or he may have powers of intellect denied to others. With respect to the last-mentioned subject, the difference was not so great as it might be supposed to be. There were few persons who had not some talent, which if properly cultivated, might be turned to some account. The man deficient in one kind of talent, might excel in another; but the greatest talent might be wasted—might be blighted by indolence, or might be used for base or improper purposes, or applied to too great a variety of objects. It were well, indeed, for us to have some one about our studies to keep our faculties in wholesome exercise, so that we may not be without some stimulus, and by communicating with others, avoid the evils of narrowmindedness and prejudice. Still whoever would be really useful in the world and distinguished in it, must act, to a great extent, on the principle of concentration, keeping one object in view, and making other pursuits subservient to that. Let no one sit down, and, in despair, say, "I have not the abilities of my neighbours, and it is needless for me to exert myself in competition with them." No one could know his own powers until he had tried them; industry was always necessary to their development. The faculties of the mind, like those of the body, improved by cultivation. It was impossible for us to form a right estimate of ourselves in early life, nor could we be rightly estimated by others. The self-sufficient person who compares himself, not with an ideal standard of perfection, not with those above him, but with those below him, would have some advantage from experience and superficial observation, but he never knew any one to do real good in the world, or to obtain ultimately a bright reputation for himself, who did not begin life with a certain portion of humility. The greatest men were humble. Humility leads to a just distinction, for it leads to self-improvement, and was the only foundation for a just self-confidence. Let that be our own character; let us endeavour to learn and to supply our own deficiencies; never assume qualities we do not possesss: but combine them all with energy, and we could not predicate of ourselves, what others could not predicate of us—at what point we should arrive at last. M. Guizot had said that "Men are formed morally as they are formed physically; they change every day; their existence is always undergoing some modification: the Cromwell of 1650, was not the Cromwell of 1640. It is true, he preserves his individuality—the same man still holds on—but how many ideas, how many sentiments, how many impressions, are changed in him: what a number of things lost and acquired. Thus, at every moment you look at the man, he is never such as he has been, or will be when his course is finished." The philosophical remarks made by the present Prime Minister of France, were not more applicable to those engaged in politics, than to those engaged in private life, and to none more so than to medical students. It was not his intention, on this occasion, to give his auditory any advice as to the detail of their studies. It was best this should be left to their respective teachers: they would state what lectures should be attended first, and what afterwards,—what hours should be devoted to anatomy, what to hospital practice,—where to take notes, and where it was not needful to do so. There were some general suggestions he might venture to offer, without exceeding those limits to which he wished his observations should be restricted, and without taking on himself those duties which more properly belonged to others. The first effect usually produced on the mind of a medical student, was that of being bewildered by the number of objects to which his attention was directed. In one class-room he was instructed in chemistry, in another in materia medica; in another place, the structure of the human body is developed before him, and in another he contemplates the various diseases, and the methods adopted for their cure. All these, in their respective relations, were combined to form the medical science. The student had an opportunity of learning a great number of facts, which, for the most part, were insulated and independent of each other, but the want of a proper classification made a recollection of them difficult and uncertain. T is was no peculiar to medical students, but the same occurred to every one who entered for the first time on philosophic research. He must be very indolent, indeed, who suffered himself to be disheartened,

* Sir Benjamin Brodie, on entering the lecture-room, was received with loud applause.

and deterred by this from further pursuit. The student should keep his attention fixed on the matters brought before him; and after every lesson, and at the close of every day, endeavour to remember what he had seen and what he had heard; and if he did this, in the course of a short time there would be an end of the confusion; the mist would pass away, and where every thing had been obscure, there would be a clear atmosphere; and the studies that were at first dry and irksome, would become interesting. As the student acquires a more extensive knowledge of individual facts, it must appear that the relation they bear to each other would be more distant. This did not seem to be the whole of the explanation; and he could not explain what he had observed to happen in himself, without supposing that there was in the human mind a principle that acted and operated without the mind being conscious of it. We have been occupied with a particular study, and have accumulated a large store of facts—but that is not all: after an interval of time, during the progress of further labours, we find all the facts return in their proper places, although we are not sensible of having made any effort to do it. In the commencement of his studies, the medical student is at first altogether occupied in the acquirement of knowledge communicated by others; he learns from lectures and books what others have learned before him, and what he is taught he must take for granted. The student might be very diligent and industrious, and get no further during the whole period of his education. He might become an accomplished person, and acquire the reputation of being a walking cyclopœdia, and might be talked of as having passed through his examination with the greatest credit. All this was as it should be, and those who thought that to pass a creditable examination was the only object, would be quite satisfied. But was this sufficient in reality? Were there no qualifications desired, besides this? It was far otherwise—and no one could rise whose ambition was thus limited. The descriptions of disease, and the rules of treatment, were identified in lectures and books; and if they were not so identified, they could not be properly taught: but it would be found afterwards that disease was infinitely varied, and no two cases resemble each other. Every case that came before the practitioner, should be a subject of special thought, from the very beginning of his practice; and although what he had learned from lectures and from books might render him great assistance, he would be thrown in no small degree on his own resources. There was no profession in which it was more essential that those engaged in it should combine the talent of observing, thinking, and reasoning for himself, than it was in the medical profession. The best part of every man's knowledge was acquired for himself. The medical students should spend their lives in endeavouring to add to their stores of knowledge, and they should, from day to day, obtain a clearer and deeper insight into the phenomena of disease. These remarks were very important to all who should begin to act on them at a very early period of their studies, and make out everything relating to the structure of the body for themselves, and not trust altogether to lectures and books. The medical student should make the knowledge he possesses by his own labours; he should observe the phenomena of science as they occur from day to day, and he should take his own notes, for notes taken by others, as far as his own improvement was concerned, were of no use. Again when he took notes in the morning, he should copy them in the evening, comparing notes and conversing with his fellow-students. All these little matters attended to, would render the study of disease comparatively an easy matter afterwards. These observations lead to some others he had anticipated—some that he intended to address to those who were on the point of offering themselves to the public as candidates for practice. It would be a fatal error to suppose they had obtained the whole, or even any large proportion of the knowledge it was necessary they should possess. They had not done much more than learn the way. The most important part of their education remained—that which they had to give to themselves; and to this there were no limits. Whatever number of years have past over our heads, whatever might be the extent of our experience, every day brought its own knowledge: there was still something new to seek—some deficiencies to supply—and some errors to correct. Whoever was sufficiently vain, or idle, to rest contented with his own acquirements, would soon be left behind by his more diligent companions. By the young practitioner, every case should be carefully studied, assisting himself in his enquiries by references to notes and lectures. But it would rarely happen that, in the beginning of a professional life, the most diligent person would be able to occupy the whole of his time in strictly professional pursuits, and the question would arise as to the leisure hours. A most important question indeed this was; for the character and the life of the individual must depend on the way in which his leisure hours are occupied. If it be altogether devoted to what the world calls amusements, there would be left but a small time for better things; and if we trusted in such desultory occupations as accident may bring, disappointment would follow—we should be victims of ennui, and careless chagrin would depress our faculties and deprive our spirits of the energy absolutely necessary to success. These evils were easy to be avoided, How many branches of knowledge were there, if not directly useful in the practice of medicine and surgery,—as general knowledge, literature, or moral or physical science, which tended to purify the intellect and qualify men for particular pursuits. There was no excuse for the young professional man who did not devote some time to his own education. His own profession had a right to expect it from him, and it was due to his own character. The medical profession was not a political profession; it was one of private life. The place of the medical man in society depended not upon his being mixed up with parties and factions, or circumstances external to himself, but on his own qualities. He wished to be received in society on a footing with well-educated gentlemen; he must be fitted then to associate with them, and this could not be the case if he knew nothing of those matters which were the subject of conversation among them. The lecturer cared little about those distinctions which, for the sake of a more convenient division of labour, medical men made among themselves, and the well-conducted man would be just as well received in society if he belonged to one grade of the profession or to another. It was greatly to the discredit of the medical institutions of this country, except in some instances, that there was a great neglect in reference to the acquisition of obtaining a good education, and those who framed the Apothecaries' Act of 1815 seem to have done their best to throw impediments in the way of attaining that object. He knew that the students of the present day had not been without this disadvantage, but they should apply themselves still further to make up for what at least would appear to be a waste of time in the early part of their practice. Indeed it would be difficult for any one endowed with intelligence to fill up his vacant hours with pursuits more interesting than his professional occupation. For the medical profession, from the moment its members were established in practice, possessed a new interest—an interest very different from that which belonged to it during the early period of their study. Hitherto the students had been acting under the direction of others, and on their responsibility;—hereafter they would have to act for themselves and on their own peril. Whatever credit was to be obtained it would be their own; and on the other hand, where blame was due, no one would volunteer to divide it with them. In every case that came under their own care they would have to account to their own consciences for having done the best it was in their power to do for themselves as well as for others; and in their own immediate circle of friends and acquaintances there would be those capable of canvassing their character and influencing their success in life. They would find themselves surrounded by duties, and responsibilities unknown to them as students—and he who had not a full sense of that was not fitted for his profession; for the anxieties of professional life were but a wholesome stimulus to diligence and exertion. He said this supposing that anxiety to be kept within reasonable bounds; they might indeed allow their thoughts to dwell on objects and anxieties until life was rendered miserable; but such a morbid sensibility was mischievous. They must be careful that they did not fall into idle pursuits, by making every exertion to obtain knowledge in a proper way, keeping it in their recollection that there were bounds to human knowledge and human powers. No one could be expected to do all that some people's fancies required of him; for if he could do all things man would be immortal, and the world's place in the universe would be destroyed. Do not begin life by expecting too much from it. No one could avoid his share of its anxieties and difficulties. There were persons who seemed to enjoy high advantages of birth and fortune, and to have no difficulties to contend with, and some less apparently fortunate person might be tempted to exclaim "how much is their lot to be preferred to mine!" A moderate experience of the world would teach him not to be deceived by false appearances. These persons had not *his* difficulties, but they had *their own;* and those who were not placed in real difficulties, would make difficulties for themselves, and those difficulties, as far as the dullness and monotony of their lives were concerned, were more intolerable than any the student could make or find ready made for him. Real difficulties were much to be preferred to those that were artificial and imaginary; for of the former the greater part might be overcome by talent, but it was far otherwise with the latter. There was no greater happiness in life than in surmounting difficulties, and nothing could conduce more to the improvement of our mental faculties, or to give us a just, a right, and a good opinion of ourselves. To be prepared for difficulties, to meet them with a proper spirit, to make the necessary exertion when they occurred,—all this was absolutely necessary to our success in whatever profession or pursuit in life we might be engaged. No one could be useful to others, or obtain real credit for himself, who acted on any other rule of conduct. The natural tendency was to shrink from difficulties rather than try to overcome them. We should never yield to them on small occasions, and thus acquire the habit of doing what is wanted on great occasions. It was by neglecting this conduct in the smaller duties of life, that so many men seemed unfitted for the higher and more important duties. If we would know what a man was, one should look at him in small things, and thus we could form an accurate notion of what he was in greater things. He had heard it said of a member of the legal profession, who afterwards rose to some of the highest honours which that profession could bestow, that he was for a considerable time in the early part of his life wholly without professional employment. One term went, and another came; it brought briefs to others, but none to him. Still he was always at his post, and disappointed, but not discouraged; he continued to labour, laying up stores of knowledge for future use. At last it happened that a solicitor required the assistance of a council on some sudden emergency. It was late in the evening; after the usual hours of business, and he went to one set of chambers after another, but no lawyer was to be found. However, a light was still to be seen in the chamber of the individual in question, and thus for the first time he obtained a brief. The cause was one of importance, and he obtained great credit by the way in which he conducted it, and from that time his success was established, and was afterwards very rapid. This might, perhaps, be regarded as an extreme case, but something like it must happen to every one who has attained a high station afterwards. Few were so indolent as not to make some exertion for the sake of immediate reward, but that was a poor spirit that accomplished no more. The knowledge acquired to-day may not be wanted for the next twenty years. Hours, and days, and nights, might be devoted to study, and yet years might pass away before the smallest advantage was derived from it. We must persevere, nevertheless, and reward would come at last.

There was nothing in which the difference between men was more conspicuous than in this,—that one was content to labour for the sake of what he was to obtain at a more advanced period of life, while another thought it too long to wait, and looked only to the immediate reward. The first was a man who seemed not only to make no more progress than the latter, but even to be the more stationary of the two. But, let us wait awhile and we should find it a mighty different thing. We could not judge from the first successes of a professional man what his ultimate success would be; and this observation applied to those who contended for the greater prizes, not only in the medical profession, but in the majority of human pursuits. A thorough determination to obtain our object, was the first step towards its attainment. If we would advance in the way of life we have chosen, we must pursue a straight course, turning neither to the right nor to the left, making such excursions into other roads only as would tend to our advancement. Those who were ambitious of distinction must learn to limit their ambition, and not waste their talent and reputation by striving for too much. Few excelled in all things, and to try is the way to excel in none—such may excite the wonder of the uneducated, but the educated were soon able to detect them on a superficial acquaintance, and after all their labours they will die at last, and leave the world no better off than it would have been had they never lived in it. Here he conceived some one among his auditors might say, "Is there any thing in the medical profession, which possessed, would be a compensation for the labour, exertion, and sacrifices, it entails upon us? Is it better to continue in it, or to turn aside to some other business in life?" Indeed, it was well this question should be thoroughly sifted, for as far as he had seen of the world nothing was more ruinous than an unsettled state of mind, because it leads a man when thoroughly embarked in one profession to grow dissatisfied with it, and then to despise it. There were some few remarkable instances of men successfully changing their professions, but it was dangerous to quote them as precedents that might be safely followed. He knew of no profession worthy of being pursued that did not require as much exertion, as much labour, and as many sacrifices, as that in which he was engaged, and he also knew of none in which all who had the necessary qualification were so sure of being rewarded. If it were the ambition of those whom he was addressing to obtain political rank, and to have that sort of reputation political life afforded, they would be disappointed, for as he had before observed, the medical profession had nothing to do with politics, it belonged to private life entirely, and the only other association it had was that of general science. There were few departments of physical or moral science with which it was not in a greater or less degree connected. There were some in which the connection was intimate, and the study of them must be regarded as identical. The study of anatomy and physiology was a necessary preliminary to that of pathology, and it could not be understood by any one without some knowledge of the animal economy. Chemistry was essential to physiology. The student was not to look to political rank, but to the rank of science. None other belonged to Newton, to Cavendish, to Hunter, or to Davy; yet all of them would be remembered in distant ages as benefactors to the human race, while the greater number of their more noisy contemporaries—if remembered at all—would be remembered without respect. It must, undoubtedly, be a satisfaction to close a life with a consciousness that it had been preserved for the benefit of others. We might be assured, that this feeling would be a source of comfort and happiness at any period of life. There was nothing in this world so satisfactory as usefulness to our fellow-creatures; it justifies a better opinion of ourselves, and gives us a real importance in society, much beyond what any artificial station could produce. It was a great advantage to the medical student, that the profession in which he was about to enter was permanently useful; it had no other object, and the members of it could not do good to themselves without doing good to others. Thus it engendered purer feelings and habits; and, he might say, that he knew of no order in society who, taken as a whole, were so disinterested, or more ready to perform unrequited acts of kindness, than the members of the medical profession. Usefulness was the best foundation of independence. There were some ways of life in which it was common for individuals to obtain unmerited advancement by the patronage of others; but the members of the medical profession must be their own patrons—their knowledge, their skill, and their good character, must make their fortunes. Nothing could be more grateful than the feeling that we were under no obligation to others. It was better to rely on ourselves and our own conduct, than to stoop to obtain the favour of others, for we could derive no permanent advantage from it. This was the independence he desired, and not the proud misanthropical independence that rejected an obligation to others. Whoever gave us their good opinion—in whatever situation in life—was to be considered as conferring an obligation on us, and was to be regarded with kindness in return: mankind were bound to each other by receiving and conferring benefits. Who could live in the world and say, "I will owe no thanks to others; for what advantages I obtain, I will be indebted to myself." Others would lean on us, so we must lean on them. On no other terms could we form a part of the great community of mankind. There were some employments which brought those engaged in them into contact, more especially with bad qualities,—pride, arrogance, selfishness, and a large want of principle. It was not so with the medical profession. All varieties of character would be thrown open to the view of the medical practitioner, but, nevertheless, he would see, on the whole, the better side of human nature; much, indeed, of its weakness, much of its failings, much of what was wrong, but more of what was good. Communicate as he might, and probably did, with all classes of society, the highest and the lowest, he would find that all had their faults, and their good qualities; the difference was merely this, the vices and virtues of one, were not the vices and virtues of another. He would have little sympathy with those prejudices that separated the different classes from each other, and caused the poor to look with suspicion on the rich, and the rich to look down on the poor. While we admitted the great advantages education gave, we must remember, that to be well educated was not necessarily the result of having the opportunities of education. What were called the uneducated classes, possessed examples of moral independence, and minds stored with valuable knowledge. All were useful in some way to their fellow creatures, and a good moral character was not more necessary than skill and knowledge, nor was a strict observance of the higher rules of morality all that was required to make a gentleman. Let him not be misunderstood as to what he regarded as the character of a gentleman. It was not he who was arrogant in his manner, expensive in his habits, fond of pushing himself into the society of those above him; but it was he who sympathised with others and was careful not to outrage their feelings, even on trifling occasions; who in little things, as well as in great ones, observed that simple and comprehensive maxim of Christian faith, "do unto others as you would others should do unto you;" who in his intercourse with society, assumed nothing that did not belong to him, and who knew how to respect himself. This was the kind of gentleman a medical practitioner should be. He should never venture to know what could not be known, and should make no promises he was not able to fulfil. He could not satisfy every one in a moment; many required of his art what his art could not bestow. If he looked to the confidence and good opinion of the public, time would bring it. To act otherwise would be to put himself upon a level with Charlatans. To obtain a tolerable competency—to place himself and his family above the reach of want, and to enable him to enjoy such of the comforts and advantages of life as usually fall to the lot of persons in the same station, was undoubtedly the first thought, and the principal object to which his attention should be directed; but, nevertheless, it never should be forgotten, that this formed but a part—a small part, of that which ought to be called professional success. With many, indeed, the only object of life was to enjoy the respect of others, the approbation of their own consciences, and to feel that they had done some good in the world, and that their names would be held esteemed when they had gone out of it. If these things formed no part of the ambition of the medical student, he might possibly have his ambition gratified by pursuing a different course to that which he had pointed out. He might be unscrupulous in all things; making much of trifling matters for his own profit; demanding credit where none belonged to him; and he might try to advance by his knowledge of mankind, or his knowledge of human nature. But how was that term misapplied! Knowledge of human nature indeed! Why, this was the most difficult, the most interesting, and the most useful science in which the mind of man could be engaged. Shakespeare knew human nature, as it were, by instinct; it had been the favourite study of the greatest men—of Bacon, of Addison, and of Johnson; but of those who commonly professed to know the world, and to know human nature, the great majority were nothing but cunning men who had a keen perception of the weak points of other men's characters, and knew how to turn the failings of these, probably no weaker than themselves, to their own advantage. Generous feelings belonged to youth; and he was confident there was not a single individual present who would not turn away with disgust from any advantages to be obtained by such means as those. Further experience with the world would lead to the discovery, that of those who stooped to live by unworthy artifices only a small portion obtained that which they desired; and a great majority were altogether disappointed,—living to be the contempt of others, especially so of their own profession, and for the most part ending their days in wretchedness and poverty.

Gentlemen, said Sir Benjamin, there is only one other subject to which in concluding this address I think it right to claim your attention. You have duties to perform among yourselves, one to another. There is no one among you who does not exercise an influence to a greater or lesser extent over those with whom he associates, while he is influenced by them in return. In whatever orbit a man moves he carries others with him. Rectitude of conduct in yourselves, will lead to moral integrity in your fellow-students: also, in like manner, industry in you will lead to industry in others, and a mind improved by self-knowledge should never fail to communicate some portion of the holy inspiration to others. Those which are among the higher responsibilities of life now begin with you. The course you may individually pursue, does not rest on yourselves alone. While you are making your own character, you will help to make the character of others. Let this consideration be ever present to your thoughts; it will give you an increased interest in life; it will extend your sympathies with those around you, and it will afford you an additional stimulus to persevere; and your honourable exertions will, at no great distance of time, be rewarded by the respect of the world, and the esteem of your own profession.

Caries of the Acromion Process.—Mr. Fergusson, of King's College, has recently removed the entire acromion process of the left scapula for caries. When he commenced his operation, he supposed that he should meet with a small portion of bone, nearly or altogether loose, but he soon discovered that the whole process was affected, and required removal. The gouge and curved cutting pliers were the instruments used. The patient did well.

Alcaline Saliva.—Dr. Wright says, saliva which contains an excess of its natural alcali is always to be regarded as indicative of local or general nervous excitement. This rule may, however admit of an exception where much carbonate of soda is taken internally.

TO CORRESPONDENTS.

An Old Friend.—*The best description of the itch animaleule is to be found in Raspail's examination of Gale's statement. These animals are the* cause *of the malady, not its effect; and suggest that the* natural *expiration of the itch is about as likely as the natural emptying of the Thames. Our Correspondent's treatment of his patient has not been vigorous enough. First, let the skin be thoroughly washed with a lukewarm solution of sub-carbonate of potash, in the proportion of two ounces to the quart. Then use the compound sulphur ointment, thickly rubbed over the whole body before the fire, repeated for three or four days twice a day: five ounces each inunction will not be too much. A sulphur bath or two would be a great assistance. At the end of four days a common warm-bath will announce a complete cure.*

Communications of Dr. Hunter Lane, and Mr. Edwin Ellis, in our next. Others under consideration.

We shall refer to the inquest, and Mr. Dickenson's letter in our next.

A Dr. M. Ryan died some three years since. Who now " is clever on the philosophy of marriage," *we cannot name. The gentlemen we should fix on would hardly thank us for our "* nomenclatorship."

Mr. B., Posted, *should advertise: we fear we shall hear of nothing privately to meet his want.*

Dr. W. H. Brown, of Finsbury Circus, *sends us a case where he was relieved of his professional attendance in a case of some necessity by a "* Methodist preacher," *who won superior confidence from the patient:—*

"I have been attending lately an old gentleman sorely afflicted with eczema; well, of course, he wanted to know every time he saw me, what I called it, and when I had spelled it to him fifty times, managed to keep it in his mind, which being accomplished, who should arrive so opportunely—*not to take a bit o' dinner,* ONLY IT WAS READY—as the "shepherd." So, of course, the "shepherd," finding the old gentleman ill, very properly put his best mask of grief on, and asked the old gentleman what was the matter with him, and naturally the old gentleman replied by spelling to the shepherd what had been spelled to him; which, as may be expected, so wounded the shepherd's soul, (described professionally by shepherds by placing one hand over their stomach, and raising the other) that the supper hour was gone by before the good man found himself equal to the task of going his ways. When ordinary folks hear of their friends' ailments, they are very apt to prescribe for them on the spot, but very seldom take them into their private consideration afterwards. Not so the shepherd,—home he went, and cogitated; and whether anything more than his toothpick, and sundry scratches at his head of sanctity, assisted him, or not, down there came by post on the following morning the result of the good man's deliberation, and it said, as plainly as black on white could speak, *your disease is'nt eczema*, as the Doctor says it is, THERE ISN'T ANY SUCH TERM, but it's *exanthemata*, and with the love of—(*I* musn't be impious) you'll soon get rid of it, only trust in J——, and keep your bowels open. This isn't jest indeed ! !"

P. H., S. S., and others, *were answered in a short paragraph last week. If the guardians and a qualified surgeon arranged together, the necessity for a license from Apothecaries' Hall would not probably exist. There is no necessity that the surgeon should compound medicines.*

We shall give a pencilling of Andrew Crosse, Esq., the celebrated electrician, next week.

"Goose" *is thanked. He is rather tough, but easier of digestion to* us *than to a certain "* convive." *He may depend on it we shall give no pages to such a squabble.*

We have ordered our publisher to send no more numbers to Mr. Dainty, *late of Southampton, now of Kettering. The difference between us rests in the question, whether it be honourable or honest in him, without return or acknowledgment, to appropriate weekly to himself property for which we have to pay printers, paper merchants, commissioners of stamps, and literary collaborateurs. If it be we have done him injustice; if not he has done it to us. There are three or four other of our benefactors, whom we shall celebrate next week.*

The title page, preface, and index, of Vol. 8 are now ready, price 3d., and are published with this number as a supplement. We shall send them by the same post that carries the paper to all subscribers having their accounts paid up. They may also be had by order of all booksellers and newsmen.

Vol. VIII, is now ready, beautifully bound and lettered, price 12*s., containing* 1326 *quarto columns; in which are given* 55 *Lectures by Raspail, Professor Brande, (a complete course on Organic Chemistry); Dr. C. J. B. Williams, F.R.S., Dr. G. Gregory, Mr. Nottingham, Dr. Todd, Mr. Fergusson; Brilliant Pencillings of Cartwright, Aston Key, Morgan, Velpeau, Chervin, Bransby Cooper, Wardrop, Tyrrell, &c.;* 156 *columns of Periscopic Notices, and about* 700 *other interesting articles. In boards,* 10*s.*

The advertisements in our future numbers will not be paged. This will prevent the necessity, sometimes complained against, of their inclosure in the volume.

Portfolios for the Medical Times.—*Our bookbinder has prepared an ingeniously made portfolio of great neatness, and lettered on the back, in which the numbers of two volumes can be deposited, as they are issued and preserved, convenient for reference, and clean for binding. The covers are composed of such strong materials, that the portfolio, with a single number, will stand like a book on the library shelf. The price is* 5*s.—second quality,* 3*s.* 9*d. Copies are now ready and may be had by giving an order to any bookseller or newsman, to whom the customary allowance is made.*

Other correspondents next week.

THE MEDICAL TIMES.

SATURDAY, OCT. 7, 1843.

The Church is out of temper, when charity grows cold, and zeal hot.

THERE is in every moral quality shewn in its excess, something of grandeur that moves the observant and unprejudiced mind to large admiration. The great Lord Ellenborough, the well-known anecdote tells us, sat dumb-struck, as though with awe, before what he called the "*sublime* impudence" of some ignorant barrister. And how many of us are at times smitten into the same silent praise and homage in disguise, by the magnanimous contempt which a Clodius or a Wakley will display of those ordinary opinions and feelings, forming to weaker men a rule and *bienseance* binding as fate! Other instances are rife before us, but none more prominently than that measureless *zealotry of partizanship* so often submitted to the political world's notice, and which, as exhibited recently in a journal called the "Dublin Medical Press," has won at once our exuberant admiration and few prefatory remarks.

The "Press" is to us "*sublime*" as the barrister's impudence. It's partizanship has no smack of milk-and-water; it is beautifully thorough-going; it knows neither halting nor hesitation,—doubt nor consideration; it is stopped by neither rhyme nor reason, and has expunged from its moral code all such wet blankets as charity, temperance, or toleration. Like an automaton wound up for a fixed duty—its only business is to do the partizan, and beyond a doubt it does it. Its few friends have no faults, except a lack of warmth: its few enemies no virtue, save a want of ability. Nor is it a mere blind affair of following, as by *felt* but unseen attraction. The "Press" is hot and violent, and unreasonable by malice or interest aforethought. It knows what it is about. There are principles about its zeal, and deliberation about its partizan-activity; and, though we are not sure that an ethical enquiry as to the morality of the course of action it so steadily follows would prove it quite the thing—an enquiry, by the way, to which its sincerity almost provokes us—yet we must claim to admire and almost glory in such exuberant zealotry. It is a great moral phenomenon: it is an integral part of the apparatus by which the social scheme is kept up. If there were not such ardent tools, where would have been our Cæsars, or our Cromwells, our Buonapartes, our Peels, or our O'Connells? If such intensity of partizanship were joined to as high mental abilities, the world's peace, and perhaps its happiness, would be in some danger. Nature, as if foreseeing the peril, has mercifully made the alliance impossible, and we may survey even the magnificently vast partizanship revealed in the pages of our rabid contemporary without fear and without dread.

The "Press" has been recently involved, head and shoulders, in the battle whether or not the Irish Medical Charities shall be under the inspection of the Poor Law Commissioners. Now, on this matter, different sentiments prevail. The general opinion is, that the Irish Poor Law Commissioners cannot safely, either for the interests of medical men, or their patients, be entrusted with so serious a charge. But many, again, while admitting this, object that a central board in Dublin, composed of medical men, would be not without great inconvenience;—for country officers of the Charities would be so dependent on the central committee, that they would probably find or suppose it to their advantage to send their provincial patients to consult its *members*, in preference to any others. It so happened that Dr. Corrigan, of Dublin—a gentleman not unknown in the annals of science—took the liberty of entertaining the latter opinion, while the "Press" positively was—and, we believe, *is*—only of the former. In addition to this mingled piece of impertinence and heresy, Dr. Corrigan, before the House of Commons—in a committee recently sitting on Irish Medical Charities—made a very singular *expose* of the system of sectarianism, by which hospital medical appointments were regulated in Dublin. From his evidence, it would appear that medical men, in the western capital, have one unfair influence more to contend with than gentlemen here—that of religion. Hospital authorities, nay, medical colleges, have no confidence in the scientific skill of a man who is depraved enough to be a Roman Catholic. Ireland, it is true, is a Roman Catholic country—its hospitals are filled with Roman Catholics—Catholic surgeons and physicians are plenty as blackberries in season, or reasons with Falstaff—yet, out of one hundred and seven medical ap-

pointments in the Dublin charitable institutions, twelve only are held by Roman Catholics! That it is no superior merit on the other side which explains this exclusion, is pretty clearly inferred by the fact that, while out of the twelve Catholics, *eight* (a very large ratio, indeed) are men who have won enough reputation to make large professional fortunes—the other gentlemen present no more than the ordinary proportion of public appreciation. The case of Dr. KANE offers another illustration of the assistance, to a medical man—*in some parts of the world*—of his creed. That gentleman, whose fame is European—the Professor of Chemistry to the Irish Apothecaries' Society, and of Natural Philosophy to the Royal Dublin Society—at the very moment he was receiving from Protestant England, through her Royal Society, its greatest honour—its gold medal—was blackballed as candidate for a fellowship in the Physicians' College of Catholic Ireland. Dr. Corrigan is examined and cross-examined—but all that can be extracted from him is, that Dr. Kane's rejection was wholly or principally attributable to his *Catholicity*. A strange anomaly—except from its habitation in that unfortunate country of anomalies, Ireland. Nay, so intense is this spirit of sectarianism, that the mammon system which we complain of as a curse here, is there, by comparison, a blessing: it does Roman Catholic surgeons of eminence the justice that *religion* denies them: it opens the door of a few public employments to a few of the more successful of them.

Now, as the "Press," among its other high qualifications, is believed to have the *Irish* scientific merit of being a staunch Protestant—being, in truth, the *Protestant* Medical Press—Dr. Corrigan did himself no kindness, in its eyes, by his slashing, Parliamentary dissection of such hideous fanaticism.

Another of his faults appears to have been a somewhat low opinion of the Dublin College of Surgeons. It would appear, that before the House of Commons he could not agree that that worthy College ensured higher qualifications from its members, than our own College in London. He even went farther; affirming, as far as his recollection could serve him, that, as the Irish College asked but about twenty-one months, and the English insisted on three or four years, he considered that the standard was higher on this side of the water. And he gave no very contemptible reason: hospital practice, and not lectures, decide a man's competency. Now, "The Press" being an *Irish* journal, in addition to a Protestant, is, while a most sturdy reformer, a great lover of the existing medical institutions; and as this third offence came and laid itself at Dr. Corringan's door, it could hold out no longer, and accordingly, on some day in the last month, a leading article, marked by every trait we have been attributing to our zealous contemporary, was launched against his devoted head. He was charged, and with all that unmitigated spitefulness which a weak partizan so amiably betrays, with uttering falsehoods—with doubting on matters of collegiate rule, when he should have known all about them—with "befouling his nest" like a dirty bird—with writing "fishing" letters to other medical men, to learn their opinions on a medical grievance—with aiming, *therefore*, at being the champion of *some* medical men—with positively taking a diploma from the London College of Surgeons, at a special sitting (a true bill, by the way)—with having public medical communications ("a stale contrivance," as 'tis called) with other infirmary surgeons, in order "to reap the fruits thereof," and get something as iniquitous as "consultation fees,"—in short, our impassioned contemporary charges him with *almost* as many high crimes and misdemeanours as the angry wife, who, having expended on her husband a hundred wrathful ejaculations that did not touch him, exclaimed,—"You villain, you don't give me anything to lay hold of, you don't; but I hate you all the more for it, I do!" If the "Press" had told Dr. Corrigan—"Imprimis, you are a Catholic — secondly, you have ventured to differ with my friends—and, thirdly, you have forgotten to give the solemn evidence you did not believe, in favour of my patrons, the Dublin College" — it would have said an invective much more severe than the one before us, and, at the least, equally true. If *need* be anything, our charity in giving this suggestion is not trifling: adopted for our contemporary's future guidance, it will be saved, through it, some literary trouble, which it would doubtless avoid, and have conceded to it a longer lease of time before reaching the *approximating* end of its labours.

PARISIAN INTELLIGENCE.

(FROM OUR OWN CORRESPONDENT.)

Paris, Sept. 28th. 1843.

THE Hospital of the Val de Grace was thronged with numerous distinguished visitors on Monday last, being the day on which the annual distribution of prizes was to take place. The president appointed was M. Martineau des Chenez, Secretary-General of the War Office; the vice-president, Marshal Soult, Minister of that Department, M. Villemain, Colonel Morin, the Members of the Board of Health, and many other *savans* and *literati* were present. M. Baudens, Chief Surgeon and Professor of the Hospital, delivered a speech comprising the history of the Val de Grace, from the time it was constituted a fief, up to the present day, and enumerating the successive changes in the building, under the Constable de Bourbon, Bayard, Francis I., Louis XII., Richelieu, Anne of Austria, Louis XIV., and Philippe d'Orleans. He then called the attention of the young student's beginning their career, to the courage of Desgenettes, who inoculated himself with pestiferous matter, and that of an army surgeon, who swallowed a certain quantity of black vomit, and said he felt convinced, that in similar circumstances, none would hesitate following so noble an example. Finally, after a speech from M. Martineau des Chenez, which was several times interrupted by the unanimous and deserved applauses of the assembly, the business of the meeting was concluded by reading over the names of the gentlemen to whom the prizes were awarded, viz. Messrs Valette, Belier, and Puel.

M. Dartigues, of Villefranche, (Gers) has published a case of extra-uterine pregnancy, which, after lasting seven years and ten months, finally became the cause of death on the 14th December, 1842. A few days after conception, the woman felt a sharp pain in the left iliac region, which continued until the movements of the fœtus were perceptible. As the abdomen increased in size, a hard tumour was found on the left side, and when the patient bent forwards, it caused slight pain in the left hypochondrium, by striking the false ribs. Labour pains came on in October; the midwife remained a passive spectator of the efforts of the poor woman, and did not even call in medical aid until eight days had elapsed. This circumstance, whether dictated by ignorance or inattention, is to be regretted, as in all probability the Cæsarian operation would have saved the life of both. The fœtus, notwithstanding the violent contractions of the abdominal muscles, lived 5 days; on the 6th, the pain decreased in intensity, and ceased entirely on the 8th. The abdomen gradually diminished in volume, and the fœtus ultimately fixed itself in the left fossa iliaca, from whence it descended to the brim of the pelvis, when the patient was standing, returning to its original position as soon as she laid down. Whilst the abdomen continued to decrease, the urine was muddy, and contained, on cooling, a thick gelatinous substance. Menstruation had not appeared during nine months, but soon after reappeared, and came on regularly until April, 1842. In June, 1842, M. Dartigues was called in and found the vagina the seat of chronic inflammation: the pains experienced during the emission of the urine was compared by the patient to the most violent labour pains; decubitus on the left side impossible—supportable on the right side and the back—erect position impossible. In spite of the different remedies employed, the patient grew worse and worse; several bones were expulsed by the anus—fever, with exacerbations, every evening, and colliquative diarrhœa came on, followed by death on the 14th December. Post mortem examination performed in the presence of MM. Lozes, Decamps, and Talazac 24 hours after death. The abdomen contained a tumour of the size of a large orange, extending from the pubis to the sacrum,—was covered by the intestines, and was found, when opened, to contain the remains of a full grown fœtus, mixed with a quantity of fœces, in which there were several plum and cherry stones. The cartilaginous parts of the bones had generally disappeared, and they had become reduced in size, with two exceptions, however, in the patellæ which offered the volume they have in the adult. The membranous cyst formed by the left ovarium, and the superior portion of the rectum, offered no traces of the placenta, was lined interiorly with a mucous membrane, and enveloped by the peritoneum, through which medium it adhered to the pelvis. The rectum offered a small opening near the anus, by which the urine, which had escaped from the bladder into the cavity of the pelvis, flowed out.

M. Briquet has succeeded in curing, by the sulphate of quinine, several cases of rheumatic hydrarthrosis, chronic rheumatism, and typhus fever, which have occurred in his wards at the Hospital Cochin. In the two first disorders, the dose of the salt was from grs. xviij to grs. xxxvj per diem increased to ℈iiss, and the treatment lasted from five to six days only, experience having proved, that if not useful in that lapse of time, it never will be. If it cannot be supported in the liquid form, it must be administered in pills, and when it produces deafness, should be discontinued. In one case, where the patient had been affected with blenorrhagia shortly before, the sulphate brought on the flowing. Could it not be employed, says M. Briquet, with advantage in cases of metastasis of blenorrhagia on other organs? In the third disorder, antiphlogistic remedies must first be employed, and then the sulphate in strong doses. The convalescence was short in all these cases. M. Louis has likewise employed the same remedy with success, in a case of rheumatism. The patient, a young man, aged 30, had been bled previous to entering the ward of M. Louis, at Beaujon; the treatment, when there, consisted,

first, in venesection, combined with sudorifics, which, after two or three days, were abandoned for the sulphate of quinine, in doses of gr. xxxvj. in a pint of a slight antispasmodic tisanne, increased to ℈iiss., in the same quantity of liquid per diem. The disease having apparently yielded, the quinine was discontinued, but was administered again on account of a relapse, and, finally, the vein was opened for the third time. The quantity of the quinine taken, during 17 days, amounted to ℥vij. It produced a notable diminution in the pulse, a slight degree of deafness, and of disturbance in the sight, nausea and vomitings.

A Mr. Edmonds, acting upon a diploma of surgeon and apothecary, obtained in London, and under the impression that it conferred on him the right of practising amongst the English, resident in Paris, has been mulct in a fine of 16 francs, and the costs, by the *Tribunal Correctionnel de la Seine.*

The same tribunal has likewise convicted M. Depenne, D.M., and M. Berthet, each in a fine of £24, for the sale of a water known in Paris under the names of "Eau de l'Epicier," because a grocer (épicier) distributed it; "Eau des Yeux," on account of its qualities; "Eau de la Duchesse d'Angoulème," in honour of that princess; and "Eau de Provence," from the street in which it was sold.

The competition for the Chair of Physic at the School of Medicine, which is shortly to take place, has given rise to the following circumstance, which deserves to be cited, in order to shew to what an extent simplicity, to say no more, is carried by some persons. A gentleman, from Amiens, came to Paris to try his chance, but before inscribing himself on the list, called upon several judges, and addressed them as follows :—"Intending to present myself as a candidate at the approaching election, I wish to know if you have come to any pre-resolution as to the individual to be nominated." Having received from each person an energetic No, with the promise that they should not be actuated by other motives than those of justice, he withdrew, greatly edified by their impartiality.

Several cases of pregnancy, after the cessation of catamenia, were communicated to the Société Medicale du Temple by its members. M. Felix Legros mentioned the case of a married woman, mother of a son, 21 years old, and of a girl of 8, whose menses ceased to flow at the age of 41. Two years after, supposing herself secure from all danger, she formed an illicit connection with a young man, and became pregnant. Might not this fact be attributed to the excitation caused in the whole system, and the genital organs especially, by the affection she felt for the favoured individual? This question was studied by ancient authors, for we find in a folio, printed in 1672, that Yon Petrus thus expresses himself, "*An mulier ætate provecta aut in qua menstrua dudum defecerunt, gravidari potest? Conclusio affirmans;*" and in a thesis, published in 1786, Sommer Jean Samuel treats the same subject. Its title is *De Conceptione sine menstruis vigt. Casuum Confirmata.* M. Gery cited the case of an old bachelor, who, though willing to take a wife, did not wish to be troubled with children, consequently, he married a lady 53 years old. To his great grief and astonishment, she became pregnant soon after, and was delivered at the usual time of a fine healthy girl. M. Lozes mentioned two cases, one of a woman, aged 52, who had not menstruated for eight years, and the other, where the catamenia had ceased two years before.—M. Deleau also quoted one of a woman who became pregnant at the age of 48, the catamenia having ceased six years previous, and one of a young girl aged 17, on whom they had not yet appeared. Finally, M. Bonassies cited a case of a woman who menstruated for the first time at 12 years, and married at 16, since when the catamenia had ceased to flow, though she has had three children, and is now with child for the fourth time.

M. Benet Deperraud, of the same Society, mentioned the following curious facts. "A poor woman attacked with phthisis, determined upon destroying herself. In order to accomplish it with greater certainty, she purchased ℥iij. of the aqua distill. prun. lauro. cerasi, and a pint of brandy, which she mixed and drank, after lighting a considerable quantity of charcoal. Called in by a neighbour, who on hearing her screams came to her aid, I ordered first an emetic, and then milk, and in the evening she was quite well. But what appears extraordinary, the phthisis seems to have stopped, the symptoms having entirely disappeared; so that the woman having taken a substance with the idea of committing suicide, has rendered the danger of the affection of the lung less imminent.

A case of hydrarthrosis has just occurred in the service of M. Robert, at Beaujon, which resisted several treatments, and was considered so dangerous as to require amputation as the only resource. After employing several resolutive liquids without producing any amelioration, M. R. punctured the swelling, and with a syringe drew from its interior all the purulent liquid. He then injected ℥ij. of the tinctura iodini, and withdrew it in its turn. The limb was then extended and kept motionless; the consecutive inflammation was very moderate, and in all probability the patient will be cured with an ankylosis.

Professor Velpeau, speaking of fractures of the neck of the femur, says they never take place under the age of from 40 to 45 years, unless from some extraordinary cause, similar to that of a young woman who, in a fit of despair, threw herself from a fourth story, on the pavement, and broke several bones,—among the number the neck of the femur. Two causes tend to render it less frequent, first, the direction the neck bears to the body of the bone not presenting the angle it offers in after life, and second, the weight of the body being much less. Boyer, and the generality of writers, divide these fractures into intra and extra capsulares, forgetting that a third may exist partaking of both. A fourth has been pointed out by M. Vaillemier, and called by him fracture with penetration; in these cases the neck of the femur is driven into the head of the bone, or into the trochanter major; and it is under this head that the observations published by Mr. Smith under the name of morbus coxæ senilis ought to be placed. The symptoms are, broken limb, shorter than the other, foot turned outwards, in some cases crepitation; distance between the trochanter major and the spine of the ilium less than in the natural state; in giving a rotatory movement to the thigh, the trochanter will not perform a segment of a circle; heel cannot be raised from the bed on which it is placed; pain more or less acute in the groin. In some cases the foot may be turned inwards. Dupuytren mentioned one; Sanson one; M. Berard one; Messrs. Syme, Stanley, Mercier, Hervey de Chegoin, several. Professor Velpeau says that it takes place outwards 49 times in 50 cases; as to auscultation, considered as a means of diagnostic, he considers it useless. The different modes by which the cure may be effected are — by *trabes* formed by the bone; by the formation of stalactites in the capsule; by inequalities or prolongations of bone, which serve as a support to the head of the femur (false consolidation), and by real consolidation.

Academy of Sciences.—Sitting of the 25th Sept.— M. Seguier read a report on a memoir of M. Donne on milk. The author, after pointing out the analogy between milk and blood, adds, that milk injected into the veins causes no disturbance, but seems to act as chyle; that young dogs fed with milk thrive far more than those fed with broth; that the same phenomenon is observed in children; and finally concludes in recommending an instrument called *lactoscope*, to discover the quality of milk, and an apparatus composed of two cylinders, placed one in the other, the inner one filled with ice, the outer one with milk, the former substance being renewed as often as necessary. By means of this apparatus, milk may be kept upwards of 15 days, and sent to a considerable distance without undergoing any change and turning when boiled. In order to prevent the cream rising to the surface, the apparatus must be turned over twice a-day. The conclusions of the report were, that the memoir contained several interesting facts, and the commission proposed, that M. Donne should be thanked for his communication. After a very animated discussion, in which MM. Arago, Thenard, Boussingault, Chevreul, Magendie, Regnault, and Poinsot, were heard the conclusions were adopted.

Academy of Medicine.—Sitting of the 26th Sept.— M. Henri is deputed by the Academy to analyze the mineral waters of Evaux, at their source.—M. Londe read a report on a memoir of M. Levrat, senior, intituled Fasciculi of Medico-Chirurgical Observations, containing three cases of asphyxia, which came on during labour, and were cured by the rupture of the membranes; three of superfœtation,—in the first, the woman was delivered of a child, and 4½ months after of a second; after her delivery of the first, the milk flowed only from the left breast, and of the second, from the right; in the second case, the first child was born three months before the second; and finally, in the third case, the second came into the world 1½ month after the first:—a tumour of the left parotid cured by iodine, employed externally; on ophthalmia in a new-born child, caused by the presence of acari in the eyelashes, cured by frictions with unguent. hydrargyri fortius; glossitis cured by an active antiphlogistic treatment; an erysipelas of the thigh, cured by local bleeding; a strangulated hernia, complicated with gangrene, and perforation of the intestine; ascites. The conclusions were, that the Academy thanked the author for his communication, and that he should be placed on the list of correspondents. After a discussion on the three cases of superfœtation, in which MM. Dubois d'Amiens, Capuron, Velpeau, Moreau, Royer Collard, Breschet, Gerardin, Virey, and Baudelocque, were heard, the conclusions were adopted.—M. Bousquet then read a memoir leading to establish the necessity of re-vaccinating with the new vaccine, the old having, in his opinion, degenerated.

GARLAND DE BEAUMONT, D.M.P., B.L., & S.
Honorary Physician to the Spanish Embassy.

PRACTICAL NOTES ON THE USE OF MONESIA IN DIARRHŒA AND LEUCORRHŒA.

By DR. HUNTER LANE, F.L.S., F.S.S.A., Corresponding Member of the Calcutta Medical and Physical Society, Physician to the Lancaster Infirmary, &c. &c.

THE high commendations with which monesia has been introduced into this country, seems rather to have thrown a distrust on its character, than to have acquired it that confidence it has been represented to merit. Perhaps the almost universality of its reputed applicability may have led, and to a certain extent justified, its comparative neglect. The praises of MM. Aliquié, Baron, Payen, and St. Ange, in favour of its medicinal efficacy in the cure of leucorrhœa, menorrhagia, uterine diseases, and syphilitic affections of the vagina; the reports of Daynac, Aliquié, and Manec, on its curative powers in hœmoptysis, bronchitis, bronchorrhœa, and phthisis; the high terms of commendation in which MM. Monod, Manec, Aliquié, Baron, and Daynac speak of its therapeutic agency in diarrhœa and dyspepsia; the eulogia of Buchez for its efficacy in caries of the teeth; of Daynac and St. Ange for its cure of scrofulous maladies, whether internal or external; of Laurand for its sanative effects in scurvy; and of MM. Payen, Monod, Manec, Laurand, and St. Ange, for its healing powers when applied to ulcerated surfaces, certainly are testimonies of its possessing, to say the least, a suspicious variety of virtues.

Monesia is a crude extract from the bark of a supposed *chrysophyllum*, growing in South America, whence the vegetable substance is imported into France. From this substance several preparations are derived; that, however, which I have used, is the aqueous extract, as prepared by MM. Pelletier and Barthemoy. It is of a deep brownish-red colour, very friable, and perfectly soluble in water; its taste is at first sweet, and then astringent, leaving a permanent impression on the fauces

In doses of from 5 to 8 grs. three or four times a day, I have never known it produce any unpleasant symptom, or at all irritate the stomach. Its medicinal properties appear to be very analogous to those of catechu or kino; nor does it exhibit any very decided superiority over those pharmacopœial preparations. The cases in which I have prescribed it have been different kinds of diarrhœa. In these it has never failed to exercise an agreeable, safe, and uniform astringency upon the intestinal exhalants: yet, when administered in cases where leucorrhœa co-existed with diarrhœa, it has not appeared to exert any influence over the former, though the latter proved obedient to its action. My employment of this extract has been confined entirely to its internal use, though it is said that the form of injection is the most efficacious mode of administering it in vaginal and uterine diseases.

Case I.—Mr. ——, æt. 30, of a robust, healthy look, and choleric temperament, consulted me on the 25th of March, 1843. He was suffering from chronic bronchitis, accompanied by diarrhœa. To the latter complaint he had been more or less liable for three months, but had been much more affected by it during the last ten days.

The following was the treatment prescribed:

℞. Mist. Cascarillæ Comp. ℥iv.
Decocti Scoparii Comp. ℥v.
Spiritus Juniperi Comp. ℥ss.
Potassæ Acetatis, ʒss.
Extracti Monesiæ, ℈ij.
M. Capiat coch. ij. majora ter de die.
Vesicatorium sterno admovendum.

12th April. He felt himself much improved: his bowels were regular, and his cough had abated, so that he thought it was unnecessary to take any more medicine.

Case II.—Isabella Wilson, æt. 30, a light-complexioned, delicately-formed, scrophulous-looking woman, became my patient at the hospital on the 18th of March last. She was consumptive, and had considerable excavations in the upper and posterior part of the right lung. According to her own calculation, she was about five months advanced in pregnancy. She had had diarrhœa for three or four months, and for relief from that complaint she then sought my assistance.

The following mixture was ordered:—

℞. Mist. Cascarillæ Comp. ℥iv.
Infusi Digitalis ℥iij.
Træ. Gentianæ Comp. ℥i.
Extracti Monesiæ ℈ij.
M. Capiat coch. ij. majora ter de die.

20th March. The looseness completely restrained.

In usu misturæ perstet.

She did not return to report herself, wherefore it is presumed that she had no recurrence of the diarrhœa.

Case III.—T. H——, Esq., Westmoreland, whose case has been adduced in evidence of the unsatisfactory benefit (Case IV.) derived from the internal administration of mattico in diarrhœa, began, on the 8th of April last, to take the subjoined mixture:—

℞. Extracti Monesiæ, ʒj
Infusi Caryophylli, ℥xss.
Træ. Gentianæ Comp. ℥iss.
Confect. Aromaticæ, ʒss.
M. Capiat coch. ij. majora ter de die.

On the 30th of April he wrote thus:—"Your last prescription, containing the extract of monesia, has been decidedly beneficial. I continued it, with your dietetic directions, for ten days, when I found my bowels in such a satisfactory state that I gave up taking it. If any relapse takes place, I will have recourse to the same mixture again." When I saw him in August last, he told me that his bowels had remained quite natural. The quantity of monesia taken by this patient was 2 drachms.

Case IV.—Miss H——, Preston, æt. 32, of a dark complexion, delicate figure, melancholic temperament, and unhealthy look, consulted me on the 6th April, 1843. She had had diarrhœa, with varied intermissions, for twelve months. She had been treated with alterative and absorbent medicines, with occasional but no permanent relief. The following pills, with injunctions to pay strict attention to diet and exercise, were prescribed:—

℞. Fellis Bovis Inspissati, ℥ss.
Extracti Monesiæ, ʒiss
Creosoti, ♏ iv.
M. Ut fiant Massa in pilulas xxiv. dividenda quarum ij. ter de die capiendæ.

A week's perseverance in this treatment was attended by considerable improvement in the state of the bowels. By the expiration of a fortnight she was quite well.

Case V.—Mary Harrison, æt. 37, a debilitated, delicate-looking woman, of a melancholic temperament, scrophulous diathesis, and hysteric disposition, came under my care on the 3rd April, 1843. She was then suckling a child, 22 months old, and was labouring under the consequences of this protracted lactation. Leucorrhœa and diarrhœa were the first prominent symptoms of her ailment. Her bowels were frequently moved during the day, and had been in that state for some months. She was directed to wean her child, to improve her diet, and to take the following mixture:—

℞. Decocti Aloes Comp. ℥iij.
Infusi Valerianæ, ℥iv.
Træ. Valerianæ Ammon. ʒv.
— Cantharidis, ʒj.
— Secalis Cornuti, ʒij.
Extracti Monesiæ, ℈ij.
M. Capiat coch. duo majora ter de die.

10th April. No appreciable improvement.

Misturæ Ammonio-Tart. Ferri ʒj. adde.

20th April. The bowels were regular, but there was no diminution of the leucorrhœa.

Case VI.—Mrs. W——, æt. 37, a dark-haired, sallow-complexioned, bilious-looking female, of a melancholic temperament, and inactive habits, consulted me on the 27th April, 1843. She had had diarrhœa for a week previously, but during the last two days had been much indisposed by somewhat of a dysenteric affection. For a considerable period she had suffered from leucorrhœa. She had taken no medicine, except a dose of castor-oil.

With the exclusive use of ox-tail or gravy soups as a diet, the following mixture was prescribed:—

℞. Extracti Monesiæ, ʒj.
Infusi Caryophylli, ℥viiss.
Spiritus Myristicæ, ℥ss.
M. Capiat coch. ij. majora ter de die.

2nd. May. Her bowels were much alleviated, but still the evacuations were unnaturally frequent.

8th May. The diarrhœa had entirely subsided, but the leucorrhœa had suffered no diminution.

Milk from the Axilla.—Mr. Dixon, of Brighton, mentions the case of a lady, 44 years of age, who has a tumour in each axilla, about the size of an egg, the right one being the larger, which yield milk on pressure, and further become distended, and give out milk during lactation. Their usual bulk, while the lady is not suckling, is that of walnuts. They have not any areola. Mr. Dixon evidently regards them as supplementary mammary glands.

MEDICAL SOCIETY OF LONDON, Oc

Mr. Pilcher in the Chair.

A case of uterine inflammation occurring in the person of a lady, 69 years of age, in whom the real character of the disease was masked by symptoms of affection of the bladder, was narrated by Dr. Waller. The lady had been subject to a discharge from the vagina for several years, for which she had been under the care of Sir C. Clarke, who considered her complaint to be uterine leucorrhea. It was unattended with any particular uneasiness, although she occasionally experienced some inconvenience from it. About three months since she consulted Dr. Waller, when she complained of great pain in the region of the bladder, with difficulty in making water. On instituting an examination, the uterus was found to be in a state of enlargement, and so hard as to be mistaken for a fibrous tumour projecting from the womb towards the cavity of the sacrum, which it filled up so as to impede the passage of the fæces through the bowels. The os uteri was open, and indeed more patulous than might have been expected, and on its margin there was a fungous growth, supposed by Dr. Waller to be a cauliflower excrescence, which was easily broken down, and stained the finger with blood. The lining membrane of the vagina was healthy, as far up as its reflection over the cervix and os uteri, where it became involved in the disease. There was in addition to this a discharge of pus in small quantities occasionally, distinctly from the uterus, (not from the bladder), and sometimes a discharge of a watery fluid, which latter occurrence strengthened Dr. Waller's belief in the existence of a cauliflower excrescence. The most prominent class of symptoms in the case having reference to a diseased condition of the bladder, Dr. Waller directed his attention principally to their relief, which he effected in a great measure by the local abstraction of blood by leeching, the internal administration of calomel and opium, the use of fomentations, &c. Although the water passed was regularly shewn to Dr. Waller, he entertained the opinion that the bladder did not completely empty itself, so that he was induced to introduce the catheter, when he succeeding in drawing off twenty-six ounces of urine, a larger quantity than was passed in the course of the day and night. After this he was obliged to introduce the catheter, as the bladder refused to act in expelling its contents. The patient kept her bed for seven weeks, but had a remission of her symptoms for some time; about two or three days before she died, a large discharge of pus took place from the uterus. According to the report of the nurse, it amounted in quantity to two quarts. It was so fœtid, that it was immediately thrown away, so that Dr. Waller, who called a few hours afterwards, had not the opportunity of seeing it, and judging for himself. When he arrived, the floor was being deluged with the chloruret of lime.

On examination of the body after death, it was ascertained to be a case of inflammation of the lining membranes of the uterus and bladder, both of which were sphacelated. The uterus was much enlarged, and presented precisely the appearance which the organ would do, forty-eight hours after parturition. The neighbouring parts were in a healthy state. As Dr. Waller was very much surprised and puzzled at the retention, and sudden discharge of so large a quantity of pus as had had occurred a few days prior to death taking place, he made an accurate investigation for the cause, but could not distinguish any lymph

effused on the os uteri, which might have served the office of a retentive valve. The only apparent and efficient cause that he could assign was a degree of malposition of the uterus.

Mr. Linnecar enquired, whether the patient presented any symptoms of acute inflammation of the womb, or whether Dr. Waller regarded the diseased condition of the organ as the result of a chronic affection.

Dr. Waller observed that there was not any evidence of acute inflammation affecting the womb. The symptoms generally were referable to the bladder.

Dr. Chowne asked Dr. Waller if he felt assured that any thing like a quart of purulent matter had been retained within the uterus. Had that been the case, there must have been a tumour, which would be perfectly perceptible externally, and it would have been altogether a very singular occurrence. Fluids had certainly been collected in the cavity of the womb, as in cases of hydrops uteri, but he (Dr. C.) had not seen or heard of a case where the retained fluid was of a purulent character.

Dr. Waller had not seen the fluid that came away from his patient, but he had been assured that at least two quarts had been evacuated, and he had every reason to rely upon the accuracy of the report, that had been furnished to him. The friends were exceedingly careful in all these particulars; they shewed him the urine, fæces, etc., daily, and when he called the day this had occurred, he found that they had been obliged to take up the carpet, and had deluged the floor with the chloruret of lime, the odor from the discharge was so offensive and fœtid.

No further remarks having been made respecting the case narrated by Dr. Waller, Dr. Clutterbuck proceeded to give the details of a case of cholera, to which he was called on Saturday last, and which in its symptoms presented features of considerable resemblance to the Asiatic cholera of 1832. His patient was a young lady residing at Streatham, who had been taken ill the same morning at 4 a. m. When seen by Dr. Clutterbuck, she was laboring under well marked symptoms of cholera, that is to say, incessant vomiting, with frequent purging, the evacuations having assumed the appearance of rice-water, and exceeding collapse, so that it seemed her dissolution was approaching. The body generally was cold and pallid, but about the mouth and eyes the skin had a livid hue, the nose and cheeks were cold, the pulse hardly perceptible at the wrist, and the cramp was almost universal. As might naturally be expected, the friends were very much alarmed. She had been seen by a medical practitioner in the neighbourhood, soon after she was taken ill, by whom cordials, with occasional doses of calomel, were administered, but every thing was rejected by the stomach as soon as it had been taken, so that no advantage was derived from their exhibition. Dr. Clutterbuck mentioned the case, to shew that simple means will sometimes prove of more effectual service, than those of a elaborate character. As the danger in the case was pressing, and the surgery of the practitioner situated at some distance, he felt himself obliged to have recourse to the means which were ready at hand, and he accordingly gave her repeated doses of brandy, about two teapoonsful in hot water, every ten or fifteen minutes, with six drops of Battley's sedative solution in each dose. He did not use the sedative solution from any preference, but because it was the only preparation of opium in the house. The first dose was rejected, but the second, which was given ten minutes afterwards, was retained. Six doses were thus given at stated intervals; the stomach was quieted, warmth began to return, the patient expressed himself as relieved from her distressing symptoms, and in two hours fell asleep. During this treatment the young lady expresssed a longing desire for some ice; and as there was an ice-house on the establishment, her wish was gratified. She was permitted to take a teaspoonful of iced water every few minutes, from which no injury resulted, but on the contrary infinite comfort. She awoke at the end of a few hours, and said she felt quite well. Dr. Clutterbuck saw her the next day, when she was free from any ailment, and as he had not heard since from her friends, he considered he had reason to conclude, that all was as it should be. He had mentioned the case to shew that a favorable termination had in this case at least resulted from the use of means of the most simple character and such as are always accessible.

Dr. Risdon Bennett asked Dr. Clutterbuck if he thought the ice had played an important part in the treatment of the case. During the prevalence of the epidemic cholera, it had been strongly recommended as a means of cure, and had been said to arrest the vomiting, and diminish the purging to a very great extent.

Dr. Clutterbuck had merely permitted the use of the iced water to gratify a longing. He did not think it had exerted any beneficial influence over the disease.

Dr. Pilcher observed that the late epidemic cholera had been very prevalent at Greenwich, where, as he was informed by several practitioners residing there, acids had been found the most useful remedy that could be employed.

Dr. R. Bennet mentioned that during this epidemic there had been great prevalence of febrile action, after the true choleric symptoms, the vomitings and purgings &c., had subsided, and this more especially among children. It was of such a character as almost to be designated gastric fever. He added that as several gentlemen who were acquainted with the microscopic discoveries were in the room, he would wish to ask a question respecting a remark made by Dr. Boehm in his work, which he had presented to the society. He stated that the rice-water evacuations in the Asiatic cholera contained the epithelial scales, and that on examining the bodies of those who had died of it afterwards, the lining membrane of the bowels was found almost deprived of its epithelium. He wished to enquire of Dr. Golding Bird and other gentlemen, whether the same occurrence had been noticed in English cholera.

Dr. Golding Bird observed that there were many peculiarities regarding the late epidemic with respect to children, among whom it had been very severe, and very prevalent. Of 174 children who had been seen in one day, at an institution with which he (Dr. G. Bird) is connected, upwards of thirty had this disease. The consecutive febrile action was of a low type; it occurred in the form of gastric fever, principally among half starved, scrotulous children. He certainly had not seen many of these children die, which, however, might happen in Dispensary practice, without his being made aware of it. He had that very day lost a little patient from this disease, the child of a medical man, who, after violent vomiting and purging, had had febrile symptoms, marked with distinct remissions, the tongue being dry, with red projecting papillæ, restlessness, &c. The child went on from bad to worse, and as had been already stated, died that day. (Monday last.)

With regard to the microscopic character of the rice water evacuations, Dr. Golding Bird did not think there was anything remarkable in the discovery that it contained epithelial scales, as there is not any fluid from a mucous membrane in which they are not found. If a dose of elaterium or gamboge be given to a patient, the fluids evacuated will contain the epithelial scales, or what is called the basement membrane. The urine and the saliva equally contain it, so that it cannot be strictly called a pathological phenomenon. He was not, however, prepared to say whether or not the choleric evacuations contained these scales in greater quantity than is natural.

While upon the subject of mucous membranes, Dr. Golding Bird wished to say a few words respecting a peculiar state of the mucous membrane of the mouth, to which the name of catarrhal stomatitis had been applied. It consists of an inflammation affecting the mucous membrane of the gums, lips, and roof of the mouth, which is vascular and spongy, and attended with a peculiar fætor, as if mercury had been taken. Dr. Bird has seen it terminate in gangrenous ulceration in bad constitutions. He had had five cases of exceeding severity last week, three of which were out of the family, and had been preceded by the epidemic cholera. The disease was very persistent, neither getting better nor worse for weeks, although every remedy that could be thought of, had been tried. He had at last had recourse to a remedy, that had been recommended for cancrum oris, the chlorate of potash, (not the chlorinated) of which he had given from two to three grains three times a day, and in four or five days the disease had nearly disappeared; there was scarcely a relic of it to be found.

Dr. Chowne considered that there was a point of interest wanting in the detail of the cases of the epidemic cholera among children, and that was, what was the nature of the treatment that had been found to be successful? The low type of disease at the present time, he believed, was not confined to children, but was also very prevalent among adults, and he was inclined to attribute it to the peculiar constitution of the atmosphere, which is, in some degree, similar to that found in the low fenny districts, where, at this time of the year, a low type of fever generally prevails. With respect to children, after the choleric symptoms have passed away, they get an attack of remittent fever, wasting their strength, and which, in some cases, borders closely on typhus. His object in rising, was to enquire what treatment had been found to be serviceable in such cases? Mr. Dendy confirmed the statement as to the excessive prevalence of cholera at present, which, although always rife at the autumnal season, is much more so now than is usual. He had seen at the Dispensary from sixty to eighty cases in a morning; indeed, so prevalent was it, that "a bowel complaint," was the almost constant answer to the question, "What is the matter with the child?" In almost every instance, when the complaint was attended with high action, gastric fever followed, which he was apt to regard as a favourable omen, as it acted, he believed, as nature's outlet.

Of the gangrenous erosion, mentioned by Dr. Golding Bird, Mr. Dendy had seen four cases lately; in two of which the incisor teeth had dropped out. He had found the tincture of iodine the best application in such cases; indeed, he feared he was becoming empirical in its use. It had with him entirely superseded the solution of the nitrate of silver, which he had been previously much in the habit of employing.

Cholera at present is not very dangerous, save from the treatment which has been pursued. When opiates and stimulants have been had recourse to, then gastric fever will follow. The treatment for children should consist of small doses of rhubarb, say ¼ or ⅛th of a grain every two or three hours, combined with prepared chalk. The purging will be arrested by these means in four or five days, after which a grain of the hydriodate of potash may be given twice a day to restore the tone.

Dr. R. Bennett had very little to say about the treatment. He had only lost one case, and that was in private practice, from diarrhœa caused by dentition. In dispensary practice, as far as he was aware, he had not lost a patient. He had not found the vomiting to be severe, although the purging was so in many cases, but still not sufficient to cause alarm. He had generally prescribed a rhubarb and magnesia mixture, with or without a cretaceous ingredient. He rarely had had occasion to combine a few drops of laudanum with the mixture. On the subsidence of the diarrhæa, he treated the gastric fever with febrifuges, and perhaps rhubarb and soda at night. A bitter afterwards with soda, and attention to diet, were all that was required.

Mr. Clarke then proceeded to give an account of an invention by a gentleman of the name of Hughes, formerly a member of the scholastic profession, for teaching the blind to read. Mr. Hughes has himself been blind for six years. The plan consists simply in dotting embossed stenographic symbols on paper through a frame work, from right to left, the paper being reversed from its position afterwards, so that it may be read from left to right. The process excited considerable interest.

PERISCOPE OF THE WEEK.

(London and Edinburgh Medical Journal; Lancet; Medical Gazette; Gazette Medicale; Muller's Archiv; American Journal of the Medical Sciences; Guy's Hospital Reports;

Poisoning by Arsenic.—Another fact has been recently added to the many now placed on record, shewing the possibility of detecting arsenic in the bodies of persons poisoned by it, months after decease has taken place. It was clearly discovered by the usual tests in the body of William Dazley, one hundred and forty-one days after death, and the preservative powers of the poison were equally evidenced, for the stomach and intestines were in a most perfect state of preservation, looking as fresh as if death had occurred only a few days previously. A curious fact was discovered at the examination of the body, which was considered by Dr. Christison to be unique. About the middle of the small intestine there was a small ulcerated opening, through which some of the white powder (arsenic) had escaped, and had been observed adhering to its peritoneal surface before the parts were disturbed.

Irrigation and Water-Dressings after Amputation.—Six cases of amputation, some of them very bad ones, are narrated by Mr. J. Leach, of Heywood, Lancashire, in which he had recourse to irrigation and water-dressings with decided benefit. He employs irrigation by pouring a stream of water from a height on the amputated limb, a proceeding which, in his opinion, possesses advantages in contracting the capacity of the vessels, promoting the effusion of coagulable lymph, and retarding profuse suppuration to a greater extent than is to be derived from the use of water-dressings alone. It has the further advantage of cleanliness and comfort to the feelings.

Climate of Upper Canada.—Mr. Orton, of Guelph, in Upper Canada, describes that country as being particularly favourable to the health of persons affected with the scrophulous or phthisical diathesis. It is not, however, recommended for those actually suffering from tubercular disease of the lungs in an advanced stage; for such the soft, mild, equable atmosphere of the southern coast, the Isle of Wight, Madeira, &c., should be preferred. It is adapted chiefly for those cases which manifest only a tendency to the diseases just mentioned, or in which those maladies have not made much progress. Although Mr. H. Orton mentions Canada, or Upper Canada generally, in his remarks on the climate, his brother, Mr. J. Orton, is of opinion that his observations are intended to apply chiefly to the Wellington district, (of which Guelph is the district town) a high, dry, undulating region, as remarkable for its salubrity as many of the other settlements for their unhealthiness. The adaptation of this elevated region for certain constitutions seems to depend on its pure, dry, tonic atmosphere, and its entire freedom from marsh miasma.

Action of Belladonna on the System.—Dr. Hutchinson, of Nottingham, has been led to believe, as the result of experiments instituted by him, that the primary action of belladonna is, as an excitant to the cerebrum and its nerves, and as a sedative to the spinal marrow and the nerves of the cerebro-spinal system, being precisely opposed to that of opium, which in its effects, exerts a sedative and narcotic influence over the cerebrum and true cerebral nerves, while the convulsions which accompany its administration, and the increased sensibility to the ordinary stimuli exciting reflex action, caused by it, lead to the inference that it increases the irritability of the spinal marrow, and of the spinal system generally.

Abscess in the Inguinal Canal.—Mr. Ewen, of Long Sutton, describes a case of inflammation of the inguinal canal, which proceeded to suppuration, having been previously mistaken for strangulated hernia. He was sent for by a professional neighbour to operate, but the symptoms led him to believe that the disease was inflammation of the canal only, and he treated it accordingly. A few days after he was called in, the urine was loaded with purulent deposit, and soon afterwards the abscess discharged freely by an opening near the external abdominal ring. The patient was soon convalescent.

Rupture of the Vagina, from Sphacelus.—A woman, 47 years of age, of a relaxed and debilitated habit of body, who had been the subject of much mental anxiety, bodily fatigue, and deprivation of food, as well as of much ill-health, was taken in labour early in August last, for the eighteenth time. She had been obliged to keep her bed for six weeks previously, on account of the weight of the pregnant womb, which, whenever she sat up in bed, was observed to sink deeply in the pelvis. Labour-pains for the first two hours were good, but after that they began to flag: the head of the child was partially protruded through the os uteri. Two hours after the cessation of pains, she experienced a burning heat in the lower part of the body, and found she had not any power over one of her limbs. About seven or eight ounces of a bloody, grumous discharge, escaped from the vagina. The breathing was rapid and laborious; the countenance anxious; pulse very rapid and weak. Mr. Sankey, whose patient she was, fearing rupture of the uterus, called in further medical assistance, and it was determined to deliver by artificial means, which, however, could not be effected; turning was then practised, and a blackened, dead child extracted. The woman died two hours and a half afterwards. On examination of the body, the abdominal parietes in the mesial line were found to be not more than a quarter of an inch in thickness: the abdominal muscles were pale, and extremely emaciated, scarcely to be detected; the peritoneum highly injected; uterus contracted and empty, natural, except in its peritoneal coat. Vagina blackened, its walls three quarters of an inch in thickness, ruptured longitudinally to the extent of four or five inches; the whole of the posterior wall sphacelated; the bladder blackened, and engorged. Rectum sound. Mr. Sankey believes the sphacelated condition of the vagina was produced previously to the commencement of the labour, and that its rupture was not caused by the use of the instruments, but by the passage of the child, which was a large one, the morbid state of the canal having rendered it undilatable, crisp, and easily liable to tear.

Spontaneous Obliteration of the Aorta.—Under this title a case is narrated by Dr. Duncan of Edinburgh, one of the surgeons of the Royal infirmary. The case, which presents some of the characteristics of arteritis, terminated fatally, first indueing gangrene of the left leg. On examination of the body, the left ventricle of the heart was found to be of less size than usual, but its walls unusually thick. The serous covering displayed several large opaque and firm patches, and adhesions existed between the attached and loose pericardium over the pulmonary artery and aorta. The valves were healthy. The pericardium contained a considerable quantity of pale yellowish serum. The aorta, commencing about an inch above its point of bifurcation, was found to be completely closed by a pale yellowish-looking mass, adhering to the lining membrane, and appearing like recently effused lymph, which was tinged with blood, and was more like coagulum as it passed into the iliacs. On the right side, it passed about an half an inch along the external iliac, leaving the internal free. On the left side, it was traced to the commencement of the common femoral, and a short distance into the internal iliac. The vessels entering the inguinal artery were closed by similar clots, hard and partially decolorized; beyond this the artery contained recent clots, and was considerably contracted. The venæ cava and iliaca were healthy, but the femoral veins were plugged with recent coagula. The right lung presented indications of inflammation, pus exuding from pressure after section in the upper lobe; the same lobe in the left lung had on its anterior surface a number of bladder-like pouches, consisting of dilated bronchi. The cellular membrane in the groin was distended with pus on the inner side of the thigh, and seemed passing into diffused suppuration. Dr. Duncan does not assign any cause for the obliteration of the arteries, but considers the gangrene of the left lower extremity to have been caused by the condition of the veins of the part.

Blood-Letting as a Diagnostic.—Mr. Barlow has detailed several cases to shew that when, in cases of supposed inflammation, there is not any tolerance of loss of blood, but, on the contrary, the patient faints soon when bled in the upright position, the complaint is one of irritation, and not inflammation.

Vibrio Humana.—Dr. Knox, of Edinburgh, says that the occurrence of the vibrio humana, or trichina spiralis, is very rare among the lower orders in Scotland, since it has been met with only three times out of 500 bodies which have been dissected in the different schools at Edinburgh.

Polypus in the Heart.—A man dying from disease of the heart, who had been under the care of Dr. Henderson, and presenting on examination of the body, a globular polypus in the lappet of the right auricle, attached firmly to the lining membrane of several of the musculi pectinati, Dr. Henderson availed himself of the opportunity thus afforded, to examine it with reference to the still disputed question of its being organized, and containing pus, and the result of his examination has led to the conclusion, that the walls of the cyst are actually organized, and that the contained substance is not purulent. On placing a thin slice of the cyst under a magnifying power of 350 diameters, it was found to be composed of cells, which had made a considerable advance towards their complete development into fibres, not the extremely minute fibres which form in simple coagulated fibrine, but those which are the result of the development of exudation-globules. These globules or cells were in that stage of their progress in which they are elongated, exhibit an attenuated extremity at either end, and a bulging in the middle or body—in short, they were spindle-shaped. Some of them were cloven at one extremity, or at both, as is usual with cells of coagulable lymph in a particular stage of their advance to fibrillation. The cells thus partially developed, were disposed in close parallel fibres, end to end, just as they are in coagulable lymph, which has been effused on an inflamed surface. The cyst was therefore, beyond all question organized. The contained fluid presented under the microscope a heterogeous compound of blood globules, elongated and spindle-shaped cells, minute granules, mostly unconnected, but in not a few instances agglomerated into little balls, and, lastly, some irregularly globular cells, larger than blood-discs, containing three or four nucleoli, which were seen without the employment of any chemical ageney. The granules were the most numerous, and the blood discs were the next in abundanee, though there was a large proportion of the elongated cells. Most of the blood-dises were altered in figure, their margins having become somewhere irregular.

Un-united Fracture of the Leg.—A sailor, 30 years of age, was admitted into the London Hospital, under the care of Mr. Scott, with an un-united fracture of the left leg, the broken fragments of bone being connected by ligamentous structure. After having undergone various kinds of treatment in India, where the accident happened, and afterwards in England, Mr. Scott divided the tendo achillis, (the heel being elevated about an inch beyond the opposite one), and a weight, suspended by a bandage, was passed round the leg, immediately above the seat of fracture. Tineture of iodine, made with a drachm of iodine to an ounce of rectified spirit, was applied to the part daily for a month; at the end of which time an extensive callus had formed, of considerable firmness. After this, the application was used only two or three times a week for three months, during all which period the patient was lying on a fracture-bed, so constructed as to admit of permanent extension. When the patient was discharged. seven months after the iodine was first used, he could walk a distance of nine miles without inconvenience or difficulty, with the assistanee of a single crutch, the use of which he soon dispensed with.

Bronchial Blenorrhea.—Mr. Cheyne has described, under this title, a case of profuse expectoration from the bronchi, connected with the rheumatic diathesis, which resisted every mode of treatment he could think of, until bearing in mind the occurrence of some symptoms of rheumatism at the commencement of the attack, he administered the acetous extract of colchicum and the iodide of potassium, when his patient got well in a week. He is of opinion that the disease was caused by a metastasis of rheumatism, and was totally unconnected with bronchitis.

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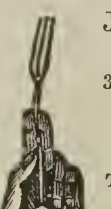
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THE MEDICAL TIMES.

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ON THE PHYSIOLOGY OF HEALTH AND DISEASE,

AS APPLIED TO VEGETABLES AND ANIMALS, BUT MORE ESPECIALLY TO MAN.

By M. RASPAIL.

LECTURE XVI.

3°. Carburetted Hydrogen, Essential and Volatile Oils; or Combinations, in variable proportions, of Hydrogen and Carbon.—Hydrogen has a great affinity for all gaseous liquids or vapours; but it is readily separated from them on the least reaction. It appears probable that our respiratory organs have the power of transforming the carbon into carbonic acid, and that it is in consequence of this mechanism that this gas becomes, by reacting upon our lungs, an agent of so deleterious a nature. The action of certain essential oils is complicated by the substances which they hold in solution; hence the drastic properties of some, the narcotic action of others, &c., properties which may be exerted upon the animal economy, through the sole vehicle of the respiration.

On the 30th of January 1840, at 4 o'clock in the afternoon, I was engaged in rubbing with spirits of turpentine, the knee and leg of my eldest son, who was affected with violent pains in the bones, which had obstinately resisted, for more than a month, the action of linseed-meal poultices, camphorated liniment, and sedative applications. The odour of the turpentine was spread throughout the house. The boy's mother, at this moment, came up stairs, and on perceiving the smell, she was attacked with palpitations, vertigo and violent pain in the head; she had barely time to descend again, when she fell upon a seat and fainted away. I applied a sedative lotion to the head, and vinegar to the nostrils; she immediately revived, and an hour afterwards, dined with a good appetite. I continued to burn vinegar in various parts of the house, and every one slept as usual. But we had taken at dinner three or four pinches of aloes in our soup, a dose which in general produced but a moderate effect; on this occasion, however, the action of this medicine was quite different. On the following morning, I had a somewhat constipated stool; I then perceived, in the course of the transverse colon, some griping pains, which were dissipated by applying powdered camphor over the affected part; an hour afterwards, I suddenly had a greenish and very copious liquid stool, filled with asarides, and which emitted a very powerful odour of turpentine; every one who had taken the aloes, and inhaled the vapour of turpentine on the preceding day, experienced the same effects, and observed the same phenomenon. The spirits of turpentine were then introduced, into the circulation, by the vehicle alone of the respiration. Persons who are employed in bruising or expressing the seeds of the castor-oil plant, experience, by the simple effect of the smell, all the medicinal results of the ingestion of the oil itself.

9°. Sulphuretted Hydrogen is a poison of very violent properties, inasmuch as the sulphur, by appropriating to itself the oxygen, which becomes nascent during the act of respiration, is transformed into sulphuric acid, and reacts immediately, under this destructive form, upon the liquids and on the tissues.

10°. Arsenurated Hydrogen.—In the same way as copper is poisonous only by its salts and its oxides, and not in the metallic state, so may arsenical vapours be respired with impunity, so long as they preserve their alliaceous odour, and are disengaged purely in the metallic state; they become injurious and capable of producing, upon the economy, more or less terrible effects, only when the arsenic, during its disengagement, becomes combined with hydrogen or oxygen, and thus forms arsenurated hydrogen, and arsenious acid, or oxide of arsenic, not to speak of the so-called arsenic acid, which is, to my mind, but arsenious acid rendered more soluble by the presence of nitric acid. In the arsenurated silver mines, and other arsenical mines, a suffocating alliaceous odour is perceived on entering, and which is constantly maintained there, being an evident sign of the disengagement of arsenic in the metallic state; and yet the miners do not appear to be inconvenienced by this condition of the atmosphere; they live there as long as elsewhere. Whilst in the forges, where the iron is extracted from the arsenical mineral, the workmen who attend to the furnaces, hastily retreat, as soon as they perceive that the wind blows down the vapours of arsenic; for at this high temperature, the arsenic must of necessity be transformed into arsenious acid. The arsenious acid, being almost always mixed with a small quantity of metallic arsenic, which has escaped oxygenation, is revealed by a faint alliaceous odour, which thus makes known the threatening danger. It is different, however, with arsenurated hydrogen, the most frightful of all gases which escape the smell; for prussic acid is announced by its own peculiar odour. The young and unfortunate Ghelen, a German chemist, who was poisoned by arsenurated hydrogen, was merely attempting to discover by the smell, whether there was not some escape of the gas, through the lute of his pipes; he was suddenly seized with vertigo, fainting and vomiting, and died within eight days. Nothing similar to this has however occurred during the researches which myself and others have made upon arsenic, whether purely in a scientific point of view, or for the purpose of assisting the ends of justice; and still the numerous experiments which we have performed, in endeavouring to obtain the indications furnished by Marsh's apparatus, have frequently compelled us to respire arsenurated hydrogen, in much greater quantity than Ghelen had done. At the period when I was preparing for the trial at Dijon, that is to say, towards the end of November 1839, I had, for the purpose of performing my experiments, a small chamber on the ground floor, with a very low ceiling. I had placed my apparatus for the disengagement of arsenurated hydrogen upon the forepart of the chimney, without perceiving that the wind was beating down; the greater part of these apparatus were in action though not lighted; a frightful quantity of arsenurated hydrogen must then have been disengaged. Now, I passed three whole days, shut up in this small laboratory. On the third day I was seized with vertigo and pains in the stomach; I had, however, strength to get up stairs and throw myself on the bed; and there, reflecting on the nature of the extraordinary symptoms which I laboured under, I felt persuaded that I was suffering from the poisonous action of the arsenurated hydrogen; prostration of strength, cerebral congestion, fever, dimness of sight, indigestion, nausea, and griping. I immediately prescribed for myself, and requested the person of the house to enter the chamber, while holding in her breath, and break to pieces beneath her feet all the vessels which she should find at the entrance of the chimney, and then push them beneath the ashes, that they might be afterwards thrown out altogether into the field at the back of the house; this was rapidly accomplished. But, in spite of all these precautions, this person did not entirely escape its effects; she, in her turn, suffered some inconvenience, though, it is true, of a less alarming character than mine. It is worthy of remark, that this room was separated only by a half-open door, from one in which a milliner had been at work all day, but who perceived no ill effects from it; the children had also been playing in this adjoining room, but not one of them presented a single bad symptom. I took some alkaline drinks, along with a milk diet; rubbed myself freely with camphorated spirits, and the next day I was on my feet again, and began to proceed once more with my experiments, though with greater prudence.

Should we then regard this as a contradiction to the sad experience of Ghelen? By no means; for the apparent opposition depends only on a false interpretation of the phenomenon. In fact, we must bear in mind that hydrogen gives up its radicals as quickly and with as much facility as it appropriates them; its gaseous combinations offer but little resistance to the power of decomposition. Arsenurated hydrogen owes then its great activity as a poison, to the fact that it quickly gives up its arsenic to our tissues, which, by this exchange of base, become disorganised. If, before reaching our lungs, this gas should meet, in the atmosphere, with organic or organized combinations, it is evident that it will yield to them, with the same facility, its arsenic, and that our respiration will thus be preserved from injury. How much more will this be the case, when this atmospheric interchange takes place, under the influence of the luminous rays of the sun, the electric action of which gives rise to so many decompositions and combinations? There is then a great difference, as well in a physiological, as in a toxicological point of view, between the act of inhaling arsenurated hydrogen gas, by holding the nose over the fissure, and that of breathing it at a certain distance, and at a greater height. In the latter case, we respire but the hydrogen set free from the arsenic, during its progress through the intervening space; in the former case, on the contrary, the lungs become distended with an arsenical vapour possessing its full power of disorganization. Consequently, although there might have been disengaged from my apparatus, a quantity of arsenurated hydrogen, infinitely greater than that which escaped in the case of Ghelen, it is evident that, by the fact alone of the distance, I must have respired very much less than that unfortunate chemist. I may also add that, neither Scheele, the discoverer of arsenurated hydrogen, nor Pelletier the elder, who repeated all the experiments of the former, and who one day had his hand covered with metallic arsenic, from the detonation of this gas, ever experienced the slightest symptoms of the poisoning to which Ghelen fell a victim. Scheele and Pelletier experimented with inverted bottles, having an opening above; the arsenurated hydrogen, by reason of its weight, remained at the bottom of the vessel, and could only escape during its detonation, and consequently in a state of decomposition: they, therefore, respired it under conditions different to those in which Ghelen was placed. Lastly, the respirable gases do not act in an infinitesimal manner, like ingested poisons; they are injurious only from their volume; and this remark applies to arsenurated hydrogen, as to all the other species of hydrogen. If, then, these gases reach the respiratory organs in a state of concentration, and shall have been inhaled in this state, at a single aspiration, they would induce in our organs a greater amount of disorder than would

have been caused by a hundred successive aspirations, of a mixture of one of these gases, although, at the end of these aspirations, the quantity inspired should be essentially the same in both cases.

In performing comparative experiments with these gases upon animals, we should take into account the distances observed, the hygrometrical properties of the air, the force of the disengaged current, and the natural position of the animal, during the act of respiration: animals which breathe with the head erect, not receiving the arsenical jet in full, like those which respire in a direction perpendicular to the plane of position. When we remember that arsenic is spread through everything around us, and contained in the bowels of the earth, and that on the other hand hydrogen, that product of every species of fermentation, appropriates and associates it to itself, wherever it meets with it during its disengagement, one cannot avoid suspecting that many of those miasmatic phenomena, of which history has handed us down such inexplicable accounts, may be explained by a meteorological disengagement of arsenurated hydrogen, or of some other species of gaseous combination of hydrogen; and we may conceive at the same time the reason why the creation of large bonfires in the neighbourhood, is, in certain cases of epidemics, an excellent hygienic precaution; every gaseous combination of hydrogen is decomposed by fire.

10°. Hydrocyanic or Prussic Acid.—Hydrogen in its nascent state, is capable of forming, with other gases, compounds of a more intimate nature, and consequently more energetic in the act of their decomposition. For instance, by associating itself with carbon on the one hand and nitrogen on the other, it forms prussic acid, a substance the frightful power of which upon the respiration is less disputable than that of arsenurated hydrogen, and which is decomposed by the light much more easily than this latter gas, insomuch that it is very difficult, even in the dark, to preserve it for any length of time, at least in the same degree of strength which it possesses, immediately after distillation. Now, when an acid of this description is brought into contact with the lungs, it may proceed to its work of death through its instantaneous decomposition, under the influence of the oxygen, which transforms its carbon into carbonic acid, and its azote into nitric acid, and which thus react upon our tissues, each in their own especial manner. Whatever may be its physiological mode of action, it is not less certain that the formation of hydrocyanic acid may take place wherever hydrogen is disengaged by fermentation, and that the frightful results of certain mephitic emanations or exhalations may be readily explained by the action of this acid which is of so unstable a character, whether in a free state or in one of combination.

Marsh-Miasmata.—Every shallow and stagnant sheet of water gives rise to a fermentation, or rather a vegetation, which exhales into the air a brackish and fetid gas, of a peculiar acid nature, which becomes mixed with the carbonated hydrogen, and carbonic acid, and produces, upon the animal economy, through the vehicle of the respiration, the most disastrous effects. The atmospheric air is not only vitiated by the subtraction of its oxygen, but also by the presence of the deleterious gases which are accumulated upon the soil, and which remain there in an undecomposed state. The animal respires death by all its pores, though in a slow and gradual manner. The acidity which penetrates the blood, by the vehicle of the respiration, decomposes it drop by drop. The digestive nutrition suffers in consequence of the derangement of the general nutrition; a slow and adynamic fever consumes the organization, manifesting itself in intermissions of varied duration, and in paroxysms which are more frequent towards night than in the day; in the shade, where the miasm is engendered, than in the light where it is decomposed. The entire organism becomes enfeebled and enervated; the animal drags itself along rather than walks; the cheeks become hollow, the eyes dim and sunken, the forehead wrinkled, the limbs emaciated, a wan and ghastly colour is spread over all the surfaces; the being pines away, and dies as if from absolute starvation. The nature and number of these deleterious gases is however but imperfectly known, by reason of the imperfection of our methods of analysis. The following seems to me to be the mechanism of their action on the system; as soon as a molecule of acid becomes infiltrated into the blood, this liquid gradually acquires conditions which render it unfit to be absorbed and aspired by the tissues. The tissues, at the affected point, are rendered powerless; they cease to elaborate; they produce then less caloric than is given up to the external air; hence, the shivering and sensation of cold which seem so much the more extraordinary, as it is evident that they do not arise from the depression of the surrounding atmosphere. But the circulation, in general, quickly brings back, to this point, a quantity of blood which has retained its normal condition, and from this moment, the paralysed tissues regain their original activity: the elaboration disengages caloric anew, which, to our senses, seems proportionably more elevated, as this portion was previously more chilly; hence, the burning heat, and abundant transpiration which accompany this state. We thus have true alternations of heat and cold, which serve to characterize, by their periodicity, that form of fever called intermittent.

12°. Meteorological Emanations from the Soil.—I. The movements of the air, as we have already said, are constantly tending towards the production of a vacuum, upon a more or less extensive scale, upon the surface of the soil. When this takes place to any extent, we must necessarily have disengaged from the earth all the gases which the atmospheric compression maintained there, whether in a state of combination or in one of solution: carbonic acid, nitric acid, sulphuretted hydrogen arsenurated hydrogen, volatile sulphurets, &c., as well as mercury and its salts, in the vicinity of the drains which carry off the refuse from our manufactories and our hospitals; miasmata which vary in nature and in properties, according to the geological nature of the soil and of the sub-soil, and according to the different modes of working the mines, as well as the manner of manipulating their products; emanations which are so much the more alarming, in proportion as they are less explicable, and which, if they are not the immediate or material cause of certain epidemics, may still predispose the body to them, and prepare the organs for their invasion, by interrupting the equilibrium and harmony of their functions, and perverting the products of their special elaboration. And, as I said before, this meteorological vacuum, which, like an air-pump, forces upwards these baneful miasmata, may extend over an entire tract of country, without the inhabitants suspecting, by any appreciable sign, their being thus encompassed. A sudden variation of a few degrees in the weight of the air is frequently sufficient to produce this effect. Nor is the meteorological power confined to this. We know that the electric spark has merely to traverse a gaseous mixture, to give rise to its intimate combination: for example, combining nitrogen with oxygen, into nitric acid. Judge then of the variety and volume of the products which must be engendered in the atmosphere by the lightning, which, in the twinkling of an eye, traverses so many leagues, in one continuous jet, and acts upon such complicated mixtures, by its incessant electric radiations.

2. *Basic or Alkaline Emanations and Exhalations, or those which act after the manner of Bases and Alkalies.*—The organized tissues being composed, chemically speaking, of an organic portion which performs the part of an acid, and of an earthy portion which fulfils that of a base, they may be equally disorganized by the decomposing power of an acid which robs them of their base, or by that of a base which deprives them of their organic portion, and which thus forms with it a new tissue incapable of life and development:—an albuminous, or adipose, saponaceous compound, according as the base encounters, in its passage, albumen or a fatty body; and which is soluble or insoluble, according to the nature of the base itself. I shall now enumerate the principal bases, to the influence of which our respiration is most liable to be exposed.

1°. Free Ammonia.—Ammonia has the property of dissolving albumen and fibrine, and consequently of disorganizing the frame-work of our tissues. But, for this purpose, it is necessary that this agent shall possess a certain degree of condensation, and act under the form of a liquid. Now, when it reaches our lungs, it is in the gaseous state and more or less mixed with atmospheric air; under this form, it acts less upon our tissues, than when it passes into the blood; and, even there, in small quantity, its influence is far from injurious, the vehicle of the blood being alkaline, and the ammonia, moreover, assisting in preventing congestions and the precipitation of the albumen. We are warned of the instant when the disengagement of this gas commences to compromise the respiration, by its irritating action on the conjunctival membrane, and by the involuntary shedding of tears which it provokes. So long as the eyes remain free from these symptoms, the presence of ammonia in the respirable air is devoid of danger to the health; it is rather, in certain cases, a protective agent to our functions, an atmospheric condiment. I myself lived for nearly six months in an ammoniacal atmosphere, and I was never better in health; this was at the time that the cholera ravaged the capital and its environs. Still, if nothing but ammoniacal vapour reached the lungs in inspiration, if, for instance, we were to breathe, for a certain time, over an open flagon of ammonia, this gas would then become, not only asphyxiating, but also deleterious; it would react upon the tissues, through the vehicle of the mucous secretions and the moisture of the air-passages, and subsequently through the vehicle of the blood, which would carry its excess towards the surface by all the circulatory vessels. In this case, gaseous ammonia is capable of acting with as much violence as ingested ammonia. Thus, nothing is more dangerous than to leave, upon the stove or the mantelpiece of a bed-chamber, a bottle of ammonia, since the heat of the room may cause the stopper to fly, and spread the vapour throughout the whole of the apartment. I have frequently inhaled pure ammonia, by placing a bottle of this re-agent beneath the mouth. The effect of this gas is instantaneous; if any portion escape into the eyes, the individual becomes blinded, and is forced violently to close the eyelids; if it introduce itself within the passage of the nose, it produces the same impression upon this organ as upon the lining of the cheeks, of the larynx, and the pharynx: an impression of dryness and of heat within the membrane; the ammonia, in fact, being very miscible with water, has a great affinity for it, and, consequently, eagerly deprives the tissues of it; the intelligence is quickly destroyed; and but little suffering is felt, provided the asphyxia be complete; the sensation or taste left by the ammonia in the mouth returns, as soon as the remnant of this gas has become diluted by numerous inspirations of air; and cough and coryza are the first indications which are given of the recommencement of the respiratory functions.

In 1831 I published, in an agricultural journal (*l'Agronome*), a means of transforming upon the spot, the drainings of privies into an inodorous manure, and thus at the same time preserving our habitations from ammoniacal miasmata, and the poor nightmen, from the overwhelming and sudden effects of the gas to which they are exposed. Nothing was more simple than this plan, either in conception or in execution, provided the assistance of the municipal authority be obtained. An individual, now a member of the Institute, in consequence received an offer to carry out this idea upon his own account, assuming to himself the title of its inventor. He proceeded by dividing the privy into two compartments, each communicating by an opening with the exterior: while the one was in use, a quantity of calcined marl, or lime, was to be daily thrown into the other, and mixed with the contents by means of a rammer; and the night-soil to be withdrawn, as soon as it was discovered that no more miasm nor odour was disengaged. In this state the soil was transformed into a fine powder. I had pointed out a means of economizing the ammonia, which is necessarily disengaged by the reaction of the lime. Unfortunately, this latter circumstance was neglected by the above individual; and the first time that he

proceeded, in presence of the commission, to open one of these pits, three workmen fell backwards, asphyxiated with the ammonia which was set free. This deplorable accident deterred the municipal commission from proceeding further; the matter was hushed up, and the culpable imprudence of the experimenter passed over in silence. Should thesy attempts be again renewed, the warning given be the above lesson ought not to be lost sight of.

COURSE OF LECTURES ON THE THEORY AND PRACTICE OF MEDICINE.

Delivered by C. J. B. WILLIAMS, M.D., F.R.S., Professor of the Practice of Medicine, and of Clinical Medicine, at University College.

At the conclusion of the last lecture I was speaking of chronic inflammation of the lung, which, in its nature and its treatment, is so closely allied to consumption, and which appears, in fact, to pass into the true consumptive stage; and I have, therefore, no hesitation in classing it under the same category. It will, then, be considered under the head of pulmonary consumption.

The next affection is one of a trifling character, and is soon disposed of, viz.,—œdema of the lung, which stands in the same relation to the parenchyma of the lung, that hydrothorax does to the pleura. What I have said with regard to that, I may say respecting this affection, that it occurs usually as a symptom of other diseases—diseases indneing dropsies. It may be a dropsical diathesis; an affection of the kidney, or something interfering with the excretion of the urine, or a very thin and poor state of the blood, connected with a very weak circulation. This is another cause of general dropsy, and it is under this condition that œdema of the lung is sometimes met with. Or it may be caused by local obstructions, or causes of dropsy, particularly obstructive disease of the left side of the heart, or any condition of the heart interfering with the circulation of the blood. Obstruction of the vessels at the root of the lung will likewise produce œdema. You may remember there is another affection arising from the same causes—hæmorrhage; and the reason why there is dropsy in some cases, and hæmorrhage in others, is, that there is in dropsy a poorer and thinner state of the blood. On examination of an œdematous lung, there is found a palish state of the lung, and it pits on pressure (just as the lung does in the first stage of inflammation), but it is paler than in that condition. Like the lung in the first stage of inflammation, it is less crepitant to the touch than natural, and on being cut there exudes a bloody serum; and sometimes, accompanying this affection, there may be more or less dyspnœa, some cough, and a thin expectoration; but there is no fever. And these things must be taken into account when we attempt the diagnosis. The physical signs are deserving of particular attention. Where the lung is infiltrated with serum,—the serum being in the vesicular texture,—the air passing in and out of the vesicles will cause a sound like bubbles, and inasmuch as they are all small and of uniform size, the crepitation will be defined and equal: there will also be heard more or less of a liquid sound accompanying this phenomenon—that is to say, the mucous rhonchus will be added to the crepitant rhonchus, constituting the muco-crepitant rhonchus. When the bubbling is of a fine character, accompanying the stronger respiratory acts only, or occurring but here and there, it is called the sub-crepitant rhonchus. But the character of the sound, and the fineness of the crackling, are invariably such as to make any one refer it to the same seat. It is produced in the the same situation, and by a mechanism not much different from that which causes the crepitation at the early stage of pneumonia: in fact, the appearance of the œdematous lung, or rather its physical properties, the crackling on pressure, and the exudation of serum from it when it is cut—all these bear a physical resemblance to the first stage of pneumonia; the chief difference being in the colour, which in the first is of a deep red, and in the other case, of a pale tint. I mention this to point out to you the similarity of the physical signs, and this may be in a great measure applied to what I shall have to say of hæmorrhage. When the cause of sub-crepitation becomes more and more active, and where the liquid effusion into the tubes increases, this sound is not only increased and rendered more distinct, but there is heard a liquidity mixed with it, that liquidity being indicated by the rolling of bubbles—the sound of bubbles of different sizes passing to and fro in the bronchial tubes. This gives an inequality to the increased crepitation, quite distinct from the thin yet loud crepitation of pneumonia. Here it is we have the sound distinctly marked, between the two affections. In the first stage of pneumonia, the crepitation is loud, and yet free from all signs of liquidity. It is a perfectly pure and dry sound. These are the two great means of distinction. The crepitation of pneumonia is caused essentially by the narrowing of the vesicular texture, owing to interstitial effusion, and the swelling up of the vessels which compress the vesicular texture to the greatest possible degree, while, at the same time, the vessels thus narrowed are filled with an extremely viscid mucus. The crepitation is both loud and dry. It is loud in consequence of the viscidity of the liquid, and the force with which the air traverses the viscid liquid; and it is dry, because this viscid liquid is not free enough to rise up into the large bronchi, and there cause the bubbling rhonchus. Again, where there is the bubbling rhonchus, there must be a considerable amount of fluidity: it is a sign of a more fluid state of the parts. If you try the experiment of passing liquids through tubes, you will find it impossible to break bubbles in fine tubes; but with a very viscid liquid, the liquid is pushed on before the air, without a rupture taking place. Now, this requires force for its production, and this is exactly what takes place in the first stage of pneumonia. The crepitation of pneumonia is very loud in the early stage, but it is soon suspended. You do not continue to hear it as the disease advances; yet, by forcible inspiration, you can bring it into existence in a great degree; much more so than by expiration. The inspiration is a forcible agent: the air passes with great rapidity and power, inasmuch as it is drawn from one narrow tube to a narrower one. On the other hand, in expiration, the air passing out with a less degree of force, the liquid rolls before it without crackling. I should advert to another explanation given by Dr. Walshe: he ascribes the crepitation of pneumonia to the sudden opening of the vesicular texture of the lungs, not to the tubes at all;—a sudden and forcible separation of the sides of the air-cells, previously glued together by the liquid. But this supposes the progress of the obliteration far greater than we find actually to occur in the slighter forms of the disease. Crepitation is an early sign of pneumonia, and where there is any thing like a distinct symptom, there crepitation is found to exist. Then, again, another thing is to be noticed,—there is a physical difficulty to the production of this sound from such a cause: the vesicular texture of the lung is obliterated by pressure. It is not as if the lung had been compressed, and then air being forcibly inflated, the tissue becomes puffed up and crackles, as in the process which butchers adopt with their meat, in order to give to it a puffy appearance,—the lung is not inflated up in that way. There is no physical cause in operation to account for this sound, and the condition of the parts is not such as to produce a crackling sound by the sudden expansion of the lung. The lung, you must remember, is in a state of medium expansion, and each time that it receives a little addition of air, there is no sudden expansion, no sudden and violent dilatation which would account for this sound on the above principle. I take it that this explanation is by no means tenable. The other one, which I have given, I consider to be the true one, and comparing the phenomena with those of the subcrepitant rhonchus, you may see the distinction that renders this practicable. However, many may not be able to distinguish between the difference, and we must, therefore, refer to certain other symptoms. If the disease be inflammatory, there will be more or less of other symptoms of inflammation; if dropsical, you have the symptoms of dropsy, such as œdema of the extremities; or else symptoms of general dropsy, as organic disease of the heart, &c. There you are led to suspect œdema of the lung; and by the pallidity of the surface, the absence of fever, and so forth, you diagnosticate the existence of the disease. With the subcrepitant rhonchus, there is some dulness on percussion.

The treatment of œdema of the lung is, in a great measure, similar to that of organic disease of the heart: purgatives, diuretics, &c. Sometimes where œdema exists in the lung, it becomes an indication for more active treatment; because the dropsy is here connected with a vital function, and it is often a sign of the advancement of disease towards a fatal termination.

The next disease is pulmonary hæmorrhage, or apoplexy of the lung. This consists of the effusion of blood into the parenchyma of the lung and the vesicular texture. Effusion of blood into the air-cells may be interstitial, and, therefore, this ought to be distinguished. The symptoms are uncertain. Pulmonary hæmorrhage may take place without any blood being spit up; and the symptoms are merely more or less of obstruction in the pulmonary texture. Dyspnœa may be present with a tightness or dull pain in the chest—sometimes the pain is confined to one spot. The pulse is often jerking. As I mentioned before, this does not arise from a re-action after the loss of blood, but it seems to exist in some unknown state of the vessels. The hæmorrhagical effort is indicated by a peculiar jerking and excited state of the pulse, which is connected with a tonicity of the arteries. The heart is more excited than usual under these circumstances. There may be hæmoptysis, something which tinges the sputa; and this is remarked to take place in cases where the effusion into the cellular texture of the lung is most extensive. In organic disease of the heart, the hæmoptysis is not so extensive, and the blood accumulated in the cellular texture does not come up. Sometimes, on the other hand, the blood expectorated, or coughed up, may be to a great amount. Sometimes there may be a slight cough, but when quantities come up, the effort is like that of vomiting, the diaphragm being relaxed, and the glottis partially closed in the first instance, but by and by being forced open by the liquid, and the matter expelled. The two actions are not far removed from each other, where the stomach is empty. There appears to be a requisite action of the œsophagus, as well as the action of the abdominal muscles, and the chest becomes emptied of its contents. It is important to observe this, because you find a person will bring up or vomit, blood, and if it is florid and is mixed with any bronchial mucus, and is preceded, or followed, by cough, it is a sign of disease in the chest, and in nine cases out of ten, it is hæmoptysis, and not hæmatemesis. I have seen perfectly florid blood vomited up from the stomach. It may come from an artery punctured by an ulcer. I have also seen black and coagulated blood brought up from the bronchi; this may be from a defect in the process of arterialization. If there is a frothy state of the blood, you may be pretty sure that it has come from the bronchi. Then you may judge by other circumstances, too; if it come from the stomach, it is generally preceded by nausea of considerable amount.

The general symptoms and effects of hæmorrhage will vary according to the amount of blood lost. In some instances, a considerable quantity of blood is brought up, and yet the patient remains in a state of excitement: there is a jerking and jarring of the pulse, and with this, more or less fever and excitement. This is one condition of things, even where the quantity of blood lost may be considerable. This is the sthenic form of hæmorrhage. On the other hand, sometimes the loss of blood is such as to produce a great prostration. A patient having brought up eight, or ten, or twenty ounces of blood—and sometimes three or four pounds are brought up—is brought to a state of syncope. When the quantity of blood is of moderate quantity, it is often followed by symptoms of considerable relief. Where, before, there had been considerable pain in the chest, and stupor of an oppressive character, after hæmoptysis the symptoms are more or less removed.

The pathological causes of hæmorrhage must

now be considered. They are reduced to three heads: obstruction of a mechanical nature to the passage of blood through the lungs, such as tubercles pressing on the large vessels. This is a common cause of hæmorrhage in phthisis pulmonalis. Such is often the case, when the blood is brought up in large quantities. In ninety-nine cases out of a hundred, tubercles, or some consolidation resulting in tubercles, are the causes of hæmoptysis. On the other hand, organic disease of the heart, particularly of its left side, sometimes combined with hypertrophy of the right side, are common causes of pulmonary hæmorrhage. But the hæmorrhage is not generally into the large tubes, but into the vesicular texture, and it may be of such an amount as to interfere with the action of the lungs. These are the causes of pulmonary apoplexy. Violent exertion is said to be an exciting cause ; but this must be considered to operate very rarely, except in connection with some of the other lesions which I have already mentioned. This is one head of the causes—obstruction to the passage of the blood. The second head may be said to be, disease of the pulmonary vessels and of the parenchyma, causing fragility of the tissue of the lung, and also a congested state of this organ. There is usually a full and distended state of the vessels. This leads to rupture, and is the common way in which tuberculous disease acts, not so much by obstructing as by giving a fragility to the vessels. The third head may be said to be a diseased state of the blood. You find many cases of hæmorrhagic disease where there are petechiæ on the skin ; and, on examination after death in cases of this kind, I have found clots of blood to a considerable amount in the pulmonary texture. Now the *post-mortem* examination often shows but little amount of pulmonary hæmorrhage. In cases of phthisis, it has happened that the large vessels have been perforated, but in many instances it is matter of uncertainty whether it really result from ruptured vessels or from abscesses. The other *post-mortem* result found in connection with disease of the heart is an interesting one; that is, apoplectic masses, constituting pulmonary apoplexy. These exhibit themselves in the form of very dark, red patches, with quite abrupt margins, and uncommonly solid, more so than in hepatization of the lung, and shewing that the lung is, as it were, firmly coagulated. On cutting across the lung in this state, you may see that the consolidation is slightly granular, like that of hepatization, but the spots differ, in being harder and darker. They may vary from the size of a pea to an extent pervading the whole lobe of the lung. Now, in the larger masses, the centre is found filled with soft grumous blood. These apoplectic spots are often attended with inflammation, either as a cause or an effect. The expectoration, under these circumstances, presents a combination of bloody matter and viscid sputa; sometimes, also, pus is expectorated in these cases.

The physical signs of pulmonary hæmorrhage are those arising from a filling up of the pulmonary texture, and pressure on the adjoining parts, as also the absence of the vesicular murmur, with dulness on percussion over the corresponding region ; and, if it is extensive, there will be bronchophony. There may be muco-crepitant rhonchus, and sub-crepitation, or rather sub-crepitant rhonchus, with mucous rhonchus accompanying it. This is caused by the blood effused in the tissues and in the tubes. But none of these signs now stated, are distinctive of this condition ; they may be equally produced by pneumonia or œdema, or by the two combined, and therefore we can only conjecture the presence of the apoplectic effusion into the texture, until we see the hæmorrhage. When we have hæmoptysis in connection with the signs I have described, we may pretty fairly infer the existence of effusion of this kind.

In cases of hæmoptysis, where it is of the sthenic kind, and accompanied by a jerking, hard pulse, with heat of skin, the treatment should consist in venisection, to stop the hæmorrhage, and purging, by a dose of calomel ; with tartarised antimony and digitalis, to keep down the inflammatory action. These two combined are of great use if the hæmoptysis continue. In some cases it may be necessary to use sugar of lead, from one to six grains every two, three, or four hours ; nay, if it is a very serious case, every half hour, combined with extract of opium, to prevent the griping effect. It is necessary at the same time to watch the case, to see that inflammation does not come on.

PRACTICAL ILLUSTRATIONS OF THE MEDICINAL PROPERTIES OF THE MATTICO.

By Dr. HUNTER LANE, F.L.S., F.S.S.A.

Corresponding Member of the Calcutta Medical and Physical Society; Physician to the Infirmary, Lancaster; &c. &c.

(For the Medical Times.)

The leaves of the tree have long enjoyed great celebrity among the Indians, for their styptic properties, when applied externally to bleeding surfaces, as also for their aphrodisiac virtues when internally administered. Not being aware of their medicinal action having been ascertained by internal use, I determined to give them such a trial as their Peruvian reputation invited and justified.

The leaves, which are the parts used, are acuminated lanceolate, slightly crenate, and deeply wrinkled, of a dark green on the upper, and a pale green colour on the lower surface ; they are from three to six inches long, and from a half to an inch or more wide. They are imported in packets of a somewhat spherical shape, having apparently been strongly compressed while moist, and subsequently highly dried ; but evidently not roasted, as they are directed by the Indians to be, for external use. The tree from which they are obtained grows wild in the interior of Peru, the other side of the Andes, and is described by Dr. Martius in the *Pharm. Central, Blatt*, Jan. 1843, as a "phlomis;" while it is delineated as a "piper angustifolium" in the "*Flora Peruviana.*"

The preparations which I have employed are an infusion made according to the subjoined prescription:

℞ Matticonis foliorum unciam,
Aquæ distillatæ ferventis octarium.
Macera per horas duas in vase leviter clauso et cola.

And a tincture obtained thus:

℞ Matticonis foliorum uncias duas cum semisse,
Spiritus tenuioris octarium.
Macera per dies quatuordecim et cola.

They are both freely impregnated with the active properties of the leaves, though in future I should prefer the decoction for injection, as it contains a larger proportion of the medicinal principle ; they are of a pale green colour,* faintly aromatic odour, with slightly astringent taste, and yield to the proto-chloride of tin and subsequent treating with hydro-sulphuric acid, a considerable quantity of tannin and a substance not soluble in æther (*matticine?*) Of the infusion, the dose ranges from half an ounce to two ounces, an unlimited quantity as an injection, and from one to three drachms of the tincture as a dose.

The diseases in which I have tested the medicinal properties of this plant, have been those originating in or dependent on a diminished tone of the superficial capillary vessels of the part involved in the malady, as in some chronic forms of diarrhœa, in which its benefit remains problematical ; in chronic uterine, or vaginal leucorrhœa, in which, when properly injected, *per vaginam*, I have found the infusion to be exceedingly efficacious. It is more rapid in arresting the discharge, more certain in its action, and more cleanly in its application, than the nitrate of silver solution. Cases 6, 7, and 8, show the necessity of paying attention to its perfect injection, and have led me in hospital practice to direct its adminstration by the matron, by means of an enema syringe. In menorrhagia, likewise, I have with great advantage—as cases 11 and 12 exemplify—prescribed the injection of the infusion of matticо. Case 13 is an interesting illustration of its efficacy in that description of varicose and ulcerated condition of the rectum, for which Dr. Houston* has proposed the topical application of nitric acid of 1500 sp. gr. In a case, however, of a child four years old having prolapsus ani, with hæmorrhage, at each defœcation, its injection into the rectum and application as a lavement to the protruded gut, was unattended by any benefit. In the cure of gleet it has, as cases 14 and 15 may, being average examples, show, proved abortive; though, if I were confident of its proper employment, I should expect a very different result in such cases. Amongst the many diseases in which it appears to me that this remedy is worthy of judicious trial, may be enumerated hæmatemesis, hæmoptysis, dysentery, and certain kinds of hæmaturia. I have already, as case 16 proves, unsuccessfully prescribed it in those sweatings which often precede and accelerate the rapid development of pulmonary phthisis. Notwithstanding the high reputation which this vegetable had acquired for its aphrodisiac property, I have not, in the many instances where it has been prescribed, observed the least manifestation of any such property, nor even of any emmenagogue operation.

Case I.—Ellen Hayhurst, 20 years of age, of a sanguineo-choleric temperament, sickly look, and scrophulous diathesis, having at the time strumous enlargements of the glands of the neck, came under my care on the 1st April, 1843, for a diarrhœa which she had had for six or eight months. The following mixture, with improved diet, was prescribed :

℞ Decocti aloes comp. ℥iv.
Infusi matticonis, ℥v.
Træ. ejusdem, ℥j.
— Iodinii, ℥ss.—M. Ut fiant mistura de qua capiat coch. ij majora iterum tertioque de die.

The bowel complaint subsided soon after taking the mixture, and by the fourth day had entirely ceased.

Case II.—Mary Harrison, aged 37, of a very delicate haggard look, anæmiated complexion, and debilitated constitution, applied for relief from the consequences of protracted lactation, of which diarrhœa and leucorrhœa were the most conspicuous symptoms. She was treated generally with stimulant, chalybeate medicines, more generous diet, and ordered to wean the child, yet this treatment had, on the 20th April, effected no diminution of the vaginal discharge. She was then directed to inject four ounces of the infusion of mattico into the vagina every night and morning. In this course she proceeded for four days without much benefit. A continuance in the use of the injections completely suppressed all discharge in three days afterwards.

Case III.—Mary Towerbutts, a tall, athletic woman, 26 years of age, of a choleric temperament, debilitated by leucorrhœa and a long continued diarrhœa to which she had been subject for twelve months, particularly requiring immediate defœcation two or three times every morning and once in the evening,

* The tincture, like all other vegetable green tinctures, presents, when looked at in considerable volume by artificial transmitted light, a fine deep red colour.

* *Dublin Med. Jour.* March, 1843.

was put under the following treatment at the hospital on the 20th May, 1843.

To use farinaceous food instead of tea or coffee, and good broths without vegetables twice a day; to abstain from malt liquors, but to take one or two glasses of port wine and the subjoined medicine,—

℞ Infusi matticonis, ℥vij.
Træ. matticonis, ℥j.
Confectionis aromat. ʒij.
Acidi hydrocyan. dil. ♏ xl.
M. Capiat coch. ij majora iterum tertioque de die.
Infusi matticonis unciæ quatuor in uterum omni mane injiciendæ.

June 8th.—The uterine discharge has completely ceased, but there is no change in the state of the bowels.

Mistura solummodo repetatur.

June 15th.—Has had no return of the leucorrhœa. No improvement in the bowels. Other medicines substituted.

Case IV.—T. H——, Esq, a general practitioner resident in Westmoreland, about 43 years of age, small, compact, athletic figure, healthy appearance, sanguineo-choleric temperament and active habits, consulted me on the 29th Dec. 1842, for a chronic matutinal diarrhœa. On wakening in a morning he is compelled immediately to evacuate his bowels, and this irresistible impulse is repeated two or three times during the early part of the morning; the remainder of the day passing with perfect freedom from such annoyance. To these morning attacks he had been subject for several years. He had tried opiates, purgatives, alteratives, and tonics in vain; indeed, he attributed the complaint to his long-continued daily indulgence in quinine and tincture of gentian.

Combined with a generous diet, and the substitution of a moderate quantity of brandy and water or port wine for the ale and porter he was in the habit of liberally taking, the following medicines were prescribed:

℞ Infusi matticonis, ℥vij.
Træ. matticonis, ℥j.
Pulveris rhei usti, ʒiss.
Sodæ sesqui-carbon, ʒiiss,
Confectionis aromat. ʒiij.
M. Capiat coch. ij majora quarta quaque hora.
℞ Fellis bovis inspissati, ʒss.
Pilulæ hydrargyri, gr. xii.
Olei carui, ♏ v.
M. Ft. massa in pilulas xii. dividenda. è quibus j. cum singulis dos. misturæ devoranda.

For three months he persevered in the use of the mixture, occasionally suspending the pills, without that amendment in the state of the bowels which such a lengthened trial of the medicine would justify us in expecting. Monesia was subsequently recommended with decided advantage.

Case V.—Jane Marshall, aged 31, a tall, well formed but unhealthy looking unmarried woman, of a choleric temperament and highly hysterical disposition, became my patient at the hospital on the 17th April, 1843, for amenorrhœa. She had not menstruated for three months, which, however, is not an unusual circumstance with her. She complained of great pain in the head, had ptosis of the left eye, and the tongue, when protruded, was turned slightly to the left side; her appetite was bad; she had morning sickness and constipated bowels, with considerable leucorrhœa.

The following treatment was advised, along with a plain nutritious diet and regular exercise:

℞ Infusi valerianæ, ℥viiss.
Træ. valerianæ, ℥ss.
Acidi hydrocyaniei dil. ♏ xl.
M. Capiat coch. ij. majora ternis horis in die.
℞ Pilulæ hydrargyri,
Extracti colocynth comp.
— Hyoscyami, aa, ʒss.
Antimonii potassio-tartr. gr. iss.
M. Ut ft. massa in pilulas xxiv. distribuenda quarum ij. omni nocte sumantur.
Vesicatorium nuchæ admovendum et infusi matticonis unciæ quatuor vaginam omni mane injiciantur.

April 27th.—After using the injection four or five days successively, "the whites" entirely disappeared. She described herself as relieved too in her head, and much better in health. By subsequently continuing the antihysteric treatment, she completely recovered from the threatened paralytic affection.

Case VI.—Ann S——, a married woman, 26 years of age, weakly form, attenuated appearance, melancholic temperament and phthisical diathesis, applied at the hospital on the 1st May, 1843, fearing that her husband had imparted "the disease" to her. She had no such contamination, but a simple bubo in each groin, with very considerable chronic uterine leucorrhœa. For some time she had suffered from indigestion, accompanied by constipation, with symptoms of incipient prolapsus uteri.

The buboes were directed to be fomented two or three times a day with hot water; rest was strictly enjoined, and the following remedies, with generous diet, prescribed:

℞ Magnesiæ sulphatis, ℥ss.
Infusi gentianæ comp. ℥vij.
Træ. gentianæ comp. ℥j.
Acidi sulphur diluti, ʒj.
Ferri sulphatis, gr. viij.
M. Capiat coch. ij. majora ter indies.
Infusi matticonis unciæ quatuor nocte maneque in vaginam injiciantur.

May 8th.—The leucorrhœa has quite disappeared; it gradually diminished soon after using the injection; the left bubo suppurating; the bowels open regularly but griped

Mistura et injectiones amittendæ sed habend mistura sequens,—

℞ Decocti aloes comp. ℥v.
Infusi gentianæ comp. ℥iiss.
Træ. zingiberis, ℥ss.
Ammonio-tartr. ferri, ʒj.
Confect. aromaticæ, ʒij.
M. Coch. duo majora ter de die capienda.

May 18th.—Although she describes herself much improved in general health, the discharge has returned.

Mistura injectionesque matticonis infusi repetantur.

June 1st.—She has continued the same treatment with benefit to her health but no advantage to the leucorrhœa.

Uterum infusi matticonis matrona nosocomii unciæ sex bene injiciendæ.

June 24th.—Has had no re-appearance of the discharge since the matron administered the injection. Discharged, cured.

Case VII.—Agnes Varley, aged 18, of a delicate form, sickly look, and anœmiated aspect, came under my treatment on the 15th May, 1843. She is of a sanguine temperament, exceedingly scrophulous diathesis, has enlarged glands on each side of the neck, and is distorted by a posterio-lateral curvature of the spine; added to her other ailments, is that of a profuse leucorrhœa.

After having persevered in the use of a more generous dietary, with iodine and iron treatment, for two months, with considerable benefit to her constitutional strength, but no abatement of the vaginal discharge, she was directed to use three or four ounces of the infusion of mattico as an injection per vaginam night and morning. This course she pursued until the 12th Aug. without any obvious benefit; wherefore the matron was directed to inject the infusion with the enema syringe, so as thoroughly to wash out the vagina.

Aug. 19th.—Has had no discharge since the matron introduced the injection.

Case VIII.—Agnes Howson, æt. 32, a delicately-formed, sickly-looking woman, of a leucophlegmatic habit and scrophulous constitution, came under my care on the 29th June, 1843, exhibiting all the consequences of impoverished diet and long protracted lactation, of which an excessive uterine leucorrhœa was not the least distressing concomitant.

The child to be immediately weaned; the patient to have half a pint of ale or porter daily, with generous animal diet.

The matron to inject, with an enema syringe, six ounces of the infusion of mattico, per vaginam, so as to wash the cavity of the womb. The following mixture to be taken:—

℞ Decocti aloes comp.
Infusi gentianæ comp. aa ℥iiiss.
Træ. Gentianæ comp. ʒv.
— Cantharidis.
— Secalis cornuti, aa ʒiss.
Ammonio tartr. ferri ʒj.
M. Ut fiant mistura de qua capiat coch ij, majora ter de die.

6th July.—Feels much improved. After the injection, the leucorrhœa gradually diminished, and on the second day had entirely ceased.

20th July.—Dismissed cured; having had no return of the vaginal discharge.

Case IX.—Sarah G——, an obese, strong-looking woman, 58 years of age, florid complexion, and sanguineo-choleric temperament, applied to me at the hospital on the 13th July, 1843, in consequence of suspecting that her husband had communicated gonorrhœa to her. For the last week she had had such a profuse discharge, that neither repeated washings, nor the constant application of cloths, could keep her clean. The labia and the upper parts of the thighs were excoriated and inflamed, and she had scalding in making water: all which, on inspection, proved to be the effects of leucorrhœa.

To have no medicines, but to have the womb injected by the matron with half a pint of the infusion of mattico.

5th August.—Perfectly cured by the injection, and has been comfortable and free from any discharge since its administration.

Case X.—Elizabeth Bainbridge, æt. 28, a mother of three children, the youngest two years old, came under my care at the hospital, on the 15th of July, 1843, for chronic bronchitis; suffering, at the same time, from considerable uterine irritation and copious leucorrhœa.

In addition to treating her for the principal malady under which she was labouring, she was directed to inject four ounce of the infusion of mattico every morning into the uterus.

For a fortnight, she observed the directions given; but found no diminution in the leucorrhœa. The bronchitic symptoms having disappeared, she was ordered chalybeates, and to have the womb injected with the infusion of mattico, by the matron.

10th August.—Since the day after this administration of the injection, when she was teazed with urticaria, she has had no appearance of any vaginal discharge.

Case XI.—Elizabeth Poppin, æt. 30, of a sanguine temperament, delicate look, emaciated appearance, and presenting the symptoms of enervation from some excessive or continued flux, became my patient on the 29th of April,

1843, for menorrhagia. She has had five children, the youngest being two years old, and for the last nine months she has been uninterruptedly afflicted with her present disease.

Recommended to substitute for her present impoverished diet, as generous a regimen as her means would afford, and to take the following mixture:—

℞ Infusi matticonis ℥vij.
Træ. Matticonis ℥ss.
— Secalis cornuti ʒij.
— Valerianæ ammon. ℥ss.
M. Capiat coch. ij. majora ternis horis quotidie.

4th May.—No improvement.
Mistura repetatur.
In vaginam infusi. matticonis ℥iv. nocte mancque injiciendæ.

15th May.—Feels much better. The discharge has gradually diminished since using the injection, and for the last four days she has not "seen anything."

22d May.—Discharged cured.

Case XII.—Ellen Moon, æt. 30, of a light, ruddy complexion, small, delicate figure, sanguine temperament, and hysterical habit, suffering from menorrhagia, came under my care on the 24th July, 1843. Her youngest child is four months old; since its birth she has been incessantly afflicted with her present complaint, and is now much reduced by the continued drainage.

With a good diet, and half a pint of ale or porter daily, to observe the subjoined prescription:—

℞ Quinæ disulphatis, gr. xij.
Ferri sulphatis, gr. viij.
Zinci sulphatis, gr. iv.
Aquæ puræ, ℥viiss.
Træ Zingiberis, ℥ss.
Acidi sulph. dil. ♏ x.
M. Capiat coch. ij. majora ter de die.
Uterum matrona nosocomii infusi matticonis unciæ sex instanter injiciendæ.

14th August.—Discharged cured. She has had no uterine or vaginal discharge since the administration of the injection.

Case XIII.—Mrs. R——, Cheetham Hill, near Manchester, consulted me on the 5th of January, 1843. She was upwards of 50 years of age, of a sanguine temperament, strumous constitution, small, delicate, juvenile looking form, emaciated frame, exsanguinated appearance, with an anxious and dispirited expression of countenance, and the physiognomic signs of continued physical suffering. When *enceinte* of her second child, she took a quantity of sugar of lead, in mistake for Epsom-salts. The error was quickly discovered, and antidotes were timeously and successfully administered. But from that period she dates the origin of her malady, which progressed with each succeeding pregnancy; so that, for twenty years past, she has been fruitlessly seeking benefit from our science. During the last two years she has had no evacuation of the bowels without the use of aperient medicines; and even with such aid, defœcation has always been attended by great tenesmus and severe dragging pains, "more like the cutting pangs of labour." Enduring this excruciating misery, she has been compelled to remain from half to three quarters of an hour, on each occasion, upon the *commode de nuit*. The fœces, which are generally white, and of a clayey appearance, are usually besmeared with a mucopurulent matter, but preceded by a quantity of black grumous blood, evidently the accumulation of effused blood in the rectum. Defœcation always terminates in a prolapsed condition of the gut, so that she is necessitated to lie down until a spontaneous reduction occur: but more generally she is obliged, by manual assistance, to restore the parts. While sitting up, the prolapse usually returns to such a degree, that she is required to have her chair so arranged with cushions as to render the sitting posture even tolerable. The same state attending every effort to walk has deprived her of that mode of exercise, and compelled her to take airings in a Bath chair, suitably constructed to accommodate the anal malady. An inspection immediately after defœcation discovered the anus surrounded by a prolapsed, highly vascular, mulberry surfaced, bleeding membrane: an examination with the finger per anum detected an exceedingly tender thickened lining of the rectum, with a varicose state of its vessels.

She was directed to live almost exclusively upon animal food, with bread or cabin biscuits, taking wine at luncheon, and cold gin and water at dinner and supper. The following were the medicines prescribed:

℞ Fellis bovis inspissati, ʒij.
Creasotonis, ♏ vi.
Pilulæ hydrargyri, gr. xii.
Extracti gentianæ, ʒj.
M. Ut fiant massa in pilulas xxxvi. dividenda de quibus ij. nocte maneque sumendæ.
℞ Decocti aloes compos, ℥iiiss.
Infusi gentianæ comp. ℥vss.
Træ gentianæ comp. ℥j.
Ammonio-tartr. ferri, ʒiss.
M. Ut ft mistura de qua capiat coch. ij. majora ter de die.

To the 1st. of February, she scrupulously observed the injunctions. She felt in better health, had less bleeding and less pain during the evacuation of the bowels. In two days afterwards, however, she had another hæmorrhagic attack, which reduced her very much: the gut descended at each defœcation with increased pain, and she suffered considerable irritation of the rectum after each reduction of the prolapsed membrane.

Directed a continuance of the same medicines and dietary, augmenting the quantity of sherry in proportion to the sinking of the powers, but, in addition, to have four ounces of the infusion of mattico injected morning and evening into the rectum, and retained there as long as possible. When I visited her on the 13th of February she was very much improved. She had only used the injection five times, as the hæmorrhage had gradually diminished, until five days ago, when it entirely ceased. Her bowels were more naturally moved, the prolapse considerably less, and spontaneously reduced by lying down. She complained much of the pain she experienced during, and immediately after, the use of the injection.

In usu pilularum misturæque perstet.

On the 26th of February she had a slight return of the hæmorrhage, which was at once arrested by a single application of the mattico infusion. She complained of an annoying irritation of the rectum, almost amounting to tenesmus. This I regarded as the effect of the aloes, but as this was originally prescribed for its especial action on the mucous lining of the rectum, I, instead of withdrawing it, preferred the recommendation of an occasional suppository composed of extract of opium and hyoscyamus, with soap.

On the 2d of March, I visited Mrs. R., whom I found perfectly convalescent. The suppositories had afforded the desired relief. Defœcation, occurring morning and evening, was effected without pain or bleeding, the membrane scarcely ever escaped, and certainly never suffered strangulation, receding even while she is standing. She had discontinued the use of the Bath-chair, and had been walking a mile or two daily.

Up to the present time she has had no recurrence of her malady, and is now in the enjoyment of perfect health.

Case XIV.—J. R. H——, Esq., of Smedley, consulted me on the 17th of August last, for a gleet, the effects of a gonorrhœa, which he had acquired about a month previously. With the sulphate of magnesia and bitartrate of potassa, as a laxative and diuretic, I advised the urethra to be injected night and morning with the infusion of mattico. He assiduously, he said, but fruitlessly, followed my directions for eight days, when I substituted an injection of sulphate of zinc and sulphate of morphia, which had only occasion to be used 3 times.

Case XV.—Mr. J. B——, had suffered from a gleet for three or four months. He had tried various injections, conjointly with the internal use of copaiva and cubebs, but without any benefit. He consulted me on the 1st ult., when I prescribed a brisk turpentine purge, and the injection of the urethra every night with the infusion of mattico. At the end of a week there was no improvement. The injections were discontinued, and the following mixture advised:

℞ Decocti scoparii comp. ℥vij.
Træ capsici
— Cantharidis.
— Secalis cornuti aa, ʒiiss.
M. Capiat coch. ij. majora tertia quaque hora.

In four days all appearance of gleet was removed.

Case XVI.—W. T——, a young man, 19 years of age, dark complexion, delicate form, unhealthy consumptive look, scrophulous diathesis and melancholic temperament, consulted me on the 12th January. He was labouring under those excessive sweats which often precede and usher in, and seemingly expedite, the rapid development of pulmonary phthisis. He had no cough, though his lungs were evidently studded with consolidated matter, his bowels were regular, and his appetite voracious.

Ordered to have his body sponged every morning with a cold infusion of mattico, and with a plain good nutritious diet, to take the subjoined mixture:

℞ Infusi matticonis, ℥vij.
Træ matticonis, ℥j.
Quinæ disulphatis, gr. xii.
Acidi sulphur. dil. ʒj.
M. Capiat coch. ij. majora iterum tertioque de die.

In this treatment he unremittingly persevered for three weeks, without any benefit: wherefore, other medicines were substituted.

Extirpation of the Astragalus.—A person 45 years of age, leaped from a carriage and dislocated the astragalus of the right foot, the bone being turned perpendicularly on its axis, outwards, and a little upwards. All attempts at reduction failing, inflammation and gangrene followed, and the bone was exposed. Under these circumstances, Dr. Heidenreich dissected it out very carefully, dividing the ligaments with scissors. The operation occasioned considerable venous hæmorrhage. The after treatment was very protracted, from the number and length of the fistulous canals which formed, and required to be laid open. After the lapse of a year and a half, the patient was able to walk some little distance with the aid of a cane, he wearing Stromeyer's club-foot boot. The foot that was operated on is an inch and a half shorter than the other, and the sole is turned inwards, just as it occurs in club-foot.

PROGRESS OF MEDICINE.

POSITIVE THEORY OF THE FECUNDATION OF MAMMIFERA, FOUNDED UPON OBSERVATION OF THE WHOLE ANIMAL SERIES. BY M. POUCHET.

The phenomena of generation in the human species follow laws analogous to those which hold good in other animals; they are also perfectly similar to the laws of the phenomena of generation in animals classed at the head of the zoological series. This principle is more comprehensive than that resulting from the observations of MM. Duvernoy and Bischoff who do not as yet admit the general agreement of generative phenomena, except between the different species of the class of vertebrated animals; they do not as yet pronounce their opinion on the relation between vertebrated and invertebrated animals. M. Pouchet, as the reader will see, gives these last a higher rank. He thinks in fact that in all animals, with a few exceptions, only met with in the lowest divisions of the zoological series—the fundamental phenomena of generation consist in the production of a certain number of ovules or eggs at the bottom of a particular organ called an ovary; and these *ova* are fecundated by a special fluid secreted by the small organs.

With the exception of a few animals whose mode of generation is not well ascertained, in the whole zoological chain the ovules produced in the ovary are normally expelled at certain ascertained periods; but these bodies never develope themselves nor propagate their species except when placed in full contact with the prolific fluid of the male. Without this they undergo a change at the end of a certain time and are decomposed. The contact with the vivifying fluid takes place at a particular part, but this very much varies; we may, however, lay it down as a principle that in order that this fluid should be efficacious, it is invariably necessary that the ovules produced by the female organs should acquire a certain degree of organisation before they are expelled from the ovary and become perfectly free. It is generally during its passage through the sexual canal that the ovum is fecundated; but it does sometimes happen, that impregnation from seminal fluid takes place completely on the exterior of the female—as in many fishes and amphibious animals. Whilst in the ovary itself the ova do not acquire the development necessary to their receiving the vital impression, and, moreover, the vivifying fluid cannot always reach them.

There can be no doubt of the complete identity of generation in the immense legion of animals purely oviparous; but in the case of certain vertebrated viviparous animal, the ova emitted by the ovaries are so exceedingly minute that they have as yet baffled research. The learned world was undecided on the subject of the mode in which reproduction operated in these animals. And it was generally believed that it was effected in a new and special manner. But the labours of modern philosophers have proved that these animals (and the same holds good with mammifera) are not excluded from the general law, and that they all alike produce ova; the extreme minuteness of which had hitherto effectually hidden them from the researches of the most accurate observer. Thus is demonstrated the correlation that exists between all beings of the animal sphere—a correlation from which the human species itself is not exempt. It was because the ovum of the human female had been examined apart from the ovary, and after it had undergone a certain degree of development in the uterus, that it had been considered as offering important differences with that of mammifera and birds. But if we examine its productile organ, it will be readily perceived that it is altogether similar to the ovum of those animals in its fundamental structure, and that it only differs from them in size. Observation and experience moreover demonstate, in the most incontestible manner that the fecundation and development of this ovum in the human female is carried on in the same manner as in other mammifera. Once produced and expelled from the ovaries, the ovules develope themselves whether at the exterior or the interior of the animal, after having undergone impregnation; but the conditions that they should manifest for this last act, show themselves only after they have passed or whilst they are passing the general path; nevertheless, the difference that exists between the oviparous and viviparous species is not so great as was formerly imagined, since we can readily pass from one to the other without any abruptness of transition.

In all animals the ovules are emitted at epochs determined by the periodic excitement of the genital organ. All experimentalists have hitherto allowed that in invertebrated animals—in fish, in many reptiles, and birds, the ova are in this manner operated upon at fixed epochs: in mammifera, as the junction of the ovaries cannot be ascertained with precision, we consider it sufficiently evident that procreation cannot take place except at certain fixed intervals; and naturalists have even pointed out those of certain species with which we are better acquainted. With respect to the latter, and to birds, it is remarked that the emission of the product of fecundation takes place much more frequently when they are in a state of domestication; but it must not be inferred from this that there is a continuity of action in the ovaries. The best hen is inactive in cold weather; the domestic mammifera that are submitted to copulation often undergo it without any result, and the phenomena of the "rut" appear in them more frequently than in animals that run wild; for want of proper observation we have allowed the precise moment to pass, and this occasions the false conclusion that all times were alike for their undergoing the operation. But this is not the case. In them, as in the wild species, there is a marked intermittance of the emission of the product of the ovary, and this act is not less characterised by a period of "rut," which does, however, appear to diminish in intensity in the proportion of its more frequent yearly repetition. The period in which mammifera emit their ova is marked on their exterior by a series of special phenomena, and above all by a turgid state of the genital organs, which is sometimes confined to a simple swelling of the parts, and is sometimes accompanied by a more or less considerable sanguinary emission. This is the case with the human species. In it there are equally phases of excitement and phases of intermittance, and it is during the first only that fecundation is possible. If the periods when fecundation is possible in the human female are frequent, it is manifestly owing to the comforts of social life that they are so. Nevertheless we can trace in her these intermitting periods, and fix their epochs with precision in the whole zoological series.

In mammifera, fecundation never takes place but when the emission of the ovules coincides with the presence of the seminal fluid, that is, impregnation cannot occur except when the ovum from the covering under which it was formed in the ovary advances freely into the genital paths, and then and there meets with the prolific fluid. The emission of the catamenia corresponds to the phenomena of excitation that show themselves at the amatory period in various other beings of the zoological series, and especially in the females of mammifera. Mammifera, closely connected as they are with our species, present phenomena, perfectly identical with those which are observed in the human female; in them there is an exact menstruation whose flow of blood is more or less abundant, sometimes presenting the appearance of blood of a deep red colour, and thick, and at others, simply of a liquid more or less coloured. The Mammifera also that follow the first example and are consequently more and more removed from the human structure, present analogous criteria; though in them in place of a liquid whose red colour indicates the presence of blood, nothing more than an abundant emission of mucous matter is observed; pointing out the internal irritation that is going on in the sexual organs, and it is not of a sufficiently decided character to be called a sanguinary perspiration. The sanguineous discharge is so far dependent upon habit and climate, that we cannot altogether consider it so much as a phenomenon peculiar to woman, as pointing out that in her the functions of the genital apparatus have a peculiar action. We know in fact that amongst several nations there appears scarcely any trace of blood at the menstrual periods, and it is even asserted that there are races which perpetuate their species without any periodic discharge from the female. The identity of menstruation in the female, with the amatory period of mammifera once admitted, it follows, that as it is at this epoch only that fecundation is possible in the latter, menstruation should be considered as a monthly monitor, permitting penetration into the seat of the generative function.

Fecundation has a constant relation to the menstrual discharge—so that in the human species it is easy to point out rigorously the intermenstrual period when conception is physically impossible, and that in which it offers some probability. All experimentalists are unanimous in considering conception much more probable towards the epoch that follows the menstrual period. Nevertheless it is not always immediately after this period that the act operates, and often indeed fecundation properly so called, or impregnation of the ovules by the seminal fluid, takes place a long time afterwards. In fact, impregnation does not always take place at the moment of the union of the sexes, but frequently some time afterwards and when the product of the ovary detached from its secreting tegument crosses the organs that have already imbibed the fecundating fluid.

But although the period of fecundation varies, it may be affirmed that there are certain signs that evidently and positively point out the moments during which this act is physically impossible, for there are indices announcing the precise moment of the fall of the ovules, which takes place sooner or later after the menstrual period, and others declaring that the uterus itself, is no longer fit to receive the product of the ovary, which product has passed without being fecundated.

In fine there does most assuredly exist ovarian 'pregnancy,' properly so called; undoubtedly it is possible that an ovum in leaving its capsule, should be fecundated in extraordinary cases by the semen which the bell-like mouth of the tube directs towards it; and that it should be afterwards developed on the surface of the ovary, by contact with the semen adhering to this organ: but we cannot imagine a case of developement of an ovule still contained in a vesicle of Graaff &c. and which by evolution afterwards, engenders a fœtus in the ovary itself. In the first place there is not a

single author who establishes ovarian pregnancy in a satisfactory and unexceptionable manner, in faet the ovum cannot be impregnated, and develope itself in the interior of the ovary. It may however be rubbed against in the torn vesicle, may increase there, and may develope itself on the surface of the gland. But it ean never be found in the interior of the gland, under its own double eneasement, and that of the peritoneum that surrounds it.

Such arc the most important points of the theory of fecundation, promulgated by M. Pouchet.

On reading this exposition, the reader will be astonished at its rigorous concordance with the doctrines professed, and published very recently by M. Duvernoy, and by M. Bischoff; these three professors agree in their views on fe eundation, in the species of animals of the class of vertebratæ.

They equally profess that generation is effected in them by the instrumentality of ova, that the ovules pre-exist at the period of fecundation that the ovules act independent of the seminal fluid, that fecundation always implies the impregnation of the ovules, by the prolific fluid of the male organs, that the period of "rut" in animals corresponds to the menses of women. That the resemblance of these periods, warrants our taking advantage of all the chances of fecundation. But, M. Pouchet has the merit of having reduced to a system by means of his own personal observation and experience, the results of the observation and experience of M M. Duvernoy and Bischoff; of having applied these principles to all classes of the zoological series, and of having thrown together and arranged these several principles.

We will give the text itself of these laws arranged by Mr. Pouchet—it is the best analysis we can give of the sum total of our remarks.

Fundamental Laws. 1st—There is no exception for the human species; the phenomena of generation with reference to it, follow laws, analagous to those which govern animals in general, and are even perfectly identical with the symptoms which show themselves in those placed at the head of the zoological series.

2nd. Generation is effected in all animals through the medium of eggs. Some inferior animals are the only exceptions.

3rd. Throughout the whole animal series ovules pre-exist at fecundation

4th. Physieal obstacles militate against the opinion that in mammifera the seminal fluid can come in eontact with ovules still contained bythe vesicles of Graaff.

5th. In the whole animal series the ovary incontestably emits its ovules independently of fecundation.

6th. In all animals the ovules are emitted at fixed periods, which have a relation to the periodic excitement of the genital organs.

7th. In mammifera, fecundation never occurs except when the emission of the ovules coincides with the presence of the seminal fluid,

8th. The emission of the catamenia of the human female, corresponds to the phenomena of excitement that appear at the amatory period in various animals of the zoological series, and especially in the females of mammifera.

9th. Fecundation has a eonstant relation to the emission of the menses; so that in the human species it is easy to ascertain the precise inter-menstrual period, when eonception is physically impossible, and that in which it may have some chance of taking place.

10th. Most assuredly there do not exist any ovarian 'pregnancies' properly so called.

Accessory Laws.—1st. Fecundation in mammifera is normally effected in the uterus.

2nd. Abdominal and tubular 'pregnancies' do not indicate that fecundation takes place normally *in* the ovary—and that the latter determines the emission of ovules.

3rd. Normally the fallopian tubes eontract themselves from the interior, towards the exterior, in order to transmit the ovules.

The theory we have just summed up, appears to us to be established upon reasoning that it would be difficult to refute, we think it will last out much longer than other ingenious systems, the polished offspring of fertile imaginations. It is with reference to generation, as to the other phenomena of life. It presents to our observation two very different kinds of reflection; the one regards its functional mechanism and its exclusively functional or organic part—the other relates to its physiological, vital and in a manner hyper-organic expression—The phenomena of the former class reveal themselves in the pure anatomical observations of the various transformations of the genital apparatus of the female; the latter supposes the phenomena of organisation to be as they are represented by anatomists; but is only satisfactorily understood by studying with curious attention, the mode in which the vital power acts in the exercise itself of the function.

TO CORRESPONDENTS.

A Correspondent communicates a case of agonising tic doluoureux, of which he was cured after years of suffering, and thousands of useless remedies, by taking blue pill (three grains) with one grain of stramonium. The relief, he says, was instantaneous, and gave him Paradisc.

Mr. Dunn's letter on the cancrum oris *inquest was received last week, but too late for notice. His second we are eompelled to condense. The patient, two and a quarter ycars, a girl of a clearly cachectic habit, badly fed, living in a bad, ill-ventilated locality, was brought to Mr. Dunn, Sept.* 16, *heavy expression in eyes, skin hot, pulse quick, mucous membrane of mouth unhealthy, gums spongy, pustular blotches (as of scabies) on body: prescribed mixture of magnesia and soda, three powders, pulv. rhei gr. iv. soda exsic, et hyd. c. creta, a. a. gr. ij. alter^{s}. noct. desumptis, and comp. sulp. ointment for blotches. On Monday, measles appeared, child low, drowsy, pulse quick and weak, skin hot, &c., pneumonic indications. Hot water for feet, with mustard cataplasms to chest and between shoulders—cretaceous, medicine with ammonia:—low condition, intense—measles disappeared on Wednesday—mouth and gums livid, latter spongy—small yellow spots like aphthæ, near lower lip on membrane—borate of soda and honey, with a camel's-hair pencil*—10 *gr. of jalap, saline mixture with ammonia. Next day spots yielded to irregular ulcerations—these extending daily—dirty grey thick purulent exudation—breath intolerable—the spots and ulcerations extended. Now,* "a lotion of chloride of soda (says Mr. D.) was kept almost constantly applied, and every means to support the child had recourse to,—ammonia, quinine, beef tea, and port wine, &c. but without effect. The disease gradually progressed into the *dry form*, the *forme charbonneuse* of M. Taupin. The gums of the lower jaw were reduced to a black fœtid pulp. The child herself removed the whole of the teeth from it, with the fingers, one by one. The lower lip and chin became swollen, soon passing from a reddish hue to a dingy yellow colour, having the cellular substance extensively infiltrated with yellow serum. The first external eschar appeared upon the chin about a week after the disappearance of the measles, and rapidly increased in size, changing from a dirty yellow to a black colour. The cheek and gums, and upper lip, on the right side of the face, as well as the lower lip and chin, were converted, before the poor child died, into a black, soft, and homogeneous mass, and giving out a most intolerably strong gangrenous fœtor. The child died on the 1st October, fifteen days from the time I had first seen her. My friend, Dr. Todd, of King's College, kindly saw the case twice with me, during the progress of the disease. A Coroner's inquest was held upon the body, under the suspicion that the child had died from the effects of mercury. It was alleged that, instead of the ten grains of comp. jalap powder, which I had prescribed twelve days before her death, a slate calomel powder, ten grains of the hyd. c. creta had been sent, and were given. How far this allegation can be supported, by any degree of probability, I must leave to be deduced from the history of the case, the character of the parents, and the fact, that the gentleman who dispensed the medicine, is now on his third year's attendance on the medical and surgical practice of King's College Hospital." *To this Mr. Dunn adds that the testimony of Dr. Todd, Mr. Brookes, and Mr. Walker, as well as the* post mortem *examination, shewed that the disease and death were fully accounted for, without supposing any mistake as to the medicine. Such also is our opinion. It is most unfortunate that newspoper reports should be so inaccurate or one-sided, on questions the writers do not understand, and on which, misunderstanding is so calamitous to well-grounded reputations.*

Mr. Dickenson's Case.—*We have received several letters on this subject, but have no spacc except for the briefest remark. The dose was in no way inordinate, and cannot,* alone, *account for the death of the patient. We say this, making full allowance for the extraordinary power which even small doses of mercury will have on some peculiarly-constituted individuals. We much regret that the other medical men should have given such* premature *evidence against their unfortunate brother. We should be very,* very *surc, before venturing to compromise another's scientific reputation, on which depends his maintenance perhaps—his happiness certainly. If we all were so many Hippocrates, with the aids of the nineteenth century to boot, men must die; and of all men the medical should be the last to say, "the patient died" under this treatment—he might not under that. The propheey of what has occurred is wonderfully easy, just as easy as the promise of success to measures now too late to be tried. Another similar subject that requires our attention, is*

The Cheltenham Inquest.—*We are indebted to the editors of the* Cheltenham Examiner *and the* Cheltenham Guardian, *for our information on this matter. A poor woman, an imprudent widow, was confined to bed with ulcerated legs, and general ill-health, and, after shewing some decided symptoms of scarlet fever, was taken with premature labour, and deliverecl of a child, still-born. Mr. R. J. Lloyd attended the woman on the morning before the delivery, (Saturday)—seems to have seen nothing which peculiarly asked his notice about her, though he speaks of her* extraordinary excitement *and* great general pain—*and contented himself, on a* second *visit, with administering* 30 *drops of opium "to allay excitement." Three hours after he again called, the delivery then took place, and on the woman protesting that she would have no nurse, Mr. Lloyd left without communicating the matter to any one, and leaving the single notice* "that the woman would require gruel and toast-and-water during the night, and would be better in the morning." *Next day, at* 11, *Mr. Lloyd called again—found her worse, with the eruptive symptoms of scarlet fever receded, when he says, "I urged the necessity for another attendant, as I would not be medical man and sexton." She persisted in refusing—Mr. Lloyd yielded—and promising, at length, some medicine, went to a chemist, ordering a bottle of medicine, but "requesting him not to make it up, save on his own responsibility." The chemist made it up whatever it was, and then Mr. Lloyd, returning at* 4 *o'clock, spoke to the woman's paramour of a nurse—expressed an anticipation of the woman's becoming delirious that night—ordered the medicine to be given every four hours—called again—found, now, a nurse—ordered a blister, not applied, for difficult breathing—but the sequel is easy to understand. The wretched woman died on Tuesday: all that was done in the meantime, besides giving the bottle, being, it seems, the application of the blister, and changing its situation from the breast to the throat. From Saturday to Monday, no one attended her but Mr. Lloyd, and a poor girl, her daughter, aged* 11. *The people in the house knew nothing of what had occurred, or what was occurring. This is Mr. Lloyd's own statement on oath: we are sorry it does not assure us of as judicious or high-toned a line of conduct as his*

patient's position, in our humble judgment, called for. We must trust that some facts in his favour have been overlooked.

Mr. H. will much *favour us by sending the MS. No.* 27, *and those intervening* 44 *to* 52 *can be supplied.*

An Old Patroniser —*Will do well to call on the infirmary. Our knowledge of its utilities is limited.*

Dr. Jeffreys, Liverpool, *kindly corrects for us an error in No.* 210, *page* 424, *where Dr. Malins was spoken of as lecturer on Medical Jurisprudence, instead of* Midwifery.

Mr. Pearce.—*We are sorry to say we have not the requisite information on "Saccums."*

Mr. Crosse.—*We must delay our pencilling of this gentleman until next week.*

Mr. Stevens.—*The average weight of the brain in males has been recently fixed by Dr. I. Reid as* 3*lbs.* 2*oz.* 3½*dr. Our Correspondent has been misinformed as to the weight of Lord Byron's brain. We have No.* 58.

A Handsome Portfolio, *on a novel plan, for preserving the current numbers for twelve months clean, and easily to be referred to as a volume, has been manufactured for the* Medical Times, *and may be had at the Office, or by order of any Bookseller in the country, price* 5*s.; second quality,* 3*s.* 9*d.*

Other correspondents next week.

Vol. VIII is now ready, beautifully bound and lettered, price 12s. containing 1326 quarto columns; in which are given 55 Lectures by Raspail, Professor Brande, (a complete course on Organic Chemistry); Dr. C. J. B. Williams, F.R.S., Dr. G. Gregory, Mr. Nottingham, Dr. Todd, Mr. Fergusson: Brilliant Pencillings of Cartwright, Aston Key, Morgan, Velpeau, Chervin, Bransby Cooper, Wardrop, Tyrrel, &c.; 156 columns of Periscopic Notices, and about 700 other interesting articles. In boards, 10s.

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THE MEDICAL TIMES.

Saturday, Oct. 14, 1843.

Per pol quam paucos reperias meretricibus
Fideles evenire amatores, Syra.
Vel hic Pamphilus jurabat quoties Bacchidi,
Quam sancte, ut quivis facile posset credere,
Nunquam, illa viva, ducturum uxorem domum;
En duxit! Terence.

On August the 5th we announced the scheme of a Charter for the College of Surgeons; on the 12th of that month we noticed in strong terms the vigorous progress being made in the Charter's preparation; on August 19, we affirmed that it wanted but the finishing touch of royalty, or royalty's minister; on the 26th, we reiterated the urgent desire expressed on every previous occasion for activity on the part of the associations, and general meetings on the part of the profession; in the middle of September we noted that the charter business was completely settled; the melancholy duty that remains for October is to make our readers *exactly* and certainly acquainted with all the provisions of the important document. If some things are bad, which the profession's activity might have made good—if some are barely good which the profession's performance of its duty might have made better, the injury and the loss lie not with us; as watchmen on the towers of Sion, we have done our duty.

The preamble to the charter is sensibly short, announcing that for the encouragement of surgery it is expedient to make sundry changes in the constitution and government of the College, and glancing shortly at their general nature.

The first change is, that it shall no longer be called the Royal College of Surgeons in London, but the "Royal College of Surgeons of England." A second is, that the president, vice-president, council, and a number of members not less than two hundred and fifty and not more than three hundred, shall form a new class in the College called Fellows. Before Dec. 2nd a schedule of these are to be made out by the council, and after their appointment duly made by a general diploma under the seal of the College, the schedule shall be attached to it, and be duly enrolled in the High Court of Chancery. After the first list, which may be any number between two hundred and fifty and three hundred, it is made competent to the council to appoint certain other fellows, to complete the number, without fee, till Sept. the 2nd, 1844. The first body of fellows will, therefore, be appointed without examination, will pay nothing on their appointment, and will be selected by the council. All subsequent fellows will be appointed by examination—the extent of which will be decided on by the council—after fulfilling certain regulations which the council will define by bye-law, and paying, besides stamp duties, a sum to the College not more than thirty guineas, but as much less as the council may fix on. All the first body must be members; the subsequent additions may not be so,—but become members by the fact of passing examination as "fellows." This examination may be claimed by any one complying with the regulations to be fixed by the council, and being twenty-five years of age. The examination is to be of a stricter character than that enjoined for members. Any age is to do for the first three hundred.

As some advantages arise from seniority, the charter takes some trouble to preclude contention. The president, vice-president, and council take their places in a register (which is ordered to be kept)in the order of their seniority as members, except as higher dignity may give the first and second superior rank. So when different fellows receive diplomas on the same day, the council is empowered to make regulations which are entirely to govern the question of seniority. The fellows' names are, therefore, to be duly registered in a book open to inspection under the council's regulations. This book will decide the question of seniority. "Fellows" alone are eligible to be on the council; but any "fellow" practising midwifery or pharmacy—or who so practised at any time within the last *five* years—or who is not in active *bona fide* practice within five miles of the General Post Office, is, *ipso facto*, ineligible to be on the council. And any "fellow" lapsing, after election, into any such misdemeanours, may be ejected by the council.

The council's number is to be raised from twenty-one to twenty-four. The mode of election is distinctly laid down. First, the present members of the council are declared life members, and their holding left untouched. The new men alone are submitted to a rule of rotation, and "wheel about" and turn out during the first few years with mutable celerity. In the first Thursday in July, 1844, or within a month of it, the Fellows are to chose three members of the Council out of their own body; and every succeeding year three Fellows, are to be similarly selected. As the life members of Council go out only by death, the three former elected members from the Fellows must yield their place to the three newly elected, unless the new year re-elect the former's men, which it *may* do. Where vacancies are created by the death or retirement of the present Council, of course the "expelled" will offer a less numerous proportion. When the Council of twenty-four is composed of "elective members" solely, three will annually go out of office, and as many enter. The retiring gentlemen may, however, be re-elected, and the Council are required, if asked, to announce them as candidates. The order in which they shall go out will be that in which they came in, counting from their last election. Where several enter at the same time, the youngest on the registry list will have priority of dismissal. For extraordinary vacancies, the Council may appoint a meeting for the election of a new member, who takes only his predecessor's unexpired lease of corporate life. The Fellows—including, of course, the Council—elect the members of Council: they may not vote by proxy—and are competent to elect if, after due notice, they muster 15. The Council arranges the appointment and regulation of the election: the President, or next authority of the Council, presides; he has the power of adjourning, if there be less than 15 Fellows present, or the business be not terminated,—is to prevent all discussion and negotiation, except on the business of the election, and though it is allowed to the council to arrange the general way in which the election shall be conducted, it is specifically insisted that the votes shall be taken by ballot—the majority of balls deciding. "Fellows" once rejected, will not be allowed to present themselves again as candidates, unless under special terms, to be imposed by the Council, *selon leur volonté*; and if rejected a second time they are declared ineligible for ever. No Fellow, moreover, can be nominated for election, unless a certain number of Fellows—to be fixed by the Council—attest to his fitness—asseverate him to be unstained for five years by connection with pharmacy or midwifery, and pledge themselves to his *bona fide* practice of surgery within five miles of the London Post-office. If any fraud or collusion be subsequently found in the certificate—any pharmacy or midwifery in the Fellow—or anything against the bye-laws of the Col-

lege in his sayings or doings—he will be expelled from his place, after due examination, by the Council. The examiners are to be ten; the present body to continue for life. The serjeant-surgeons of the Sovereign are no longer to have precedence in appointment as examiners. The future examiners are to be elected by the Council out of their own body, or that of the Fellows. They are to hold office during the pleasure of the Council, by whom they may be summarily dismissed. The Presidents and Vice Presidents are no longer to form *ex officio* members; they are to depend like others, on election and are not in future to be exclusively chosen from the body of examiners. Six are to form a Court. No bye-laws are to have any effect, unless sanctioned by Her Majesty through one of her Secretaries of State. The rest of the Charter—two or three sentences—only confirm the previous privileges and powers granted by other Charters, declaring them subject to the will of Parliament.

Here then is the Charter; the

Quæque ipse miserrima vidi.

Fortunately we cannot add:

Et quorum pars magna fui.

Whatever portion of its paternity the profession has acquired by its acquiescence—or apathy—we can lay claim to none; and, now that we have the bantling on our knees, feel—despite a few good features—no regret at the want of affiliation.

A toiling contemporary came out *last* week (!) with a "Garagantuan" announcement of the remarkable novelty that the College had been catering for a Royal Charter. The grant had taken place on the 2d of September, and before the 7th of that month we had called attention to the circumstance in four or five successive numbers. We now (Oct. 12) give *our* readers the provisions of the Charter; in about a month (Nov. 14), our contemporary will be presenting *his* with them, as news from an original source. Between us and the worthy editor, there seems a Nova Zemblian temperature, which, freezing our information as it leaves us, keeps it undissolved, unthawed, until some three or four weeks' intervention gives him a moral spring. To be echoed, even through a month's distance, is little pleasure, when the reverberator calls out, "that's my thunder." In such cases, one forgets the homage in the impudence.

Strangulation by the Umbilical Cord.—Dr. Eichhorn was called juridically to examine the body of a full grown male child, the offspring of parents in easy circumstances, which had died almost as soon as it was born, after making two or three incomplete attempts at respiration, in spite of the efforts of the midwife to recal it to life. The umbilical cord was twisted three times round the child's neck, and thence resulted a mark of strangulation two lines wide and one deep. Had this child been born clandestinely, and had died under these circumstances every medical jurist would have declared it had been born alive, and was destroyed by external violence. The case is therefore worthy of notice.

MEDICAL ECCENTRICITY.—Dr. Radcliffe.

By R. B. Knowles, Esq.

(For the "Medical Times.")

Eccentricity is the most mistaken thing in the world. We believe it no more than a manner unaccustomed, and so, remarkable. A slight connection between it and talent is recognised, though in the most ignorant way imaginable. People say, for instance, "Men of genius are most times eccentric in their habits," esteeming such eccentricity as mere manner. But there is no greater mistake than this. Eccentricity is always the sign of predominance of some quality or another; it may be mental—it may be corporeal. It is nothing itself, but an evidence of something else—a symptom. By no means is it a quality whose meaning, or matter or office, is comprehended only in itself. Be it granted that a mind of strength will set its mark on whatever is acted by virtue of its counsel, (and that it will, lies in the proof of all experience) we shall readily perceive the actions of superior minds to bear a difference with those of the *mediocres*, and to stand apart from them, pointed out by the distinctive characteristic of their source, which being rare as genius, peculiar as idiosyncrasy, the world, not knowing how else to name, has called eccentricity.

Of these remarks there can be no better illustration than some traits of character handed down to us in the life of Dr. Radcliffe. Many were the eccentricities remarked in him; and in every one there may be seen the under current of an original mind. Of his abilities in his profession, numerous instances are given, including much quaintness of manner in his intercourse with his patients. But the most remarkable feature in his character was his decision. That quality is nowhere out of place. Every profession, trade, and occupation in life, finds it of excellent use, but in none is its necessity as imperative as in the profession of medicine. Let his reading be of what extent it may, his experience the greatest, his judgment beyond question, that man is unfit to take in hand the health of his patient who has not decision. The remarkable prominency in which he possessed this quality helped to make Radcliffe the first physician of his day. His opinion in the Duke of Beaufort's case, however able, would have done him no service, had he not the decision, by declaring it, to put his repute upon its truth. A little time proved him in the right, and immediately every one talked of the great doctor in Bow Street. When Queen Mary was seized with small-pox, and the Court physician failing to cure her, our doctor was called in, without sight of her Majesty, and merely from a review of the recipes, he declared "she was a dead woman, for it was impossible to do any good where remedies had been given that were contrary to the nature of the distemper." The doctor was right, or, what was quite as well, Queen Mary graciously did what she was told to do, and died.

Some remarks suggest themselves here. What is it that renders the panacea of a quack sometimes serviceable when the legitimate practitioner has failed? Mostly the faith inspired by the confident manner in which its qualities are set forward, and the many testimonies of excellence that back their pretensions. To inspire a like faith should be the first aim of the physician, and how can faith be inspired so well as by decision? The man who hesitates and faulters, doubts and boggles *openly*, is teaching his patient to shew him the door. These matters should be observed; they are more than the mere anecdote of a man's life, and to those entering the course we address ourselves. The use of all history is precisely that of experience pointing out the requisites for success, in the example of those who have gone before us. To know where this man or that was born, who were his parents, and what money he left when he died, together with matters of a like nature, satisfies only that idle curiosity that leads us to pry into the affairs of our neighbours, and is food for no better an enquiry. But the character of a known man, developed in his conduct, serves as an exempler to those who hope to succeed him in fame, by which they may know what demands such an ambition imposes on their industry and disposition, and mould them to the requisite deportment.

There appears to have been much jealousy borne towards Radcliffe by the medical men of his time. We find one asserting his cures to have been performed by guess work, and another declaring "that it was great pity his friends had not made a scholar of him." How could it be otherwise? Was the garb of excellence ever worn that Envy did not carp at its cut? If Merit would but reflect, there is comfort for all these things. The world is not altogether fool. Radcliffe, at a tavern, drank to Dr. Case, the quack, with these words, "Here, brother Case, I drink to all the fools, your patients."—"Thank ye," quoth Case, "let me have all the fools, and you are welcome to the rest." And if men were nothing but doctors' patients, the force of that reply would be universal. But there are, strange as the assertion may seem, there are such things as "thinkers" amongst us, and in other matters, those of a public nature, as the opinion of any one's ability, and so on, these persons keep mankind, who are ever led by the few, pretty nearly in the right. One handle for depreciating the doctor was his want of learning; and it is said that being asked where his study was, he pointed to a few phials and a skeleton, and answered "This is Radcliffe's library." Not a very extensive one, to say the truth, but suppose it less by the rejection of the phials, there remained a volume from which the acquisitive mind of Radcliffe could gather vast knowledge. This talk about learning has in all times been the great feat of Envy when assaulting the stronghold of Greatness. The laudation, indeed, is not absent; to have it so, is no part of this notable plan. We observe it in flaming colours, though a little while shews us it is merely made use of as the stepping stone to that veteran detractor "but." As thus:—"A man of natural ability, *but* illiterate." The fact is, few men of genius are, or can be, learned men. *They are learning in themselves.* The great principles of perception, observation, and testing, by the measure of truth, are continually at work within them, engrossing the whole machine of man with their operations, so that there is no opportunity for other engagements. And what, when all is said of it, is learning in the popular sense of the word but the possession of that which the labours of other men have placed within the reach of any one, with common faculties, common industry, and common memory. His contemporaries would not admit that he was a man of very considerable learning, although they allowed him to be a physician of very great attainments. Are not great attainments the fittest of all evidence of considerable learning? And if they are present, what on earth can it matter how they came to be so—whether brought to life by slow conception and wearisome gestation of laborious years, or conjured into instant existence by the master power of genius?

With this view of his character as a physician, and seeing him in possession of those matters of first importance to such a calling—that is, the knowledge of what should be done and the decision to do that—we have another aspect to behold our doctor in, and one, as it is more extensive, containing more to admire with, at the same time, something to rebuke. After all is said, none of us, whether in law, divinity, or medicine, do more than build up a reputation *as men* by which we must stand or fall. Sorry are we to confess that it cannot always be said of genius, that the heart of its possessor is alike favoured with his head. The poet who sings many an admirable hero with a faithfulness of depiction worthy of the truth, does yet too often present us in his own person with a character by no means akin to the subject of his song; still, now and then Nature is found consistent, and truly, never did she turn out of her hands a piece of flesh and blood more like itself in all its parts than this, our eccentric doctor. What a contrast do we find in him when compared with others, dead and living, in the respect he paid to rank? Here again he is worthy of remark. Radcliffe knew his power;—who does not?—the usual error, in this respect, is the belief that there is more of it in our possession than the fact will bear our—he knew

matter of health and sickness there was, properly, no grade, except that established by the relation of patient and physician, in which the latter was the person of importance. Witness his blunt declaration, when summoned to attend the Princess Ann: "that her malady was nothing but the vapours, and that she was in as good a state of health as any woman breathing. could she but believe it." A touch of rudeness, no doubt, there was in the reply; but, how wholesome, when contrasted with the sickening subservience of others —their prostitution of talent—their sacrifice of independence at the shrine of conventional degree. We observe this eccentricity of reply frequently in what is left us of his life. To a *bon vivant*, who told him, in answer to a question, that he had fed that day somewhat over lustily at a feast, he said, "if happily you escape from Death's clutches to-night, I would advise you to hang thyself to-morrow, for he alone can rid you of your complaints." At another time he declared, when refusing to prescribe for some lady past the bloom of years, to whom he bore not the kindest feelings in the world, "that he neither knew what was good for an old woman, nor what an old woman was good for." He used this rudeness to Sir Godfrey Kneller in a way scarce to be pardoned; for Kneller had largely obliged the doctor by making a door that would admit him from his house to the painters' garden of rare exotics—a privilege he had earnestly desired. Radcliffe's servants made use of this door and injured the plants; Kneller expostulated, but received no redress. He then sent Radcliffe a message that he must close up the door, to which he replied, "he might do what he thought fit in relation to the door so he did but refrain from painting it." This was carrying bluntness a point too far, and indeed, was such an unprovoked, ungrounded severity, that one is inclined to doubt the truth of the story altogether. However that may be, Radcliffe was even the blunt man it declares him; and the fact is, that wherever the love of truth exists in any great degree of vigor, there is always a tendency to blurt it out in the shape in which it readiest presents itself, and wholly regardless of the manner of its appearance. Let it be said of any man that he is either a time-server or given to *persiflage*, we may justly infer his talents to be such only as will enable him to temporize, to accommodate himself to men and circumstances, and those talents are of an humble order. The man of power, the truly great and solid man, is time, circumstances, and the world, to himself. They are as he pleases them to be; and it is unworthy such a one's while to give himself up to the adulation of any man or number of men. Is the carpenter the servant of his tool? But how few of these men are there! How many, on the contrary, who being honest by nature, and that to a fault with those of their own degree, or their inferiors find a wonderful aptitude, to smile upon and curry favour with rank. To all men, Radcliffe was the same! We have mentioned his reply to the *bon vivant*. The king shewed him his swollen ankles one day, and asked him what he thought of them. "Why truly," replied he, "I would not have your Majesty's two legs for your three kingdoms!" There is more in that than its bluntness—a touch of moral grandeur! The commoner prescribing the *memento mori* to his king. More than that still; an illustration magnificent of the quality of earth-born greatness! The pride of a three-kingdomed monarch chap-fallen, because of a pair of swollen ankles. Radcliffe was dismissed.

Worldly prudence, and much ability, are quite compatible with each other, but seldom found together. With all his *ad libitum* manner, Radcliffe was a man of exceeding care and prudence when the time came that needed them. In the last illness of Queen Anne he was sent for, but returned word "that he had taken physic, and could not come." His own words will best explain his conduct, and shew his prudence. "I knew," said he, in a letter to one of his friends, "I knew the nature of attending crowned heads in their last moments too well, to be fond of waiting upon them without being sent for by *the proper authority*. You have heard of pardons being signed for physicians before a Sovereign's demise. However, ill as I was, (he was ill with gout) I would have went to the Queen in a horse litter, had either her Majesty, or those in commission next, commanded me to do so." This is a fair explanation of the matter. In our own day prudence would dictate the same line of conduct, and in his the reasons for it were stronger; and yet poor Radcliffe did not escape unscathed the popular feeling running very severely against him for refusing his attendance, and even putting him into personal jeopardy. Other circumstances tend to shew him to have joined prudence to his great abilities; the fact, for instance of the wealth he left, and a piece of advice he gave to parents intending their children for the profession of medicine, to send them, as the first step to future eminence, to a fencing master and a dancing school. This fact, trifling as it appears, shews an intimate acquaintance with that most worldly subject, the road to advancement without the conducting of merit. The knowledge of the world and its practices too often warps to the sense of self alone, a nature originally generous. But ignorance in this respect entails so many extreme disadvantages that "'tis reason to be wise."

We have regarded Dr. Radcliffe in every phase of his character, save that in which we must view him solely as a private individual—a man at his fire-side. In this view we hear of him as one munificent in acts of bounty, of a generous disposition, sprightly in conversation, and an agreeable companion. Such a man is the *beau ideal* of our expectations. Many, we doubt not, were his weaknesses; who is there without them? Imperfection is the inheritance of the race, and sympathy, if not charity, forbids us to reproach.

WORKING OF THE ANATOMY ACT.

To the Editor of the 'Medical Times.'

SIR,—Allow me through the medium of your columns, to ask the Inspectors of Anatomy what sum is actually paid by the lecturers for subjects, including funeral expenses &c., because the pupils of the different anatomical schools are swindled out of vast sums by their dissections. The lecturers on anatomy and physiology, who, with but few exceptions, are men of no note, men packed to make a school, whose abilities are despised, who work up their subjects for a lecture, stammer and stutter, reiterate and recapitulate, hired retailers of Ward, Quain, Cruvelhier, and Muller; then to derive an income by placing a tax upon bodies so high, as to be almost prohibitory. This most important study, the study of anatomy by dissection, cannot be pursued in England, and why? is it because there is a scarcity of subjects? our workshouses teem with unclaimed bodies. Our prisons, our hulks, our hospitals, could afford as many as Paris, and dissection become as cheap here as there. True it is at the commencement of a session there is a great scarcity, and simply for this reason, the summer months have seen hundreds and thousands buried without a friend to mourn or follow them to the grave; the anatomical schools are closed against them, a golden bar is laid across the threshold. Students are short at this time of cash, they cannot afford to pay four pounds odd for every whole body they purchase; it is cheaper to go to Paris, and so many do do so to ruin themselves, on the pretext of being able to dissect cheaper. Another reason why so great a deficiency is felt during the early months of a session, is that the lecturers urge parents to pay for subjects when they enter their sons to their lectures, a most unnecessary expenditure, so that tyros have subjects, when the older students cannot procure them. There can be no earthly reason why this pushing and crowding after a subject should exist, because towards the latter end of a session we have seen notices stuck up in a dissecting room to the effect that "if the students did not put down their names (and money,) instanter for subjects, the supply would be stopped." Here there is a supply avowedly beyond the demand; why is this? because private individuals keep up the prices to support their—school. Was it the intention of government in framing the Anatomy Act, solely to do away with the frightful scenes of murder and outrage upon the peaceful tomb? did not it have a wider range of usefulness in its action? Was it not intended to open to the profession a means by which they could easily and cheaply (without injury to public feeling) obtain a knowledge of the human frame, and thus extend to practice a firm and lasting foundation? But the act works badly, it has thrown into the hands of individuals a means of raising money. A butcher slays a carcase, and by quartering it makes a profit, but the meat gives life and vigour to those who eat it. Not so an anatomical lecturer: he buys a carcase, but by retailing it at a profit, he dispenses death in all parts of the globe, in the army, in the workhouse, in private families and where not? The anatomy act should not only provide subjects, but it should also regulate to the lowest possible sum, the money which the student should pay. Government cannot be aware of the impediment which individuals put in the way of the free acting of the bill—they restrain by their avidity the majority of students from dissecting at all—they prevent surgeons performing operations upon the dead body—they prevent the practitioner renewing from time to time, as his leisure permits, his early acquaintance with the appearance and structure of parts; in fact their greedy avidity deals death and destruction everywhere. Any one who makes a profit of a dead body should be fined as the greatest enemy to the human race, and therefore all opportunity to do so should be taken away by government, it should make a clause for the cheaper and easier procuring of bodies by directing that all masters of workhouses should communicate the death of a friendless pauper immediately: (the act is so at present, but many boards have prohibited bodies of paupers being sent at all,) under a fine or otherwise. Then the supply should be continued throughout the year, bodies should be always at a dissecting room, whether used or not, and provided too at the actual expense, not at what the teacher imposes. Every Surgeon, and Physician, would then have an opportunity with the pupil of performing operations, and of tracing disease. Our science would improve, our means of alleviating suffering increase tenfold — the public could no longer be made the victim as it no doubt is now, of the mercenary anatomical school-masters, and private speculators. I have thus briefly expressed my opinion upon this one subject of medical abuse: facts have led me to it, for I have seen the poor student, who had not put the amount of dissections into his calculation, for it is not mentioned in the prospectusses, sigh to obtain that which richer, though less deserving students, had thrown by as useless; and in disgust I have seen the talented and clever, but poor student, badly clad, and badly fed, to obtain a subject to himself, and waste his many hours over the decomposed flesh almost useless from its very rottenness, to the injury of his health; and then he could not test his knowledge of a part by performing an operation, because, it would incur additional expense. Was his anatomical knowledge sufficient to justify him operating on a living body? I have far exceeded the limits which I prescribed for myself and must therefore conclude. In a future letter, should this be acceptable, I shall touch upon some other points of medical cheating practised in our hospitals.——Yours,

E. P. Q.

INTERESTING CASES OF INTESTINAL DISEASE.

To the Editor of the 'Medical Times.'

SIR,—In consequence of reading in your Journal, Dr. Clutterbuck's case of what is termed constipation of the bowels, read before the Medical Society of London, on the 25th of September, I am induced to forward to you the following cases, which I shall feel obliged by your publishing at your earliest convenience. It is not my object to make any comments on the case discussed, as its history is very imperfect, and it is a most difficult thing to form a correct judgment as to the treatment, without seeing or knowing anything of the patient; what may be justifiable and even necessary at one hour, might be very improper the next day; so that a person seeing the end of a case, hardly

knows what might have been proper at the beginning. The perusal of that case, strongly brought to my mind one that occurred to a medical friend of mine, who requested me to be present at the Autopsy some 12 or 14 years since: I do not now remember the peculiarities of the symptoms, or the treatment, but we found on examining the intestines that there was a stricture of the ileum, just below the duodenum, so nearly impervious, that it would only admit a crowquill to pass through it; above this stricture was an ulcer of the size of a shilling, perforated in the centre so as to admit of the contents of the bowel escaping into the peritoneal cavity, and upon it, was a piece of onion the patient had eaten previous to his illness, just as he had swallowed it. Though it was found there, I much doubt if it caused it, (the ulcer) as the stricture must have been years in forming, and the ulcer no doubt took place after the passage became so small, that nothing the least solid could pass through it; so that irritation, inflammation, and ulceration were the natural effect, and he died of peritonitis. For a long time previous to his death, he suffered most severely at times from borborygmus, so that his family were quite alarmed at the noise he made, otherwise he had very fair health. It must I think be pretty clear that no medical treatment could have been of much avail in this case, so that I need not for a moment dwell upon it.

The next case was one which occurred to me in Aug. last, and was more immediately caused by eating Jargonelle pears. Mrs. A. on a visit at her sister's at this place from Bridgewater, where she had come for change of air, after a most alarming and dangerous attack of puerperal peritonitis that had taken place two months before, was seized with all the most severe symptoms of that disease; when I entered the house, her cries and groans were dreadful, at one moment complaining of most intense pain in the bowels and chest, at the next of her head, and then for a few seconds she was delirious, then sickness would set in, symptoms altogether constituting one of the most painful cases that could be witnessed. When I entered the room which was at 7 o'clock, p. m. her countenance was of the most wild cadaverous character; when she was quiet for a moment, her legs were always drawn up, a symptom so characteristic of Peritonitis, her abdomen very tender, the pulse 130, small and wiry, and the tongue though only an hour after the attack, very brown and dry. I was desirous if possible to avoid bleeding her, as her constitution was so enfeebled by the former attacks that she seemed to have but little blood to lose. I therefore began by leeching the abdomen with 12 leeches, and gave her pil. hyd. gr. iv., pulv. opii gr. 1.; but such was the intensity of her sufferings, that I felt called upon before the leeches were off, to take a pint of blood from the arm; this reduced the pulse down to about 100, and it became more full and free, but there was but a slight mitigation of the other symptoms; whilst I was bleeding her, I ordered a warm bath to be prepared, which she was immediately put into, complaining that the water was cold at 98°; the pain was a little relieved by this, though her sufferings were still very great. As soon as she was taken out of the water, I gave her an Enema of Ol. Terebinth ʒiis, Ol. Ricini ʒiv. Decoc. Avenæ 1lb. and applied a large linseed meal and mustard poultice over the whole abdomen; at this period (ten o'clock), there was slight tympanites, which more especially determined me to give that injection, feeling also that with the stomach so irritable as to reject everything taken into it, there was little if any chance of getting the bowels open by means of medicine by the mouth; at the same time that I might neglect nothing, I gave her Magnes. Sulph. ʒi. Mag. Carb. gr. xv. with a view to check the sickness, as well as make an impression upon the bowels, which I have often found this form of medicine do; she also at this period had another dose of blue pill and opium, but the sickness still continued, and all she took was rejected. At eleven o'clock, the pain was not so intense, the pulse varying at about 100, the tongue more moist, and the bowels not so distended, nor quite so tender, still she was very bad. I then gave her hyd. c creta gr. v., pulv. opii gr. j. in its dry form; this seemed to tell more immediately than anything yet done, as after this there was no more actual sickness, and she had short intervals of ease, she then had another dose of the salts and magnesia; at one o'clock she was quite free from pain, and remained so for an hour; but the storm was not over, as at three, it broke out again with nearly all its former fury; the pulse only remaining quiet, and there being no *actual sickness;* she then began to take 10 minims of liq. opii. sed. every two hours, she also took another dose of hyd. c creta. as the bowels were not open, and the pain was most intense, another turpentine and castor oil injection was given, and a large blister applied to the abdomen. Still the bowels were not opened, the pain was most severe, and the tongue quite brown and dry, caused partly, I doubt not, by the opiate she was taking; it was now five in the morning, when she had another warm bath, which gave relief for the time, but the pain soon returned, she had a very scanty motion, but it contained but little feculent matter, and gave no relief. Again a dose of salts and magnesia, was administered, and 3 hours afterwards another: still no satisfactory relief from the bowels followed; at eleven a. m. she had a castor oil enema, with but little relief. Between this time and seven o'clock, 24 hours from the time I first saw her, she had two more warm baths, and two more doses of hyd. c creta, with opium, at which time she was quite free from pain, with a perfect giving way of every bad symptom, the bowels about that time began to act freely, and in the night some of the pear was brought away as it had been eaten; the termination of the case was most favourable. At the first there was a little diarrhœa, but it soon subsided and seemed to do more good than harm, and after this lady got well, she told me her stomach was much less tender, than before the attack, shewing that the turpentine had done no harm. Now in reviewing the treatment of this case, to what may it be said the cure was attributable? or rather which part of the treatment could have been dispensed with? in attacks of this kind to what can we trust, when the inflammatory symptoms have been subdued, and the pain is but little better, and the bowels have not been opened? for it almost always happens that there is great irritability of the stomach, so that if we wished to give them few drastic purgatives would be borne by it; the remedies that appear to be the most valuable, are injections and those too that would be termed drastic; who would trust to simple warm water or gruel for the attainment of that end, when his patient is racked with pain, and tympanites is staring him in the face, and in a few hours, all hope may have vanished?

The next case is one which occurred to me in January last. I was called up in the night and requested to visit Mrs. B—— immediately, she is a lady 50 years of age; on entering the house I heard her groaning dreadfully; when I saw her, she complained of the most excruciating pain in the left iliac fossa, there was great tenderness on pressure, and the seat of the complaint appeared to be in the sigmoid flexure of the colon; the tongue brown and dry, more like the last stage of typhus, the pulse 80, and indicating a great want of power; the symptoms altogether of that character, that I could give the friends but little hope; but by leeching and blistering the part affected and poulticing it, by giving blue pill and opium internally by mouth, and magnesia and rhubarb when the stomach would bear it, and by administering two injections of turpentine and castor oil, and one or two of castor oil only, she got quite well. She said that the turpentine gave her most acute pain for an hour or two, but I believe that she felt that it quite saved her life, as she said it appeared to touch the complaint, for it soon after became relieved, and the relief afforded by it in a few hours became so manifest, that I attributed my successful treatment very greatly to it; I doubt not, but that much was due to the other remedies, but they made but little progress till the injections were given.

The fourth case was that of a young lady I was attending, with typhus fever last, Nov. the parts that seemed more particularly involved, were the stomach and bowels. She was in the most alarming state, and what made the case worse, was her mother had just died of the disease from whom she took it; I need not I think enter into all her symptoms, as few can be ignorant of them who have once watched a severe case; suffice it to say, that in addition to her other sufferings, the most frightful tympanites set in that I have ever witnessed in one who recovered; the whole belly was so swollen that it was indeed like a drum, and what was the remedy that cured her? turpentine. In 24 hours she had 4 injections of it with castor oil, amounting to ʒiss of the former, and by the mouth, she took ʒij of it in M xv doses. At the end of that time the distension had almost subsided. I ought to have said that before the turpentine was used, the abdomen was leeched; and whilst administered, blistered: she also took mercurials, and as the bowels did not act freely, some salts and senna were given; two or three times afterwards, the tympanites partially returned, but the turpentine injections were immediately thrown up, and soon removed it; many days elapsed before the bowels acted freely, but eventually they did, and the patient quite recovered. Now in this case the success of the treatment was owing to drastic injections, and no inconvenience that I remember arose afterwards.

The last case I shall relate is one I had in May last. A lady, æt fifty-five, put herself under my care, labouring under a very disordered state of the digestive organs, with but little constitutional disturbance. A pain soon fixed itself in the right iliac region evidently in the cœcum, and a most difficult thing I found it to get rid of; and it is but fair to state that the turpentine and castor oil injection was given, and that it quite failed to relieve, though it did not distress her; she eventually recovered by means of leeches, poultices alteratives, and mild aperients. Any farther remarks from me on the above cases would be superfluous, they must speak for themselves. I can in conclusion only say, that I have a very high opinion of turpentine with castor oil, in conjunction with blue pill, or hyd. c creta, (but certainly not calomel, as it so often offends the stomach, and will create sickness where there was none previously,) and opium or hyoscyamus, together with leeches (or bleeding if necessary,) and blisters, not omitting linseed meal poultices to the part affected, and would rather risk my reputation upon this, plan of treatment for such affections, than any other.

I am Sir,

Your Obdt. Servant,

EDWIN ELLIS. M. R. C. S.

Lower Tulse Hill, Brixton, Oct 3rd. 1843

ON THE REMEDIAL POWERS OF THE PREPARATIONS OF ANTIMONY.

To the Editor of the Medical Times.

SIR.—Should the following communication merit a place in your spirited periodical, its insertion will oblige.

Your Most Obdt. Servant,

J. H. WARDLEWORTH.

Manchester, Oct. 1843.

As a remedial agent next to calomel, stand the various preparations of antimony in subduing disease of a sthenic character. The tartarised antimony is undoubtedly the best preparation of that mineral in use, in combating inflammatory action, but we find there are cases in which tartarized antimony cannot with safety be administered, particularly in infantile diseases, on account of its effect upon the gastro-intestinal mucous surface. A preparation of antimony has however been introduced by that highly practical chemist Mr. Trix of Exeter, which combines all the virtues of the tartarized antimony, without this peculiar mischievous action upon the mucous surface of the bowels. I have tried Mr. Trix's form of antimony, and can confidently recommend it as a powerful diaphoretic, *without producing nausea.* This circumstance alone renders it an important medicinal agent in diseases of an asthenic kind, where diaphoresis is necessary for the purpose of eliminating from the circulating mass, that materies morbi, which according to some modern writers is the exciting cause of febrile disturbance, and to this view, from the recent researches of Leibig, I am strongly inclined to subscribe. In fevers all the secretions are invariably suspended; the critical periods are generally ushered in by

some undue secretion either from the skin, intestinal surface or urinary organs. In one case of a severe attack of fever, of an inflammatory type, which came under my notice, the critical period was marked by a sudden and profuse discharge of watery fluid from the pulmonary mucous surface, no pulmonic disturbance (before or during the discharge,could be detected); the convalescence was rapid, and the patient soon regained his perfect health.

From whatever surface, and by whatever outlet, profuse discharges are poured forth from the body during an attack of fever,these are in my opinion, (however well that opinion may be founded, is yet in a great measure to be proved,) the elements in a modified form perhaps, which were the primary cause of the febrile condition; and may not the various local affections, the frequent concomitants of a febrile attack, be caused by a local concentration of the materies morbi, upon the tissues of the body, causing in some, inflammation of the lungs, in others gastro-duodenitis &c.?

Syphilis is unquestionably a disease of the blood, for the local effects following the introduction of syphilitic virus into the system, afford a sufficient evidence that the blood is first subjected to its pernicious and blighting properties, and which the *Lancet* describes in an editorial article in No. 1035 as an 'abnormal chemical action in the blood itself;' now this 'abnormal chemical action,' may be excited in those persons whose blood is impoverished, or unfitted for healthy nutrition, either from want of nourishing food, debauchery, or constitutional causes; in whatever way the blood is deteriorated, and its vital force rendered less energetic, it is, if these views are correct, incapable of resisting the specific influence of the various morbid poisons, such as malaria, &c. &c.

It is the predominance of the vital, over the chemical properties of the blood, which enables it to resist these 'abnormal chemical changes,' by which the various forms of disease are presented to our notice. Medical men are acquainted with the fact, that some persons are more susceptible to disease than others; one person may contract gonorrhœa, while others may escape with impunity. Often, instances are on record,where persons have resisted the devastating influence of the plague; Napoleon when in Egypt, set his soldiers an example, by using every means to encourage his men under the blasting and death destroying avenger of humanity, by subjecting himself to the fullest extent, to its insatiable influence. But the stoical mind of the Emperor may explain in some measure, his not being affected by the disease. Other instances might be quoted, of children being subjected to the morbid influence of small pox, scarlet fever, &c. who have bid defiance to the morbid emanations, and even contact with the bodies of persons thus affected: and to what are we to attribute this want of susceptibility on the part of some persons to resist the influence of morbid exhalations, and even the introduction of morbid matter by the lancet? It can only be explained I apprehend, on the principles so beautifully elucidated by Leibig in his work on Organic Chemistry, viz., that, when the membranes of the body are compelled from their substance, to furnish resistance to the action of oxygen, that is, the blood being less nutritive, is deficient in the substances requisite for the protection of the membranes, and says Leibig, "they must, since their renewal is confined within narrow limits, yield to the chemical action;" Hence follows the "abnormal chemical action," and its subsequent phenomena. Two cases in point have come under my notice, wherein I am confident that secondary syphilis had been propagated through the medium of the semen; both persons had chancres on the dorsum penis, which were rapidly healed by the application of lunar caustic; they both declared they had had no connection with their wives during the open state of the chancres; yet in four months from the final healing of the sores, reverse of fortune, producing want and anguish, soon lessened the vital force, and the tissues being no longer enabled, from the equilibrium between waste and supply, having lost the balance in favour of the former, to resist the specific action of syphilis, "abnormal chemical action" was excited, and in its train came eczema, chancres on the tongue, and about the anus, in both husbands and wives; which shortly yielded to a generous diet, and the iodide of potassium.

I leave this all important and interesting subject to abler heads, and hands, for further elucidation; resting assured that ere long, humoral pathology will become in the nineteenth century, what it was during the days of Celsus; but considerably enhanced from the rapid strides which chemistry and the other branches of medical science have made since his days.

To return to the subject of this paper, Mr. Trix's preparation of antimony may be administered in doses of three to five grains, every 4 or 6 hours,agreeably to the wishes of the medical attendant, or the urgency of the case, until diaphoresis is produced; combating local mischief, should it be manifested during the course of the attack, by the usual means, still persevering with the antimonial powder. In rheumatism, measles, scarlatina, and the remitting fever of infants, this form of antimony will be found an important therapeutic agent in the hands of a judicious practitioner, in bringing about a sanatory crisis in all infantile diseases, wherein antimonial preparations are applicable; it is undoubtedly a medicinal agent, that has considerable claim upon the attention of the profession, and is deserving of a fair trial at their hands, for from the experience I have had of the remedy, it has exceeded my expectations; and now I give it a decided preference over the other preparations of antimony in the treatment of disease, where it is unnecessary to produce nausea to control high inflammatory action in serous or parenchymatous structures.

THE LATE INQUEST AT WHITECROSS STREET PRISON.

"To the Editor of the Medical Times."

Sir,—I trust you will do me the favor to insert in your valuable periodical the following letter sent to the *Times* yesterday, and which appears in this day's *Times*; I do hope that every medical man in the kingdom will read the report of the coroner's inquest upon F. Chalkley, which appeared in the *Times* of October 3d, and my reply to the same. I beg to add a letter I have this day received from Dr. Collier, of Spring Gardens. I beg you will excuse my occupying so large a space in your publication,—and remain Sir,

Your obedient Servant,
GEORGE DICKENSON.

Whitecross Street Prison,
October 4th, 1842.

(A copy)

"To the Editor of the Times."

Sir,—I feel assured as an act of justice, you will grant me the liberty of refuting a most gross and unmerited calumny which appeared in your journal this day, (by the insertion of this letter,) in its report of an adjourned inquest, upon a deceased, named F.Chalkley,when the coroner and jury upon an *exparte* statement,made animadversions unjustifiably injurious to my professional character and reputation. In the first place, I beg to contradict the statement, that I am an unqualified practitioner, having been in full practice for upwards of thirty years, and received a competent medical education, and had been in practice some years before the passing of the act, which rendered a diploma necessary. In the second place, I deny, and appeal to every enlightened member of my profession, as to the truth of my assertion, that the dose of three grains of calomel and six grains of blue pill, is an excessive dose of mercury, and I moreover beg to state, that the deceased, did not apply to me, as erroneously stated,to prescribe for a cold or catarrh, but from a derangement of his digestive organs,especially indicated by torpid liver, accompanied with constipation, and considerable febrile action, for which I prescribed the dose in question with a common black draught the following morning. Upon his calling upon me two days afterwards, I confess I found him suffering under the influence of mercury, and questioned him, as to whether he had been taking any other medicine, when he replied he had taken some pills, but did not know what they were: surely this circumstance ought to have been made known to the coroner and jury. I have not the honor of the acquaintance of Dr. Roberts or Mr. Mack, but cannot help expressing very great surprise, that they should consider three grains of calomel and six grains of blue pill an *inordinate* dose of mercury, *as a single dose*, and think such an opinion will not be corroborated by a second individual in the profession,and that it would have been more honorable and consistent with professional integrity and science, to have stated the dose of mercury, so far from being *inordinate*, was one of moderate strength; and that the effect produced could not have been anticipated, but must have been the result of a peculiar idiosyncracy of constitution, which often extraordinarily influences the effect of that and other powerful medicines; and I must beg to claim information, as to the treatment of the deceased for six weeks, after the exhibition of this *inordinate dose of mercury*; and whether he was prohibited from exposing himself to cold and damp, under its action—the baneful effect of such atmospheric influence is well known; and I happen to be aware that the deceased during the early part of this period, exposed himself, at dawn of day, by standing in Smithfield Market.

The cause of death is attributed to ulceration of the mouth extending to one jaw; no evidence of any ulceration of the stomach, the intestinal tube, the membranes of the air passages, or that the brain or its membranes were affected, having been adduced, I consider the cause of death very far from being clearly made out. If the deceased was in full health, up to the period of receiving my gratuitous prescription, on what account did he apply to me? this and the other erroneous statements appear to have been introduced into this case, in order to fasten upon me a censure, which might more properly be applied to those upon whom the after treatment devolved.

In conclusion I beg to state that the deceased was not a prisoner nor ever had been; but he supplied me with what butcher's meat I wanted. Your insertion of this letter in to-morrow's paper will much oblige me, as I am anxious my statement should appear as early as possible.

I have the honor to be Sir,
Your obedient Servant
GEORGE DICKENSON.

(A copy.)

Mr. George Dickenson. 32, Spring Gardens, Oct. 3d.

Sir,—Having perused with feelings of disgust the account of the Inquest in which you are most unfairly charged with mal-praxis, I hope you will accept from me, a stranger, who never to his knowledge even met you professionally or otherwise, this my single, voluntary, but well considered testimonial,—that the prescription written by you in the recent case, which has been the subject of inquest, is a reasonable, scientific, and, under all ordinary circumstances, a safe remedy:—four times the quantity having been ordered for a single dose by the first physicians in London within my knowledge.—Your obedient Servant.

GEO. FRED. COLLIER, M. D.

MEDICAL SOCIETY OF LONDON, Oct. 9.

Mr. Pilcher in the Chair.

Mr. Storks read the particulars of an interesting case, in which he performed the Taliacotian operation in the commencement of the present year. His patient, George Cowper, age 38, in 1835, while lifting a heavy wheelbarrow, received a severe blow across the nose, by which he was stunned for a short time. The immediate effects soon passed away, but he became subject to occasional pains in the part, with fœtid discharge, and after a time an ulcer formed. The disease continuing to make progress, in 1840 he placed himself under the hands of a quack, who applied an arsenical plaster, by which a slough was caused, on the separation of which and the healing of the ulcer, contraction and eversion of the upper lip was produced. No relief was afforded to the original complaint. He finally, on the recommendation of Mr. Robinson, the dentist, placed

himself under the care of Mr. Storks, who, viewing the case as one of necrosis of the bones forming the nose, caused by the severe blow received previously, the mischief being sustained by the non-separation of the sequestra, treated it simply with nitric acid injections, entirely setting aside constitutional treatment, as there did not exist any suspicion of syphilis, and the man's general health was otherwise good. By means of this lotion, several pieces of dead bone came away, and the original disease having been arrested, Mr. Storks decided on seeking to repair the deformity it had left, by performing the Taliacotian operation, which accordingly he effected in the month of January of the present year, in the presence and with the assistance, of Mr. Fergusson, of King's College. The flap was obtained from the forehead, and made in the form of an inverted Y. It was secured to the parts by five sutures. No vessel required the application of a ligature. The operation succeeded well; with the exception of a slight bleeding, and the formation of a small slough, which occurred early in the treatment, every thing went on as it should; the granulations were healthy, and on the 20th of March, the wound on the forehead and the nose having cicatrized, the flap was divided, a triangular piece of skin removed, and the divided portion of the flap laid down. The septum was made in the succeeding June.

Mr. Storks in some valuable general observations, condemned the proposal of entirely removing the ruins of the old nose, which might afford a degree of support to the new organ, and, at any rate, if the operation should fail, their non-removal would leave the patient in a better position. He also remarked, that in every instance the flap with which the new organ was constructed, should be much larger than the gap to be filled up.

Dr. Risdon Bennett thought it important to be aware of the inconveniences to which persons who had had new noses made, were subjected. Among these he enumerated an inability to support the variations of temperature, and a disposition of the organ to ulceration, and even sloughing on the slightest cause.

Mr. Storks mentioned that his patient had been operated on in the commencement of the year, and had borne the subsequent cold without inconvenience or complaint, nor was the dilatation of the nostrils by bougies, which he was afterwards obliged to practise, a cause of ulceration; another proof of the efficiency of the operation in this case was, that his patient had recovered the faculty of smell, and he had seen a patient who had been operated on by Mr. Liston, and who had been an inveterate snuff-taker, who could take a pinch of snuff with considerable goût, after the operation.

Dr. Theophilus Thompson, thought that a very important subject of enquiry would be as to the best practice to be pursued to prevent ulceration, such as could be likely to cause such injury to the parts, as would require the operation, and thus rescue it from the hands of the surgeons. He was disposed to recommend the local application of the iodide of mercury in the treatment both of syphilitic ulceration, and of noli me tangere. His attention was directed to its application in the latter disease about fifteen years since, when he was in Paris; he saw a case of noli me tangere at St. Louis, under the care of the late Dr. Biett, in which the ulceration was rapidly extending on both sides. To test the utility of the iodide of mercury, it was applied to one side only, the other not being interfered with. The part to which it was used, healed rapidly: the other made decided advances in ulceration, until it was thought proper to apply the iodide to it also, when a satisfactory result was quickly obtained, and the patient soon got well.

Mr. Linnecar mentioned the case of a respectable married woman who had been under his care.

A member mentioned a case in which the Taliacotian operation was performed by Mr. Vincent, four years since, in Saint Bartholomew's, in which no septum had been made. The nose had a tendency to become flat, but no other inconvenience was endured, nor was there any apparent inclination to ulceration. He stated that he was himself in the habit of employing arsenical applications in the treatment of lupus with advantage. He had however occasionally found it produce mischief, and become very unmanageable.

Dr. T. Thompson stated, in ulceration having a syphilitic origin, occurring in scrophulous constitutions, which had been aggravated by the administration of mercury, he had found the local application of iodine in small quantities, exert a specific influence.

Mr. Storks observed, that he had used the tincture of iodine externally and internally, in a case of lupus with great benefit.

Mr. Pilcher observed with respect to Mr. Linnecar's interesting case, that the cause was unusual, the consequences not so. It is more generally caused by specific inflammation. In syphilitic ulceration, the disease may appear to be removed, but the nose will sometimes gradually sink in, but so gradually as to be scarcely perceptible to those who see the person daily. Of this Mr. Pilcher observed, he had seen several cases. The inflammation is first set up in the Schneiderian membrane, and extends thence to the periosteum, and to the bone, which is removed, not by ulceration, but by progressive absorption. It is a most formidable termination, especially as it is generally attributed to syphilis. Mr. Pilcher has seen it follow scarlet fever, and, in some cases, necrosis of the inferior turbinated bone has been produced. The reason why the bone dies instead of the cartilage, is because the latter is more organized. It may be a matter of doubt, however, whether it is the nasal bones themselves, or the nasal process of the æthmoid, or the vomer, which becomes diseased. In the latter case, the nasal bones become flat, from the want of the necessary support.

With respect to the Taliacotian operation, it has become an established operation in surgery, and is a very valuable one to a great extent in many instances, of which Mr. Storks' case is one in proof. He had been much struck with the observation made by Mr. Storks, as to the necessity of having a flap much larger than the gap which was to be filled up, an observation of exceeding importance, as the skin would assuredly contract very much. He had seen a case of the Taliacotian operation performed on a man named William Vale, at St. Thomas's Hospital, and at which he had assisted. The proceeding was a very formidable one, and the man was more than once very nearly suffocated with the blood and matter that got into the trachea. The quantity of blood that was lost was really frightful. The tip of the new nose afterwards sphacelated, mortification followed, and half the organ was lost, the remainder contracting, so that at last he had a nose only one-fourth of the intended size. Still, however, the man's appearance was improved. He was a sad fellow, however, and was continually the subject of syphilis and gonorrhœa until he died.

Some of Mr. Carpue's earliest operations are reported not to have succeeded ultimately, and in one case, it is said that, as an effect of slow progressive ulceration, a gentleman, who had been operated on, blew his nose away into his handkerchief. It is still no objection to the propriety of performing the operation, that it does not succeed in every case. The circumstances should be explained to the patient, and then he should be left to decide for himself.

A similar proceeding might be made applicable, Mr. Pilcher thought to those cases of cleft palate, where there was sufficient materials. The parts might be separated from their attachments, the edges freshened, and then brought into apposition. (Vide periscope, *Medical Times.*) In some of Sir Charles Bell's cases, an approximation of the bones has been reported to have occurred under such circumstances. The principle of the operation has been applied to the relief of fissure in the urethra.

ROYAL COLLEGE OF SURGEONS IN LONDON.

List of gentlemen admitted Members, on Friday, Oct. 6th, 1843:—

T. Sumorer, W. W. Moxhay, R. Tyrer, J. Holliday, R. Martin, S. Battley, E. Edmunds, J. E. Huxley, W. Brown, T. Hawksley, G. Appleton, J. Benson, H. Johnson.

PERISCOPE OF THE WEEK.

Obliteration of the Cavity of the Tunica Vaginalis Testis.—Dr. Knox, in his contributions to Anatomy and Physiology, states that during the last eight or ten years, he has seen in his dissecting-rooms four or five cases of obliteration of the cavity of the tunica vaginalis testis, unconnected, as far as he could ascertain, with any operation or accident. The cavity was entirely obliterated, there not being any other morbid appearance; near the central portion, the tunic presented the characters of common cellular tissue. Dr. Knox adds that he agrees with Portal in believing that adhesions of serous membranes, so extensive as to obliterate their cavity, may take place without inflammation; this he has seen occur twice with reference to the pericardium.

Osteosarcoma and Encephaloid Tumor of the Fore-arm.—A young countryman, who had upon two occasions received a severe kick from a horse on the right fore-arm, was admitted into the Hospital Saint Jean, at Brussels, having a tumor on the injured part as large as a full-sized fœtal head, with three projections on it, where an obscure fluctuation, resembling that afforded by a gelatinous mass, could be felt, and where the skin was on the point of breaking. The largest of these was opened, and black clotted blood evacuated. By a slight degree of compression, several ounces of a black, shining, thick fluid were obtained from it, having masses of different size resembling melted fat, floating in it. The evacuation of this fluid was always followed by venous hemorrhage. Erysipelas and sphacelus next attacked the poor fellow, and the hospital surgeon deemed it requisite to perform amputation, which however failed in saving the patient's life. He died a fortnight afterwards. On examination of the arm, subcutaneous and other tumours were discovered, of an encephaloid and cancerous nature. The lungs, liver, and spleen were studded with purulent deposits. The venæ cavæ and lining membrane of the right side of the heart were inflamed.

Oleum Jecoris Aselli.—Dr. Van Nuffel, of Boom, has found the internal administration of the cod liver oil, exceedingly useful in the treatment of tubercles of the lungs, and in scrophulous affections generally. Dr. Bouchez, of Vervier, has found it to be of equal value in a case of rachitis.

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THE NEW CHARTER OF THE COLLEGE OF SURGEONS.

After reciting, in the preamble, the present constitution of the College, and the expediency of alteration, the Queen proceeds, *on the prayer of the present council*, to grant:—

1. That from henceforth the corporate name or style of the said college shall be—The Royal College of Surgeons of England, and that a portion of the members of the said college shall be fellows thereof by the name or style of the Fellows of the Royal College of Surgeons of England.

2. That the present president and two vice-presidents, and all other the present members of the council of the said college, and also such several other persons, not being less than two hundred and fifty nor more than three hundred in number, and being members of the said college, as the council of the said college, at any time or times before the expiration of three calendar months from the date hereof, shall elect and declare to be fellows in manner hereinafter directed, together with any such other persons as the council of the said college, after the expiration of the said three calendar months, and within one year of the date hereof, shall think fit and shall appoint in manner hereinafter authorized, shall be fellows of the said college.

3. That the council of the said college with all convenient speed after the date of these our letters patent, and before the expiration of three calendar months from the date hereof, and in such manner as the said council shall deem best, shall elect to be fellows of the said college, any such number of persons, being members of the said college, and not being in the whole less than two hundred and fifty nor more than three hundred, as the said council shall think proper: and also shall, before the expiration of such three calendar months, by one general diploma, under the seal of the said college, and in such form as the council shall think fit, declare, or cause such persons to be declared Fellows of the Royal College of surgeons of England accordingly; but the names of all such persons, so declared fellows, shall be contained and set forth in a schedule to such general diploma. And such general diploma shall also, within two calendar months after the seal of the said college shall have been affixed thereto, be enrolled in our High Court of Chancery.

4. That it shall also be lawful for the council of the said college, at any time or times after the expiration of the said three calendar months and before the expiration of one year from the date hereof, by diplomas under the seal of the said college, and in such form as the said council shall think fit, and without any fee, to appoint any other person or persons (being a member or members of the said college) to be a fellow or fellows of the said Royal College of Surgeons of England.

5. That, except as hereinbefore mentioned, no person shall become or be admitted a fellow of the said college until after he shall have attained the age of twenty-five years, and shall also have complied with such rules and regulations as the council of the said college shall from time to time consider expedient, and by a bye-law or bye-laws direct, nor unless he shall have passed such special examination by the examiners of the said college, as the council shall from time to time think fit, and by a bye-law or bye-laws direct, that candidates for a fellowship of the said college shall undergo; but every fit and proper person having attained such age, and complied with such rules and regulations, and passed such special examination, shall be entitled to be admitted a fellow of the said college.

6. That the admittance of every such new fellow as last mentioned, shall be by diploma under the seal of the said college, in such form as the council of the college shall from time to time think fit and direct; and that every person so admitted a fellow of the said college, and not being already a member thereof, shall also, by virtue of such his admittance as a fellow, become and be considered admitted as a member of the said college.

7. That the fee to be paid on the admittance of every such new fellow as last aforesaid (over and besides the stamp-duty on his admittance or diploma), shall be any such sum not exceeding the sum of thirty-one pounds ten shillings, as the council of the said college shall from time to time think fit, and by a bye-law or bye-laws direct.

8. That where several diplomas shall be granted on the same day (whether to such new fellows as last aforesaid, or to any fellows to be created after the said first three calendar months, and within the first year from the date hereof as aforesaid), such diplomas shall be numbered under such regulations as the council may think fit, in order to show the order and priority of such diplomas among themselves.

9. That the council of the said college shall cause the name of every fellow for the time being of the said college, and if thought fit by the council, together also with the place of residence of every such fellow, to be entered according to their several seniorities (in the manner and to be determined or ascertained respectively as hereinafter mentioned), in a book or register to be kept for that purpose at the hall of the said college, or such other place for the time being as the said council shall direct; and such book or register of fellows, at such times and subject to such reasonable and proper regulations as the council for the time being shall think fit and direct, shall be open to the inspection of any member of the said college (whether fellow or not), at the hall of the said college, or other place apppointed for the time being for the custody of the same. And the seniority of such fellows to be entered in such book or register as aforesaid, shall be and be determined or ascertained respectively as follows, that is to say, the present president shall be entered first, the two present vice-presidents, according to their respective seniority next after him, and then all the other present members of the council according to their respective seniorities; and immediately after such the present members of the council, the fellows to be elected within three calendar months from the date hereof as hereinbefore directed, according to the order and priority of their names, as the same shall be contained and set forth in the schedule to such general diploma, whereby they shall be so declared fellows as hereinbefore directed; and, with respect to all other fellows, their names shall be entered according to the dates of their respective diplomas; and when the diplomas of any fellows shall bear date on the same day, then as regards or between such fellows according to the order and priority in which the diplomas shall be so numbered, as hereinbefore directed.

10. That from henceforth no member of the said college, who shall not also be a fellow of the same, shall be eligible as a member of the council of the said college; nor (but subject and without prejudice to the validity of any election to be made as hereinafter directed) shall any fellow be so eligible whilst practising midwifery or pharmacy, or who shall have practised midwifery or pharmacy at any time during the five years next preceding the day of election, nor unless he shall reside and *bona fide* practise his profession of surgeon within five miles by highway or road from the General Post-Office in St. Martin's-le-Grand. And if any member of the council shall at any time after his election practise midwifery or pharmacy, or shall cease to reside and *bona fide* practice his profession of surgeon within five miles of the General Post-Office, as aforesaid, he shall be liable to removal from the council.

11. That the present members of the council of the said college shall be and continue life members thereof as heretofore, and that the number of the members of the council shall in the manner hereinafter mentioned be increased from twenty-one to twenty-four, and that all future members of the council shall be elective, and be elected periodically, in the manner and subject to the regulations hereinafter mentioned and directed.

12. That upon the first Thursday in the month of July in the year one thousand eight hundred and forty-four, or within one calendar month afterwards, and in the manner hereinafter mentioned, three fellows of the said college shall be chosen to be additional members of the council of the said college; and that upon the first Thursday in July in every succeeding year, for ever thereafter, or within one calendar month afterwards, and in the manner hereinafter mentioned, three fellows shall be chosen to be members of the council; and in every such succeeding year in which there shall be no vacancy, or less than three vacancies among the life members of the council, three of the elective members of the council, or such less number of such elective members as, with the number of vacancies in that year among the life members, will make up the number, three shall go out of office upon the day whereon such three fellows shall be chosen to be members as aforesaid, so that the number of the council shall at no time exceed twenty-four; and in every such succeeding year in which there shall be three or more than three vacancies among the life members, none of the elective members shall go out of office in that year, and three only, shall be chosen to fill up three of such vacancies among the life members, and the remaining vacancy or vacancies of that year (if any) shall be considered and treated as a vacancy or vacancies among the life members in the following year or years, as the case may be or require. But from and after the period when the number of the elective members of the council shall be completed and made up to twenty-four, three of the members of the council shall go out of office every year, upon the day whereon three new members shall be elected, as aforesaid. But in all cases fellows going out of office shall notwithstanding be eligible for nomination and immediate re-election, and, continuing eligible in other respects, their names shall be announced to the meeting accordingly in the order and manner hereinafter directed.

13. That the elective members of the council, who shall from time to time go out of office in the manner hereinbefore mentioned and directed, shall be those who have been longest on the council without re-election; and in the case of fellows elected upon the council in the same year, those shall first go out of office whose names stand lowest (among those elected of the same year) on the book or register of the fellows of the college.

14. That whenever any vacancy or vacancies shall take place among the elective members in any other way than by their going out of office by rotation as aforesaid, such vacancy or vacancies shall be filled up by the election (upon some early and convenient day to be fixed by the council for that

purpose) of a substitute member or members in the room of the person or persons whose place or places shall have so become vacant; and every person, so elected to fill up any such vacancy, shall hold such office until the time when the person in whose room he shall be chosen would have been liable to go out of office, and he shall then go out of office accordingly, but shall notwithstanding be eligible for nomination and immediate re-election, and, continuing eligible in other respects, his name shall be announced to the meeting accordingly in the order and manner hereinafter directed.

15. That the Members of the council of the college shall hereafter be elected by the fellows of the said college, including the Members of the council as such; and such fellows, whether members of the council or not, shall be allowed to vote in person only and not by proxy; and that any number of fellows (not being less than fifteen present) at a meeting convened for the purpose of electing a member or members of council, shall be competent to proceed to such election.

16. That the chair at every such meeting shall be taken by the president of the said college, or in his absence by one of the vice-presidents, or in case also of their absence, then by the senior member of the council of the said college then present. And if it shall so happen that from any cause the business of the day cannot be concluded upon such the day fixed for election as aforesaid, then and in every such case an adjournment of the meeting shall take place to the next day, at an hour to be named by the chairman (Sundays, Christmas-days and Good Fridays excepted, and being passed over when occasion shall require), and so from day to day (except as aforesaid) until the business of the meeting shall be completed; but no other business shall be discussed or attended to at any such meeting besides the election of a member or members of the council, for which the same shall have been convened. Provided also, that if upon the day fixed for any such election there shall not be fifteen or more fellows assembled and continuing together for the purpose of such election, then at any time after the space of one hour after the time of day fixed for such election the chair may be taken as aforesaid, and it shall be lawful for the chairman to adjourn the meeting to the next day, and so from day to day (except as aforesaid) if necessary in the manner hereinbefore mentioned with respect to adjournments of such meetings in case of the business thereof not being concluded as aforesaid.

17. That such previous notice or notices of every election of a member or members of the council shall be given as the council shall from time to time think fit, and shall by a bye-law or bye-laws determine and appoint, and that, subject only to the regulations and restrictions in these our letters patent mentioned or contained, the election of members of the council shall be conducted in such way and manner as the council shall from time to time think fit, and shall by a bye-law or bye-laws also determine or regulate and appoint, but such election shall always be by ballot, and be decided by a majority of balls or votes, and every fellow who shall be eligible to be elected according to the regulations and restrictions contained or mentioned and authorized in or by these our letters patent, shall be announced to the meeting as a fellow eligible in the order and according to the priority in which his name shall stand in the book or registry of fellows; and if he shall be thereupon nominated in such mode as the council shall by bye-law or bye-laws provide for the general nomination of members at elections, he shall be balloted for accordingly, but not otherwise.

18. That when any eligible fellow shall have been passed by for want of any such nomination as aforesaid, or having been ballotted for shall not be elected a member of the council, he shall cease to be eligible to be elected, except upon such special terms of nomination as shall by the council by bye-law be, for the time being, provided for such cases, and upon such special terms any fellow so passed by or not elected, may be re-nominated for and be elected a member of the council, but if he shall be on such second occasion either passed by or not elected, he shall for ever thereafter cease to be eligible for election upon the council.

19. That no fellow whatever shall be eligible to be a member of the council unless at the time of his nomination for election as such there shall also be produced and delivered in, in such way and manner and in such form as the council shall from time to time think fit and by bye-law regulate and appoint accordingly, a certificate in writing signed by such number of fellows as by such bye-law shall be required, that, or to the effect that, such fellow so nominated is a fit and proper person to be a member of the council, and particularly that he does not practice, and has not within five years practised midwifery or pharmacy, and that he resides and *bona fide* practises his profession of a surgeon within five miles by highway or road from the general post office in Saint Martin's-le-Grand, and such nomination and certificate being delivered in the manner required, the same (as regards the matters or particulars so to be certified as aforesaid, but no further) shall be final and conclusive as to the right of such fellow to be ballotted for as a member of the council, and also to be elected such member if upon the ballot he shall be also elected.

20. That there shall be ten examiners of surgeons for the said college, and the present examiners shall be and continue such examiners for life as heretofore. But that the two principal serjeant-surgeons to us and to our heirs and successors, and the surgeon-general to the forces of us, our heirs and successors, or any of them, and although they be chosen members of the council of the said college, shall no longer have any preference of being admitted examiners of the said college before other persons; and that all future examiners of the said college shall be elected by the council of the college, either from the members of the council or from the other fellows of the said college, or from both or either of them; and that all future examiners of the said college shall hold their office of examiners during the pleasure of the council, and so long only as the council of the college shall think fit.

21. That the president and vice-president of the said college shall no longer be chosen exclusively from or out of the examiners of the said college, but from or out of all the members of the council indifferently, and whether examiners of the college or not. And that any number of examiners of the college not being less than six, shall be sufficient to form a court of examiners, and with or without the president or vice-presidents of the college or any of them (and whether or not the president or vice-presidents, or any of them, may be examiners).

22. That if it shall at any time hereafter appear that any present or future member, or any fellow of the said college, to be appointed or admitted at any time after the expiration of the said first three calendar months from the date hereof, shall have obtained his letters testimonial or his diploma respectively by any fraud, false statement or imposition, or that either before or after obtaining such his letters testimonial or diploma, he shall have violated any bye-law, rule or regulation of the said college, then and in every such case, and after such previous notice to, and such hearing of, such member or fellow, as under the circumstances, the council of the said college shall think proper, it shall be lawful for such council to recall and to declare the letters testimonial or diploma respectively of such member or fellow to be void, and thereupon every such member or fellow shall cease to be a member, or a member and fellow of the said college, as the case may be accordingly.

And we do further declare our will and pleasure to be, that except in the respects hereby altered, the said college and the council of the same shall continue to have all such and the same jurisdiction, powers, authorities and discretions for and with respect to the government of the said college and the election and choice of the officers of the same, as well as the admission and expulsion of members and fellows, and for the making, ordaining, confirming, annulling, or revoking bye-laws, ordinances, rules and constitutions, and transacting and ordaining all other matters and things whatsoever for the regulation, government and advantage of the said college, as such college and the council thereof respectively now have under or by virtue of the said two several hereinbefore recited or mentioned charters or letters patent, or either of them respectively, or in any other lawful manner.

And we do hereby for us, our heirs and successors, grant and confirm unto them all such jurisdictions, powers, authorities and discretions accordingly; provided always, and it is our further will and pleasure, that no bye-law or ordinance hereafter to be made by the said council shall be of any force until our approval thereof shall have been signified to the said college under the hand of one of our principal secretaries of state, or the same shall have been otherwise approved in such manner as shall be directed by us, with the advice and consent of the Lords Spiritual and Temporal and Commons of our realm, in Parliament assembled.

And we do hereby for us, our heirs and successors, further grant unto the said college, that these our letters patent, or the enrolment or exemplification thereof, shall be in and by all things good, firm, valid, sufficient, and effectual in the law, according to the true intent and meaning thereof, notwithstanding the not fully or not duly reciting the said several letters patent, or the dates thereof, or any other omission, imperfection, defect, matter, cause, or thing whatsoever, the same or any rule or law to the contrary thereof in anywise notwithstanding. In witness whereof we have caused these our letters to be made patent. Witness ourself at our Palace at Westminster, this fourteenth day of September in the seventh year of our reign.

By Writ of Privy Seal,
EDMUNDS.

ON THE PHYSIOLOGY OF HEALTH AND DISEASE,

AS APPLIED TO VEGETABLES AND ANIMALS, BUT MORE ESPECIALLY TO MAN.

By M. RASPAIL.

LECTURE XVII.

2°. Carbonate of Ammonia.—It is under this form that ammonia is habitually disengaged from our privies, and this it is that explains the comparative harmlessness of the vicinity of these places. Ammonia is less active, by reason of its combinations.

3°. Products of the Fermentation of Animal and of glutinous Vegetable Substances, or putrid Fermentation.—Chemically speaking, we are unacquainted with almost all that passes, in this last scene of animal and of vegetable life; the progress and origin of the phenomena, the reaction and nature of the products, all these escape us; and but few of these changes can be explained by our theories or our modes of analysis. What, however, is less problematical, is the certainty of their poisonous action on the respiration. We all know that diseases of the most pestilential character are engendered by the extensive butchery of human beings, as in battle, where neither the victors nor the vanquished, have time to bury their dead. There are, moreover, in the history of fermentation, two points which have long been determined; namely, that the fermentation of animal substances acquires much more baneful characters when it takes place in darkness and in the shade, than in the light of the sun. To judge by their effects, we should be led to believe that the products were entirely different in these two cases; insomuch that one would be entitled to consider the fermentation which takes place in darkness, as a distinct species from that which is accomplished in the open air and in the light; we have, therefore, denominated the one *nocturnal fermentation*, and the other *diurnal fermentation*; a distinction which may also be applied to the putrid fermentation of vegetables. We shall more easily understand, in theory, the justice of this distinction, by presenting to the imagination the decomposing action of the solar ray, and its analogy with the eudiometric spark, With respect to its practical operation, there is scarcely an individual who has not passed with impunity close to those dead bodies of animals which, through the carelessness or neglect of our boards of health, are strewed about our boulevards, behind the walls of our gardens, and especially by

the sides of the rivers, and are there abandoned to all the successive stages of decomposition. See, on the contrary, what precautions are requisite to preserve oneself from the first escape of gases which takes place from a coffin, at the instant of exhumation. This example will suffice to demonstrate the local difference of the two putrid fermentations. What is the difference of the products? The subtilty of their complications will, perhaps, for a long time form an obstacle to the realization of an exact analysis; but we should be strangely in error if, after a few eudiometric analyses cursorily made upon some particular case, we were to consider ourselves justified in concluding that the mephitic gases vary from the others only in a difference in the proportions of the oxygen, the nitrogen and the carbonic acid, and in the presence of sulphuretted hydrogen. At some future day we may, perhaps, be entitled to appreciate how many of our actual methods of analysis are still in their infancy; for *a priori*, we might conceive that the atmosphere which is formed around these pestilential foci will be charged: 1°. Through the vehicle of the ammonia, with acids which are most readily decomposed by the action of our tissues—2°. Through the vehicle of the hydrogen, with all the poisonous bases contained in the fermenting putrid mass, or in the adjacent earth—3°. Lastly, prussic acid and its combinations necessarily come to swell up the list of these emanations already so mortal in themselves: thus forming a laboratory to a thousand reactions, one of which, perhaps, is sufficient to compromise the life of the being that comes within its reach.

We have classed the poisonous products of these species of fermentations, among the basic and alkaline products, because ammonia occupies amongst them the principal rank, whilst, in the preceding section, we find it taking but an accessory character.

4°. Collections of Muddy Waters.—The fermentation of animal matters is comparatively innocuous when it takes place at a certain distance below the surface of water; for, according as its products become disengaged, they are dissolved in the water, which in this manner preserves them from the air. If the water is running, it becomes drinkable again; if stagnant, it remains poisonous; but the external air is, to a certain extent, preserved from the impurity. Not so, however, when the animal matter is merely surrounded by the quantity of water necessary to the progress of putrefaction: the air then quickly becomes the receptacle of all the products which are disengaged, and preserves them for a long time, unless it become purified by the action of the solar ray. Our narrow streets, our sewers so ill-constructed and so badly ventilated, afford a daily example of the unfortunate results of this kind of air upon the public health. If the streets were freely open to the air and the light, the vegetable matters, which now lie there in a state of corruption, would become converted into dust, or into a dry and solid substance, which might be readily got rid of by a mere stroke of the broom.

5 Drains of Paris.—I have remarked in my *Systeme de Chimie organique*, on the faulty construction of our drains, which emit, by their hundred mouths, the putrid miasmata, engendered by the filth which is washed down into them from our streets and alleys. This evil was proposed to be remedied by means of cleansing. But this operation requires such great precautions and such a personal disregard of self, that but one family in Paris has been found to adopt this calling, which has thus become a kind of hereditary monopoly. Now, whatever precautions these men may take, they frequently become the victims of their dangerous occupation; the first symptoms are announced by a prickling sensation in the eyes, similar to that caused by ammonia, but which is of a more irritable character, by reason of the presence of sulphuretted hydrogen. The eye becomes red, the respiration difficult; the temporal arteries pulsate with violence; a sensation of cold is felt at the epigastric region; the brain becomes dizzy, the sight fails; the body grows cold, rigors take place, and the individual falls down in a state of syncope, unless quickly withdrawn from this focus of poisoning.

6°. Gases which Escape from Privies.—The gases which are disengaged from our privies, are more fetid than injurious; it is principally the carbonate of ammonia of the urine, which thus mounts up from its specific lightness. The most terrible gases are, fortunately, at the same time the most heavy; they remain at the bottom of the pit. But woe to that being who incautiously approaches at the instant that the flag-stone is removed: he is struck dead, if he approaches the opening too suddenly; and the mephitic poison hitherto confined in this place, by the ammoniacal disengagement which takes place through the narrow tube of the water-closet, suddenly assumes such a power of expansion, that every thing in the house which is plated with silver becomes blackened, from the cellar to the garret; while every herbaceous tissue fades away and turns yellow. The sulphuretted hydrogen penetrates every room in the house; the flame of a candle when held near the hole of the privy, presents a luminous areola, of a dirty grey in the centre, yellowish towards the edges, and showing colours like the rainbow at the circumference. It is under this condition that this vapour is so instantaneously destructive to life; for here the sulphuretted hydrogen is so intense, that it is drawn into the lung, without any admixture of atmospheric air, and there produces a disorganizing action, even before it causes asphyxia. When the carbonate of ammonia is more abundant than the sulphuretted hydrogen, it is less destructive to human life; but it is very apt to affect the eyes, irritating the lachrymal gland and provoking the tears, or even causing a temporary amaurosis or photophobia, according to its action on the conjunctiva and the transparent cornea. The sufferings resulting from the action of this effluvium in its latter form are sometimes so great, that the patient becomes deprived of his reason. How horrible, then, is the practice of leaving fœcal matters to putrefy, for perhaps ten years together, in some hole, to be afterwards withdrawn, at the price of so many dangers to life!

7°. Metallic Vapours or Dust.—The principal kinds of these vapours which workmen are liable to respire, are those of mercury and lead; the affinity of these two bases for our tissues, is such, that they have merely to come in contact with them, to bring about their decomposition. Add a small quantity of a soluble salt of lead, to a solution of gum or of sugar, and you will immediately see a white flaky precipitate thrown down, the base of which will be formed by the lead; and we all know how readily mercury mixes with fatty bodies, that is to say, forms with them a true combination. Lead acts upon the economy, in a totally different manner to mercury; the latter penetrates more readily into the system, and passes into the current of the circulation; it attacks the glands, especially those about the mouth, giving rise to a copious salivation, which we designate under the name of ptyalism; and, from its affinity for fatty matters, it seems to act in an especial manner upon the nervous substance, causing cerebral symptoms, and nervous tremblings, which often resist every kind of treatment. Lead when aspired into the lungs produces accidents of a less serious character, inasmuch as it is confined to the tissues and passes less quickly into the circulatory current; it fatigues the respiration, by disorganizing the respiratory membrane, produces giddiness, a sensation of weight, and violent pains in the head, by the disturbance which it causes in the pulmonary function; the vapour must be very abundant indeed, for it to become carried into the intestines by means of the deglutition. It is very different when the atmosphere is loaded, by the agitation of the air and the movement of machinery, with poisonous metallic powders, such as cinnabar (sulphuret of mercury), corrosive sublimate (deuto-chloride of mercury), &c.; litharge, (oxide of lead), cerusse (carbonate of lead), sulphate of lead, &c.; verdigris or acetate of copper, carbonate of copper, and other poisonous salts. For, in this case, these poisons act by ingestion, and not by the vehicle of aspiration, and under this point of view, we shall recur to them, in a more especial manner, at a subsequent period. All workers of tin, bronze, brass, &c. are more or less exposed to the emanations of lead, inasmuch as most of our metallic alloys contain this latter metal. Gilders are more especially affected with the enervating vapours of mercury. The new process of gilding by dipping, would have been a great benefit to the poor workman, if it could have been applied to the defective part of large objects, such as clocks, candelabra, &c. Still this new method is not totally free from objection, in a sanitary point of view, by reason of the emanations of acetate of copper, which are disengaged during the operation of removing the verdigris.

8°. Smoke of Tobacco, Opium, Stramonium, and other Narcotics.—The smoke of these substances, obtained by the combustion of cigars held in the mouth, acts more as a medicine than as a poison. The active principle is too much decomposed by the fire, when it reaches the stomach through the vehicle of the saliva, and the lungs in the mechanism of inspiration, to produce any poisonous effects. It acts only as a condiment when employed in moderation, and where it does not take the place of the quantity of air necessary to respiration, and of the nutritive juices which assist in digestion.

9°. Pestilential, Contagious and Epidemic Miasmata.—Do the plague and epidemic diseases originate in miasmata contained in the air? Such is generally asserted to be the case in all classical works; but nowhere do we find this supposition explained or demonstrated; it is believed, because nothing is generally known on the subject. But if the plague or other epidemic contagions depended on the vicious constitution of the air, it would follow that every one, who might live in the midst of this atmosphere, would fall ill at the same time. The one could not live in an air in which the other would be asphyxiated. If the epidemic arose from a miasm added to the mass of ordinary air, and that this miasm were a gas miscible with the air, the same result would take place, in the mode of propagation of the miasm, and in the progress of its solution in the air. As soon as one individual might be attacked with the disease, none of those surrounding him could be in a sound state; the contagion would seize on whole masses and not on individuals. Now the reverse constantly takes place; and contagion, under whatever form it presents itself, never proceeds collectively. Those who are attacked simultaneously are almost always found to be at a certain distance one from another; whilst they who are intermediate are for a time exempt; we may say that the stratum of atmospheric air is rather dotted or sprinkled here and there, than infected by the miasm; a condition which it is impossible to reconcile with the idea of a gas dissolved in the respirable air. On the other hand, a plague which might act through the vehicle of the respiration would hardly commence the list of its symptoms by an isolated pimple on the skin, or by an attack of diarrhœa. Asphyxia or poisoning by a deleterious vapour never announces itself in this manner.

To reconcile known facts, with the opinion of those who make the cause of epidemics to proceed from the air, we must then admit that the air is the depository and not the vehicle of the morbific cause; that this cause, under whatever condition, remains suspended or supported within the atmosphere; that it exists there, in fine, under the form of dust, and not in a state of solution: as minute atoms, one of which may suffice to engender the most terrible disease. But the poisonous atoms do not act thus, in a proportion inverse to their mass; an inorganic molecule cannot engender a plague. It follows then that this molecule, supposing that the plague arise from it, must act after the manner of germs of an animal or of a vegetable nature; as microscopic germs, which may give birth to giants. Now we know of no such germs in these two kingdoms; we should be but dreaming, were we to suppose another order in the species of the creation; and we should imagine a nature different from that which observation and analogy demonstrate to us. If the contagion arrive at our lungs in the form of a germ, which is carried thither by the movement of the air, the disease must be the effect of its development, and not the form of that development itself. Disease, as we have already said, is not an entity; it is a disturbance produced in the functions, by some physical cause foreign to our

organs. The germ of disease must then, while developing itself, assume a form analogous at least to one of those which we have described in our lists ; it is there that we must seek the solution of this problem ; elsewhere, we shall meet only with anomaly and obscurity.

Second Kind—*Disorganizing causes which operate through the vehicle of the alimentary canal.*—It is to this class of substances that the denomination of poisons more properly applies ; their ingestion is named *poisoning*, as poisoning, by the vehicle of the respiration, more particularly takes the name of *asphyxia*. Poisons, in the same way as vapours, produce their deleterious effects, only in proportion to their volume ; in small quantities, they may even act as medicines. We shall divide them into two classes, embracing, 1°. Substances which pass into the blood, without disorganizing the tissues; 2°. Those which disorganise the tissues, at the same time that they pass into the circulatory medium.

1°. *Disorganizing substances which pass into the circulation, without disorganizing the tissues.*—The ingestion of these substances in poisonous doses, produces general symptoms, without leaving the least trace of their action or their passage along the intestinal surface. Their *modus operandi* is still a mystery, both to the physician and the chemist, as they produce no laceration, no solution of continuity nor excoriation, they occasion no violent pains, no convulsive movements, nor febrile paroxysms. They extinguish life through the medium of the circulatory system; their action is principally narcotic. The theory of our schools represents them, as acting more especially on the nerves, by narcotizing them. The nerves lose their sensibility when the circulation is deprived of its nutritious properties, and the elaboration of the organs ceases, for want of aliments; for the nerves are composed of vesicular organs endowed with a special elaboration. It is then more than a sleep, if it is not complete death ; it is a state of stupefaction, of narcotism and of lethargy, which is mortal, if it continue, and unless this poison which thus paralyses the elaboration of the organs be neutralized. In fine, every substance which exerts its decomposing action on the blood without disorganising the tissues, acts after the manner of narcotics. But the signs or symptoms of the invasion may vary according to the circumstances of admixture and combination, which distinguish these different substances. A narcotic poison, for instance, which shall pass into the blood by the vehicle alone of digestion, completing its action in broken and successive phases, will seem, by this fact, to produce a convulsive effect, by destroying the muscular antagonism as well as the antagonism of sensibility ; the poison exerting its narcotic action upon the one organ,whilst the other is still in the full enjoyment of its vitality. The narcotic poison may then assume the characters of irritating and spasmodic poisons.

The poisons of which we are speaking, are of an animal or more especially of a vegetable origin. They leave no trace of their action upon the tissues, nor any trace within the liquids ; they are decomposed by the digestive action of the alimentary canal ; they must have been taken in considerable quantity, for any portion to have escaped decomposition, and to be capable of detection by chemical reagents, after the death of the individual ; and it appears to me, that it is to this facility of decomposition, which distinguishes them, in their contact with the circulatory liquids, whether sanguineous or colourless, that we must attribute their peculiar mode of action. Now, since azote enters, as an element, into the composition of them all, and as the majority can be considered but as basic ammoniacal salts united with a vegetable acid, it may be possible that they act upon the circulation, by destroying the vital properties of the blood, and rendering it unfit for the elaboration of the organs. Ammonia, when absorbed through the tissues into the blood, seems to have the power of redissolving the congestions and coagulations which interfere with the circulation. It produces, however, a totally opposite effect, by the decomposition of its salts brought about in the blood itself, and by maintaining this liquid in an alkaline state of fluidity, which no longer provokes the aspiration of the elementary cells, of which the frame work of the animal and vegetable economy is formed. (For these substances act upon vegetables, when their roots are watered with them, as upon animals, which swallow them.) Now, suppose for instance, that the action of these poisons is directed more especially towards the venous system, the arterial blood will then become accumulated about the extreme regions, and consequently in the brain ; hence the compression exercised upon this principal organ, the centre of thought and of sensibility. Now, we know that stupor, idiotism, phrensy, &c, may depend only on a difference of compression, exercised upon the cerebral pulp. We may remark, moreover, that almost all the narcotic bases or substances of which we are about to speak, produce nausea, and frequently vomiting; their decomposition in the stomach transforming the acid into the alkaline digestion. Their action in the form of injection produces very different phenomena to those caused by their ingestion ; for the fœcal digestion is an elaboration, which the presence of ammonia will in a great measure facilitate. The progress of their stupifying action is proportioned to the quantity administered, and to the constitution of the subject. In small doses, they act as medicines; and in this class, we never meet with those substances which are called slow poisons. The health does not suffer, if the being return to life ; for the blood, though momentarily altered, quickly recovers its original condition ; thus we may lose with impunity considerable quantities by venesection. The poisons which act upon the tissues, however, leave traces which are not so quickly nor so perfectly reparable.

The symptoms of poisoning by this class of substances, will necessarily vary in each individual case, according to the predisposition of the individual, as well as from the degree of attention, or colouring, given to them by the observer. In laying down general principles on this point, the more concise we are, the less likely are we to stray from truth. We shall then proceed in the next lecture, to enumerate these substances, without confining ourselves to any particular classification, which, in the present state of our knowledge, must of necessity be of an arbitrary character.

PARISIAN INTELLIGENCE.

(FROM OUR OWN CORRESPONDENT.)

Paris, 5th Oct. 1843.

MM. A, Berard, Monod, Robert, Michon, Guersant, junr., Vidal (de Cassis,) Danyan, Lenoir, Malgaigne, Huguier, Nelaton, Denonvilliers, Maisonneuve, Chassaignac, Cullerier, Marjolin, junr., all surgeons of one of the Parisian hospitals, have published a letter in the *Gazette des Hopitaux*, upholding the principle of public competitions and the regulations adopted in the hospitals, and opposing the nomination of persons who have not undergone the regular ordeal. Several others have since also sent in their adhesion; viz., Professors Marjolin, Velpeau, and Berard, senr. ; MM. Lisfranc and Ricord.

M. Guersant, senr., speaking of a patient then in one of his wards at the Children's Hospital, says, "if, in certain cases, typhus begins with diarrhœa, it is probably because, in addition to the inflammation of the extremity of the ileus and the other derangements, whether local or general, there exists inflammation of the mucous membrane of the large intestine ; that the rumbling in the bowels is not peculiar to typhus, for it is observed in entero-colitis, and when the person has taken an enema a short time previous ; that when typhus begins with dysenteria, nausea and vomiting do not exist ; that sudamina are to be perceived not only in *this* disorder, but likewise in all those in which abundant perspirations take place; that the petechiæ, or papulæ, seldom appear before the second stage, and generally towards its close or at the beginning of the third ; that the dicrotic pulse is rarely to be met with in children, and exists principally in adults ; that in fatal cases, patients are carried off as often by the derangement of the lungs as by the original malady ; and that the alteration in the blood is one of the causes which increases the danger attendant on bronchitis, by the congestion it favours, if not produces, of the lungs.

M. Marshal (de Calvi) has published a Memoir on the Spontaneous Cure of Uterine Polypi, in the *Annales de Chirurgie Francaise and Etrangère*. It contains twenty-six observations, twenty-four of which are cases of spontaneous diminution. The author, after explaining that by spontaneous diminution he means the act by which a polypus is separated from the organ on which it is fixed, no matter by what process that separation takes place, points out the different modes by which it may be effected : viz., by gangrene of the polypus —by its expulsion—by ulceration, gangrene, or atrophy of the pedicle—by elongation and rupture of the pedicle—by labour pains—by sudden eradication.

The Medico-Chirurgical Society of Bologne offers a prize of one hundred Roman crowns (about £21.) for the best memoir on the following subject:—"Point out the most convincing facts and arguments to prove whether the prophilactic virtue of true vaccine matter is temporary or lasting. If the conclusion is in favour of the former opinion, indicate by facts and arguments to what length of time its efficacy is limited." The memoirs written in Latin, Italian, or French, must be sent p.p. to Dr. Clodoveo Biagi, secretary of the Society, before the 31st Dec. 1843. All the memoirs will become the property of the society ; authors are, however, permitted to take copies at their own expense. The prize essay, and those considered worthy of being honourably mentioned, will be published in the memoirs of the society, and fifty copies placed at the disposal of the authors.

The Royal Society of Medicine at Athens proposes the following questions, as a prize:—"Is the febrifuge virtue of the sulphate of quinine increased or diminished, according to the time that it is administered ? Which is the most convenient mode and the fittest time to give it ? What is the influence exercised on its efficacy by the dose, or the *modus administrandi ?* In what doses and in what form may it be administered with greatest advantage ? Which is the most certain method, whether dietetic or therapeutical, of preventing relapses of intermittent fever ?" Memoirs must contain only the matter for four typographical pages, and, written in ancient or modern Greek or Latin, be sent before the 31st March, 1844, p.p. to Dr. A. Bcoitelos, secretary of the Society, Athens. The decision will be announced on the 1st August, 1844. The prize consists of a gold medal, having on one side the effigy of the King of the Greeks, and on the other the name of the author,—besides the diploma of honorary member of the society.

Professor Roux presented some reflections on the case of a patient operated upon some time ago for popliteal aneurism, by the ligature of the femoral artery, in consequence of several accidents which had developed themselves, and which rendered the ligature of the external iliac absolutely necessary. The wound was swoln, of a dark red colour, and bled copiously; above it was a considerable tumour, accompanied by a *pastiness* of the surrounding parts, and pulsations similar to those observed in aneurism, which ceased on pressure of the external iliac. The hæmorrhage proceeded, in all probability, from a small crack in the femoral artery, through which the blood escaped into the neighbouring cellular tissue, and formed a species of tumour. The swelling increasing in size, and the skin over it becoming erysipelatous, Professor Roux considered the ligature of the external iliac as the only means of averting the danger. "This," continued the skilful operator, "is the first time I have had an opportunity of performing it, notwithstanding my long surgical career. Abernethy was the first who, in the beginning of this century, performed the operation, but soon had numerous imitators in England and America, where popliteal aneurism, with a diseased state of the femoral artery, necessitating the ligature of the external iliac, is far more frequent than in France, probably on account of the greater muscular efforts to which workmen are exposed. As to the operation, the following ought to be preferred :—the parts are

divided by a rectilinear incision, forming an acute angle with Poupart's ligament, taking care not to wound the epigastric or the circumflex iliac arteries, and their branches. The cylinder of Sparadrap is prejudicial by the phlegmonous inflammation to which it sometimes gives rise, and ought not, therefore, to be employed; besides the artery being constantly on the stretch, it will be advisable to place two ligatures on it, as far apart as possible, and divide it in the interval, according to the method recommended by M. Maunoir, of Geneva. For some days the patient appeared to be improving; the temperature of the limb was natural, probably owing to the dilated state of the collateral branches produced by the first operation, when of a sudden he was siezed with violent hæmorrhage. To discover the cause, an incision was made over the femoral artery, by which a great quantity of blood escaped, and was stopped by the ligature of the vessels altogether. The patient, however, died 8 hours after, whether from the excessive loss of blood, or from the nervous disturbance caused by the operation, it is difficult to say. Consecutive hæmorrhage generally comes on at a much earlier period than in the present case, and is produced—1st, by accidents, or peculiar local causes; 2d, by a predisposition, or species of general diathesis: in the former, it may be considered as primitive, in the latter, as secondary." *Post-mortem* examination, performed by Professor Roux himself—dissection of the diseased limb: "The skin covering the popliteal aneurism was thinner than usual, and beneath it was a thin layer of the muscles of the thigh. The tumour, about the size of the fist, when opened, was found to contain blood, having the consistence and appearance of currant jelly. It was situated at the beginning of the popliteal artery,—a circumstance seldom to be met with, the disease generally developing itself first lower down. The crural artery, dilated in the groin, was so firmly united to the vein and the surrounding parts, that it was difficult to say exactly whence the last hæmorrhage proceeded; the external iliac was in its normal state, and the two ends of the divided artery were easily discovered." In conclusion, the professor asked, "whether in cases in which the femoral artery is simply dilated, the ligature ought, in the first instance, to be placed on the external iliac? Without having any decided opinion on the subject, I should say, that it would be advantageous to begin by tying the femoral, in order to allow the collateral branches to become sufficiently large to carry on the circulation after the ligature of the external iliac, removing thus one of the causes of danger attendant upon the last operation. This idea deserves attention, the more so, as, at the present moment, the method preconised by Brasdor, and employed so successfully by Wardrop, seems to be coming into vogue."

Dr. Grocbenschuetz related a case of poisoning, by phosphorus, in the *Medicinische Zeitung*. A woman, fearful of being implicated in a murder committed by her family, attempted to destroy her brother and mother, then in prison for that crime. The former, perceiving that the soup in which the poison was mixed, had an acrid taste, refused to take more than two or three spoonfuls, and got better, after having experienced slight colic, accompanied by diarrhœa; but the latter, stimulated by hunger, ate copiously, and was soon after seized with violent pain and heat in the abdomen, restlessness, nausea, and vomitings, diarrhœa, intermittent delirium, and died on the second day. The son, after confessing his crime, said that he was convinced his mother had been poisoned, and that his sister was the guilty person. When arrested, she admitted the truth of the accusation, and indicated where the remainder of the poison was to be found. The body offered, besides the internal alterations on the thorax and abdomen, petechiæ, of the size of hemp-seed, of a light red colour, and contained liquid blood, deposited between the dermis and epidermis. The liquids found in the stomach and intestines reddened litmus paper, especially those in the former. Portions of the intestines, when burnt on a red-hot plate, did not indicate the presence of phosphorus; but a part of the stomach, submitted to the same process, gave evident proof of its presence. On distilling a portion of the large intestines, a limpid liquid was obtained, of a disagreeable smell, which restored the original colour to litmus paper reddened by an acid,—effervesced when mixed with nitric acid—and gave, with a solution of nitrate of silver, a precipitate of a dirty, greyish-yellow colour, which was dissolved by nitric acid, with the exception of a slight sediment of a dark grey colour, offering all the physical characters of the phosphate of silver. On analysing the paste which remained, it was found to contain phosphorus, and, on comparing it with the quantity mixed with the soup, Dr. Groebenschuetz estimated the dose given to be about ℥iss., or ℥ij.

M. Ricord recommends the following prescription in severe cases of balanitis, posthitis, and balano-posthitis, when the mucoso-purulent secretion is abundant, with or without excoriations:—R. Azotat argent, grs. xxxvj.; Aquæ distilat. ℥vij. The parts to be washed twice a day, and then a bit of dry linen to be placed between the glans penis and the prepuce.

Professor Velpeau, in fractures of the neck of the femur, has, for the last 15 years, successfully adopted the mode of treatment recommended by Astley Cooper and Lallement, which consists in leaving the cure of the broken bone to nature: keeping the patient in bed for a fortnight, allowing him to sit up in an arm-chair, then to walk about with crutches, afterwards with a stick, and finally alone. The cure, by this method, is obtained, in the course of two months. In some cases, for instance in extra-capsular fractures, an apparatus may be employed, but splints ought to be rejected on account of the pressure they exercise on the parts. The dextrine bandage ought to be applied very carefully, so that, when dry, it may be sufficient to sustain the limb, and keep it in its natural position.—*Fractures of the Pelvis.* One kind of fracture of this part, omitted by Boyer in his "*Traité des Maladies Chirurgicales*," is worthy of attention: viz. Fracture of the Acetabulum which Professor Velpeau has met with five or six times. It is generally caused, in young persons, by a fall on the knees or feet, which, in an adult, would produce fracture of the neck of the femur.—*Symptoms:* Limb shorter than in its natural state, and cannot be extended; pain deeper-seated than in fractures of the neck; foot turned inwards, but less than in the last disease; mobility of the pelvis. When free of complication, such as rupture of the bladder, rectum, uterus, or some other internal organ, or irritation produced by splinters of the bone, which are forced inwards, it may be considered as not very dangerous. In the treatment the only indication is to keep the pelvis perfectly motionless, by a bandage properly applied.—The same Professor has just published a memoir on the sub-cutaneous rupture or crushing of tumours in general, and principally of sanguineous tumours. This method consists in crushing the tumours by means of pressure exercised by the thumb, or, if that be insufficient, by placing on the swelling a flat piece of wood, on which a smart stroke may be given. Its great advantage is, that it cures the disease instantaneously, and ought, therefore, to be preferred to the simple or sub-cutaneous incision. The following conditions are necessary to render the cure more certain: the tumour ought to be placed on a surface which offers a certain degree of resistance—not to exceed the size of the fist—not to be of very long standing. Under similar circumstances, they are easier cured when accidental than when natural. By crushing an encysted tumour, it is brought to a state of infiltration, and is, therefore, easily absorbed. In concluding, the Professor passes in rapid review the different sorts of tumours to which this method may be applied, and says "that relapses generally take place in synovial and serous cysts,—that meliceris is refractory, as the contents cannot be absorbed,—that a steatoma may be cured by crushing, but only when small,—that when employed in enlarged lymphatic glands, the cure forms the exception."

Let the following be a warning to mothers, while suckling, not to give way to angry passions! A nurse, after going into a violent passion, on account of a family quarrel, gave the breast to her child, aged two months, and which had, until then, been in perfect health. Immediately after, the infant was seized with convulsions, which carried it off in the course of a short time.

Dr. Dieudonné, of Brussels, makes known the following extraordinary prescription for the cure of tænia, known under the name of "Schmidt's Tenifuge Treatment." This secret was purchased by the Prussian Government, after repeated successful trials of its efficacy at the Hôpital de la Charité, Berlin. First day:—Two tablespoonfuls of the following purgative potion must be given every two hours, beginning early in the morning, and ceasing at 7 p.m. R. Pulvis valerianæ, ʒvj.; Foliorum sennæ, ʒij.; Aquæ bullientes, ℥viss. Infuse until the liquid is cold, then strain, and add sulphatis sodæ, ʒiij., syrupi mannæ, ℥ij., oleosacchari tanaceti vulgaris, ʒij. In the intervals between each dose, the patient must drink of an infusion of coffee (without milk), well sweetened. At noon, a light soup, and a herring with its roe: at 8 p.m., a salad, composed of a herring, raw hashed ham, an onion, oil and sugar in abundance. Second day:—Six of the following pills to be taken every hour, in a teaspoonful of syrup, beginning at 6 a.m. R. Gum assafætid. ʒiij.; Extract tritici repent. ʒiij.; Gum cambog. ʒij.; Pulv. rhei, ʒij.; Pulv. jalap, ʒij.; Pulv. ipecac. gr. xij.; Pulv. digital. purpur. gr. xij.; Antimon. hydrosulph. sulphuret. gr. xij.; Hydrarg. submur. gr. xlviij.; Olei tanacet. vulgar. gtt. xv.; Ol. pimpinel anis, gtt. xv. M. ft. massa.: divide it into pills weighing gr. ij. each, which must be kept in a bottle well-corked. Half-an-hour after the first dose of these pills, a tablespoonful of castor-oil must be administered, and, during the day, let the patient drink freely of the infusion of coffee, well sweetened. In the generality of cases, the tape-worm is expelled, about 2 p.m.; if not, the pills must be continued, and from time to time a tablespoonful of castor-oil, until the patient no longer voids any portion of the worm. At noon, a little broth; and in the evening, a porridge, made of flour, butter, and sugar. As a precautionary measure, one or two of the pills ought to be taken every morning, for some days.

Academy of Sciences—Sitting of the 2nd. October.—M. Parchappe addressed a memoir on the predominance of moral causes in the production of insanity. The facts collected by M. Moreau de Jonnes, says the author, do not admit the conclusion drawn therefrom, as to the solution of the question,—what is the predominant cause of insanity?—for they are heterogeneous, and want correctness and precision. Among the causes mentioned by M. Moreau de Jonnes, we find idiotism, epilepsy, and excessive irritability. Now, idiotism differs greatly from insanity, and especially in its etiology, being congenital, or at least dating from earliest childhood, and is produced by defectuous organization. If in etiological researches we confound two disorders, and comprise them under the generic name of insanity, we are apt to consider the disease itself as the cause. But idiotism is a malady of itself; and if placed among the causes of insanity, the latter ought to be included in those of the former. The same remarks are in a great measure applicable to epilepsy. As to excessive irritability it cannot, properly speaking, be considered as a cause, and if so, ought rather to be placed among the moral ones. After deducting from the total, the number of patients under these three heads, the remainder is 2,938, or 209 less than those produced by moral causes: besides this, neither joy, fear, nor anger, are mentioned among the latter. Finally, M. Parchappe concluded "that moral causes produce insanity oftener than physical—that among the most frequent are sensual excesses, family discussions, pecuniary losses—that excess of drink is one of the most active causes—that moral causes act more powerfully on females—that the most active causes are, in men, drink and sensual excesses, and, in females, domestic quarrels."

Academy of Medicine—Sitting of the 3rd. October.—Professor Velpeau read a report on a memoir of M. Delassiauve on the action of a strong solution of nitrate of silver on the conjunctiva. It was on reading an observation published by Professor Trousseau that he determined on making his experiments. Consequently, on three rabbits, he

introduced a brush wetted with a strong solution of the nitrate of silver on the globe of the eye; soon after an intense ophthalmia declared itself, and the animals lost their sight. "Though we cannot assert," continued the author of the memoir, "that what passes in the physiological, will take place in the morbid state, still it proves that the nitrate of silver ought to be employed with great prudence, and not in strong doses." Professor Velpeau, in concluding, added—"that the nitrate of silver is the best topical remedy in many of the acute and chronic diseases of the eye; that in blepharitis it ought to be employed in an ointment—that in slight inflammations of the conjunctiva a dissolution of from gr. j. to grs. iij. in ℥j. of distilled water, suffices in the generality of cases—that in purulent conjunctivitis the dose must be increased to from gr. xviij. to gr. xxxvj. in the same quantity of water—that the nitrate of silver may be employed in the solid form with advantage, but not without danger—that it is useful in the treatment of ophthalmia, to increase and diminish the dose of the nitrate alternatively." M. Baron remarked that purulent ophthalmia was very frequent in the Foundling Hospital, and that he had found it necessary to employ the nitrate of silver at the dose of from gr. xxxvj. to ℥ss. in ℥j of water. —M. Villeneuve read a report on an observation of interstitial extra-uterine pregnancy, presented by M. Payan, of Aix.—M. Pommarede read a memoir on the mineral waters of the department of the Aveyron.

Oct, 12th, 1843.

New Dressing for Crushed Fingers.—M. Chassaignac recommends in all cases in which the fingers are crushed, no matter to what extent, to dress the wound in the following manner:—the part to be enveloped in narrow strips of sticking plaister, first lengthwise, afterwards in a spiral form. This dressing must not be removed before five, six, and sometimes eight days, during which time the wound often heals, and serious accidents—such as erysipelas, angeio-leucitis, tetanus—very rarely take place. In order that the strips of plaister may mould themselves to the part, they should not exceed two lines in breadth, and the longitudinal ones should cover the finger completely. When the spiral ones are placed, the operator must for a short time hold the injured part in his closed hand; so as to make the parts adhere firmly together. This method is advantageous, inasmuch as it allows the patient to make use of his hand without injury to the wounded part, diminishes the quantity of pus secreted, and consequently the danger attendant upon its retention. It has likewise been successfully employed in burns, paronychia, and cuts made while dissecting.

Fracture simultaneous with Cancer.—A seamstress being admitted into one of the wards of the same surgeon at La Charité, for a spontaneous fracture of the humerus, after having been operated upon twice for cancer of the breast, he thereupon mentioned the following two curious cases:—1st. A nucleus of an encephaloid nature, which began in the diploe, and made its way, in some parts through the internal, and in others, through the external table of the skull. The woman was affected with cancer of the breast, and broke both femurs during a slight effort.—2d. A female patient, labouring under an encephaloid cancer of the stomach, broke an arm in the movement she made to take her pot of tisanne.

Prize of £40. for a Memoir on the Diseases of the Nerves of Motion.—The Union Allemande offers a prize of fifty *frederics d'or* (about £40.) for the best memoir on the following subject:—"Examine the different diseases of the nerves of motion in man and animals, with the view of elucidating comparative anatomy." Memoirs must be sent, p.p. on or before the 30th June, 1844, to Profr. Link, M. D., president of the Union, Berlin, and must contain new cases observed by the author himself. After five years the prize essay will be at the disposal of the author, but during that time it will belong to the society, who will publish it in its memoirs, and give twenty printed copies to the author.

New Salt.—M. Bellucci, apothecary at Voltierra, in mixing polychromatic (aloetic) acid with quinina, formed a new salt which he thinks may be given with advantage in intermittent fever. Its physical qualities are: light amorphous mass; dark red colour; inodorous; when broken presents a semi-vitreous appearance similar to that of indigo; friable; bitter taste, different from the other salts of quinina and less than the sulphate; almost insoluble in water and alcohol; decomposed by sulphuric, nitric and chlorhydric acids, potassium, sodium, and ammonia.

Treatment of Cynanche Trachealis.—M. Jadelot, speaking of a patient in one of his wards at the Hôpital des Enfans, affected with cynanche trachealis, says: in the treatment of this disorder, the medical attendant ought first to try and discover whether a local cause, such as want of air and space, unwholesome dwelling, &c. or a general cause has produced the disorder. This obtained, the next steps are,—1st. To combat the inflammation, by bleeding, especially local, by leeching on each side of the larynx, combined with emollient poultices. 2d. To facilitate the expulsion of the pseudo-membranes by emetics, principally ipecacuanha and antimon. tartarisat. 3d. To stop their propagation, by the administration of alterative medicines; the most efficacious is calomel, which must be given in doses of grs. iv. every hour, combined with frictions of ℈ij of the ungt. hydrargyri fortius every third hour.—4th. To prevent the reproduction of the pseudo-membrane, by cauterizing the pharynx, glottis, and even lower down if possible, with a dissolution of nitrate of silver in distilled water. M. Guersant, senior, employed it first in doses of grs. iij, per oz. of distilled water. M Guersant, junior, increased the dose of the nitrate to ʒss. in the same quantity of water, and M. Jadelot in the present cases employed the two in equal parts. The cauterisations are repeated every hour, and performed by means of a small sponge fixed on a bit of whalebone. The fit of coughing which it produces, threatening asphyxia, is much more intense and violent in the first than in the subsequent cauterizations. *Post mortem* examinations have proved that they may be carried down as low as the epiglottis, and even into the larynx. 5th, To counteract the different complications, such as bronchitis, pneumonia, cerebral congestions, enteritis, entero-colitis, and disturbances of the nervous system. 6th. To perform tracheotomy when asphyxia is imminent: this operation, when necessary, ought to be performed before the pseudo-membranes have developed themselves in the trachea and bronchi, and before the patient is in a hopeless state; it is probably because in the generality of cases it is practised too late, that it is so often unsuccessful.

M. Gannal's Embalming Process.—M. Marshal (de Calvi) having embalmed, gratis, a body, M. Gannal announces in a letter to the *Gazette des Hopitaux*, his intention of proceeding against that gentleman, and informs the medical profession at large, that he alone has legally a right to embalm by injection. M. Marshal, in reply, defies him to put his threat into execution. There is very little doubt that the question will soon be decided, as to the right set forward by M. Gannal. Professor Trousseau proposes raising a subscription to defray whatever expenses M. Marshal may incur in his courageous efforts in favour of the profession.

Revocation of Sentence of Death for Poisoning.—The Court of Cassation has annulled the verdict which condemned Marie Agnes Camus and Marie André Rocher to death, for poisoning the husband of the former.—(*Vide Med. Times.* vol. 8, p. 392.)

Retort Medical.—A colleague, noted for his extreme *naivete*, conversing with several medical friends, who were stating, with more or less sincerity, the amount of their annual gains, said, "For my part, I earn £480." Some doubts were raised as to the correctness of his statement, when he added, "I assure you it is a fact; for my wife brought me in marriage £400 per annum, and my practice brings in £80." A wag present replied, "You really *do* earn the former sum." This wife is dreadfully ugly.

Unfrequency of Phthisis and Typhus at Madras and Senegal.—M. Boudin called the attention of the members of the Academy of Medicine to the fact, that phthisis and typhus were very uncommon in Madras and in Senegal. Of 952 patients admitted into the hospital of St. Louis, Senegal, from the 1st July, 1837, to the 30th June, 1838, there was not a single case of phthisis or of typhus. According to Dr. Thevenot, their chief surgeon, this circumstance was owing to the medical topography of the country, where the cause of disease is a soil alternatively dry and marshy. Of the 952, ¾ths were affected with marsh fever of different types, and what is extraordinary, the soil of Senegal, so contrary to the formation of tubercular disorders, does not prevent the development of the other inflammations of the thoracic viscera, which took place 190 times. At Madras, of 1742 patients received in the hospital in 1841, 1-5th were affected with intermittent fever, caused by marsh miasma; the number of deaths from phthisis was 14, from typhus 0. M. Boudin further adds, that in estimating the number of phthisical patients among the soldiers, it is necessary not only to reckon the deaths, but likewise those sent from their corps, or exempted from service on that account, without which, the estimation would be of little worth; and that it is also proper to distinguish intermittent fevers developing themselves during the actual residence in the neighbourhood of the paludian effluvia, from those which do not appear until some time after the patient has been exposed to its influence.

Vaccination, Statistics on, in France.—The number of births in the department of the Seine in 1841, were 37,951, of which 13,731 were vaccinated: this cost the department 6,000 francs (£240.) and the different communes 18,000 francs (£720.) The average price of each vaccination is, therefore, 1fr. 74c., whilst in a neighbouring department (Seine and Oise) the sum spent for vaccinating 9,555 children on 11,306 births was only 4,292fr. 70c. (about £171. 14s.) on an average, 44c. each.

Remarkable Case of Triple Birth.—Dr. Cangrain, of Alencon, has just published the following curious ease:—Henrietta Boitin, wife of John Leroy, aged 31, strong and hale, menstruated at the age of 13, for the first time, and afterwards regularly every month, except during pregnancy. Married in 1841; in 1842 she was brought to bed of twins, which lived but two days: thirteen months after, she, being only 7½ months gone with child, gave birth to three daughters. The first that came into the world was the weakest, the last the strongest; the interval between the delivery of the two first was 20 minutes, between the second and third 35 minutes. An hour after, three placentas, with their respective umbilical cords, were expelled, and were followed immediately by a violent metrorrhagia, which inundated the room with blood. Notwithstanding, the mother got up, and went to her work in the fields (it being harvest time,) nursing meanwhile her three children. Sixty-eight days have now elapsed since the delivery, and the infants, though pale and very small, appear to be thriving.

Curious Case of Sarcocele.—M. Vidal (de Cassis) surgeon of the Hopital des Veneriens, drew the attention to a case of sarcocele in a young man, aged 22, which came on suddenly, after a violent effort, and which is interesting on account of the difficulty it offered in its diagnosis. The tumour, of the size of the fist, was round, softer in some parts than in others, *non*-transparent, resembling an encephaloid for its opacity, and hydrocele for its lightness. M. Vidal, with regard to it, rejected: first, all the diseases originating in the abdomen, on account of the non-participation of the spermatic chord and the orifice through which it passes; second, hydrocele, because it is seldom round, and because pressure on the testicle would have produced pain; third, hematocele, notwithstanding the numerous symptoms in its favour, because pressure did not indicate the presence of the testicle, and because there existed lancinating pains; fourth, tubercles, because the disease came on suddenly, because pain on pressure did not exist, because the lungs were perfectly healthy, and because of the lancinating pains; fifth, chronic inflammation, the word chronic of itself is sufficient, besides which the epididymis and testicle are always to be discovered, and the

last is sensible when squeezed; sixth, in syphilitic swelling of the testicle, or venereal testicle, in addition to the symptoms mentioned under the last heads, the other testicle is almost always diseased, and there are nocturnal exacerbations. There remained, therefore, encephaloid of the testicle, in which case an operation was absolutely necessary. Before, however, having recourse to this extremity, the patient followed a mercurial course, combined with iodide of potassium, but no amelioration took place, though the treatment lasted four months. In order to avoid the error committed by A. Cooper, Beclard, and Dupuytren, M. Vidal plunged a small trocar in different parts of the tumour, without causing pain, or the issue of any liquid. The operation was, therefore, performed as follows:—The patient placed on his back, the surgeon on the diseased side, the testicle being raised by an assistant, an elliptical incision was made, so as to surround the basis of the swelling, the spermatic chord was then seized and cut, the tumour dissected, and the different vessels tied as divided. The wound was then united by several stitches, except inferiorly, to allow the different liquids to flow freely out; and the cure was complete twenty two days after. The tumour proved to be as M. Vidal diagnosticated, viz. of an encephaloid nature.

Extraordinary Case of Orchitis.—In the wards of the same surgeon, the following case has just occurred. A. L., aged 26, was seized with orchitis on the right side, characterized by dull pain; weight; increase in the volume, especially of the epididymis; slight fever. The usual causes, such as blenorrhagia, parotidæa, external violence, &c., did not exist: the disease came on without any apparent cause. Fifteen days after, though the patient had remained perfectly quiet, the disease disappeared on the right side, and appeared on the left, leaving only a slight swelling of the right epididymis, which often occurs in cases of orchitis.

Academy of Sciences.—Sitting of the 9th October.—Action of Gastric Juice on Calculi.—M. Millot, Student in Medicine, addressed a letter on the dissolving power of gastric juice, when placed in contact with calculi. Having had opportunities of verifying the fact, announced by different authors of the partial dissolution of calculi while still in the bladder, and supposing that gastric juice, or some of ths liquids produced during the process of digestion, might exercise some influence, the author began a series of experiments to elucidate the subject:—1°. Several calculi, immersed in the urine of a diabetic patient, became softer.—2°. Gastric juice, being substituted for urine, the calculi were more or less softened, diminished in size, or changed in their texture, so much so, that some which had resisted the operation of lithotrity, were easily crushed. The mulberry calculus, in general so refractory, was partially dissolved.—3°. Mixed with water, and warmed, its action, though somewhat weaker, was still not abolished; it may, therefore, be injected without danger, into the bladder, so as to soften the calculi, and render lithotrity possible in cases in which lithotomy appeared to be the only resource.—4°. Other substances were tried, viz., pectic acid, mucous, gelatinous, and other vegetable juices, but the only one which appeared to have any notable influence, was *pectine*.—5°. Finally, wishing to know whether diluted hydrochloric acid was as energetic as gastric juice, calculi were placed in the former, and the result was, that its action is not only less, but also different. Hydrochloric acid decomposes and dissolves only the earthy particles, whilst gastric juice acts on them, and, at the same time destroys the substances which cement the different parts of the calculi together.

Renovating Vaccine Matter.—M. James addressed a letter, stating that he never affirmed, as M. Bousquet mentioned, that, after the twentieth vaccination, the virus had lost all its preservative properties. He had advanced, that, after a certain time, it ought to be renewed by vaccinating a heifer, and this matter employed in preference to the other.

Academy of Medicine; Sitting of the 10th Oct.—Gastric Juice a Lithontriptic.—M. Leroy d'Etiolles addressed a letter, in which he states, that he had employed gastric juice as a lithontriptic, and that the idea is not new, quoting, in support thereof, a passage from a work published in 1773, entitled, "Experiences sur la Digestion de l'Homme et des Animaux, par l'Abbé Spallanzani, avec des Considerations, par Jean Sennebier"—p. cii.—M. Villeneuve read two reports, 1st, on four surgical cases, presented by M. Audibert; conclusion, to return thanks to the author for his communication: 2d, on two cases of spontaneous evolution, observed by M. Letellier, of St. Lea, Taverny. In one of these cases, the child presented an arm which, from its state, indicated, that death had taken place some time previous. While M. Latellier was reflecting on the best method to be pursued, spontaneous evolution took place, and the child came into the world by the seat. M. Villeneuve, in concluding, expressed his astonishment that Denman should have observed thirty cases of spontaneous evolution, whilst Mdm. Lachapelle, at the Maternité, Evrat, and other practitioners, are far from attaining that number. For his own part, though he had assisted a great number of females in child-birth, he had only seen two cases. Prof. Velpeau said, that he could not permit the exactitude of the fact announced by Denman to be doubted, without raising his voice in his favour. It is impossible to establish a comparison between Mdm. Lachapelle and Denman, the former having practised only in a large hospital, and therefore had fewer occasions of observing curious cases than the latter, who, from the reputation he deservedly enjoyed, was often called on by his colleagues in cases of difficult parturition. I, myself, continued the professor, out of 1500 or 2000 cases, have met with it only four or five times, and those not in my own practice, but in that of different colleagues, and I see no reason to conclude, because Evrat and other practitioners have seen it so seldom, that Denman has exaggeratad the number he has observed. Finally, he concluded by saying, that it was necessary to distinguish spontaneous version from spontaneous evolution. In the former, the child is above the brim of the pelvis, and may, after presenting the shoulder, gradually by uterine contraction, so change its position as to offer the seat, and come into the world alive; in the latter, on the contrary, the arm is already protruded, and the child driven downwards by violent labour pains, gradually unfolds itself, as it were, and presents in succession the thorax, side, hip, and finally, is expelled by the seat. In these cases, the child is always still-born. M. Capuron said, he did not think spontaneous evolution could take place except when the fœtus was smaller than usual or softened, or the pelvis of the woman larger. After a few more remarks from Professor Velpeau, the conclusion was that thanks be returned to the author.—M. Cornay presented an instrument of his invention called lithéréteur, for the extraction of gravel by aspiration.—M. Gibert presented two patients affected with diseases, supposed to be exotic; the one known under the name of northern leprosy, *lepre du nord, radzige de Norwege,* a gnawing tubercolous disorder, leaving, after the cure of the ulcer it produces, a cicatrix similar to a burn; the other known as the leprosy of the colonies, *lepre des colonies* or *esthiomene*,

GARLAND DE BEAUMONT, D.M,P.,B.L., &c.
Honorary Physician to the Spanish Embasy.

Errata. No. 211, p. 10.—Instead of "The President appointed was M. Martineau des Chenetz, Secretary-General of the War Office, Vice-President Marshel Soult, minister of that department," read "The President appointed to represent Marshal Soult was M. Martineau des Chenetz, Secretary-General of the War-Office.

CASE OF THRUSH IN AN OLD MAN.—The *Gazette des Hopitaux* contains the details of the case of a man, seventy-five years of age, who, when just recovered from pneumonia, was seized with thrush in a very severe form, accompanied by diarrhœa and vomitings of mucus, with intense abdominal and buccal pain, continuing for nearly two months, and then proving fatal. On opening the body, the mucous membrane of the mouth and pharynx was found inflamed, and the papillæ of the tongue salient, and apparently deprived of epiderm's. False membranes adhered to the base of the tongue and left tonsil, but were readily scraped off with the scalpel. The mucous membrane of the œsophagus was so softened by inflammation, as to break down under the least force; and in many places, in its lower quarter, was covered with circular zones, irregular patches and spots of mugnet. Several ulcerations also existed. No false membranes were discovered in the stomach, but that organ was the seat of much vascular injection. The small intestines had apparently escaped all morbid action, but the large intestines, particularly the descending colon, presented the traces of old inflammation with false membranes, resembling those in the œsophagus. Some ulcerations were also present there. The rectum and colon were thickened; most of the other organs were healthy.

TETANUS.—Dr. Beck of Weissenhorn has published the particulars of the case of a young man, wounded in the foot by the discharge of a gun loaded with small shot, in which tetanus came on from an indiscreet exposure to cold, the wound at the time suppurating freely. He ordered his patient at first to take small doses of Dover's powder with calomel alternately every hour with a dose of a mixture containing the carbonate of potass with the black cherry water; he afterwards substituted three grains of musk for the Dover's powder, and towards the end of the treatment 1-6th of a grain of acetate of morphia was administered in lieu of the musk. Anodyne poultices and frictions were also employed, the morphia being also administered endermically through the medium of blistering behind the ears. The patient recovered.

COLOBOMA PALPEBRÆ.—Dr. Cunier, of Brussels, was consulted by a young man, 21 years of age, who had ptosis of the left upper eyelid, with a fissure in it, extending from close to the external canthus, and terminating just above the tarsus about the middle of the eyelid. This injury was the result of a wound; the edges were indurated and inverted, and the power of the levator palpebræ was nearly lost. The cornea was dull and slightly vascular; vision good; the eye affected with external strabismus, so as to bring the pupil opposite the fissure; which was about three lines wide. Dr. Cunier removed the edges of the coloboma, brought them together, and kept them in apposition by four sutures. Union took place, and in the course of time, both the ptosis and strabismus disappeared. In another case of coloboma, which was congenital, and affected the right lower eyelid, the disease was complicated with ectropion. The fissure was of the shape of an elongated V, and was lined throughout with the palpebral conjunctiva. Dr. Cunier commenced his operation by dissecting away and removing the abnormal portion of this membrane; he then detached the skin on either side of the fissure to a slight extent, and freshened its edges, which were afterwards united with two points of the interrupted suture. Strips of plaster and other dressings completed the proceeding. For some time afterwards the patient, a child three years old, did well, there remaining only a scarcely perceptible linear cicatrix, and a certain degree of posterior symblepharon. Ectropion however formed at a subsequent date, and was remedied by an operation, but Dr. Cunier is of opinion that it may be reproduced, on account of the narrowness of the palpebræ (*blepharostenosis*), in the which case he purposes enlarging the palpebral fissure and transplanting the conjunctiva (*canthoplastie*) an operation introduced by Von Ammon, and described some time since

in the periscopic department of the MEDICAL TIMES.

Congenital coloboma of the palpebræ is an exceedingly rare affection.

TO CORRESPONDENTS.

Mr. Fergus Steven *has a chance of employment as assistant in England, and so he has if he remains in Scotland. There is no want of assistants this side of the Tweed. We do not write private letters of advice. A post-office order, or postage stamps, is a good way of transmitting to us advertisement money.*

The communications of Mr. J. Foote and Mr. W. H. King most probably in our next.

A number of letters on the Charter have reached us; replies to many will be found in the present number,—the rest must lie over.

X.—*The London deaths for the week ending October 7, were* 1056; *the average of five years being only* 903. *The increase happened principally by measles or diarrhœa.*

Subscriptor *has been attended to.*

The drug-price list for Tuesday next will appear in the following number.

K. *tells us that we forced the Council, by our analysis last week, to publish their Charter. They had intended to have kept it secret till the completion of all their arrangements. We are sorry to hear so bad an opinion of them.*

Mr. Dermott *calls our attention to a paragraph in a leading article of a weekly contemporary, in which high prices, he alleges, are put forward as high recommendation of medical schools. Mr. D. gives an anecdote of two showmen, of different vans and prices, and asserts with one of them, that our contemporary's large van, with larger prices, may have less to shew for its high charges than more unpretending establishments: we regret our space prevents insertion of the whole letter.*

The case of injury by a camel bite, as well as Mr. Lloyd's self-vindication, in our next.

A HANDSOME PORTFOLIO, *on a novel plan, for preserving the current numbers for twelve months clean, and easily to be referred to as a volume, has been manufactured for the* MEDICAL TIMES, *and may be had at the Office, or by order of any Bookseller in the country, price* 5*s.; second quality,* 3*s.* 9*d.*

Other correspondents next week.

Vol. VIII is now ready, beautifully bound and lettered, price 12s. containing 1326 quarto columns; in which are given 55 Lectures by Raspail, Professor Brande, (a complete course on Organic Chemistry); Dr. C. J. B. Williams, F.R.S., Dr. G. Gregory, Mr. Nottingham, Dr. Todd, Mr. Fergusson: Brilliant Pencillings of Cartwright, Aston Key, Morgan, Velpeau, Chervin, Bransby Cooper, Wardrop, Tyrrel, &c.; 156 columns of Periscopic Notices, and about 700 other interesting articles. In boards, 10s.

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THE MEDICAL TIMES.

SATURDAY, OCT. 21, 1843.

> Vice is a monster of so frightful mein,
> As to be hated needs but to be seen;
> Yet seen too oft, familiar with her face,
> We first endure, then, &c. POPE.

THERE was a time—within the memory of not very aged men—when the corporators in Lincoln's Inn Fields swore many a solemn vow of fidelity to their prized doxy—corruption. While protesting, in extravagant language, the perfection of their fair foul one's charms, a marriage with Medical Reform seemed, to spectators, the remotest of contingencies. Recent events, as our readers know, have disconcerted all such reasonable speculations; and we may use our last week's motto as recording for posterity one of the most interesting events of corporate history, in language as appropriate as it is expressive:—

> Per pol quam paucos reperias meretricibus
> Fideles evenire amatores, Syra.
> Vel hic Pamphilus jurabat quoties Bacchidi,
> Quam sancte, ut quivis facile posset eredere,
> Nunquam, illa viva, ducturum uxorem domum;
> En duxit! TERENCE.

Truth to own, however, the marriage is not a perfectly honourable business. A ceremony has been performed, but, from beginning to end, under false pretences. The lady called in church was Medical Reform, but the one married in her name was the old doxy, in a very transparent disguise. The matrimonial rite was a mere sham—a profane hypocrisy—a specious cheat: and the Profession, if they will take us for their *arbitri elegantiarum*, will hold no more terms with the wife than they did with the mistress.

Our jesting is sufficiently inappropriate, and might remind one of the hysterical laughter of some phases of suffering. It is far from unnatural. On surveying the spirit, matter, and tendency of this extraordinary document, conception and feeling swell beyond the powers of expression, and seek relief in the veiled bitterness of a levity, Who that ever vented an aspiration for medical improvement, or gave a moment's thought to its nature, could have dreamed of such a revolution as the Charter announces?—a revolution registering itself under the name of corporate *Reform!* It is a change, and a vast change. It has cost the College hundreds of council-meetings, and—what is considerably more valuable—hundreds of pounds. It has extorted from Sir Benjamin Brodie those sly, back-door, felon-like assignations with a home secretary, which his frank, honourable nature must so much abhor: it has given Government no little trouble, and while throwing, from its intrinsic nature, a heavy responsibility on every party supporting it, has taken place at a moment when Parliament was clearly and explicitly committed to consider, alter, and amend the whole of our medical polity. Its authors were not lukewarmly bent on the work. In carrying it out, they have dared to tell the omnipotence of legislation, "so far thou mayst go, and no farther." Thus important in all its accessories—thus grave in every circumstance about it—its intrinsic worth, its value to medical science, to medical men, and to society generally, is that of the most contemptible nullity that ever emerged from the addled brain of a half-fuddled Solon. We know the history of most lawgivers: we are not unacquainted with the wise or whimsical utopiæ of philosophers and idle schemers: we have read, as much as most men have time to read, of systems and bubbles for amusing and governing slaves and children: but a plan more absurd or silly than that advocated by the *legislators* of Lincoln's Inn Fields, never presented itself before our astonished eyes. We can scarcely predicate of it a single point of cleverness or common sense, unless we suppose its parents to have spawned it with a fixed design of making it a public plunderer for private emolument. That end it will bravely answer,—any other, except that of rousing derision and indignation, it *must* fail to fulfil. Beyond its one great service, as a huge money trap, the whole machinery of the change offers us but a caricatured incarnation of a minutely-silly eclecticism, neither fitted to times, persons, or events,—as ludicrous a satire on profound and complicated policy, as the ape's dignified bearing on the more noble actions of humanity.

The word, *dishonesty*, is a strong one. It is a word which should not be applied to any men, or body of men, who have not acted,—we will not say, as no Christians or gentlemen—but as no men of *delicate* feeling can act. Yet, with this document before us, we cannot feel a moment's scruple in saying that the majority of the Council, who supplicated for its grant, exhibited in the act, *dishonesty* the most flagrant. If the Council were hypocritic and unprincipled enough, to prepare a Charter which they *knew*, or believed to be, unjust, their dishonesty is self-apparent. If, on the other hand, the Charter be irrefragable evidence—not of what is right, but even—of what the Council thought right, the odious charge is not a whit less clearly established. The Charter enacts that the Council, in future, shall be elected by the body of Fellows; shall, by annual partial changes, be totally renewed every seven years: and that the Examiners shall be elected by the Council, by whom they can be removed in cases of incompetency, senility, &c. The Council place this before us as their *beau ideal* of good and just government—yet, at the very same moment, enact the contrary in their own favour. *They specially provide that they shall form a Council unchanged for life, elected solely by themselves; and that the ten of them, who form the Court of Examiners, shall not be removeable, under any circumstances, till death,* We try the Council, then, by the very rule which they lay down as the just one: and that rule—broken the moment it interferes with their interests—establishes their dishonesty. The changes they recommend are, on their own shewing, of importance to the good government and the rights of the great body of English Surgeons—and the good government and rights of the Profession are sacrificed the moment their requirements come in collision with the Council's pecuniary interests! We shall call this DISHONESTY, till we meet a milder word as completely expressing the idea.

This change, as to the election of the Council and government of the Examiners, was founded, we readily own, on a good principle; and in this circumstance presents a distinction unpossessed by every other part of the Charter. But what *practical* effect do the framers give this good principle? As far as we can see—none. First, if there be any *reality* in the improvement—we mean, if it is to be ever

anything but an abstraction—it can only be so several years hence. The present Council, pressing on the Profession for life, their majority (even if there were every kind of adverse interest) must last for years. Its members, from the sensible Mr. Babington down to the literary Mr. Liston, are wise enough not to be their own patients,—and while the College funds keep famine from their door, have as good a chance of life as cleverer or juster men. Before Science, in her charity, mourns their decease, Justice will have triumphed in the destruction of their system. Thanks, therefore, for their *paulo post futurum* generosity! 'Twas wondrous kind, and cheap as kind! There was something Scottish in it!

But is not the improvement, considered in its action at any time, a mere abstraction?—a specious semblance?—a shewy juggle? The Fellows will elect the Council—but who will elect the Fellows? The Council! The Council will elect their own electors, and be self-elective through a second party! Three hundred they at once name; and after that, for nine months, they may admit as many more, and on as easy and discriminating terms as they may think proper. If each member select his thirteen friends, the first batch will be complete, and the Council will have around them a *purchased* band, interested by gratitude to preserve their makers, and protect the *status quo*. The independent Fellows—those admitted, not of grace, but by merit—will, for years, be comparatively few, and will be all the less dangerous, because only admissible under conditions arbitrarily imposed by the Council. When we add to all this, that no Fellow can be made eligible, except by rules at the discretion of the Council,—that the mode and management of the election lies with the Council,—that the Council (21) themselves vote,—that a candidate, twice beaten by them, can never reappear on the stage;—we have said enough to suggest that the elections, by the new Fellows, will violate all ordinary rules of probability if they disappoint the expectations of Sir B. Brodie and his manœuvring friends, and conduce to the honour of the Fellows, or the independence and good government of the Profession.

The Charter is silent as to the qualifications of the Fellows, and, as a consequence, far more power of exception and rejection lies in the hands of the Council. If we may hazard a conjecture, they will probably elect *all* the pure Surgeons on their list, whether living in town or country, to form the majority of their first 250, and then add to these as many *select* General Practitioners as will complete the number. General Practitioners are not, in direct terms, incapacitated in the Charter for Fellowships, though they are, expressly, for Councillorships. The Council have the *power* of excluding General Practitioners from Fellowships by the preliminary requisitions they have entitled themselves to demand at their pleasure, and are not likely to admit any more than a sense of decency or safety will imperiously require from them.

Altogether, the long-expected Charter appears to us to be a mere bubble, a contemptible and noisy nothing, except in its effect on the standing and practice of General Practitioners. To them it is a severe blow,—a deadly stab. It directly badges them as a body of inferior and semi-educated men. We say it, defying a reasonable objection, that it will rob them of their present high position as *gentlemen* in society. Distinctly recognizing two classes of Surgeons *above* them, it pulls down their standing to a level with that of the expired class of Apothecaries, and, at the same time, establishes a potent *national* argument against the competency of their professional skill. It is true, a *few* may enjoy the Fellowship; but it will be a rare privilege: so isolated an exception to the rule, that so large a community can derive from it no lustre. How, indeed, can they, when the public will know that, even possessed of the distinguishing power, the Practitioner is still obliged to exercise it in the promotion to the Council of pure Surgeons *only?* What more direct argument than this could the Council devise, to lower to contempt and ignominy the General Practitioner. When *fortunate* under the Charter, his highest privilege is to declare his own degradation! His humble order is not worthy to enter under the roof of the Council! How many General Practioners, then, are there willing, for the empty honour of a Fellowship, to sign thus their own disgrace—the disgrace of the whole body of their brethren? Perhaps not so many (few as they want) as this specious and *demi*-diplomatic Council imagine.

We said, that the degradation of general practitioners was the only effective and practical innovation in the New Charter; there is, however, another,—the document (supererogatory task!) makes the College more efficient as a money-making speculation. After the first twelve months, the rulers are allowed to exact thirty guineas for every Fellow's diploma. At present each examiner receives half a guinea for every new member that enters, with an extra guinea, each sitting of the Court, for his goodness in attending to receive those half guineas. Special examinations held at the request of some delicate or squeamish candidate, are still more lucrative. And, now, in addition to these profits, there will be the half and whole guineas derived from the new Fellows! What a delightful mode of raising the wind is a College of Surgeons! To get a certain income, creep into the Court of Examiners: if the income, with your increasing respectability, prove insufficient, ask for a new charter! Sam Slick did not rob people; that would not suit this enlightened age: he did *business* with them. The royal councillors are equally honest; they don't rob; they make diplomas necessities, and then charge for them!

Let us say, in conclusion, that while we will not insult our readers with any of that noisy, pompous, and inapplicable declamation, which some of our contemporaries are so fond of lavishing on every fit and unfit occasion, we should yet be wanting in our duty to our readers, if we did not express our firm and certain conviction, that this Charter is deserving of every independant and honest surgeon's reprobation and active resistance. As the contribution to medical reform that was promised us, it is a mere mockery. Every man of perception must recognise the obvious deceit: let every honest man do his best to spurn it. It leaves the self-elective government just where it was; it leaves the scandalous misappropriation of a large portion of the funds unchanged, except that it enacts further misapplication for further of the profession's finances: it continues, "*at the prayer of the Council*," the present Examiners, old or young, capable or incapable, for life: it makes no provision for open meetings of the Council: it takes no care of presenting fresh aids out of its large income to surgical education: in short, it achieves no new *positive* good, perpetuates all the old positive evils, and enacts a most iniquitous degradation of a large body of its members, and thereby seriously and *ruinously* injures them in professional reputation and practice. Declamation, rhetoric, and abuse, are not one-hundredfold so severe an invective against such a document as its own short analysis. Will the General Practitioner—will even the pure Surgeon, tolerate the mischievous innovation? We doubt it. We think it quite possible that Sir Benjamin Brodie will find that his policy is like that of the builder, who, shewing the utmost refinement of skill in adapting every minor compartment to the shape his immediate interest or pleasure requires, forgets the general stability of the edifice; and, sacrificing the great and safe to the little and convenient, finds his prettily-arranged establishment tumbling about his ears the first gusty morning. It is not, indeed, in the nature of things that this Charter can last. If the General Practitioners were even twice as untrue to themselves as they have been, it would yet be impossible that this childish piece of corporate legislation could survive the next medical parliamentary enactment. It plays too boldly with justice, common sense, and private interests, to be worth even a twelvemonth's purchase. It is, we repeat, a dwarfish caricature on statesmanship, containing all the attributes of deep policy—but prudence, fairness, and common sense. Its framer would make a decent lawgiver in Lilliput.

Treatment of the Insane.—In speaking of the treatment of insane patients, Esquirol says, from the gestures, movements, looks, expression, discourse, from shades of difference inappreciable to any one else, the physician often derives the first hint of the treatment which is suitable to each case consigned to his care.

PENCILLINGS OF EMINENT SCIENTIFIC MEN.

Andrew Crosse, Esq., the Electrician.

[We have been favoured with the following graphic sketch of this celebrated electrician, and his picturesque residence in Somerset, from the pen of E. W. Cox, Esq., of the Western Circuit.]

If, when you come to the village of Kingston, about three miles and a half from Taunton, you turn upon your right into a dark and narrow lane, you will soon find yourself climbing with toil a difficult and very steep hill; the road is rough, and the hedges meeting overhead give it an aspect of profoundest gloom. But by day, in the summer time, it is deliciously cool and shady, and a very wilderness of wild flowers, the fox-glove, the woodbine, the dog-rose, the ragged robin, decorate the banks and make the hedges fragrant. By night, for many times have we dared the descent when the outline of the hand could not be traced if held before the eyes, this lane is enlivened by the songs of many nightingales, and the glow-worms light up their love torches on every green slope. Having conquered this hill, a turn of the road on your left conducts you to a park adorned with many fine beeches, on one side of which you behold a sheet of water, with a shrubbery in the back-ground, whose very aspect invites you to trespass in it. All this you see as you walk under a row of trees that overshadow the road, and if you are a stranger to the place and its owner, you will wonder what can be the meaning of the mast-like poles fixed at the tops of the very loftiest of the trees, by which a line, (so it appears) is carried round the park till it is lost in the shrubbery. A little further onward and you see a small village green, with a very old tree in the centre, surrounded by a few cottages; before you the road winds about the shoulder of a steep, amid a bit of gorse brake; the breeze blows upon you from the distant Channel, which you smell though you cannot see it from that spot, and you have the light buoyant feeling of being upon a high hill.

But what mean the shrubbery and the fish-pond —what the park and the park like trees? You look round you and can discover no mansion to assort with them. Halt there. Do you not observe a carriage road winding through a gate and beneath some of the finest beeches you ever beheld? Enter; it is a hospitable gate; and now, what appears?

There *is* a mansion, oddly roosted in a hollow under the ridge of the high ground you are treading, just as if the soil on which it had been built had suddenly sunk on some fine morning, for it is difficult to believe that an architect could have placed it there on purpose. It is a plain building on the outside, but it contains that within which passeth show.

Step boldly over the mossy lawn, you will scarcely disturb the rabbits that are feeding and sporting there in conscious security; they will flit away for a moment, perhaps, as you pass, but only up to the borders of the sheltering bushes, not into them: they know that the circle of that homestead is sacred ground, whose hospitality is never violated. Now pause and let the eye dwell for a while upon the portion of the park that there first meets it, a valley with undulating hills crowned with plantations.

Knock fearlessly at the door; the votaries of science are always welcome there. Your name? your station? your calling? your property? Trouble not yourself about any of these things, nor hope thus to commend yourself to the inmates. You are a man, you have a mind, you venerate science, even if you know little of it; these are your passports into that mansion.

Are you a stranger? You will not long be so. "One touch of nature makes the whole world kin." In ten minutes you feel as if you had been acquainted with your kind and generous host for twenty years. Have you walked thither? he sets before you a profuse luncheon and his choicest cider. Such cider! bright, sparkling, luscious! The gods would have preferred it to their nectar, especially if they had toiled up that hill on a hot summer day.

Your generous entertainer attracts your gaze as much as you politely may. Probably you have seen his portrait in the Polytechnic Institution, painted by our clever fellow-townsman Lake, and you recognise the likeness.

He is now in his velvet jacket, his laboratory costume; his frame is made for activity; light, but muscular, having not an ounce of superfluous fat, with a trifling stoop at the shoulders; his face, too, is thin and long, with a fine forehead, grey eyes, bushy brows, a well-shaped nose, and a long pointed chin. Its expression is highly intellectual, with an air of seeming melancholy, which is in fact one of thought; but a lengthened gaze discovers in it a lurking propensity to fun which continually peeps out at the corners of his eyes and in the curl of his lips. His hair is brown, partially silvered by age, which is betrayed only there, for his gait and countenance have all the liveliness and energy of youth; his step is springy, his voice cheerful, his aspect that of one who enjoys good health and its attendant good spirits. Such, dimly outlined we must confess, is the personal appearance of Andrew Crosse.

Had you never before heard that name, or if you had not known that you were about to visit one who had distinguished himself in the pursuits of Science, you would soon discover, if you have the eye of an observer, that you are in the company of a man of genius; that you are conversing with one who has thought for himself and refused to subject his mind to the chains of authority and to bow before the *dicta* of schools. And if you be not yourself a narrow-thoughted bigot, who would level all intellect to your own pack-horse condition, moving only in the path and at the pace prescribed by others, you will the more admire him for this. Talent may be, and oft-times is, mere cleverness; but genius is originality. The multitude can understand their own habitual ideas and prejudices put into plausible and pleasant form by talent, while creative genius, producing new forms, and venturing into strange paths, is incomprehensible to them and ridiculed, or runs counter to their prejudices and is hated: the multitude, therefore, have at all times and in all countries praised and rewarded talent, which they can understand, and despised or persecuted genius, which they cannot appreciate. But they who aspire to be better than the multitude, to have larger thoughts and stronger reason, more keen perceptions, fewer prejudices and less of bigotry to be inflamed by the light of truth thrown upon it from the torch of genius, will acknowledge its worth and give it the pre-eminence and respect that are its due. They know that whatever the world enjoys or is to possess of philosophy, of science, of the master-pieces of literature and the arts, has been and will be the production of original Genius, daring to depart from travelled ways.

The presence of this genius you discover in Andrew Crosse, before you have conversed with him a quarter of an hour. The talk of most men, even of those who are reputed wise or witty, is merely a repetition of that which you have heard in substance, if not in form, from other men fifty times before, and read as often. But Mr. Crosse's talk is his own. You may differ from his opinions, you may question his accuracy, you may contest his arguments, you may smile sometimes at views that may seem to you visionary and wild, because they are different from your habitual trains of thinking, and therefore startle you; but you cannot complain that they are common-place; they are not echoes of the voices of others, nor gems in a new-setting—*alter et idem*—stolen from books old or new. Fools may deride them as being strange; wise men know their worth; fools have laughed before, when the better taught have struck the hill side, asserting that rich ore was hidden in the stones the fools had called rubbish, and scarcely have they ceased their gibes when they have beheld the metal elaborated and glittering in their hands.

Every man has his hobby; the saying is an old one, but it means nothing more than this, that every mind has some preponderating taste which governs its pursuits and the gratification of which engrosses the largest share of its attention. Happy it is when that hobby is not only a harmless one, but ennobles the rider and brings with it blessings to mankind. Mr. Crosse's hobby is the science of electricity: to that he has directed the studious reflection and the industrious labours of a life. No branch of science is unknown to him, but electricity has been his especial pursuit, and if he has not spun so many pretty theories about it as other philosophers, he has advanced the practical, experimental investigation of it much further than ever it was carried before. As this is the theme on which his thoughts most dwell, it is that of which his mind is the most full. Touch that chord and see how he will discourse! You have heard of *improvisatori*, who speak an extempore poem on any topic named to them (though we suspect it is rather rhyme and metre than poetry;) you may have read in romances of love-sick young gentlemen and ladies rambling in the wet grass and spouting their sorrows to the moon in verses made on the moment, and you must have imagined how, in both of these sorts of poets, during the hour of their inspiration, a spectator may have beheld the form erect, the air rapt and abstract, the eye "in a fine phrenzy rolling;" but what you would suppose these poetasters to be when talking measured nonsense, you will find Mr. Crosse to be when he tells you the wonders of his favorite science, of its mysterious agencies in the natural phenomena of the heavens above, of the earth beneath, and of the waters under the earth; how it rules alike the motions of the planets and the arrangement of atoms; how it broods in the air, rides on the mist, travels with the light, wanders through space, attracts in the aurora, terrifies in the thunder storm, rules the growth of plants, and shapes all substances, from the fragile crystals of ice to the diamond, which it makes by toil continued for ages in the womb of the solid globe. As he describes to you all these wonders, not imaginations of a dreamer, but realities, which he has himself seen, and proved, by producing, by the same agent and the same process, only in a lesser degree, the same results, he looks as inspired as the personages above described strive and affect to look; his face is lighted up, his eyes are fixed upon the ceiling, present things seem to have disappeared from him, lost in the greater vividness of the ideas which his full mind throngs before him; he pours out his words in an unfailing stream, but, though he has a command of epithets, he finds language inadequate to express his conceptions of the might of that mysterious element which, though so very mighty that it could annihilate a world as easily as it lifts a feather, he has summoned from its throne, compelled into his presence, guided with his hand, and made to do his bidding!—thus surpassing the fabled feats of the enchanters of old.

Before you visit the hall where this mighty power is at work day and night, obedient to his command, and daily shewing itself in some new shape, (a very Proteus) yet unable to escape from the potent spell of the magician by whom it is compelled, you would like to stroll with your distinguished host into the plantations and gardens. Step through the window into the lawn and follow him.

But, beware!—you are no longer in the company of a sage philosopher, but of a man (we might almost say of a boy) full of fun, and frolic, and laugh, and joke! That roguish twinkle of the eye and half suppressed curl of the lip betoken mischief. Look at him!—there is not a trace of the student in his manner or in his talk. Can this be he whom we heard but two minutes since discoursing with the rapture almost of inspiration, of the mysteries of science? He is as merry now as a child at play. What a glorious laugh—a real, honest, hearty laugh—not a stifled titter, as if he were ashamed to be natural. What a step and jump, as though age had been worsted in wrestling with him, and had succeeded only in frosting his hair with its breath in the struggle!

It is an almost universal notion that wise men must be grave, and a philosopher is always associated in our thoughts with a solemn phiz, a staid demeanour, eyes that cannot twinkle, a mouth never wreathed with smiles, a chest never convulsed with laughter;—as a jestless, dull, phlegmatic mortal, who deems fun a sin, and votes frolic a degradation. But this is a very great mistake

indeed, as all who have read the biographies of dead philosophers, and all who have the pleasure of knowing any living ones, will testify. Milton, himself a philosopher, and who knew as well as any man what are the glorious fruits of true wisdom, says in his melodious tongue,—

"How charming is divine philosophy,
Not harsh and crabbed, as dull fools suppose,
But musical as is Apollo's lute."

In truth, philosophers are the merriest of mankind; cheerfulness is the characteristic of the tribe; out of their books they are the pleasantest, liveliest, funniest fellows in the world. By some law of association which we cannot presume to unravel, but which metaphysicians have termed the association of opposites, the minds that are engaged in the profoundest studies seek relief by sinking into the most frivolous amusements. "*Dulce est desipere in loco.*" The bow most strained requires to be the most bent in a contrary direction to make it straight again; Nature preserves a balance in the mind as well as in the body; she endows with a love of fun those whom she has gifted with her loftiest powers, that they may be better able to endure the excitement that attends the exercise of the latter by their unconstrained indulgence of the former. We do not know an exception to this rule. Philosophy and fun will always be found near neighbours, like harlequin and pantaloon in a pantomime; and it is wonderful to see what slender wit in his companion will make philosophy almost split his sides with laughter.

It is your false philosopher, your would-be sage, your fellow of "shams," as Carlyle terms them, who cannot afford to be nowise. Shakspere, (we can't help repeating him, for he comes so pat to the tongue,) has exactly hit off this grim-visaged, bilious-hued, purse-mouthed mockery of a philosopher.

"There are a sort of men whose visages
Do cream and mantle like a standing pond,
And do a wilful stillness entertain,
With purpose to be dressed in an opinion
Of wisdom, gravity, profound conceit,
As who should say—"I am Sir Oracle,
And when I ope my lips let no dog bark.
Oh! my Antonio, I do know of these,
That therefore only are accounted wise
For saying nothing!"

Reader, henceforth, when you meet a man of whose pretensions to philosophy you have doubt—try whether he can play the fool! If he cannot or will not, on a fit occasion, when out of his books, you may set him down as a "sham!"

Not such is Andrew Crosse, as you will find ere you have walked with him in his grounds for five minutes. What buoyancy of spirit! what light cheerful pleasant talk about field sports, country rambles, rifle-shots, planting, pruning, farming, trees, flowers! He will lead you a pretty dance when once he has got you fairly under his guidance, his bright eye all the while twinkling merry malice,

"Over hill, over dale,
Thorough bush, thorough briar,
Over park, over pale,
Thorough wood, thorough fire."

He will show you banks where wild strawberries ripen, in such multitudes, and so large and richly flavoured, that you may feast as in a garden, and you are startled by the whirr of the pheasant rising from between your very feet, and almost making you roll down the slope in your sudden fright; you will visit his well-stocked and well-trained gardens, and if you please, pass an hour at the fish ponds, with certainty of something better than a nibble, for the perch there are abundant and greedy, and you are sure of sport; or taking your gun, or his, for you are heartily welcome to anything he can supply, you may walk round the park and shoot the rabbits, as they run from their feeding places to their holes, and soon bag as many as you can conveniently carry. And if you are a good shot you may venture a small wager with your host which shall bag the most from an equal number of shots; but be warned by us, and let the bet be a small one, for he is a capital shot, and the chances are against you.

Nor will this walk be without profit to your mind as well as to your body. You will not only have breathed fresh, pure air, and healthily used your limbs, though at the expense of a hole or two in your fine town-made coat, but you will have gathered a vast deal of information from your companion, who is intimately versed in all rural subjects It is the prerogative of *intellect* to find in everything, however humble or common, food for meditation, and a theme for intelligent discourse. Whatever attracts your attention is sure to elicit from Mr. Crosse some instructive remark, and it is worthy of note that his remarks are almost entirely the result, not of his reading, but of his own observation. He is not a book-worm; he is essentially an observer; he is not stored with the ideas of other men, but he is rich in ideas of his own. Like all who have looked closely into nature, he is a humble-minded man; you discover it in everything he says and does: he thinks humbly of himself, of man, and of man's works, because he has been daily compelled to feel how very little is our real knowledge, how contemptible are our race and its doings, compared with creation and its works; he has learned practically, what others say by rote, but do not acknowledge in their inmost hearts, or at least do not therefore abate one jot of their pride and self conceit, that what we pompously call knowledge is, indeed, "but a mole-hill removed from the mountain of our ignorance." He has learned, moreover, how little is truly known of that which we believe we know; he has seen how craft working upon credulity has overlaid the little real knowledge man has accumulated in the course of centuries with fancies and superstitions that have been repeated till they have become articles of belief; he has discovered how large a portion of the current coin of learning, which even scholars boast of as real wealth, is, in fact, base metal, that will not endure the test of reason and experiment, and so, instead of being proud of what he has done, Andrew Crosse is humbled by it. He has learned by years of study the last, most difficult of all lessons, *not to know*. He rates himself much lower than any other person rates him—a rare phenomenon! nor is this humility of mind assumed; he has not a spark of affectation; the conviction is in him, and it shews itself.

Mr. Crosse is in station and by birth one of the aristocracy. His family is ancient and honourable; they were, as he is, country 'squires and magistrates. But he has none of that pride of station which too often mars the virtues of his class. He has dwelt so long amid the sublimities of science that he has learned how infinitely petty and ridiculous are the artificial distinctions which the personal vanity of small minds has created, as the only means of making ignorance and folly respectable. Mr. Crosse, therefore, has no pride of caste; he can recognise no distinctions but those which Nature has herself imposed,—the differences of virtue and intelligence: he rates honesty and ability in a cottage above vice and ignorance in a palace; and hence it is that we told you, gentle stranger, when you knocked at his door, not to trouble yourself about your title, station, or wealth, but only what sort of a MAN you are.

(To be concluded in our next.)

MEDICAL SOCIETY OF LONDON, Oct. 16.

Mr Pilcher in the Chair.

Dr. Golding Bird narrated the particulars of a case of insidious poisoning, that had occurred in his practice, and had occasioned him some anxiety of mind. The poisoning was caused by the inhalation of arsenical vapour. He was requested on Sunday last to meet a surgeon residing in his own neighbourhood, who was in attendance on a man about 44 or 45 years of age, a fine hearty hale individual, a watch dial-plate enameller by trade. He had effected an improvement in the process of enamelling, rendering the plate transparent, by fusing a certain quantity of arsenious acid with the other metallic oxides. The previous Tuesday week while at work late at night, fusing about four pounds and a half of materials with three or four ounces of arsenic, pouring it into a pail of water, thus reducing it to a granular powder, re-fusing it, and re-pouring it into the water, he inhaled the white vapour of the arsenic as it arose into the air, which he at once recognized by its sweet taste in the mouth. To avoid such a result, he generally operated with his face covered with a hood, but on this occasion he used less care. The inhalation caused at the time dryness of the mouth, and constriction of the fauces, with a general feeling of uneasiness. He went to bed, but awoke in a few hours, suffering from uneasiness and pain at the stomach, nausea, colic, and difficulty of breathing. He continued to get worse; the symptoms of gastro-enteric irritation, with the difficulty of breathing increased, and fever presenting characters of a remittent type set in. By the end of the week he was relieved by spontaneous hæmorrhage from the bowels, presenting the appearance of melæna, he also vomited blood slightly. The expectoration was also tinged with blood. When he was seen by Dr. Golding Bird, he appeared to be labouring under fever, but there was not any stupor; the skin was parchingly hot, the eyes retracted, face pallid, the tongue covered with a white fur at the back, the tip red, with a red line down the middle, pulse 100, throbbing, hard, and full, and he complained of general uneasiness rather than pain over the scrobiculus cordis. The last motion passed before the doctor's arrival, was a pitch-like mass resembling the disorganized blood occasionally passed from the bowels. On examining the chest, pneumonia of the posterior lobes of both lungs was discovered, with partial consolidation of the lower lobes.

Dr. Golding Bird considered that the chief points of interest in the case just detailed, were the rarity of its occurrence, and relative to the treatment that should be adopted. He ordered his patient to lose blood by cupping between the shoulders to the amount of eight or ten ounces, which was done, and the blood was found to be cupped and buffed. He also directed a castor oil emulsion, with the double purpose of acting on the bowels, and allaying irritation. When seen by him the next day, his patient was certainly better. No antidote could have been of service in combatting the effects of the poison, as its inhalation had taken place several days previously. The only antidote that could be regarded as of use, is the hydratid-tritoxide of iron, which is only to be employed when the poison has been taken into the stomach; it will then form an insoluble compound with it, and thus give time for its removal by other means. The gastro-enteritis was set up in this instance by sympathy, from the action of the poison on the mucous membrane of the mouth and fauces.

He farther observed, that he had very little doubt that the attack was caused by the inhalation of arsenic. The symptoms supervened soon after the gas had been respired, and resembled those which he had seen in a milder form about seven years ago, when the arsenical candles were in use. In answer to some questions, he remarked that the patient did not complain of either dryness or stiffness of the eyelids, nor had he noticed the appearance of an eruption, which he had seen in two other cases of poisoning by arsenic. One of these was the case of a man who was admitted last year into Guy's hospital, after having taken half an ounce of arsenic. He lingered for four or five days, and then died. The eruption made its appearance universally over the body on the second day after admission, at the time the symptoms of gastric irritation were at the height, and continued until death took place. It was a pale papular eruption, the papulæ being nearly the size of small split mustard seeds; it might be compared to the eruption of prurigo mitis, very large. In the second case seen by Dr. Bird, the eruption also ap-

peared on the second day, the patient dying on the third. He had never seen more than one case of poisoning by arsenic in which the patient recovered, and in that instance the person, the better to obtain self destruction, had taken the poison in laudanum. He believed it would generally be found that such cases do best, as the laudanum prevents the absorption of the mineral for a time. There was not any eruption in this case. He had never seen any squamous eruption produced by arsenic, as described by the German writers, nor had he ever noticed blistering of the feet caused by it.

Mr. Headland drew attention to the fact, that the distress about the precordia in this case was the result of the inhalation of the arsenious acid, and not of the poison coming into direct contact with the mucous membrane of the stomach. Had not the intelligent patient been able to trace the inhalation of the gas, it might, as it has probably happened in other instances, have been regarded as a case merely of gastro-enteritis suddenly coming on.

Dr. Theophilus Thompson mentioned that a patient to whom he had been giving arsenic medicinally, for about a month, complained of nausea, and also of blistering about the feet, to which he had not previously been subject. Writers have mentioned this blistering as produced by arsenic. He wished to draw the attention of the Society to the varying susceptibility that existed with respect to the administration of arsenic. Some patients are affected with stiffness and dryness of the eyelids, dryness of the fauces, and nausea in two or three days, while in others no such effects would be produced after the medicine had been administered for months. The same thing occurs in the mines at Bodmin, where the workmen are much exposed to the inhalation of arsenic. On enquiry, he had been informed that they were not subject to any particular disease, and that their average duration of life and health was higher than in some other mines. The foreman told him that they soon found out among the new men those who would be affected by the fumes of the arsenic, and they were dismissed, those only being retained who manifested an insusceptibility to its deleterious influence. In answer to a remark from Dr. Chowne, Dr. T. Thompson said, that probably more precautions were taken to avert injurious consequences, and further, that the herbage around the mines was blasted, the place presenting a bewitched aspect, and the cattle were subject to various diseases, particularly about the joints. A similar varying susceptibility to the poison of lead is manifested among the workmen at the Leith lead works.

He thought it possible that in Dr. Golding Bird's case the disease was merely a coincidence, and not a result of poisoning, as when gastro-enteritis is produced by a poison, it is generally persistent, from the system being saturated with it as it were. He thought that when these affections arose from metallic poisoning, they presented different symptoms, and required a different kind of treatment to the ordinary complaints. In poisoning by lead, mercury, or arsenic, the chemical plan should be adopted instead of the rational.

Dr. Golding Bird did not mean that his patient had experienced great relief, but that by the loss of blood the pneumonia was relieved, and he could breathe better. The other complaint, the gastro-enteritis, still continued, and the man looks very like one who may possibly die.

Mr. Headland trusted that the epigastric symptoms and the sweet taste in the mouth as characteristic of poisoning by arsenic, would not be lost sight of. He believed that mercury, and other poisons taken by inhalation, would not produce such symptoms. He had seen a severe case of tonsillitis, following frictions with aconitine, which he believed to have been caused by the absorption of that poison, which produces an affection of the tonsils, just as belladonna causes dilatation of the pupils.

Dr. Willshire thought Mr. Headland's remarks of great importance.

DR. FORBES AND GOOD GRAMMAR.

To the Editor of the 'Medical Times.'

SIR,—To you (as proved by your writings) a man of taste and erudition, and in addition, a *gentleman*, I beg to submit the query, whether the enclosed *morceau* is good English, or even passable Scotch. To *my* mind, it is neither fish, flesh, nor good red-herring; but Dr. Forbes is so fond of noting grammatical, or other *minor* inaccuracies, that one feels some difficulty in believing that he *can*, at the same time, exhibit such blunders, (as these appear to me to be,) and be so impertinently pharisaical to the slips of others.

"Suppose any one of our *protegées*, Drs. *and* Messrs. —, —, —, —, &c., *was* to print, &c." Then in the next line, "would not our respected *protegée*:" again, "*that* worst of all quackery—quackery within the professional sanctuary:" again, "if we did not know, &c., we *would* not, &c." These *seven* grammatical and literary elegancies occur within 17 lines in one page (511) of No. 32. To me it appears, that Dr. Forbes, in his notions of French gallantry, labours under the idea, that there is no masculine gender in the French language, for every schoolboy knows that two *e*'s at the end of verb-formed nouns is the essential mark of the feminine gender. It is not a printer's blunder, for it is repeated. *One* man cannot properly be called "Dr. *and* Mr." *Was*, as everybody sees at once, should be "were." The verb "suppose" requires a conditional tense, as everybody knows, but this *learned* editor. "*That* worst of all *quackery*," should be (I think) "that worst of all quackeries," (a plural noun well recognised,) or, worst form of, &c. As it is, it is *nonsense*—implying diversity of identity. The "*would*" should be (I think) "*should*," for reasons which Murray's grammar fully explains. Dr. Forbes, in this number, speaks of a "style of composition discreditable to any man who has received even an ordinary English education, and disgraceful to one who boasts the highest honours of our learned profession:" Is this it?

If I am wrong, Sir, you will perhaps put me right; if right, Dr. Forbes, before lecturing on what he does not know, to people who don't understand him, (especially *if* they read him, or perchance think him anything but an authority by contrast,) will do well to attend a grammar school, the loss of whose lessons in his earlier life must be a subject, *I think*, of great and poignant regret for him. If they be blunders, as I think, I will pledge myself, that in every other seventeen lines in his review, I will find quite as many.

Expressing a small dislike to such instances of literary *Fourbe*(s)*rie*—a French word in the feminine gender, which (I think) Dr. *Forbes practically* does understand.

I am, Sir, yours,
M. SCAPIN.

N.B.—*I* don't misquote the authority I review; I give him as he gives himself. God knows his worst enemy need not do more.

[We insert the above partly on the principle that it looks like an appeal from Philip drunk to Philip sober, *i.e.* from journalism in one phase to journalism in another, and secondly, as offering, not to Dr. Forbes in especial, but generally to all, an instructive lesson in something even better than good grammar—good charity. We are none faultless, and especially if leagued with printers, who have the general effect of bad company; they involve many an *innocent* author under the suspicion of bad grammar, or ignorance.
Cædimus in que vicem præbemus erura Sagittis!
—Ed.

REVIEWS.

The Chemist, for October.

The pearls we threw before Messrs. Watt, have been pearls thrown away. The one excellence we so cordially greeted last month is absent this. The present number has to struggle against the effect of not one, but *two* editorial articles! Messrs. Watt, the gentlemen whose ostentatious names give such lustre to their journal that they would have all editors follow their example, and grow dim in the eclipsing brilliancy of the contrast—this brace of stars—the *gemini* of the chemical world—are, it seems, foredoomed never to want admirers; for, in the absence of all others, they take the solitary office themselves. They are experimentalists as much on patience as on manure, and will sooner prove than believe their editorial ineptitude. Despite years of teaching—a sad, sad experience, Mr. Jacob Bell assures us—they will not discover that the great fault of Lord Melbourne's government would be the great merit of theirs—the *dolce far niente*. Even *our* authority, friendly as it is, will not convince them that no music at all is better than that of an empty canister at a rabid dog's tail; and accordingly, month after month, we have them coursing breathless along in a literary gallop, neither dignified nor very respectable, now with a Jacob Bell at their dorsal extremity, now a Pharmaceutic Society, now poor Dr. Ure, and lastly ("To what base uses we may return, Horatio!") the Medical Times itself. Think of the desperation of the writer—of his lamentable *cacoethes scribendi*—who, rather than not write, will play snake with the file, and scribble at the *Medical Times!* In very truth, if we had known that the patients were so far gone in the malady, we should not have volunteered our spurned suggestion. As it is, to prevent any soreness of feeling in a clearly incurable case, we beseech Messrs. Watt to give us the benefit of the credulity they extend to their self-appraisements, and believe our advice *retracted*. They are, no doubt, as eminent characters in literature as they are in science. Can their best friends say more for them? Nay, as they assure us that they are not, as we inadvertently and by a remote inference implied, *tradesmen*, we shall go so far as to suppose them gentlemen, the moment we get their assurance that they are not answerable for the long and emphatically feeble article, which our eight lines notice did us the honour to win. Charges of "audacity"—of "monstrous" behaviour—of "puny spite of an ill-conditioned individual"—of a "*fractious* mind"—"wilful perversion of known truth"—"filching"—"invidious, vulgar, and cowardly attacks,"—with *dictionary* severities of a similar order, and "shrewd (?) suspicions" that a physician of a certain hospital is an editor and a "lawyer," called Healey a sub-editor,—all this Messrs. Watt *must* know, (even *hearsay* would tell it them) is not the way in which gentlemen, nay, tradesmen, or even modern

footmen (with good characters,) write. Such behaviour exhibits a vulgar spirit of "*Paul Pryism*" and Billingsgate, characteristic of certain filthy journals that public taste (a bad omen) has fortunately extinguished, and shews a scorn of the law of libel that indicates no great command of costs, nor very careful consideration of the fate of one's printer. We can suppose, however, that, like the *borrowings* from the *Medical Times*, the article was presented to them "at the last moment," on "the eve of their leaving town;" and in "their hurry" they "omitted" to scan its contents. If so——but we are giving the subject a smack of importance.

The principal article this month is a very good one from the pen of Mr. J. S. Muspratt, a student at Giessen, under Liebeg. The subject is the Formation of the Salts of Sulphurous Acid, with their analysis, and is treated in a way which gives great promise of the young chemist's future labours. A short and sensible paper by Dr. Murphy, after mentioning the known fact that the coloured device (especially if thickly coloured) at the bottom of a cup produces on the crassamentum of the blood which may rest on it, a vivid impression and perfect image, which, imperceptible at first, becomes under light and air perfectly distinct, announces that two opinions exist as to the ageney—one that it is mechanical, the other that it is chemical—and promises to give some experiments on the subject.

The editors give a short article on the British Association for the advancement of science. They inform us that £40. is more than the chemical and medical sections are worth, and lay it down as "*our* opinion that the sooner they are totally abolished the better. They do but disgrace the sciences to which they are *devoted*. It is *our firm* conviction that they will never do *any* good *whatever*, and if they do *we* shall be agreeably disappointed. But the past affords no ground of hope for the future. *A corrupt tree* (in italics) *cannot bring forth good fruit*." Messrs. Watt are very severe to their inferiors. Dr. Kane, and the other medical and chemical contributors, receive little forbearance from these chemical *Macænasses*. But a half loaf is better than no bread; and *corrupt* "*fruit*" more tolerable than none at all, and thus we may explain, we suppose, the thirteen columns, or more, which the worthy editors "*devote*" to recording the proceedings of this corrupt tree, and the doings of its "hopeless past" borrowed from the *Athenæum*. The donation to the readers of the *Chemist* of eleven articles so derived—eleven *not* "good fruits"—is it is true differently explained by the editors, but we think not in such *consistent*, though we must own, in more *peculiar* English. "Such of these papers," say they, "*as* appear in any degree *worthy* of place in the *Chemist* will be found in the proper divisions of this number: *had* the importance of the meeting *warranted*, we would have given a full and detailed report; but, as *this is* far from being the case, we content ourselves with giving brief abstracts of the report of *all* the sections." The bad fruits of a rotten tree which "does but disgrace the sciences," are, it seems, "worthy of a place in the *Chemist*," though not worthy enough to induce that journal's conductors so far to honour the Association as to favour them, like the *Medical Times*, with a special reporter for their collection. Why will not the Association make itself deserving such flattering editorial enterprize? We shall have no hope for it till it secures that distinction, and wins Messrs. Watt's approbation and smiles. Indeed, if it be sensitive, as a *British* association should be, to bad English, it is already in a dangerous condition; and how it can survive, we will not say censure—but *such* censure, and of *such* men, and *so* expressed, is more than our medical skill can explain. Its death (the Association's, *not* the Chemist's) would be a safe prediction for the Raphael of 1844.

The Phrenological Library. Berger.

A translation of Gall, on the functions of the brain, forming the first *part* of the "Library" is now before us. We wish it the success it seems to us to deserve. The following extract from Galen will exhibit the translator's style, while proving that Gall was not unacquainted with the writings of the ancient physiologist, who, in our opinion, stands out the first, but neglected exponent, of many of our recent physiological discoveries:—

"The body is the organ of the soul, and, consequently, all the limbs are useful. The limbs are different, because the souls themselves are of different natures. The courageous and audacious lion has strong claws and teeth; the bull is armed with horns; the boar with tusks. Timid animals, such as the stag and hare, are organized so as to escape from danger by a swift flight. Man, being endowed with something divine, with intelligence, has received from nature, his hands, instead of weapons and tusks. He makes use of these instruments in all the arts, in war, and peace. He does not require horns or tusks; by means of his hands he constructs shoes, the cuirass, and lance, his arrows, walls and houses, weaves cloths and nets, and, in this manner, gains possession, not only of the animals which inhabit the earth, but also, of those which glide in the air, or skim the sea. With his hands he writes laws, erects temples and statues, constructs vessels, makes flutes, harps, knives, pincers, and all instruments needed in the arts. By them he transmits his meditations to posterity, just as, at the present moment, he can converse with Plato, Aristotle, and Hippocrates. Hands, therefore, were most suitable to man, as an intelligent being; he is not the most intelligent being because he has two hands, as Anaxagoras maintains; but he is provided with hands, because he is the most intelligent; as Aristotle, had already, with reason advanced. It is not his hands, which have taught him the arts; but his understanding. The hands are only instruments for the arts; as it is not the harp which instructs the musician, nor the tongs which make the blacksmith. they are artists, only, by the aid of their intelligence, although without these instruments they would not be able to exercise their art; so, each soul, by virtue of its peculiar nature, possesses certain faculties, though it cannot manifest them, without certain instruments. It is especially, by the observing young of certain animals, that we are convinced it is not external instruments, which inspire an animal with timidity, courage or sagacity; for, young animals endeavour to exercise their innate faculties, before their external instruments, have reached their perfection. I have often seen a young bullock making at objects with his forehead before his horns have appeared; a colt kick, with his still feeble feet; a young boar without tusks, carry on a combat by blows with his jaw. Each animal has an internal sense of his faculties, and knows the use of its weapons without any instruction. If it were otherwise, would not the young boar bite with the teeth which he already has, in place of attempting to use tusks, which he has not? If you have three eggs hatched, one of an eagle, another of a duck, and a third of a serpent, you will see the eagle and the duck trying to fly before they possess any feathers; the little serpent on the contrary, will roll itself into a spiral, and, however feeble it may be, will make efforts to crawl. If you bring them up in a house, and then take them into the open field, the eagle will direct his flight to the clouds, the duck will make for the water, and the serpent will hide itself under the grass. The eagle, I think, will not fail to pursue his prey; the duck to swim; and the serpent, to seek for holes in the earth; and all, as I conclude, without having been taught by a master."

Retrospect of Medicine, vol. 7. By Wm. Braithwaite.

We have looked through this volume with great satisfaction. It is written in a faultless and pleasing style, and speaks not more favourably of the literary taste than of the practical scientific skill of the learned compiler. That most of the matters touched on in the volume have already come before our readers in our original or periscopic columns, offers us matter of complacency. The coincidence of selection is flattering to us. We hope, if space permit, shortly to prove our approbation of Mr. Braithwaite's good judgment, in reference to the rest, by quoting from him pretty largely. In the meanwhile, Leeds has our compliments on its possession of so clever and cultivated a member of our body, though we believe that good town may boast that he stands not alone.

The Pharmaceutical Journal, for October.

This is a fair number. The transactions of the Pharmaceutical Society are limited to a lecture by Dr. Pereira, and an editorial note on Spirits of Wine. The following are given as formulas for:—

Moxon's Magnesian Aperient.

℞ Magnes. Sulph.
Sodæ Carbon. āā lbj;
Acid. Tart. lbss. M.

The ingredients to be separately and well dried.

Powell's Pectoral Balsam.

℞ Rad. Ipecac. Contusæ, ℥iss.
Flor. Benzoin.
Opii Crudi, āā ℥ss.
Ol. Anisi, ʒiij.
Spirit. Vin. Rectif. Oij.
Aquæ Distill. Oj.

Macerate for fourteen days, and add,

Ext. Glycyrrhizæ, ℥vj.
Potass. Carbon. ℥iv,

dissolved in a pint of water, and add,

Tinct. Digitalis, ℥vij.

Freeman's Bathing Spirits.

℞ Lin. Saponis, ℥iv.
Spirit Vin. Rectif. ℥j.
Tinct. Lavand. Co. gtt. xxv.
Ol. Rorismar. ʒss. M.

There are two or three other articles to which we hope to refer in a future number.

Report of the Montrose Lunatic Asylum.

This report, written by Dr. Poole, gives us the pleasing assurance that Asylum Reform is not staying in its progress, nor, as a matter of necessary inference, failing of its good effects. The only passage that calls for transcription is a case in a female of

Insane Terror.

Sundry interesting features were presented in a few of the admitted; but, saving one, I shall not advert to them on this occasion. It afforded an exemplification of derangement in the propensities, emotions or sentiments, without discoverable lesion of intellect; and was the more remarkable, as well as more certainly receptive of sympathy, because unaccompanied by any spirit or disposition tending towards the injury of others. It might be characterized in a single sentence, as a case in which terror predominated, totally in opposition both to reason and daily experience. For some time after admission, every new event, no matter how trivial, excited that demon whom it was impossible to cast out, subdue, or even assuage. Under his dominion, the poor patient, an inoffensive and seemingly well principled female, proved at once a sore grievance and a laughing stock to her astonished sisters. On the one hand her outcries and violent perturbation broke their usual quietude, On the other, such extraordinary disproportion—in fact, such entire contrariety—between her paroxysms of agi-

tation, and the circumstances on which they depended, became, at times, the cause of merriment, if not a provocative to sarcasm. I found it practicable at times to work on her own sense of the ludicrous, to which some of her apprehensions, rightly interpreted, gave ample exercise. They latterly varied in kind or object, became gradually weaker, wore off, and then could be recollected as something like dreams. Now, strange as to some it may seem, this woman's perceptions of all objects, so far as I could judge, were quite correct; while her judgment—I speak of the reasoning power—was perfectly adequate to her safe guidance under the usual occurrences of life. How, then, shall we explain her constant unmitigated wretchedness—for she really was altogether miserable—where every circumstance was so regulated as to secure her safety and promote her comfort? I answer—simply by asking another question. How shall we explain the intense horror, or agonising distress—not to be escaped from—which there are few persons who have not experienced during some minutes—passing as long, long heavy hours—of sleep? For theory and speculation on the topic, I have neither time nor liberty in discharging immediate duty. I cannot even advert to its intimate connection with a matter greatly debated of late, and in sundry quarters, as I cannot help believing, most erroneously represented—that, namely, to which the doubly indefinite, and, consequently, very disputable, expression has been applied—the responsibility of monomaniacs.

PERISCOPE OF THE WEEK.

(Medical Gazette; New England Quarterly Journal of Medicine and Surgery; American Journal of the Medical Sciences; Archives de la Medecine Belge; Lancet; Medecinisches Correspondenz—blatt; Pharmaceutical Journal; Provincial Medical Journal;

New Hernia Knife.—Dr. T. C. Stewart recommends a knife made in the following manner for the division of stricture in cases of inguinal and crural hernia. The knife consists of a small convex blade concealed in a hollow canula, presenting at half an inch from its extremity a notch of about two lines in length, and one line deep, for receiving the membranes which constitute the stricture; the opening is closed at the top by a steel-blade, with a small shoulder at one end, and at the other a wire-spring concealed in the handle. The knife, small and convex, is strengthened by a shoulder on either side, projecting a little higher than itself, and protecting its edge from contact with its canula. The instrument, which it will be seen is a most complicated one, is used as follows:—so soon as the sac, constituting the hernia, shall have been laid bare and opened, the canula, containing the knife, is to be introduced flat, between the intestine and the stricture; so soon as it has entered, the instrument is turned so as to bring its upper surface in contact with the part to be divided, and then pushed gently and cautiously onwards; after penetrating a short distance, its further progress is arrested by a small shoulder, the blade of which, however, being terminated by the opening, yields to continued pressure so far, and so far only, as may be necessary to admit the constricting membranes. These being engaged in the notch, the knife is made to move forwards and backwards, by pushing and withdrawing a button placed beneath the handle, with the index finger of the right hand, so as to incise as much of the membranes as may be thought necessary to permit the reduction of the hernia. The stricture may be thus divided, above, below, or on either side of the intestine. From the description given by Dr. Stewart, it is evident that the instrument he recommends is a very complicated one, likely to be easily put out of order, and to confuse the young surgeon, who may employ it; it cannot be of service to a good anatomist, if he possess a steady hand, and firm mind, and none other ought to operate for hernia.

Dislocation of the fourth and fifth Cervical Vertebræ.—A strong muscular man, of colossal stature, 33 years of age, was carried to the hospital Saint Jean, at Brussels, with hemiplegia, the result of an accident. He had made a false step while aiding a fellow workman to carry a cask of beer into a cellar, had fallen, and the whole weight of the cask had struck against the back of the head and neck. He was instantly seized with hemiplegia of the right side, but did not become insensible: the back part of the head was exceedingly painful, and he could not bear the slightest pressure on it: the respiration was not affected. A slight improvement occurred, but in the course of the succeeding night, both sides of the body were suddenly seized with paralysis, respiration became difficult and stertorous, and the poor fellow died in a short time. On examination of the body sixty hours after death, there was discovered a separation of the articular surfaces of the fourth and fifth cervical vertebræ, rupture of the inter-vertebral and posterior vertebral ligaments, and. also of the inter-vertebral substance, so that these two bones were only held together by the anterior vertebral ligaments, and could be easily dislocated. The inter-vertebral substance was torn in some of the fibres of the circumference only; the remaining portion was clearly separated from the body of the fourth vertebra, leaving its surface quite smooth. The only fracture was that of the tubercle of the transverse process of the fifth vertebra on the right side. There was some blood effused among the muscles, and also in the spinal foramina, but the medulla and cerebrum with their membranes were perfectly healthy.

Congenital Malformation of the Head and Neck of the Femur.—A strong muscular young person, who had died of pericarditis, was brought in to Dr. Knox's dissecting-rooms, in whom the left lower extremity was obviously about half an inch shorter than the right. A careful dissection of the joint shewed that every structure was healthy, but that the head was sessile, and had descended to a level with the trochanter; the cervix femoris was greatly shortened, but in all other respects the bone and joint generally were perfectly healthy; the opposite femur had the form usual in persons of this age. The left os innominatum partook of the change, being obviously weaker in its pubic portion than the corresponding bone. All trace of the epiphysis in the femur had disappeared; the intimate texture was white, firm, and remarkably dense and solid. Dr. Knox regards this condition of the femur as congenital.

Case of Constipation.—A case of obstinate constipation occurring in the person of a lady, eighty-one years of age, is somewhat obscurely narrated by Mr. Newington, of Tiechurst. The bowels had not been moved for twelve days, the usual remedies (castor oil, &c., and enemata,) had been tried, and the patient sunk into a state of collapse and insensibility. The colon was distended to an immense extent, Mr. Newington thought that hardened fæces might be the cause; he, therefore, as a last resource, tried Read's flexible tube, sixteen inches of which he passed into the colon, with, as he says, the view of pushing it through the fæces, and letting out the confined air. The tube slipped into the distended intestine through the fæces, and on removing the syringe from it, an abundance of air escaped, followed by at least three quarts of liquid fæces. Water was injected, the obstruction removed, and the patient did well. Mr. Newington has had occasion to use the instrument twice since with the happiest effects.

Tinea Capitis.—With as great a flourish of trumpets as Dr. Collier uses, does Dr. Wigan usher in his discovery, that Beaufoy's concentrated acetic acid is a remedy fit to be employed in the treatment of tinea capitis, with the single exception that the first blast is blown by his friend, Dr. Willis, of Brighton. We believe we shall be fully warranted in this assertion. when we state that Dr. Wigan declares that there is no other (not any other) mode of treatment which can be compared with his for certainty, rapidity, and absence of collateral or consequent inconveniences: and he further adds, "If any faith is to be placed in firm convictions, he is (what never man was yet) exempt from prejudice." The succeeding paragraph in Dr. Wigan's letter is quite explanatory of our opinion, and also of that of every well-directed mind in the profession. He says his plan was made known many years ago to some hundreds of medical men, but he really believes that the absolute terms in which he spoke of instantly curing a disease which has for ages been the *opprobrium medicorum*, indisposed the great majority to put faith in his statements, and to give the plan a trial; because it sounded so like quackery. Dr. Wigan's remarks are so much our own, that we need say no more than that we espouse them altogether.

Tumour of the Pharynx.—Mr. Deazely was called to a lady who had been long subject to a dull, aching pain in the head, extending down the neck to the chest, and often causing fainting and insensibility; but who sent for him, because her throat had become so narrow, she could neither breathe nor swallow without extreme pain and difficulty. On examination, he found a firm unyielding tumour, about the size of a strawberry, growing from the back of the pharynx, opposite the third cervical vertebra, which he removed with the bistoury. It was of a fibro-cartilaginous nature, with gritty particles of ossific matter developed in its interior. Six months have elapsed since the operation was performed, and the patient has not had since any return of either the fainting-fits nor of the headache, nor are there any signs of a relapse. The swooning and headache, Mr. Deazely thinks, may have been caused by the tumour pressing upon some branch of the great sympathetic, during deglutition.

Villitis Intestinalis Puerpera.—Under this title, Dr. Oke, of Southampton, describes two cases of severe inflammation of the mucous coat of the intestinal canal, occurring in the puerperal state, one of which terminated fatally, but an examination of the body was not allowed. The other was cured by the combination of the diacetate of lead with opium, after mercury had failed.

Extraordinary Dwarf.—The "New York Journal of Medicine" gives an account of a boy, named Charles Stratton, six or seven years of age, who weiged at birth nine pounds two ounces, but who now is but twenty-two inches tall. He is called General Tom Thumb. A less authenticated fact is the alleged obesity of a girl exhibited with the dwarf, who is said to be six years old. She weighs two hundred and forty pounds.

ROYAL COLLEGE OF SURGEONS IN LONDON.

List of gentlemen admitted Members, on Friday, Oct. 13th, 1843:—

H. G. Nayes, T. Percival, J. B. Moxon, J. Gatis, E. J. Newcomb, W. H. Parsey.

THE MEDICAL TIMES.

A Journal of English and Foreign Medicine and Medical Affairs.

No. 214. Vol. IX. LONDON, SATURDAY, OCT. 28, 1843. PRICE FOURPENCE, STAMPED EDITION 5D.

For the convenience of Subscribers in remote places, the Weekly Numbers are re-issued in Monthly Parts, stitched in a Wrapper and forwarded with the Magazines.—Orders for the Stamped Edition [10s. 10d. per half-year, Post free in advance,] are received by any Bookseller or Newsman, or may be directed to J. A. Carfrae Esq., at the Medical Times Office, 49, Essex Street, London.

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ON THE PHYSIOLOGY OF HEALTH AND DISEASE,

AS APPLIED TO VEGETABLES AND ANIMALS, BUT MORE ESPECIALLY TO MAN.

By M. RASPAIL.

LECTURE XVIII.

1°. Prussic or Hydrocyanic Acid.—Five or six drops of this acid, even when diluted in ten times that quantity of water, suffice to strike the most robust man, instantaneously dead. There is scarcely time for convulsions to take place before a state of syncope is induced; the pupil becomes dilated, the eye fixed, foam issues from the mouth, the neck becomes puffed up, the body is bathed with a cold and clammy sweat, which commences at the extremities; the pulse is irregular, and the individual presents the appearance of a corpse, even before life is extinct. Pharmacy possesses no other medicine so variable in its composition, and consequently so difficult of administration. The traces which its action leaves in the organs, are rather the consecutive effects of the disorders to which it gives rise, than the immediate products of its reaction; and the red patches here and there met with at the autopsy, must be viewed more as violent congestions than as erosions. We may, moreover, conceive that a disorder of so sudden and so alarming a character will lead to a very rapid decomposition of the body; a circumstance which ought to be taken into account, in our examination of the dead body. This powerful poison has no need to be ingested in the stomach, for the purpose of accomplishing its terrific object; on placing a drop or two on the tongue of a dog, the animal will fall down dead, after two or three forcible inspirations. In this case, the acid acts principally by the vehicle of the respiration.

2°. Opium, Morphine, Narcotine, &c.—Narcotine is a salt which exists in opium; morphine appears to be but a modification of this salt from the alkalies employed in its preparation; opium is the juice which we extract, by incision, from the capsules of the poppy (*papaver somniferum.* L.). Narcotine acts like opium to a certain extent; not so, however, morphine, and still less its salts (the acetate, sulphate, hydrochlorate, hydriodate, &c.). In fact, in these latter, the digestive decomposition isolates the acids, which then act, in their own way, upon the tissues and the liquids of the organization. Opium, administered moderately, in pills, in infusion, or in tincture, produces all the phenomena of intoxication, without the indigestion;—a pleasing state of revery, or of lethargy, from which the individual may be easily aroused. Acting as a continuous and unintermitting cause of moderate congestion, and which creates no obstacle to the circulation, its influence leads, so to speak, to compression of the entire lobes and anfractuosities of the brain; it induces an irregularity of action in the cerebral organs, which permits the most distant ideas to become associated and combined together into the most dissimilar, though always agreeable objects; agreeable inasmuch as their inconstancy prevents the painful calculations of forethought, while their spontaneous production imposes no effort on the mind. It is a passive enjoyment; the sweetest of all pleasures, since it costs us nothing in its production. When the stomach is not overloaded with food, a generous, sparkling and light wine, produces, in certain organizations, an excitation of this kind.

Man naturally clings to life; but he suffers so much, in the name of civilization, that he is frequently compelled to have recourse to wine and to opium, as a means of blunting, by an artificial state of existence, his double fear of annihilation and of suffering; he intoxicates himself with wine or with opium; he procures happy dreams, as a consequence of slight cerebral congestion. From this state of physical and intellectual voluptuousness, there is but one step to that of furor and delirium; it is but the difference between one product and another of congestion. On a certain degree of pressure, we have happy dreams; on an increased degree, a paroxysm of furious exaltation; such is the history of our moral feelings, in all the acts of our life. Wisdom consists merely in preserving ourselves from the accidents which cause the difference. The effects cease to be within our power, as soon as they declare themselves; under their influence, in a high degree, the virgin would become a wanton, Democritus would have wept, Heraclitus have laughed, and the whole character would be completely changed. Morphine produces nothing similar to this in effect; it, therefore, can not be the active principle of opium; narcotine approaches it, but in a very distant manner; it acts in an isolated manner, whilst the action of the opium is a collective action of several medicinal principles at the same time. The habitual use of opium, as that of wine, and as the abuse of all other enjoyments, ends in the long run by compromising the health, and inducing a state of premature old-age and decay. Opium may act as a slow poison, not by its chemical action, but by its consequences: it concentrates life, as it were, into a focus which consumes it; it limits its extent, by using quickly its means; it abridges its duration, by multiplying its activity; the length of the course which we have to run, depends entirely on the quickness of our progress. The opium-smoker seems to fall into a state of idiotism, as soon as he ceases to smoke, and when his intoxication has passed over; he trembles, and totters as he walks along. What will food avail to the reparation and development of the organs, in such a condition? The bread which we earn, by the sweat of the brow, is digested only under the influence of motion and of a state of activity. Overcome by so many unprofitable pleasures, the entire organization becomes vitiated; the figure becomes deformed, the limbs emaciated, the mind enfeebled. Nothing pleases the patient, everything troubles him; his life becomes an overwhelming burden to him; he wishes to free himself from it or to bury himself in oblivion; his only choice lies between death and opium; annihilation, or his cherished intoxication, which to him serves the place of mistress, of crown and of health. He is no longer a citizen of this world; speak not to him of his rights, or his duties; his country is in imaginary spaces; in the midst of men, he is but a sleeper, who exhausts himself with pleasures and with inanition. We must then conclude, that the duration of the abuse is proportioned to the quantity taken. All the symptoms of the life of an opium-smoker, are concentrated within a few hours. The quantity used on each of these occasions, generally averages about a *gramme* (nearly a scruple). The proportion required to produce a soporific action, as a medicine, is usually estimated at a grain for a dose.

3°. Tobacco.—The use of tobacco is quite a modern passion, of continental origin. It must however have fulfilled some real want, for it to have propagated itself, with such great rapidity, from one end of Europe to the other, and to have maintained itself in use, with such a degree of pertinacity, in spite of the disgust inspired for the smoker, and notwithstanding the proscriptions issued against it by so many systems of medicine, which, however, it is well known, are not always guided by reason, in their ordinances. Its employment must then be of some good, in a sanitary point of view, since so many people resort to it and feel themselves benefitted by it; deprive them of their pipe and they will fall ill. Of what utility can be the employment of a substance, which in its excess becomes a poison? It certainly cannot serve nutrition. It must then be a medicine; tobacco taken moderately is a condiment, to which some people inure themselves. Its modes of use are by smoking, by chewing, and by snuff-taking; in whatever form it is employed, the tobacco acts evidently, by a property, the base of which is formed by ammonia. In fact, if we moisten common tobacco with a little ammonia, we give to it a flavour which increases its value. Pound some walnut leaves with potass in a heated mortar and then place them in a drying stove, and you will have a powder very similar to tobacco for the purpose of smoking, and which has even a stronger flavour, especially if a few drops of ammonia be added to it; and there is every reason to believe that common tobacco is thus adulterated to a great extent. The walnut leaves may be replaced by those of the potato, henbane, hellebore, aconite, by the grains of *elaterium* and of colocynth, &c. Tobacco, in the form of snuff, acts mechanically, by its pulverulent form, in titillating the papillæ of the pituitary membrane, as also by its ammoniacal qualities and the narcotic action of its juices, upon the olfactory organ. Tobacco when chewed, or rather sucked under the form of a ball, which is held in the mouth, and which is vulgarly called a *quid*, is a condiment, which becomes injurious, unless care be taken to reject the saliva which it provokes, and which becomes impregnated and coloured with it to a nauseous degree. The stomach should in fact receive but the quantity, with which the ordinary proportion of saliva is impregnated: the lungs inhale its odour, when it is thus used, in a less decomposed state than when it is smoke by the pipe or the cigar.

I have already said that the effect of tobacco is owing to its ammoniacal properties, and consequently, that it is anti-digestive. Thus the beginner, who smokes immediately after his dinner, is sure to be attacked with vomiting, which takes place more readily and is attended with less effort, than when it is induced by the action of an emetic. Tobacco produces a painful and convulsive intoxication of the brain, a whirling round of adjacent objects which renders standing impossible; its juice causes the bile to rise into the stomach, and, from the stomach into the mouth; it thickens the saliva and especially the pulmonary expectoration; the organ of taste, which had previously been so much gratified by its acidity, now experiences a sensation of disgust from the afflux of secretions of a contrary flavour; a sensation of nausea accompanies all the acts of deglutition and of expectoration; the individual feels ill, he undergoes a commencement of poisoning, which would be complete, if the quantity taken were larger. Now, habit may terminate in producing a charm and a certain degree of benefit, from that which, in others, would cause a serious disturbance in the whole range of functions. One becomes habituated to tobacco, as Mithridates to poison, by a species of *tanning* or hardening, if I may so express myself, of the membranes; every organ, in fact, becomes inured to the evil which is constantly present. Poisoning by the ingestion of tobacco in infusion, is but an increase in intensity of the morbid phenomena which we have just been describing; it is their duration which kills, by suspending the functions of aspiration and consequently of nutrition; this duration itself is dependent on the relative

quantity taken. All must be excess, where its use is not a habit. Bad tobacco is doubly poisonous, as well by nature of its adulteration as in consequence of the mixture itself. Tobacco is administered in lavement, in many cases of obstinate constipation, or to free the colon from worms which are generated there. The dose should never exceed a pinch of the powder in a starch-injection; for, if given in too large a quantity, intoxication would be as readily induced by this means as by ingestion into the stomach. These lavements possess, when not too strong, a powerful purgative action; and moreover they cause the expulsion of masses of living *ascarides*, and often of false membranes, which are produced by the exfoliation of the intestines in which these worms have burrowed, membranes which might be taken, at first glance, for portions of the intestines themselves, and which might have become detached, as a result of invagination.

4°. Henbane, Belladonna, Aconite, Stramonium, &c.—These plants are poisonous in all their parts, but especially so in their roots and leaves. The two first induce cerebral congestion of so powerful a nature, that it extends itself, under the form of a nervous plethora, even into the globe of the eye, the vitreous humour of which augmenting in volume, consequently dilates the pupil in an extraordinary manner; the vision like all the other functions becomes suspended; the intoxication which results from this kind of poisoning may even proceed to delirium. But this latter sign is not so ominous, as coma, lethargy, and lengthened prostration of the vital powers.

5°. Hemlock, Fools Parsley, Nux Vomica, Meadow and Marsh Crow-foot, (*ranunculi*), Euphorbium, &c.—The mode of action of these different plants is analogous to that of the preceding; the differences are simply dependant on the modification of the symptoms; with regard to their effects, they vary according to the quantity taken, the attendant circumstances, the individual predisposition, and also according to the minuteness with which they are described. The poisonous power of each of these plants, moreover, differs with the climate; and the same plant is a much more active poison in its wild state than when cultivated: witness the lettuce in truth of this observation. There is, in fact, but a small step from a condiment to a poison; where is the great difference between parsley and hemlock? Parsley is a poison to parrots.

6°. Mushrooms (*fungi*).—The above reflection will also apply in an especial manner to this nocturnal family, so rich in species and so fertile in poisons. There is an eatable and inoffensive species, which offers not the slightest difference from the noxious kind. Hence those sad accidents, which have befallen the best judges, and with which the public papers yearly resound. Travellers assure us that the Russians eat with impunity those species of *fungi*, which, in our climates, invariably produce the most alarming symptoms of poisoning. Does this depend on the difference of the climate, or on a variation in the mode of cooking? Does the cold of the north soften down the poisonous species, in the same way that cultivation changes the wild species? But these mushrooms immediately exert their noxious powers, even in Russia, when they are eaten by the natives of more southern climates. It is said that the Russians prepare these plants with vinegar; and that it is to this ingredient that they are indebted for their freedom from poisoning. If such be the case, (and hitherto no experiments have been performed, in France, either with a view of confirming or of rebutting this assertion), it would give a support to the opinion we have already emitted, as to the mode of action of poisons of this class; we have established in fact that their base or their product depends on their ammoniacal property. The most harmless species may become injurious, by old age; for their decomposition is of a putrid character. Now, mushrooms being all nocturnal plants, their decay or decomposition commences as soon as they become exposed to the light of day. Ephemera of the vegetable kingdom, they die as soon as they have shed their seed; and they become decomposed, immediately that they are dead. The most poisonous are perhaps merely the most ephemeral, and the most ready to decay; they would possibly be eatable, were they gathered, like the *truffle*, while they are still buried in the ground. All the rules laid down in books, for the purpose of discovering the poisonous *fungi*, are based on particular cases only, and are invariably contradicted by numerous exceptions. Some species, such as the *agaricus acris*, *piperatus*, *&c.*, and all the lactescent kinds, act after the manner of caustics, by the corrosive juice which escapes from them, on the least solution of continuity; and, in this respect, their action classes them with the following division. We have already established that poisons are not noxious to all species of animals. How many insects live and are nourished on vegetables and mushrooms which poison the human species! This arises from the fact that their digestive organs decompose the virus more quickly than ours can do. The limits to which we are confined will not allow us to enter into more ample details on this point; but I must refer you, for more minute descriptions on the subject of poisonous plants, to the works of Bulliard, which have furnished to most toxicologists, the greater portion of what they have given to us on this head. I shall here confine myself more especially to the results of my own personal observation, and indulge in such further remarks only as may tend to give a fresh impulse to the study of this branch of toxicology.

7°. Ergot of Rye.—This is a transformation of the ovary of the gramineæ, and especially of the rye, into a fungous organ, taking the form of a species of *ergot* or spur in the rye, the *arundo phragmites*, &c.; but preserving to a great extent that of the normal ovary in wheat, maize, &c. The surface of the ergot is of a violet colour, while the internal substance is white and fungous; the form is that of a grain of rye considerably elongated. The ovaries of the *cerealia* are attacked by two other species of transformation, or rather of decomposition: *caries* and *carbuncle*. *Caries* converts the *perisperma* into a fetid and putrescent liquid, which generally swarms with a peculiar class of insects called *vibriones*. *Carbuncle*, on the contrary, appears merely to carbonize the elementary vesicles of this tissue. The odour of these two latter conditions is repulsive; that of ergot scarcely differs from the smell of good mushrooms. Ergot of rye is employed as a therapeutic agent, for the purpose of producing expulsion in difficult labours; it would, however, be desirable to find a substitute for this, which shall not expose to any of the dangers, with which the ergot of rye threatens life; for this substance has always been regarded as so powerful a cause of infection, that it is even said to produce mortification of the extremities, a symptom which has often been noticed during the course of certain epidemics, especially in those countries where the peasantry live on rye-bread. I am, however, inclined to believe that the part which the *ergot of rye* contributes towards the complication of these species of epidemics, has been greatly exaggerated. With a view of ascertaining this point, I visited, during the summer of 1840, the plains of Montrouge; the crop of wheat and of barley was so infested with carbuncle, and that of rye with the ergot, that in every twenty ears, I was sure of finding one blighted for the half, or at least a third of its length; and still I never heard that any epidemic disease, bearing the frightful characters which are attributed to ergotism, was developed in the districts, in which we must suppose that this barley and rye was principally consumed. I should add, that the ergotized rye was not all arrived at its ordinary dimensions, and that some of the spikes were but beginning to shoot out, a circumstance which would less awaken the distrust of the corn and flour merchants. The ergot of rye appears to me to act only after the manner of narcotic and of stupifying substances, by paralyzing the circulation, and consequently inducing a state of atony and repulsion in the aspiratory surfaces; a condition which, in difficult labours, must produce, as an immediate effect, the separation of the placenta, and consequently its expulsion. With regard to mortification of the extremities, if this result depend on the consumption of the *cerealia*, I think that it must be attributed to *caries* of the wheat, rather than to the ergot of rye; we shall follow up this idea in a subsequent part of our lectures.

8°. Tare.—(*lolium temulentum*)—The stupifying and intoxicating qualities of the bread, into which tare enters as an ingredient, are quite as problematical in my eyes; we have merely assertions on this subject, and no positive facts; and it is very possible, that effects have been attributed to this plant, which, in truth, belonged to a totally different order of grain, such, for instance, as the *rhinanthus crista galli*, or the *melampyrum arvense;* or even to some ergotized *lolium*. No grain of the *cerealia*, endowed with the germinative faculty, has ever been regarded as injurious. Tare is but a variety of the *lolium italicum*, which affords such good pasturage to animals. Now, one cannot suppose that an aliment becomes poisonous by its varieties, and that one of the *cerealia* acquires noxious properties, simply by elongating or by shortening a little the edges or *spines* of its ears.

COURSE OF LECTURES ON THE THEORY AND PRACTICE OF MEDICINE.

Delivered by C. J. B. WILLIAMS, M.D., F.R.S., Professor of the Practice of Medicine, and of Clinical Medicine, at University College.

Pulmonary Hæmorrhage.—Pulmonary hæmorrhage, as I have before mentioned, is chiefly to be diagnosticated by the occurrence of hæmoptysis, in connection with positive physical signs of disease of the lungs; dulness on percussion, accompanied by sub-crepitant, or muco-crepitant rhonchus, or else with some disease of the heart, (especially its left side) in which it is highly probable that pulmonary hæmorrhage would exist. Now, I have mentioned that, although it is the object to stop excessive loss of blood, it is likewise very important not to check it too suddenly, and not to use tonic remedies until the hæmorrhagic effort has subsided, or the feelings of pain, depression, or other uneasiness connected with the congestion that precedes the hæmorrhage, be relieved: and, in cases where the quantity of the blood expectorated is very great—so that it threatens mischief—at the same time that you use astringents, you should deplete, and use antimonials and other medicines, for the purpose of checking reaction in the system. I would recommend digitalis to quiet the increased action of the heart; and I have found the employment of hydrocyanic acid answer the same purpose. There are some rules necessary to be observed with respect to regimen and diet. It is also necessary to place the patient in such a posture, that the passage of the blood through the lung be not in any degree impeded; perfect stillness is also necessary; and it is desirable to avoid heated rooms, and hot drinks in any great quantity, which would excite the vascular system, and thus renew the hæmorrhage. Ice in lumps, or iced water, may be used. Sulphuric acid, in combination with sulphate of magnesia, may be given as an aperient. Some forms of hæmoptysis are extremely intractable:—as that which occurs in connection with a limited amount of tuberculous disease, particularly in females, (in whom it is frequently, in the first instance, attended by irregularity of the catamenia) inasmuch as the hæmorrhage may go on for years, and occur again and again without the health being impaired, to a remarkable degree. In cases of suppressed menses, these hæmorrhages are sometimes vicarious, proceeding from the mucous membranes lining the air-passages. I have lately been led to investigate these cases more particularly, and I have, during the last three or four years, counted ten or twelve instances, in which the hæmorrhage has gone on day after day—week after week—increasing at the catamenial period, but not existing then only; first of all, perhaps, occurring only at that period, but afterwards more constantly, assuming the characters of an habitual flux, nearly every day inducing a little spitting of blood, and generally causing the patient to rise in the course of the night, when the pulmonary respiration is at its greatest height. Formerly this was considered to be simple bronchial hæmorrhage, and unconnected with disease of the lungs. Now, in my experience, I have hardly met with a

single ease of this kind, that was free from signs of disease of the lung—mostly tuberculous disease—and in some of these cases the disease assumed the form of phthisis. We find that some females, especially of a young age, are liable to hysterical affeetions, and I have already mentioned that these hysterical affections are not all nervous, but are sometimes also dependant on derangement of the vascular system—a derangement of a congestive kind, and which is aecompanied by determination of blood to some particular organ. Now, if this take plaee in the lung of a person with a tuberculous diathesis, hæmorrhage may oecur from that part, and may thus go on for a time without materially increasing the tubereulous disease; there are the pulmonary symptoms, pain of the ehest, cough, and hæmoptysis. These cases, though not to be looked on as so trifling as they formerly were,—as mere hysterical and female peculiarities—ean merely be regarded as depending on a limited amount of disease; still they are not to be viewed as wholly free from a serious risk. They are very intraetable, and it is often difficult to stop the hæmorrhage, and I do not think it generally very desirable to attempt it. The following are the means usually employed:—rubefacients, mild tonies, and mineral acids, at the same time keeping the bowels open freely with saline aperients. I have known some cases in which the hæmorrhage has gone on during the winter months, and then ceased entirely in the summer. These are curious cases because they are so little understood, and they are cases that you meet with continually.

Congestion of the Lung.—We now pass on to the consideration of another disease of the lung, and which is of a more structural character. We have chiefly noticed inflammation on the one hand, and hæmorrhage on the other, with that species of flux constituting œdema of the lung, and these form the chief varieties of the disease affecting the vessels themselves. I have not yet, however, said anything about congestion of the lungs, and it has struck me that I ought to say a few words on this subject, as separate from other diseases. It is a lesion which requires especial treatment, which presents itself in practice, and therefore should not be wholly passed over. There are many eases I have described already, in which congestion of the lung takes plaee. In case of bronchitis, and various causes inducing an approach to asphyxia, the lungs become congested, but yet the slight bronchitis passes off on the one side, and the asphyxiating causes on the other, and eongestion is removed ultimately without any harm resulting. There are diseases which perpetuate a sort of congestion in the lung—the functional diseases we have considered—spasmodic asthma, ehronic bronchitis, and other diseases; pulmonary consumption and emphysema, will also have this effect—keeping up the eongestion of the lung. There is another disease that does it in a more singular manner, that is, mechanically; namely, structural disease of the heart, the same disease that so frequently produces pulmonary apoplexy. We find in organic diseases of the heart, a great amount of dyspnœa eoming on from time to time in the middle of the night, or during the first sleep, when the respiratory act is unassisted by any voluntary effort of the sensorial funetion. When we are eonscious of an impediment in the breath, we use additional efforts to supply the deficiency, but during sleep this does not take place; and where there is extensive disorder of the function of the lung, difficulty of breathing comes on in the night, under the form of asthma; the patient is waked up by a sense of oppression or strangulation; he wakes and breathes for a little time, and then it passes away. This is produced by eongestion, and does not necessarily depend on spasmodie asthma. There is no flux here, and nothing else to materially impede the funetion. We thus find congestion and impediment of breathing, eausing oppression, very apt to occur in the diseases I have mentioned, more particularly in extensive disease of the heart. There may also be a tendeney to habitual shortness of breath in a slight degree, arising from a eertain amount of permanent congestion taking place. With regard to the physical signs, there is, if the disease is extensive, some dulness on pereussion at both sides of the chest. The respiration is more or less impaired, sometimes to a great amount. Where the congestion has gone on for a length of time, the eondition of the lungs is almost like the first stage of pneumonia. The patient may die from disease of the heart, attended with great difficulty of breathing, and the lung is then found eongested to sueh a degree, that there is a doubt whether it is pneumonia or not. There is, sometimes, a shortened condition of the respiratory murmur, for where it goes on to a great degree, the air does not pass into the bottom of the lungs at all, and therefore the sound of respiration is shortened. Not only that, but there is a rhonchus arising from a thin flux seereted into the air-tubes, and which is generally either of a subcrepitant character, or else crepitant, attended with a certain degree of mueous rhonchus also, forming a eombination of the mucous rhonchus and the erepitant rhonchus. This is present in extreme stages of eongestion of the lung, and very elosely resembles pneumonia. There is an absenee of fever, little or no pain, and the pulse may be little or not at all accelerated; but, if it is so, it is generally accompanied with palpitation of the heart. The characteristics of the sputa of pneumonia are wanting. It is remarkable that this affection will come on very suddenly, and be as suddenly removed, so that in a lung greatly eongested, all symptoms of it may be removed in the course of a few hours. I have seen this effected by dry cupping, as also by blisters to the baek. The situation of it differs from that of pneumonia, inasmuch as it frequently affects both lungs at the same time, generally one side more than the other, while pneumonia usually oceupies the base of the lung, and is found on one side only.

Treatment of Congestion of the Lung.—The treatment of this affeetion is that suited for eongestions generally. If there is disease of the heart, we must of course direct our attention to that. Derivation and moderate depletion are necessary; and if the congestion is great, I prefer the cupping-glasses behind the shoulders, or mustard poultices applied upon the back, along with other counter-irritants. So, likewise, antimonials are exceedingly useful, as well as mereurials, in some diseased conditions of the heart. The tendency of this congestion, where it eontinues, illustrates what I said formerly about congestion in general. If it has lasted but a short time, it may leave nothing behind it: but where it goes on, and occurs again and again, it tends to alter the tissues of the lung, and to produce hypertrophy of its texture.

Emphysema of the Lung.—Having disposed of this subject, we proceed now to the consideration of emphysema of the lungs, and dilatation of the air-cells—the first form of structural disease of the lungs. Dilatation of the air-cells may be either partial or general: it may either affect a few vesicles only, or else it sometimes affects a whole lobe, or the entire lobes of the lungs: in some it seems to form sacs along the margin of the lobe. Therefore, there are two kinds of emphysema which we meet with—the partial and the general emphysema. The partial emphysema is usually aeeompanied by an irregularity on the surfaee, as seen after death, the lung in the general form exhibiting little or none of this irregularity. It sometimes happens, in general emphysema, that some parts are more affected than others, but there is not that remarkable, globulated, frothy appearance, you have in the more partial form of the affection. Again, in general emphysema, on examining the lungs after death, we are struck with the bulky appearanee of these viseera: they do not collapse as usual; on pressing them, they feel more resisting and elastic—a sort of tight and firm feel; when you take small portions, such as the margins of the lobes, and press them between the fingers, you find they are remarkably flaccid; but when you eome to the root of the lung, there is a greater degree of firmness. The best way of seeing the manner in which they are dilated, is to inflate the lung and dry it in that state, and then to slice it. By doing this, you will see that the structure of the lung is quite altered. The dilated air cells are broken down in various ways. There is, then, a remarkable difference in various portions of the lung, very different to what is found in the ordinary eondition of the texture of the lung: in some instances—partieularly at the margins of the lobes—when pressed between the fingers, the tissue feels extremely flaccid. Commonly, in this case, towards the root of the lung, there is a tenseness and resistance given to the finger: it appears as if the lung is more bulky, and also more resisting and tough: this gives the charaeter of hypertrophy. These two symptoms are ordinarily eombined. Sometimes, where the hypertrophy is more general, the emphysematous parts are somewhat œdematous. The lungs are in this case lighter, and they float more at the surface of water; they feel specifically lighter when lifted out of the ehest. There is, likewise, a great density existing towards the root of the lungs; and towards the base there are often found eonsolidations, cieatrices, patches, and tuberculous cavities. Now, Laënnee first distinctly described this lesion. There were some aecounts of dilated cells, by Bailey and others, but Laënnec first described this pulmonary emphysema, which is not like the admission of air into the eellular texture, but is constituted by the dilatation of the vesicular structure—of the vesicles themselves. There is another species, the interlobular, that partakes of the form of the cellular. I think we shall understand the symptoms and signs better, by first of all considering their pathology. Laënnec considered this state to be produced by two or three causes; in the first place, by the aecumulation of tough, viscid mucus, in the air cells themselves, or in the tubes, causing an accumulation of air in the cells, in consequence of the difficulty which is offered to the performance of expiration. Now, although this difficulty and obstruction to the passage of the air through the tubes will be felt to a great degree, during the act of inspiration, yet, during a forcible inspiration, a little air will become drawn through the tube, and will consequently dilate the texture, and, by a suecession of these acts, the cells become enormously distended. Then, again, he thought that another thing might contribute to this dilatation, namely, the previous existence of dry eatarrh. This form of disease is aecompanied by a swelling of the sides of the air-tubes, and he considered this the main cause of pulmonary emphysema. We now know that it proeeeds from other eauses, and in many instances it arises where there has been no traee of dry catarrh. But there are other eauses much more powerful. It has been supposed to arise from a change in the nutrition. Louis pointed out this fact long ago, but he did not attempt to give an explanation of its action. He has since written more extensively on the subject, still he has not taken the view that I am now going to give you. We must first of all look at the physiologieal eondition of the acts of inspiration and of expiration. Inspiration is altogether a vital aet, produced by muscular action. Expiration is not altogether a vital act; it is partly, or, in fact, principally, a mechanical aet. It depends on the elasticity of the chest, as well as on the pressure exerted from the walls of the abdomen towards the diaphragm. We know, too, that there is an elastieity within the lungs that contributes to this aet, and this elasticity constitutes a part of the expiratory aet. So, too, we know now, that there is a pretty even balance maintained between the pressure of the air on the lungs, or either periphery of the lungs, and the size of the tubes, so that, when any of the tubes are materially contraeted, that pressure will fall more severely on that part of the pulmonary texture conneeted with these irregularities: the pressure, therefore, will be felt on different parts of the lung, where there is any difficulty in the passage of the air outwards, and thus the lung will be partially distended. This is illustrated in some degree by the phenomena of persons, or animals, who are out of breath. As long as respiration is regularly performed—in regular relation to the heart's action—the respiration takes plaee in a fixed ratio to the number of the pulsations; where it exceeds this amount, a state of oppression and irregularity is induced. A person, after violent running, loses his breath; there is a state of panting and puffing; but if you only give him time to recover the respiratory action, his breath will go on as

before. It is under these circumstances that animals—particularly horses--become broken-winded, as it is called; now, broken-winded horses are pronounced by veterinary surgeons to be affected with emphysema, and it would appear that the disease is suddenly produced by the act of violent exertion. Inspiration is a forcible act, in which great muscular efforts are made; but if the inspiration be not counterbalanced by the expiratory effort, air accumulates in the lungs to such a degree, as to unduly distend the vesicular texture. There is, in fact, a great accumulation of air in the lungs. It is highly probable that this effect is produced, to a considerable extent, by spasm of the bronchial fibres—a continued spasm of those fibres —which thus contributes to prevent the respiratory act from being complete. This, however, is but a functional form: it is only one form; and I mention it in connection with various diseases, in which you find the lungs to be emphysematous. It is common, on opening the bodies of those who have died from affections of the heart, to find the lungs very often distended with air globules, puffed out on the surface. This kind of emphysema is not an uncommon occurrence; it is sometimes merely temporary, and as the dyspnœa passes off, the lung regains its original state. During an attack of dyspnœa, many persons have the lungs more resonant than usual. But, though these may be only temporary conditions, yet, being repeated day after day, the lungs may become permanently distended, and an extensive form of pulmonary emphysema be induced. I have already spoken of partial emphysema, where some lobes become affected, and others not, or some vesicles are more distended than others. This form is most usually met with, either at the apex of the lung, in close contact with chronic consolidations, or else at points where consolidations appear to have been seated, where there is a puckering on the surface of the lung, and a dipping into the substance. The manner in which it is produced is obviously this: the consolidations, which are many of them of a chronic character, are accompanied with more or less of a contractile process, and are found, as it were, fixed in a medium state between expiration and inspiration. When air is taken into the lungs, it is quite clear that, although the chest expands, this portion will not receive more air; and, therefore, there is a sort of suction process carried on; air passes beyond it, and by-and-by all the pulmonary cells about it become dilated, to fill up the space deficient in the condensed lung. The same thing is produced by tubercles, and by causes which prevent the air entering the cells—not only by deposits in the tissue, but also where there are obstructions in the tubes themselves: suppose, for instance, that one tube is obstructed during a forcible act of inspiration, the air-cells of the obstructed tube cannot receive air freely; but the adjoining ones do, very freely, and therefore the one will become dilated and press on the surrounding texture, and ultimately become permanently enlarged. This is one of the great causes of partial emphysema of the lung, and this will occur not only in the interior of the lung, but it may also take place on the surface.

Acidity of White Wax.—M. Deschamps of Avallon, has ascertained that the white wax sold in Paris contains an oily acid, and also, margaric acid, which may be thoroughly extracted from the wax by means of alcohol. The presence of these acids, is owing as he states, to an alteration in the wax effected by treating it with an alcaline liquid to bleach it, because these products resemble those caused by the action of potass on wax, and because, if the wax contained tallow, sebacic acid would have been found, and if stearic acid had been added, it also would have been discovered.

Dental Caries.—Dr. Talma is of opinion that in many cases of dental caries, the disease is produced by an acid liquid secreted by the glandules of the gums on a level with the neck of the teeth.

ROYAL WESTMINSTER OPHTHALMIC HOSPITAL, CHARING CROSS.

Clinical Lecture, delivered by Mr. Guthrie, Friday, October 21st. On Abscess of the Cornea, Hypopyon, Onyx.

Gentlemen,—A long time has elapsed since I have had the pleasure of addressing you in the shape of a clinical lecture. If I have been idle, the committee have not; they have gradually augmented the funds of the charity until they have found themselves capable of maintaining twenty in-patients, and of affording relief to as many out-patients as may apply for it. A great many persons have subscribed without any solicitation, from their own knowledge of the great benefits the poor have derived from the establishment of this hospital. The number of in-patients will, I hope, be increased this next year; and this public impulse shall be met by corresponding efforts on the part of the medical officers. I have recommended to the committee the appointment of two additional assistant-surgeons, Messrs. Alcock and Dasent, both of whom were formerly students at, and house surgeons of the hospital, until the governors shall be pleased to express their opinion at their annual meeting, Mr. C. Guthrie and these gentlemen will take charge of the out-patients. The in-patients and the operations will remain under the care of the house surgeon, under my immediate superintendance. Case-books will be kept of the more important cases among the out-patients, as they have long been of the in-patients; and it is my intention, that this hospital shall be a model on which all other institutions of the same kind may be formed with advantage. The assistant surgeons will attend daily, although Mondays, Wednesdays, and Fridays from half-past twelve until three will be the days for public instruction. I shall hope to be able to attend at half-past one, and shall operate on Wednesdays, and lecture when convenient to me on Fridays. On Wednesday you saw me do fourteen operations. The lecture for this day will be with especial reference to the case of Mr. Braitwell, who has left the hospital lately, who we may readily lose sight of, and whose treatment deserves your most earnest attention, that it may be full in your remembrance when a similar one shall come before you. It was a very bad case of abscess of the cornea, accompanied by an onyx, and afterwards by an hypopyon.

Suppuration, or abscess in the cornea, may occur from external injury, although it usually is the result of an inflammation of a peculiar character, but not often of a very acute kind. It takes place more frequently in children than in adults; to which fact sufficient attention has not been paid, but which is the more necessary, as the treatment in children and in adults is often essentially different. Suppuration of the cornea, interstitial abscess, hypopyon or hypopium, and onyx, have all been confounded under these different names, and often considered as one and the same disease, being, nevertheless essentially distinct, although generally present at the same time. The term onyx is commonly understood to imply the appearance of a collection of white matter at the under part of the cornea, similar to the crescentic white mark seen at the root of the nail of the fore finger, the concavity being upwards; and is supposed by many to be matter effused between the layers of the cornea in consequence of suppuration, which has sunk by gravitation to the most dependent part, and is described as "abscessus inter lamellas corneæ"—a description which is certainly erroneous. The adhesion of the layers of the cornea to each other is too firm to admit of such an occurrence, and the error has arisen, I presume, from defective observation, and perhaps from having seen the edge of the cornea when disposed to slough, exhibiting an appearance of this nature, which I now shew you in the left eye of Mrs. Arspin, suffering from an attack of low purulent inflammation. An onyx is, however, only the commencement of an hypopyon, or hypopium, in which a larger quantity of whitish matter has been poured out, being, puris sub tunica cornea in cameris oculi collectio, of the ancients; for which definition, as well as for that of onyx, you may refer to Blancard's Lexicon Medicum, edited by Kuhn. In hypopyon the quantity of matter piled up, as it were, above the onyx, and collected for the most part in the centre of the anterior chamber, destroys the appearance which has been essentially called onyx, they being degrees only of the same complaint. In the case of Mr. Judd, who suffered from suppuration of the eye-ball, the onyx was first observable, then the hypopyon, and you saw me evacuate on my principle a quantity of matter far exceeding what you might have supposed gave rise to this appearance, and thereby save the cornea from sloughing.

Abscess of the cornea is a deposition of matter between its layers, and does not directly give rise to the appearance of either onyx or hypopyon, although one or both usually accompany it; but then the deposit of matter constituting either onyx or hypopyon is derived from a different source, having no immediate connection with the matter forming the abscess, which is secreted external to the inner layer of the cornea,—whilst the matter of an onyx or hypopyon is secreted from the internal surface of this part or layer; and, although I believe a considerable portion of it to be poured out from the inner part of that which constitutes the wall of the abscess internally, I am of opinion that the remaining portion is derived from the surface of this layer, where it invests the iris, which membrane itself is always affected in some degree until after the cornea has been destroyed, when it may become generally inflamed from exposure.

A gentleman came to me from Lincolnshire some years ago, with a small piece of a copper cap sticking in the outer edge of the iris, the wound in the cornea through which it had been driven by the force of his priming having healed. He was suffering from great irritability and from intolerance of light, from onyx, and from what appeared to be a dense white opacity of the capsule of the lens; the iris being but little inflamed, although slightly discoloured. I opened the edge of the cornea over the piece of copper cap, and removed it with a small spring forceps. On making the incision the aqueous humour escaped with a gush, and with it the matter giving rise to the onyx and to the opacity of the capsule. It appeared to be an albuminous powder which had subsided from the aqueous humour, rather than a glutinous deposit, and the patient suddenly recovered his sight on its evacuation. I have seen the same thing on several other occasions, but never in so distinct and remarkable a manner. The gentleman lives, I believe, in Horncastle.

An abscess usually forms in the centre of the cornea, sometimes rather below it, and although the deposition of this whitish kind of viscid matter usually takes place in a circular form, it frequently is extended in different directions, and generally downwards between the layers, although this is not easily effected from their adhesion to each other; and if the matter should ever descend to the edge of the cornea, so as to give rise to the appearance called onyx, it is an exception to the general rule, and not the rule itself. When suppuration or the formation of matter of this kind has taken place in an adult, so as to equal in size a large pin's head flattened, which appearance of diffusion is occasioned by the toughness of the layers of the cornea, nature seems to be aware that there is but little hope of its being removed by absorption, and sensible that the passage of the matter inwards would lead to the destruction of vision, she sets about its removal in a manner in some degree peculiar to this part. The inner layer of the cornea appears to be protected in the same manner as the peritoneum, when an abscess forms in the walls of the abdomen. Nature almost invariably directs its progress outwards towards the skin in such cases, and she continues to do so until the swelling formed by the matter points as it is termed, when the skin becomes inflamed and the cuticle separates, prior to the rupture or ulceration of the true skin itself. The difference between the progress of an abscess in the walls of the abdomen, and in the cornea, is this: that the ulceration on the surface of the

abdomen is the last step which takes place previously to the evacuation of the matter; whereas, in abscess of the cornea it is observable shortly after the matter has begun to be deposited. An abrasion or removal of the conjunctival covering of the cornea immediately over the abscess is soon perceptible, and this is followed by the removal of the outer layer of the cornea, and ultimately by the exposure of part of the thick glutinous matter of the abscess, which cannot be removed in a satisfactory manner by any instrument, through any additional superficial opening which may even be made for its extraction, and the efforts to effect which, seem only to augment the mischief. The matter spreads in adults, although not always in children, within the layers, until the greater part of the cornea is opaque and yellow. The ulceration on the surface extends and deepens, the thick matter is exposed, and at last, after a severe attack of pain, the cornea yields and the eye bursts, as the patient expresses it, and he is relieved from pain, although the eye will be lost for all purposes of vision, by its becoming, in most instances, staphylomatous and otherwise disfigured. When the progress of the disease is less rapid, the inner layer of the cornea does not yield by rupture or ulceration, but protrudes and is elevated into the bottom of the ulcer in a manner which, when once seen, cannot be mistaken; and, although this generally yields in turn by ulceration, it does not always do so, and the ulcer may cease to spread, and ultimately close in and heal around it. In other cases, the inner membrane yields at a point, the aqueous humour escapes, the iris falls forward against the cornea, and closes the opening for the moment by protruding into it. This, which is called a procidentia iridis, sometimes arrests the evil; the iris adheres to the cornea at this point, and greater disfigurement is avoided. These may be considered as rare and fortunate terminations—the more usual result in adults being the loss of vision in eighteen cases out of twenty under the ordinary methods of treatment.

It is said that the matter of the corneal suppuration is discharged internally into the anterior chamber more frequently than externally, under which circumstance the statements I have made to you as to its course cannot be correct; and I therefore believe the opinion thus entertained to be erroneous. I have sometimes thought that ulceration did take place on the inside of the cornea, as well as on the outside; but I have satisfied myself to the contrary, at least, as a general rule, and you will be equally satisfied when you have had opportunities, after hearing this lecture, of seeing some cases of this disease. The onyx and the hypopium are the results of secretion *from*, and not of ulceration *of*, the inner layer of the cornea.

This disease is sometimes the result of accidental injury; it has more frequently come under my observation as arising from general causes. Walther says, that in the Isar district, in Bavaria, from fifty to sixty eyes are annually lost during the harvest, from the direct injury reapers receive during their labours. I am not aware that these accidents are of common occurrence in this country, but if they should be, it is necessary that my observations on this complaint should be more extensively known than they are at present.

When an abscess of the cornea follows an injury of that part, the external appearances may be observed from the beginning, and the cause is of course evident. It is not so when the complaint begins from cold, or other causes which are not known, although they may be suspected, and the reason has not yet been clearly demonstrated why one person after exposure to cold or damp, or both combined, shall suffer from inflammation and suppuration of the tonsil, whilst another shall be attacked by inflammation and suppuration within the chest or in the cornea. In abscess of the cornea from any cause, although the exciting one is different, the distinguishing signs are the same, although they may be more or less marked. The vessels which support the inflammation in the cornea must be sclerotic vessels, and their colour is pink or that of red shining through white, and they are from their envelope fixed or immovable; they run in straight lines towards the cornea, where they communicate more freely with each other and form a sort of zone, which is more distinct at the part from which the vessels proceed into the inflamed spot. The conjunctiva partakes of the inflammation, but its red and moveable vessels are easily distinguished from those I have alluded to below. I have rarely seen the inflammation run very high; chemosis is seldom observable to any extent, even when there is no longer any hope of saving the cornea. The symptoms of conjunctival inflammation are marked by the pricking sensation and flow of tears; the pain of the eye-ball, sometimes extending to the orbit, which always accompanies inflammation of the fibrous structures is severe; the iris soon becomes slightly implicated, and the pupil contracted; the deposition of matter takes place early, and it is from this distinctive sign that the disease is known, when the proper treatment may be adopted. I refrain from entering into any minute description of symptoms until we have a case before us; and at this moment, although there may be three hundred persons attending of all ages, there is not one, although it is said that abscess of the cornea, hypopium, onyx are not unfrequent complaints. I am, in fact, gentlemen, a sceptic on this, as on almost every point of importance connected with the history and treatment of this disease. I beg of you, however, to place that reliance in my opinions which I am not disposed to grant to those of others: but then, it is only until you shall have had the opportunity of verifying them. You will be no less anxious to see the next case, than I am to shew it to you, and for your sakes I hope it may be sufficiently acute to allow me to demonstrate every point, and to enable you to form your own conclusions.

Children recover from diseases of the cornea in a manner which adults are quite incapable of doing, of which I shall in due time give you instances, and the matter of an abscess in the cornea will, in them, be frequently absorbed, whilst a similar extent of disease in an adult would be necessarily destructive under the same mode of treatment. This disease may be treated in children principally by calomel and quinine, &c.; but there is only one effective way of treating it in an adult, and it is by doing what you are forbidden to do by every modern author; only you are to do it in a different way. The remedies recommended are, bleeding, nauseants, purgatives, counter-irritation and mercurials, with belladonna externally, but the incision of the cornea is expressly forbidden by all; nevertheless, it is the remedy of remedies. I shall not refer to the works of the gentlemen whose opinions and whose practice I do not approve, as that would take up more time than I have to spare, and it is not agreeable to me to make such references. They have all, however, noticed the practice of opening the abscess in the cornea, and all have, after trial, condemned it; but this has occurred from their having made the incision in the wrong place, and having done it in the wrong way. The anterior layers of the cornea have been opened, but the viscid matter beneath would not come out, it could not be removed from between the layers, and more harm than good was done by the attempt thus made for its removal. The cornea has been punctured repeatedly to evacuate the aqueous humour, and no permanent good followed the operation. The cornea has been incised, with however the positive direction that the incision must be made on a line with the edge of its junction with the sclerotica, and in the part where it was sound; and this did much more harm than good. When, however, a perpendicular incision is made completely through the centre of the abscess, beginning a little below its lower edge, and is carried a little beyond its upper edge, the operation is successful. The aqueous humour is suddenly evacuated, together with the matter constituting the onyx or hypopium, and what is of more importance, it brings out with it the viscid matter lying between the layers of the cornea, and which no one has yet been able to remove successfully, by any manipulation whatsoever. The iris falls against the inside of the cornea and closes for the time the opening thus made. If the whole of the aqueous humour should not have been let out together with the matter constituting the hypopium, the edges of the wound in the cornea must be separated by the small, thin, flat, blunt silver instrument attached to the opposite end of the curette used sometimes during the operation for extracting a cataract, or by any other instrument of a somewhat similar kind, and care must be taken during the operation of dividing the cornea, that the capsule of the lens shall not be injured. After the complete evacuation of the aqueous humour and the contents of the abscess, the eyelids should be closed, and a soft pad of linen placed upon them with a moderate degree of pressure for twenty-four hours, and then it is only to be removed and replaced for the purpose of cleansing the edges of the lids, which are not to be opened for eight-and-forty hours, when, in some instances, the edges of the incision will be found to have united, and the anterior chamber to be full of aqueous humour, the ulcerated part in a healthy state, and all the other symptoms greatly relieved; the cure, in fact, goes on to its completion in ordinary cases, and will do so in most others, without further intervention on the part of the surgeon, although it may be expedited by his assistance. It matters not in what part of the cornea the abscess is situated as far as regards the incision, which must always be made in the same manner, and the earlier it is done in an adult, after matter has been deposited, the better, for it must be obvious, that nothing can save a cornea, the greater part of which has been disorganized or destroyed, although this operation will save many that would generally be considered hopeless. In the case I am now going to read, and to present for your inspection, I hardly expected for several days it could succeed; it has, however, done so, and there is but little defect remaining. You have had the pleasure lately of seeing Dr. Sigmond, one of the Professors of Ophthalmic Surgery in the General Hospital, of Vienna, on several occasions, and he was delighted with the practice. You have now present Dr. Goltz, Sub-Professor, and he is no less pleased, and acknowledges the value of the proceeding.

Abscess of the cornea is a complaint not often seen in the better or richer class of persons, it is more particularly a disease of the poor or labouring class, and although I have treated a great many cases in the way indicated in this hospital, I have only met with two cases of it in adults in private life, in both of which the incision was successful.

I have noticed in the foregoing lecture only the leading facts relating to this disease; I shall do no more with regard to those about to follow from time to time, but I trust the assistant surgeons will add such other more minute points as I may bring under your observation as the cases come before us, and by the end of next year produce for you a complete work on the Diseases and Operations of the Eye, as they are seen, treated, and practised in this hospital.

Case 1.—John Braitwell, ætat 53, a labouring man of intemperate habits, was admitted Sept. 8th, 1843. Disease of seven days' duration. He complained of a pricking pain in the left eye, and a dull aching sensation in the temple; the redness of the conjunctiva was of the patchy catarrhal character, with slight chemosis, the cornea hazy, with a rather large collection of viscid mucopurulent fluid between its layers, and in the anterior chamber. This fluid was evacuated by a perpendicular incision, after which, a pad was placed over the eye, the patient sent to bed, directed to be kept quiet, and have a dose of aperient medicine.

9th. Had a good night—the pain and inflammation diminished—bowels well opened. Middle diet.

10th. But little pain in the eye, except at night; the ulcerated surface apparently sloughing; conjunctiva white, with a few enlarged vessels; cornea clear; anterior chamber empty: full diet—half-pint of beer—Infus. sennæ mane.

11th. Anterior chamber empty; iris lying against the cornea; slough inclined to separate; no pain; sleeps well.

13. Iris still lying against the cornea; slough not separated; cornea at a short distance from the ulcer, quite clear. Inf. sennæ, statim.

15. Ulceration inclined to heal; iris still in

apposition with the cornea; no pain; pulse fuller, bowels open. Middle diet.

20. Anterior chamber full; ulcer filled up; iris adherent to the cornea at the point of ulceration. After this the man gradually improved, and could see his way with the affected eye. The cornea is round and perfect, with the exception of a slight leucoma. Belladonna was applied, but it had no influence.

Case 2.—David Davis, ætat. 7, admitted an inpatient with severe inflammation of the right eye, a collection of matter in the anterior chamber, and extensive ulceration of the cornea, with a tendency to slough. Mr. Guthrie made a perpendicular incision through the ulcer, the aqueous humour escaping on the withdrawal of the knife. The eye was padded, and the boy put to bed. Twenty-four hours after the operation, the collection of matter was not observable; the iris was still lying against the cornea, which was flatter than natural; 48 hours after, the anterior chamber had filled, the cornea had assumed its original rotundity, and the ulcer seemed disposed to heal. The pad was continued, and the boy did well. He had, at one time, a relapse of the inflammation from neglect, which was relieved by cupping and purging. When dismissed, he could see very well with the right eye, there being only a slight leucoma on the cornea, the iris being healthy and not attached to it.

Case 3.—William Wood, a sailor, presented himself May 30, 1843, with hypopyon and abscess between the layers of the cornea. An incision was made three days after, the eye being kept padded and quiet. The vinum opii and a weak solution of the nitrate of silver were applied occasionally.

July 8.—There is a small nebula in the centre of the cornea; the lens was opaque; and the iris irregular from former disease, but the eye looks as well as before the attack of hypopium, the slight mark of the incision being scarcely observable.

Case 4. Catherine Boxall, aged 4, came to the hospital on the 7th of July, the third day after the commencement of her disease. There was a distinct rose-coloured zone of vessels surrounding the cornea, inflammation of the conjunctiva, ulceration of the surface of the centre of the cornea, the lower third of the anterior chamber filled with a light yellow matter, the iris discoloured, red, striated with a dirty yellow; complains of pain in and about the orbit, increased at night, with intolerance of light; she had lost flesh. Hydr. chloridi gr. 1, quinini sulph. gr. 2 ter die. July 10, the same; 12, better in all respects, matter in the anterior chamber nearly absorbed. Pills to be taken four times in 24 hours.—14. Had become much worse; the cornea was, therefore opened by a perpendicular incision, and the eye padded; the medicine to be continued.—15. Better.—16 and 17. Ditto.—18. The anterior chamber is full of aqueous humour, the ulcerated spot on the cornea is semi-opaque, but altogether much better, the iris is recovering its colour, the inflammation is subsiding.—21. Omitted the padding, being much better.—22. The ulcerated spot yielded for want of the pad, and the aqueous humour has escaped; the pad to be replaced.—25. Cornea full; to take the quinine only.—28. The ulcer has healed, and the cicatrix is small.—August 6. Discharged.

Case 5. Thomas Tanner, 3½ years old, admitted August 7, 1843, with a sloughing ulcer in the centre of the cornea, hypopium of considerable extent, surrounding inflammation considerable, pulse weak, child looking ill. Hydr. chloridi gr. 1, quinini sulph. gr. 2 ter die.—8. Much the same.—9. Better.—10. All the symptoms much diminished, ulceration cleaner, hypopium less, child more lively, continued improving.—14. Much better.—21. Omit all medicines, a spot on cicatrix alone remaining.

PARISIAN INTELLIGENCE.

(FROM OUR OWN CORRESPONDENT.)

Paris, October 19th, 1843.

Action for Libel, Damages £2,400.—The Palais de Justice offered an unusual sight to its customary visitors on the 11th inst., being the day appointed to hear evidence in support of an action brought by M. Jules Guerin for libel against Messrs. Malgaigne, Vidal (de Cassis) and Henroz. The damages were laid at 60,000 francs, which sum, if recovered, is intended to be employed in the improvement of the orthopedic wards of the Hospital des Enfans. Great, however, was the disappointment of the different parties on hearing M. Cazenave declare he could not sit as judge in the affair, the name of his father-in-law (Professor Fouquier) being on the title-page of the *Journal de Medicine*, published by M. Bean, who is in partnership with M. Malgaigne, editor of the *Journal de Chirurgie*. The hearing of the case was postponed to the 14th November.

Lithotrity.—M. Laugier, of the Hospital Beaujon, after performing lithotrity according to the method recommended by Heurteloup, made use of M. Cornay's instrument, and extracted from the bladder five fragments of stone, and an equal weight of gravel. The largest fragment was seven millimetres in length, three in breadth, and four in diameter.

Divided Arteries—Distinctions to be made.—Two cases of wounds of the hand with division of an artery, which occurred in the wards of M. Chassaignac, at the Charité, have furnished him an opportunity of exposing his views on this subject. The first was produced by the fall of the patient when drunk, and the second by the bursting of a gun; in the latter case the ligature of the radial was requisite to stop the hæmorrhage. A distinction ought to be made between the wounds of arteries of the third or fourth class; thus, if the brachial is wounded, the artery must be tied before inflammation comes on; but this is not requisite when it is the termination of the radial or an artery of its diameter, compression being in general sufficient. Should the hæmorrhage continue, a ligature must be placed on the radial or cubital, after having, by pressure on these arteries, ascertained which of them is the source of the hæmorrhage, for it rarely happens that both furnish the blood which escapes from the wound, notwithstanding the numerous anastomoses which exist. Finally, M. Chassaignac mentioned a case where compression was inefficacious to stop the hæmorrhage, which was effected by plunging the part frequently in cold water, and dressing the wound by lint, steeped in that liquid.

White Swelling and Syphilis.—The same surgeon, speaking of several patients in his wards, affected with white swellings, hydrarthrosis, tumours of the periosteum, &c., enforced the importance of endeavouring to ascertain, positively, if the person had been afflicted with syphilis. After passing in review the different parts of the body which may become the seat of the secondary symptoms, he pointed out the existence in such cases of a longitudinal eminence, called by M. C. medio-palatine exostosis, easily discovered by passing the forefinger along the centre of the roof of the mouth. This sign, though it cannot be considered a positive proof of the previous existence of syphilis, has been found so often in averred cases of this disorder, that when met with, there are great probabilities such is the case.

Aqueous Bronchocele.—Professor A. Berard makes the following practical remarks on a case of encysted or aqueous bronchocele, which occurred in his wards at the Hôpital de la Pitie. The patient, a woman, aged 32, lymphatic temperament, remarked nine years previous to, and three months after, the birth of her child, a small tumour on the right side of the trachea. This tumour increased in size slowly, giving little or no pain; six years after, on a sudden, it became much larger and softer, with fluctuation. Professor Berard was consulted, and advised her to allow an operation to be performed, but she refused, as the tumour was not painful. It continued in this state for three years longer, but, a fortnight ago, it began to increase again, and was accompanied with severe pain, extending to the ears, temple, and throat, with dyspnœa and dysphagia. This became so intolerable, that she consented to the operation. Before performing it, and in order to ascertain positively its nature, a small trocar was plunged into the swelling, and a small quantity of a thick brown liquid, similar to coffee grounds, allowed to escape. Nothing particular occurred for two days, after which the swelling increased, accompanied with pastiness and œdema of the surrounding parts. This disease, continued the Professor, is but little known, and very imperfectly described. M. Maunoir, of Geneva, was the first who, in 1816, gave a description of the disorder, under the name of hydrocele of the neck, but, notwithstanding the discussion which took place at this period between MM. Pelletan, Percy, and Maunoir, it was forgotten until lately, when several surgeons published memoirs on the subject, the best and most complete of which is that by Professor Velpeau, inserted in the *Annales de Chirurgie*. Other authors have considered it a species of bronchocele, or described it under the name of hydro-bronchitis, or encysted and aqueous bronchocele. This last denomination is certainly the most appropriate, for it indicates the existence of hypertrophy of the thyroid gland, and the presence of water. *Causes*:—they establish a decided difference between this disorder and bronchocele; for the former is not hereditary, is not influenced by certain localities, by sex, or by professions requiring violent efforts, &c. As to the age, it generally takes place from 20 to 30, seldom after 40, and still more seldom after 60.—*Symptoms.* The disease begins on one side of the aspera arteria, under the form of a non-dolorous tumour, which follows the divers movements of the larynx, and changes its position during the act of deglutition. The skin covering it is of its natural colour, and it may remain stationary for a considerable length of time, ere the symptoms of the second period appear, which are pain, increase of size, especially upwards, downwards, backwards, and on both sides, giving rise thus to dyspnœa, asphyxia, or dysphagia, according as it presses on the trachea or œsophagus. The cerebral arterial circulation is not so much affected as might be expected; but the return of the venous blood is more or less obstructed, and pain, aphony, or disturbance of the respiratory function, is produced by pressure exercised on the pneumo-gastric, and other nerves of the neck. The tumour is sometimes so voluminous that it serves as a sort of pillow to rest the head; and it has been seen to descend as low down as the pubis, covering the thorax and abdomen.—*Pathology.* Liquid, seldom limpid, generally more or less turbid and coloured, similar to chocolate, coffee, or blood, sometimes containing albuminous flakes; cyst, sometimes hollow, thin, membraniform, at other times thick, firm, and tough, almost always uniocular; in some few cases separated into several cells. The tumour offers internally the aspect of a hydro-sarcocele, with the exception of its non-participation of the cancerous nature; sometimes the glandula thyroidea is hypertrophied, and its areolæ are developed and increased in number.—*Diagnostic.* It may be taken for scrophulous or chronic abscesses; they are to be distinguished by the commemorative symptoms, the scrophulous constitution, and the age. 2nd, Aneurism, by the pulsations; should the carotid communicate a pulsatory movement to the tumour, it ceases as soon as this last is pushed aside. 3rd, Cancer and other tumours, cysts, lipomas, &c., recognised by their not following the movements of the larynx; cancer, seldom met with in this region; bronchocele, should there be any doubt, the trocar must be employed. *Prognostic*—formerly it was considered as very dangerous, but since the memoir of Professor Velpeau, on the subject, this opinion is greatly modified. *Treatment*—All empirical remedies, (resolvents, iodine, &c.,) and many operations, (ligature, ablation, cauterization) ought to be rejected, and the treatment consist of, 1st, palliative remedies; tapping, only to be employed when the tumour is very large; as to the section of the sterno-cleido mastoideus, proposed by M. Bonnet, tapping is preferable. 2nd, Curative remedies:—incision, so as to empty the tumour, may become dangerous, by the division of important vessels or nerves, by consecutive inflammation, by the spreading of the pus into the neighbouring parts, and even into the thorax; finally, it leaves an ugly cicatrix. Seton, recommended by M. Maunoir, is inconvenient from the length of time necessary to effect a cure; injection, the danger attendant on this method has greatly

diminished, by the modification made by Professor Velpeau, who substituted a cold dissolution of iodine for the warm wine, or other liquids. It is to this last method that Professor A. Berard had recourse, but instead of puncturing the skin and cyst at the same time, he employed the subcutaneous method, introducing first a narrow bistoury under the skin, and then pierced the tumour with a trocar, somewhat larger than that recommended by Professor Velpeau.

Formation of Urinary Calculi.—The following case, published by Dr. Brossette, of Digoin, in the *Gazette Medicale*, shews the rapidity with which urinary calculi is sometimes formed. Catherine C., aged 19, having introduced into the urethra a case filled with pins, it slipped from her fingers, and penetrated into the bladder, whence she could not extract it, though she could touch it. This young woman, eight days after, overcome by the violent pain she suffered, confessed the whole to her mother, who brought her to me. Having ascertained its presence by catheterism, I succeeded, having first fixed it, by a means of a finger introduced into the rectum, in seizing it with a pair of pincers, and extracted it after a great deal of trouble, caused by the swoln state of the parts, and the increased size of the case, especially in passing the neck of the bladder and the urethra. Though it had been only eight days in the bladder, it was already partly covered with a layer of calculous concretions. Its circumference was 2·735 inches, and its length 3·937.

Miasmatic Poisoning.—Professor Trousseau, in the same periodical, publishes a case of miasmatic poisoning followed by anæmia, intermittent fever and hypertrophy of the spleen. After exposing the opinion of Dr. Bretonneau as to the cause of marsh fever, he concludes by recommending to administer to children affected with this disease, instead of the sulphate of quinina, raw quinina, (*quinine brute*) which on account of its being almost insoluble in water and saliva, and very malleable, may be given in their soup, in pills not bigger than a pin's head. The dose is for adults from grs. xij to grs. xxx; in the present case it was grs. iv, given three successive days, and then continued at longer intervals.

Academy of Sciences.—(*Sitting of the 16th Oct.*) M. Dumas in the chair—*Gastric Juice and Calculi*:—M. Leroy d'Etiolles addressed a letter, in which he added to what he wrote to the Academy of Medicine, that having performed several experiments on gastric juice, as a dissolvent of calculi, he had proved it to have no effect on calculi formed by the oxalate of lime—hardly any on those formed of uric acid—very trifling on the phosphate of ammonia, lime and magnesia--and very little on a concretion taken from the articulation of a person affected with gout. To these negative results may be added that of M. Donné, who kept for three weeks a calculus of uric acid in gastric juice without perceiving the least alteration. The alternating calculus is the only one which offered any change worth notice; the mucus uniting the different calcareous deposits lost its cohesion, and its different layers were separated without being softened. Gastric juice does not act on urine, or precipitate the salts it holds in dissolution; it does not render limpid that which is muddy or mucous. Mixed with urine in which several ammonia-magnesian calculi were placed, no change took place after two hours; a drop of acetic acid dissolved instantaneously the calculi. From these considerations it is rational to conclude that gastric juice is not a lithontriptic.

Extirpation of the Glandula Lacrymalis.—M. Paul Bernard, M.D., presented a Memoir on the Extirpation of the Glandula Lacrymalis, in cases of Chronic Epiphora.—(In my next, I will give a detailed analysis of this interesting communication.)

Academy of Medicine; Sitting of the 17th Oct.—M. Ferrus in the Chair.—*Curious Cases:*—M. Segalas read a report on three cases sent by Dr. Feron, of the Navy:—1. *Ranula*, complicated with a calculus, and cured by an incision: analysis shewed that the calculus was formed of phosphate of lime and animal matter.—2. *Ischuria*, produced by a calculus in the urethra; an incision was made on each side of the canal, and the stone extracted; the patient soon got well. The calculus was composed of uric acid, phosphate and oxalate of lime, and phosphate of ammonia and magnesia. M. Caventou enquired if, when carbonate of lime existed, there was not always phosphate of lime? M. Segalas replied negatively, adding, however, that carbonate of lime was rarely found, except when alcaline carbonates had been administered.—3. *Hydrophobia* produced without being at all influenced by the imagination. The patient, a young man of a respectable family, forced some honey down the throat of a dog that died mad. Not having been bitten, he felt no anxiety, and for a month remained perfectly well; when all at once, when dressing to go to a ball, he was seized with violent pain in the hand, extending to the arm and chest. A physician, called in, fearing pleuritis, bled and leeched the patient; the next day, delirium coming on, he was bled again. M. Feron, who was called in, remarking the difficulty the patient experienced in swallowing, diagnosticated hydrophobia, and, on enquiry, learnt the particulars before mentioned, concerning the dog. He therefore examined the hand, and found on it traces of scratches and cicatrices recently healed, and could no longer doubt that the cause of the disease was the absorption of the rabid poison, which took place unknown to the patient. The poor young man died shortly after. M. Baffos declared that he considered the observation very incomplete, for there was no proof, 1st, that the patient had not been bitten, and the more so, as the author himself declares that there were scratches and cicatrices recently healed on the hand; and, 2nd, that he had not been affected by the circumstance, though he had mentioned it to no one. M. B., therefore, proposed requesting the Commission to examine the case more attentively, and to rectify the errors therein contained. This proposition being rejected, the conclusion of the Commission was, to thank the author for his communication, and put him on the list of persons to be named correspondents. After a few remarks from MM. Castel, Blandin, Dupuy, and Ollivier d'Angers, it was adopted.—M. Gaultier de Claubry read the second part of his Memoir on Vaccine, tending to prove the inutility of re-vaccinations.—M. Segalas presented in the name of Dr. Blatin, an apparatus called by the author, *rigocephale*, composed of a *calotte*, adapting itself to the head, by means of which, 400 quarts of water may be brought in contact with the cranium during 24 hours.—Dr. Paul Bernard presented the patient he had cured of chronic epiphora, by the extirpation of the glandula lacrymalis.—Dr. Bouillet related the case of a young woman who, seven months gone with child, was taken with labour pains, and delivered of an anencephalus, which he presented to the examination of the members of the Academy. Professor Velpeau and M. Capuron were requested to perform the autopsy.

Case of Epispadias.—M. Marshal (de Calvi) read the details of a case of epispadias. The different authors who admit the existence of this anomaly, do not give a case as observed by them, nor has M. M. been able to find a single plate representing this disease, in the numerous works he has consulted. Hypospadias is as frequent as epispadias is rare. M. Baron has met with 300 cases of the former, and only 2 of the latter. The Chef de Bataillon, commanding the depôt of the recruits of the department of the Seine, says he does not recollect having seen a case, though he has examined upwards of 60,000 recruits; and the author himself, out of 10,000, has only met with the present observation. The penis is so short, that the glans penis touches the pubis; during erection, it attains from 1·968 to 2·362 inches in length; size, ordinary. The glans penis is divided into two parts, so as to permit the urethra to be seen; the division is not single, there is posteriorly a principal canal, and, before it, two others, which open into it. Two small tubercles, similar to the nymphæ, are situated between the principal canal and the two lateral ones, and the glans itself, beyond these, represents the labia pudendi. The opening of the canal of the urethra is situated at the upper exi tremity of the chief canal, whence it continue without interruption to the bladder. In thn anomaly, the urine is ejected much better than i hypospadias, and probably the same remark is applicable to the evacuation of the semen. In order to explain why it is so seldom seen, we must seek the reason in the development of the genital system, thus given by Meckel. About the middle of the third month, the anterior extremity of the glans penis is imperforate, and is separated from the corpora cavernosa by a deep indenture: a white spot on the glans indicates where the opening of the meatus urinarius is to be. At this period, *a longitudinal fissure, situated on the anterior part of the space which separates inferiorly the corpora cavernosa*, extending sometimes to the extremity of the glans, is to be observed. In the fourth month, the glans is perforated. Thus, hypospadias may be considered as a continuation of the primordial state of the parts; whilst epispadias is unnatural, as it does not exist in any period of life in the normal condition of the human frame.

M. H. Larrey, in a letter to the Academy, states that epispadias is far more frequent than M. Marshal (de Calvi) admits; and in proof thereof, quotes cases consigned in the works of different authors, and one communicated by him to the Academy, and published text and drawing in the work on anatomy, by MM. Bourjery and Jacob. Professor Blandin is of M. Larrey's opinion, and says that he has seen several cases; moreover, that all persons affected with extrophy of the bladder have likewise epispadias. M. Delins remarked that M. M. had purposely eliminated all the cases in which extrophy existed, and spoke only of the disorder free of all complication; and Professor Velpeau observed that epispadias with extrophy was not uncommon, but that cases similar to that of M. Marshal were rarely to be met with.

New Mode of obtaining Azotous Æther.—Dr. Pedroni addressed to the Academy a note on a new method of obtaining azotous ether (*azotite d'oxyde d'ethyle.*) Having poured by chance a small quantity of boiling acid. sulphur. alcohol, in a phial containing crystallised azotate of ammonia, reaction soon after took place, and azotous ether was disengaged, and since then the experiment has been repeated with perfect success. The proportions of the different substances employed is:—℞. Azotat. ammoniæ crystal. ℈x, acid. sulphur ʒij, alcohol ℈vijj. Mix the alcohol and acid, then pour it on the salt and distil the liquid; sulphate of ammonia is formed; the azotic acid set free combines with the alcohol, and produces *azotite d'oxyde d'ethyle*, *aldehyde* and water. The formula of the reaction is, $(Az^2\ H^6 + Az^2\ O^5 + H^2\ O) + S\ O^3 + 2\ C^4\ H^{12}\ O^2 = (S\ O^2 + Az^2\ H^6 + H^4\ O^2) + (C^{14}\ H^6\ O^2 + H^2\ O) + (C^4\ H^{12}\ O + Az^2\ O^3)$. In the preparation of azotous ether by alcohol and nitric acid, the quantities employed must be very minute on account of the rapidity with which the ether is produced; here, on the contrary, it takes place gradually, and without the least danger.

M. Requin read a memoir on the treatment of acute rheumatism by large doses of opium. "I have not administered it in a sufficient number of cases," says the author, "to pretend to claim a preference in favour of this substance, but I wish to draw the attention of the profession to this point. Nothing is more natural than to attack so painful a disease by a substance so adapted to soothe. It must not be given in ordinary doses, but in sufficient quantity to produce narcotism, according to the method proposed by Dr. Corrigan, of Dublin, in a memoir published in 1839. The mode of treatment, adopted by M. R. is as follows:—No venesection; administer, as the only remedy, pills containing extract. opii, gr. j each; beginning with one morning and evening, giving every day one pill more, until the pains decrease, then diminish the dose gradually as the disorder yields, and cease when it disappears. The maximum of the dose never exceeded grs. vij, per diem, and never produced any serious accidents, proving that administered thus it is perfectly harmless. The average time observed was, for the treatment eleven days and a half, and for the disease itself, reckoning from the moment it began, seventeen days and a half." Finally, the author concludes, that opium may be given with advantage in large doses, in acute rheumatism, with or without previous venesection, according to the state of the

patient, founded on the existence of plethora, chlorosis, lymphatic constitution, &c.

GARLAND DE BEAUMONT, D.M,P.,B.L., &c.
Honorary Physician to the Spanish Embassy.

TO CORRESPONDENTS.

Cheltenham Inquest.—*We have elsewhere given Mr. Lloyd's letter to us. The report of the inquest he sends us (from the* Cheltenham Journal*) we had seen, and it appears to us to warrant no alteration of the version we gave. In Mr. Lloyd's letter to the* Cheltenham Examiner, *he complains that he was not the first party called to give evidence,—mentions that he it was who he wished that it should be given on oath,—repeats the substance of it,—lays particular stress on the facts that he expressed a strong wish for an attendant—was a stranger to the woman—that the case was unattended with any very peculiar symptoms—that the deceased was a person of retired habits, and most anxious to conceal her compromising situation—that she always was attended by her child —and that she had declined her landlady's pressing solicitations to attend her. These and similar facts are alleged, as shewing that Mr. Lloyd shewed no improper anxiety—as some alleged—to conceal the circumstances of the illness and abortion. All this may be readily believed: but our complaint had more reference to the character of the treatment, and the prudence exhibited, in not* insisting *on some attendance. We shall be very happy to think that our readers, after this explanation, can think more favourably of the transaction than we expressed ourselves. It is no pleasure to us to disturb a medical brother's peace, and where duty to our order and to truth will allow of the weakest of justifications, we are but too ready to accept it.*

Mr. Garlick.—*We shall take an early opportunity of giving the equivalents of the French weights and measures. We find some difficulty in keeping up the list, from the paucity of books: and just now our space is extremely precious.*

33—*Mr. Phillips, whose name occurred in our* Periscope, *is a lecturer at the Westminster School, and may be there met with. We do not know his address.*

X.—*Guthrie and Brodie have each published books on Urinary Maladies, which are, of course, of high value; that of Guthrie, we think, being the more "practical."*

Mr. Edmonson, of Great Ealing, *sends us a statement of three inquests held in that neighbourhood. In one, the patient died after several days illness. In a second, a child named Pickets, of Haver-lane, Ealing, was scalded* 10 months *since: the scald became ulcerous from a poor constitution; dropsy supervened, and the child died recently. Verdict, "Natural Death." In the third, Miss Harriet Hope Haines, aged* 16, *died on Tuesday, the* 10*th instant. On the Saturday before, she was quite well; on following day complained of pain in bowels; was dosed by her schoolmistress with calomel and jalap, and in addition, some "house medicine," composed of some senna, salts, and tincture of jalap. Vomiting followed, to check which, doses of castor oil were given, until Tuesday morning, when Mr. Cooper, surgeon, of Brentford, was called to witness the death of the poor pupil. In the two former "*most important *" cases, public inquests took place with all due formality; in the latter, a* private *enquiry. In reference to the last, however, the coroner is asserted to have been visited by the schoolmistress' son-in-law, a "D. C. L." the night before. The coroner in all the three inquests, the ex parte statement before us says, was* MR. WAKLEY, *the gentleman who can hold as many inquests (at least) as other coroners, but who can yet be congratulated by Middlesex magistrates as saving the county rates, by his non-consultation of medical men. The two first cases our correspondent gives, certainly required a coroner and jury's important deliberations! Perhaps Mr. Wakley does not know that he could save the county rates quite as much by not holding useless inquests, as by cutting down, or cutting off, medical witnesses' remuneration.*

Mr. Guthrie's lecture excludes, this week, several articles we had hoped to have given.

Inter Nos *thinks that "Dr. Forbes's Lucubrations" may sit side by side with Mr. Cox's phrase, "which it makes by toil, continued for ages in the* womb *of the* solid *globe;" adding, that though ignorant of obstetric mysteries, he is sure the two predicates cannot co-exist. The solidity affirmed, is a solidity—we should think—*secundem quid; *but Mr. Cox, as a legist, can defend himself. These "learned of the law" make so many impossibilities possible, that we have no doubt that Mr. Cox has at his fingers' ends for us, a subtlety of explanation perfectly satisfactory.*

A HANDSOME PORTFOLIO, *on a novel plan, for preserving the current numbers for twelve months clean, and easily to be referred to as a volume, has been manufactured for the* MEDICAL TIMES, *and may be had at the Office, or by order of any Bookseller in the country, price 5s.; second quality, 3s. 9d.*

Other correspondents next week.

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THE MEDICAL TIMES.

SATURDAY, OCT. 28, 1843.

Buyers need a hundred eyes; sellers will pass with one.
—Proverb.

THE twenty-one gentlemen who form the present council of the College of Surgeons have enjoyed a privilege not given to every generation of that body. They have been conceded a bout at statesmanship. This post of honour, like the others which preceded and lead to it, was not achieved, but thrust on them, As they were chosen surgeons to hospitals, and lecturers to hospital schools, on the flattering possibility that if they were not, they might become, competent for such distinctions: they seem to have acquired their elevation into the office of the profession's Solons by merit equally well evidenced and palpable. Burns sings of a "'prentice hand" shewn in man's make, inferring, as profanely as gallantly, from the accomplishing power of experience, an argument for the greater perfection of woman. The council in Lincoln's Inn Fields bear no such disparaging encomiums, and are, it is to be presumed—in favour of the wisdom of humanity—not to be bettered by experience. With such powers of experiment, and such gusto shewn in their use, we would fain think them a class of moral phenomena, invented especially for the good of poor persecuted surgery. As we have only to look at their sad influence on countless patients, if they were ignorant or incompetent, to be convinced that they must have sprung complete surgeons out of their pupillage, as Pallas arose perfect and armed from the brain of Jove, so we cannot regard the power of their first legislative essay on the future fate of so many thousand surgeons, without a certitude that they entered the council as firmly fixed in justice as an Aristides, as able and worldly wise as a Lycurgus after his travels. To think otherwise would be an impeachment of the wisdom of human government—a libel on the justice of the busy portion of society. Remembering thus that the New Charter is the council's first legislative experiment on the fortunes and feelings of the ten or twelve thousand surgeons connected with them, we should be inclined to give a more merciful and charitable criticism of the measure if we were not aware of this initiatory lawgiving perfection. But mercy to the council would be an insult. Raise the standard high as we please, they have perspicacity enough to feel that they are up to the mark:

Just as a blockhead rubs his thoughtless skull,
And thanks his stars he was not born a fool.

The great test of competency, as of greatness, is self confidence. Who then shall doubt the legislative ability of the College council? Which one of them betrayed a doubt of his own infallibility, while the charter was under discussion, by asking the opinion of a man out of their number? There were associations in existence with men of more or less eminence for their guidance. Hundreds of sensible and able practitioners were to be met with in every metropolitan and provincial district; the profession, in truth, is composed of men, who, as to their great majority at least, are liberally educated gentlemen, and all of whom the council have admitted as their equals in social standing, by adopting as fellow-members. They were men of good practical sense, with no wish or interest, save for sensible, stable, and just medical government: yet the council never thought of dividing the responsibility of their novel "Solonship" by seeking with them a consultation. There was, in this, the self-confidence of genius. The council were not *afraid* of their loving brother members—had no contempt, we dare say, for their opinions —and had, of course, no private emolument or interest to better, by wrapping themselves up in Oriental Isolation and giving their laws from the mystic recesses of a Freemasonry Council Chamber. But they were sure of their own good judgments, and would not unnecessarily interpose on their brethren's profitable practice or learned leisure! What a delicate council! How chary of their subjects' happiness! What a delight to a benevolent eye, to repose on their exquisite self-satisfaction—so large an outlay out of such limited means—so much happiness at so small a cost—a harvest of joy reaped out of the very sterility of nature!

Juvenal, in a moment of sublimity, tells us that we are dearer to the gods than to ourselves. Concede a little bathos to us, and we will affirm that we, the surgeons of England, are dearer to the council—that earthly Providence of ours—than many of us are to ourselves. We are dear to them, when we enter to their surgical clinical practice, or surgical lectures; we are dearer still when we pay our twenty guineas after a *highly* deserving examination; a

degree dearer shall we be when we pay our thirty guineas to become fellows;—but all these proofs of dearness (a peculiar *pecuniary* dearness to our friends) fade to something inexpressibly cheap, when we look to the parental solicitude they evidence for our interests in every clause of their New Charter. Think of the minutenesss of love that must have dictated in this regal document, the infinitesimally small and fine arrangements, so elaborately made as to the order in which the new fellows are to have their names entered, and their merits as candidates for councillorship canvassed! And then the careful kindness with which they determine that the men we twice reject shall not offend our sight a third time, despite the old prestige in favour of *three* trials, and the "luck in odd numbers!" How pertinaciously, again, do they set their faces against midwifery! Pharaoh was not half so penal with his midwives; for we believe he let them both into his Council and Court. Why this antipathy then, we cannot divine, and must leave the secret in the unfathomable depths of College wisdom. Perhaps it is that "*midwifery*" means hard work for little money, a principle against the whole code of morality in force in Council chambers—or it has some connection with *anility*, which the council are resolved to hold in monopoly—or, probably the council have made, in one of their secret sittings, the discovery that midwifery is no part of a good surgeon's education—or, perhaps they know nothing about it themselves, and will run the perils of solitude inferred by a resolution to have none round them wiser than themselves—or, peradventure, as they resolved on one side, that the next generation shall walk uninvited into the council and examiners' Court, they have determined, by a balance of policy on the other, to have no next generation to do so. The last suggestion receives force from the pains they have taken to make their successors as uncomfortable, *i. e.* as little like themselves, as possible. The new councillors must have more men to speak for their characters than would place a doubtful valet, or set up a suspicious ship-broker. No sooner in and comfortably warm, than, like sentinels in a guard-room, they are turned out again. The Examiners are still more unfortunate. To teach an useful lesson of subordination, they are put under the very fellows they admit to the College, and may be dismissed as well-paid laekeys, without the usual months' notice. As the approbation of the fellows is, in these circumstances, worth some five or seven hundred a year, the Court of Examiners is expected to offer to the country a striking example of that rare virtue,—respect to one's inferiors. 'Twill be a bit of novelty, and the court, doubtless, judged from their own feelings, that it would be the severest mortification a well paid examiner could be subjected to. Oh, this hatred to our successors! in how many forms will it shew itself? But usually we have something to *succeed* to, to console us under our *hate:* here, we fear, not much.

The election to the council during the present generation is an ineffable boon. It gives us something to interest us,—something positively to do in government, without the least chance of our making a bad use of it. It was here pre-eminently the council shewed their characteristic wisdom. They knew us to be children fond of sharing in the day's bustle, glad to make a little noise in our little circle, and they munificently presented us with a rattle, extending leave to make the freest use of it. It reminds one of Napoleon dealing with his dear Parisian *badauds*. How many mock senates and councils did he give them, the honoured members of which could enact any plenitude of ceremony—any omnipotence of negation—in short, achieve anything in the range of creation, that the Emperor had the mind to will, and power to do. The *new* members of the old council for another Siege of Troy will be scarcely a whit less influential. Happy policy!—splendid future results!

PENCILLINGS OF EMINENT SCIENTIFIC MEN.

Andrew Crosse, Esq., the Electrician.

(Concluded from page 39.)

You proceed now into the penetralia of the mansion—the grand object of your pilgrimage, the hall of science, your host marshalling you to the scene of his labors, not with an air of importance, as one who is proud of his achievements, but with as much easy indifference as if he were going to shew you a flower he had trained, or a pig he had fatted. Nay, never did we see an album keeper, a bird-stuffer, a collector of coins, shells, or even of autographs, conduct a visitor to his stores without a self-gratulating smirk, and an air of pride, which not even the affected humility of language and tone could conceal; but Mr. Crosse readily accedes to your request, and neither spurring your impatience by hints that betray his own, nor putting on "that reluctant amorous delay," common to collectors and singers as well as women, conducts you to the place where so many wonders are at work, where so many secrets of nature have been revealed, and in which so many more secrets are in course of being dragged into day.

You enter a room some sixty feet long, and two or three and twenty in breadth, (we write by guess and memory) lofty, with an arched ceiling, and which was, we believe, originally built to be a music room. At the further end of it there still is an organ loft, with an instrument of considerable power, on which Mr. Crosse plays with skill. Indeed, a taste for music seems to have been a characteristic of the family. The organ there was, we presume, erected by an ancestor of the present owner, for his brother, who lives a few miles distant, and who is, like himself, a philosopher, though his studies have turned rather upon the metaphysical than upon the physical sciences, is a profound and accomplished musician, for which he is doubtless indebted to a taste fostered and cultivated in early life, by the daily opportunities for practice afforded by this instrument. But the organ and its gallery only attract your eyes for an instant. Your attention is drawn to the huge electrical machine near you, the enormous coated jars on the table, and the countless batteries that are at work day and night without rest, extending from one end of the room to the other, whilst the walls are covered with cases, through the glass doors of which you discover electrical apparatus and mineral substances, while here and there are suspended sheets of paper, in the centre of which are marbled shadings of metallic brilliancy and of divers hues;—they are the metal of wires struck into the substance of the paper, when deflagrated by the electric spark.

Now, walk slowly round and inspect minutely all you see. Do not fear to ask your host the meaning of anything you cannot understand; he will readily tell you all he knows about it; he is not of those who desire to make a mystery of science, and who, when a simple question is asked them, either answer in a language of technicalities you cannot possibly understand, or shake their heads and with the peculiar wise look that means "I could an' I would," tell you, it is a great secret to be secured by a patent, or only to be obtained by wading through the same difficulties they have themselves overcome. Mr. Crosse scorns such *charlatanerie*, indeed, he bears special hatred towards humbug of all kinds;—he sees no use in discoveries if they are not made known to the world, and that humble minded nature of his leading him to set but small value on the very little progress even he has made in tracing the laws of nature, he frankly, and as clearly as the learned can explain to the unlearned, tells you the objects and uses of that which you are viewing, and how you may construct the like apparatus, and work the same experiments under your own eye; for his single ambition is the advancement of science, not the glorification of himself. Rare virtue!

And what wonderful things you will see. Understand us;—they will not be things in their aspect beautiful or monstrous, mere amusements for the sensual eye; if you expect *that*, you will assuredly go away disappointed. A great many rows of gallipots and jars, with some bits of metal in them, strung together by other bits of metal, and wires passing from them into saucers containing some dirty-looking liquids, in which with much attention you may espy a few crystals, are not in themselves very attractive objects, and if ever you have made an alum basket, you will perhaps think that you have made much larger and handsomer crystals in one night than Mr. Crosse has made in two or three years. But, look at them with the mind's eye, with an inquisitive understanding, and with ears open to gather *the how* and *the why* of what you behold, and you will turn away with an amazement almost approaching to awe. Let us detail a few by way of specimen.

Electricity, you know, is Mr. Crosse's especial study. The electrical fluid, whatever it be, and of its essence we know nothing, and of its nature little, has long been believed to pervade the planet on which we dwell, and everything in and on it; it is probable that it pervades all creation. That an agent so universal and so powerful, capable of annihilating a world and of lifting a feather, must perform very important offices in nature, was never questioned, and experimental philosophers have, from its first discovery, directed their efforts to trace, if possible, its workings in the production of that order of things we see around us. They had invented a variety of machines for accumulating this fluid, and thus had succeeded in discovering many strange effects of its power when increased in intensity. But their efforts were always paralyzed by their inability to keep up a constant supply of it, and so to see the effects of its long continuance, as they had done of its powerful action. The batteries soon lost their productive power, and so they were not able to trace the agents of electricity in the manner in which it is chiefly employed by Nature, who uses it in her mighty manufactory as a power unfelt, invisible, but ever working without rest or pause, and whose presence is discoverable only in its effects.

It was the invention of a battery, by which the stream of the electric fluid could be maintained without flagging, not for hours only, but for days, weeks, months, years, that was the foundation of Mr. Crosse's most remarkable discoveries. He found that, with a battery made in a particular form, common water was sufficient to keep up a strong current of the electric fluid, and as such a battery was indestructible, here was the very power that philosophers had been so long looking for. Mr. Crosse has since made a vast number of improvements in the construction of

his batteries, all tending to economy of material, of labor, and of space to be occupied. These improvements evince the utmost sagacity, and are really inventions of his own, stolen from no other man, like many inventions, and borrowed from no hints thrown out by those who can suggest but cannot perform, like yet more discoveries. This, however, you would never learn from Mr. Crosse himself, so we venture to apprise you of it.

These jars, gallipots, and bits of metal, then, that lie *en masse* before you, are the water batteries, that day and night, summer and winter, are sending through the wires that pass from them an incessant stream of the electric fluid—(we call it a *fluid* to disguise our ignorance of its real nature; we don't know what it is—therefore let not the reader suppose it to be a fluid in the ordinary sense of the term, or anything like it.) Touch those wires and try its power. You will feel a slight shock, just enough to make your arms jump: but this is incessant, and in that lies its value, for you may have felt many a stronger shock.

Now, look at this saucer. The wires from the poles of the battery are fixed about an inch apart, upon a bit of scouring brick, which lies in a muddy sort of liquid. "Well, what of this? I see nothing extraordinary here."

"Bend your stiff back, man, and look closely into it; don't be afraid, the battery will not blow you up. Now what see you?"

"Use my pocket microscope," says Mr. Crosse, proffering a powerful one.

You look again, and lo! the stone all between and about the wires is covered with beautiful crystals; small, but as perfect, as bright, as ever were dug from the mine. One of these mine crystals your host takes from the shelf, and you recognize in the tiny sparklers upon the stone that lies in the muddy liquid before you the identical substance with the mineral in your hand.

That large crystal in your hand is a great deal more interesting to look at, and more beautiful in itself, than the little ones on the stone; you could buy as splendid ones at any curiosity shop for a shilling; yet Mr. Crosse has won the gratitude and applause of all lovers of nature, and immortalized his name, by making those mites of crystals, of the same sort as your shilling purchase, and you have walked five miles in a hot day to see him and them. You certainly *do* feel a little disappointed; you look so. Now listen, and learn wherein the wonder lies.

That mineral in your hand was dug from the bowels of the earth, or rather from that which we call its bowels, but which is in truth scarcely its integument or first skin. Look at it; see how the particles of which it is composed have arranged themselves in certain definite shapes—its surfaces inclined at regular angles. Why has it taken this shape rather than any other; why is it not a rough irregular mass; why is one of the crystals precisely the same shape as the others, and why are all crystals of the same mineral, wherever found, whether in the old world or in the new, and whatever weight of earth was upon them, exactly shaped like the one you hold in your hand? By what universal agent has this wonder been worked? How has Nature accomplished this seeming impossibility? You may guess—philosophers have *supposed* many ways, but they have not proved them. Mr. Crosse has discovered this secret of Nature, and he makes in his Hall every day the very minerals that Nature is silently making in the depths of the earth; he does it by an incessant stream of the electric fluid long continued; it is thus plainly proved that electricity is the agent by which Nature works the wonders revealed by mineralogy; that an incessant stream of the fluid is passing through the solid globe and moulding the materials of which its huge bulk is composed. Multiply the power on Mr. Crosse's table, and the time he has had it under his control, and you account for the formation of all the minerals, the marbles, the gems, that are hidden under the vegetable soil of the earth we tread upon, and of which we absurdly call ourselves the masters—we, poor *slaves* of this very earth—of time—of accident—of our neighbours—and, more pitiful still, of ourselves!

Crystals of all kinds, many of them never made before by human skill, are in progress in the various saucers you see around you; some are as large as the top of your thumb, others require a microscope to be seen, others again are complete, and you may see them shining on the shelves. Where so much has been done, in a space so small and in a time so short, there is no calculating what might be done with multiplied batteries, working incessantly for many years.

You will look about you eagerly for the insects of which you have heard so much, and the history of which has been so grossly misrepresented by those creatures who bay dog-like at the luminary by which their petty lamps are out-shone. The facts of the case are simply these. In the course of the experiments we have described, Mr. Crosse found certain insects between the poles of the battery, who died when removed. The insects were examined and found to be different from any known species. Some of them were sent to the most eminent naturalists in Europe, who pronounced them to be of a kind hitherto undescribed. Mr. Crosse offered no opinion, indulged in no theory, hazarded no speculation as to their, origin; he merely stated the fact, that they were produced under certain strange circumstances, where no other known life could have existed. But the malicious chose to assume that Mr. Crosse wished to be thought the creator of these strange insects, and that he attributed to his battery the power of producing animal life, and thence the wonted epithets, with which the great have been assailed by the small from the beginning of the world, were showered upon him without mercy. The fact itself, however, stands unimpeached; the explanation Mr. Crosse has never ventured upon, nor does he pretend to account for it. He confesses it to be a mystery, that deserves examination, and, with his usual modesty, he throws the naked fact before the world, hoping that other minds may test it and trace it to its causes.

But you are startled by the smart cracking sound that attends the passage of the electrical spark; you heard, also, the rumbling of distant thunder. You go to the window. While you have been amused and instructed within, without, the sky, so bright and blue but now, is loaded in the west with masses of leaden-coloured clouds, among which the forked lightning plays at intervals. The rain is already plashing in great drops against the glass, and the sound of the passing sparks continues to startle your ear. Your host is in high glee, for a battery of electricity is about to come within his reach, a thousandfold more powerful than all those in the room strung together. You follow his hasty steps to the organ loft, and curiously approach the spot whence the noise proceeds that has attracted your notice. You see at the window a huge brass conductor, with a discharging rod near it passing into the floor, and from the one knob to the other sparks are leaping with increasing rapidity and noise—rap—rap—rap—bang, bang, bang.—You are afraid to approach near this terrible engine, and well you may, for every spark that passes would kill an army at one blow, annihilate all the inhabitants of the county of Somerset, if they were linked together hand in hand and that spark sent through the circle. Almost trembling, you note that from this conductor, wires pass off without the window into the air, and upon the instrument itself is inscribed, in large letters, the warning words—

NOLI ME TANGERE.

Nevertheless, your host does not fear. He approaches as boldly, as if the flowing stream of fire were a harmless spark from a machine which could, at most, tickle the fingers if it touched them. Armed with his insulated rod, he *plays* with the mighty power compared with which all the artillery in the world is as a pop-gun to a twenty-pounder; he directs it where he will; he sends it into his batteries; having charged them thus, he shews you how wire is melted. dissipated in a moment by its passage; how hard metals, silver, and gold, and tin, are inflamed and burn like paper, only with most brilliant hues. He shews you a mimic aurora and a falling star, and so proves to you the cause of those beautiful phenomena, and then he tells you that the wires you had noticed as passing from tree to tree around the park were connected with the conductor before you—that they collected the electricity of the atmosphere as it floated by, and brought it into the room in the shape of the sparks you had witnessed with such awe and dread. And then, perhaps, he will shew you that the electricity lies in a thunder cloud in zones, alternately positive and negative, and he will add that he is able at all times thus to measure the electrical state of the atmosphere, and he will tell you many curious facts which he has consequently observed relative to that state at various periods of the day and night, and at the different seasons of the year.

It would occupy a volume to relate to you all that you will see and learn in the course of your visit, that is, if you have an observant eye and a reflective mind; and probably you will also acquire a keen appetite for your dinner by the time you have completed your survey. You go again to the window. The storm has passed by; the rooks are returning with clamorous caw to their homes in the huge trees on your right. The rabbits are running about within a yard of you, and, at sight of your face peering through the glass, only stop in their sport and look up at you with an eye that seems to say "Who cares for *you?*" The blackbird is singing on a shrub in the lawn, and the long shadows are lying lazily on the wet cool grass.

If *you* have no love for Nature, Mr. Crosse has, and he will be pretty sure to make you feel the charm of the evening, though you had been before unconscious of it. He talks of the country and of country sights and sounds in the language of poetry, and you begin to suspect that he is not only a philosopher, but a poet.

And so he is. And he is a poet, too, of very considerable merit. His thoughts are vivid, his command of language is extraordinary, and he composes with singular rapidity. Whilst walking, he can construct a poem in his mind, commit it to his memory, and write it or repeat it on his return home. Many of his compositions have been published in the periodicals. All are remarkable for their energy, many for their humour; and he is especially fond of themes that have liberty for their burden. Mr. Crosse is in politics a Liberal, like almost all men of science.

Now, why is it so? The fact itself is undeniable. Certainly there have been, and there are, some scientific men who profess Tory principles, but in the greater portion of these it would not be difficult to trace the operation of some powerful interest which attaches them to that party, and daily experience must teach everybody who looks an inch below the mere surface of society, how readily men's opinions are moulded to their interests; so readily, indeed, that it was truthfully observed by some thinker, we forget whom, that if any persons or party had an interest in asserting that two and two made five, it would be asserted, and if that were a dominant party, the impugners of the assertion would be denounced as infidels, or punished as disaffected. It seems to us, that the cause of the liberalism of men of science needs not a long search. The physical sciences are not matters of imagination, or conjecture, or faith, but of actual proof, and nothing less than positive demonstration is received as satisfactory evidence. Hence is acquired a habit of reasoning and of requiring proof of things asserted, before credence is given to them. Moreover, the pursuits of physical science, beyond all others, teach a man not to trust to appearances, to look below the mere surfaces and forms of things, and, more than all, by bringing him into continual communion with Nature, it enforces on his thoughts and feelings a profound sense of the essential pettiness and absurdity of the distinctions on which men pride themselves,—a name, a riband on the knee, a star in the coat,or the yet more ridiculous differences of social intercourse, by which Nature's Democracy contrive to exalt themselves above Nature's Aristocracy; and while the man of Science is thus impressed with the infinite folly of the artificial distinctions, he is led to esteem the more highly the

natural distinctions of mind;—if he learns to think meanly of mankind, he learns more to respect MAN; he looks through the veil which custom and prejudice have thrown over Society, and seeing, under the motley outer garments, the same human heart, the same feelings, affections, passions, the same hopes and fears, the same impulses, the same mingling of good and evil, of divinity and dust, of greatness in thought, littleness in action, of lofty aspirations and grovelling basenesses;—seeing the slave and the tyrant, the arrogant and the crawling, requiring only altered circumstances to become each one the other; we say that, seeing this, the experimental philosopher abases the individual in proportion as he exalts humanity, and turns his regards from the powerful few to the oppressed and lowly many.

And so regarding Society, what does he behold? The interests of the many sacrificed to the pleasures of the few. He sees humble merit trodden beneath the foot of haughty ignorance: he sees a self-appointed Oligarchy usurping the place of Nature's aristocracy; he sees everywhere, even in countries calling themselves free, laws made for classes, not for the general good; particular interests consulted in preference to the public welfare; injustice, cruelty, plunder, daily and hourly inflicted in the hallowed name of law; his spirit revolts at the wrong, to him especially manifest and vexing, because compared with the universal benevolence and justice that prevails in the works of Nature with which he holds constant converse, and the man of Science perforce becomes a Liberal.*

And as you talk with him in the rambling fashion of after dinner chat, flying from theme to theme, and gleaning something new and instructive from all, you will probably (for how can thinking minds avoid it?) touch upon the lofty topic of religion.

"Of reason and foreknowledge, will and fate."

You will then discover that Mr. Crosse is, like almost all philosophers, a profoundedly religious man; and yet he has not escaped the old slander which has assailed all men of science, imputing to them atheism and infidelity. An atheist, indeed! Look at him! hear him! His every look and tone and word show his sense of a present Deity: veneration of his Creator's greatness, love of His goodness, reliance upon His providence are habitual with him.

But while you have been thus pleasantly and instructively engaged in discourse, the sun has set, the summer twilight even has vanished, and the stars alone are out to light you on your way. Unwillingly you depart, your generous host attending you a mile or two on the road. You enter again that steep lane. It is dark as Erebus, for the intertwining boughs above you shut out even the starlight. But the nightingales are singing with all their might: the glow-worms gem the hedgerows on either side, and you descend with slow and cautious steps, still deep in talk with your companion. At length the time for parting comes; you bid him good night, and wish him health and happiness with your whole soul, again and again repeating it; you foot it lightly along the turnpike road, enjoying the cool night air, and thinking over what you have heard and seen; you discover more of interest in the sky, and in the stars, and in the trees dimly outlined against them—and in the solid earth you tread, than ever you had recognised before; your mind has been enlarged and refined, your heart has been softened, your good principles have been strengthened, your prejudices have been shaken, if not overthrown, your notions of the Creator and his works have been enlarged, your passions have been calmed, the shadows which social follies and vices had cast upon your natural feelings and temper have been melted away, and you are altogether a wiser, better, nobler being—more of a MAN,—for this your day spent with ANDREW CROSSE.

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* Our readers—we trust—will not involve us in the responsibilities of Messrs. Cox and Crosse's politics. The MEDICAL TIMES is full of principles, but wholly devoid of politics.—ED.

CASE OF EXTENSIVE INJURY OF THE LEFT LEG FROM A CAMEL BITE.

AMPUTATION ABOVE THE KNEE.

June 2. A boy about 8 years old, was brought to me this morning; it was stated that eleven days ago while he was in the jungle, a camel which is now said to be mad, seized him by the left leg, shook him, and dashed him against the ground.

The phalanges, metatarsal, and tarsal bones, are all separated, some in fact entirely gone, those remaining are merely hanging by tendon. Nearly the whole of the fibula is gone, and a large portion of the tibia must have been bitten out also, as the ankle joint is merely attached by a small portion of integument and muscle, the whole in a gangrenous state, to within an inch and a half of the knee joint; and there not being sufficient sound integument below, I thought it advisable to remove the limb above the knee.

The boy in a very emaciated state, pulse quick and small, tongue white, skin hot and dry, in fact violently suffering from hectic.

The circular incision was made as near the joint as possible, the skin retracted about two inches and a half, the muscles then divided down to the bone, and the bone denuded for another inch and half when it was sawn through. The femoral artery and three muscular branches were taken up, the tourniquet loosened and only some venous blood oozing, the wound was closed with straps of adhesive plaster. There was just sufficient integument to cover the bone. A cold lotion was ordered to be applied over the stump. Not more than three ounces of blood were lost during the operation, which lasted altogether about 25 minutes. He took some wine and water during the operation, and 15 minims of laudanum were given immediately afterwards; the pulse was very small and quick.

3. P. M, Went to sleep soon after the operation, which was performed between 11 and 12, and with the exception of a short interval has been asleep since. No appearance of hæmorrhage.

June 3rd. Slept the remainder of yesterday and all last night. As the bowels have not been moved for three days, ʒii of castor oil were given. Skin cool, tongue clean, pulse tolerably good, no bleeding. Removed the tourniquet, stump rather painful, cold lotion to be constantly applied.

Vespere. Has slept at intervals during the day. Bowels have been once moved. Pulse small. Directed to have some arrow root with ʒij of port wine.

June 4th. Slept well during the night; stump very painful; no bleeding; pulse quick and small; tongue white posteriorly, clean at tip and edges, skin cool, bowels moved once.

Træ. opii. gtt. v. ex aqua. To be repeated in two hours, if no ease is obtained.

Vespere. Has been easy all day. Pulse good, expresses a wish to eat something more than the arrow root ordered for him; after taking his food he went to sleep.

June 5th. There being a very offensive smell from the stump, and the bone apparently protruding, the dressings were removed; the upper and lower portion of the wound nearly united, and discharging healthy pus, but the skin covering the bone had sloughed to some extent, and it was barely possible to recover the bone. The stump was dressed as before, cold lotion to be kept applied. Nourishment.

6th. Very profuse discharge and a further portion of skin sloughing; bone protruding but not to any extent, discharge healthy, and appearance and strength of patient improved. Nourishment.

8th. One of the ligatures removed yesterday; the end of the bone protruding and preventing any union taking place, and his strength being good, I removed half an inch of the bone, after which the integuments were easily brought over the end of it, and secured as before, pulse stronger. Discharge profuse, and dark coloured. To have as much nourishment as he will take. Sræ. opii. M. v. statim.

9th. From the motions of the boy who is constantly endeavouring to change his position, the straps of plaster have become loosened, and the bone is not protruding; it is left bare, discharge healthy, parts dressed as before, and the bone easily covered. Bowels open; tongue clean. To continue with the nourishment.

17th. Has been going on very well up to this time. All the ligatures came away to day. Stump healing fast, bone perfectly covered. Patient's health good.

Since the last report, the boy went on very well until the 25th. when I found the adhesions all broken through; a small portion of the integument sloughing, and the bone again protruding, I learnt he had been moving off the bed. A poultice was now ordered, and has been continued up to this time, the bone is nearly all covered with healthy granulations, the patient's health greatly improved, and I have no doubt he will have a very fair stump.

In remarking on this case, I feel sorry I had not left more muscular substance than I did, as the extensive emaciation of the boy prevented great support from the integuments, which sloughing as they did two or three times, left the bone bare: for it is quite evident from the appearance of the stump above and below, that quite sufficient integument was left, had it not sloughed. Should an operation of the kind in so thin a subject ever offer to me again, I shall be inclined to adopt the flap operation, or the conical one, as more likely to gain adequate protection for the bone. However, as the boy's life was certainly saved, and as he will have a very good stump, the desired effect has been attained.

W. J. F. 11th REGT. N. I.

Camp Bhooj.

MATICO.

To the Editor of the 'Medical Times.'

SIR,—Your publication of Saturday last contains a report of some cases by Dr. H. Lane, of Lancaster, shewing the efficacy of the Infusion of Matico, as an injection in leucorrhœa, &c.; but, in publishing these cases, it is somewhat surprising that Dr. Lane should have omitted all mention of the individual (Dr. Jeffreys) of this town, to whose zeal and perseverance, in despite of many obstacles, we are indebted for its introduction; whereas it might be inferred, from Dr. L.'s communication, that *he* was the first person to make trial of its internal use, as he merely alludes to the paper of Dr. Monro, of Dundee, respecting its external application.

The history of the introduction of Matico to the knowledge of British practitioners, is this:—A friend of Dr. Jeffreys, on his return from South America, as far back as 1837, gave him a specimen of this plant, stating its common use as a styptic in that country, and describing the occurrence by which its efficacy had been accidentally discovered.

Dr. Jeffreys published a short account of it in the *Lancet*, of Jan. 5, 1839. He, subsequently, at considerable expense, procured a large supply, which he distributed gratuitously to a great number of medical practitioners, as well as to various hospitals and public institutions, amongst which was the *Lancaster Infirmary*, to the house-surgeon, Mr. C. Ricketts, in October, 1841.

Dr. Lane does not state how the Matico came into his possession, but it is not improbable that it was a part of that supplied by Dr. Jeffreys.

The letter of Dr. Monro, to which Dr. Lane refers, is expressly addressed to Dr. Jeffreys.

If your readers will refer to the last volume (No. 11) of the *Transactions of the Provincial Association*, they will find a paper on Matico, by Dr. Jeffreys, with an engraving copied from the *Flora Peruviana*. In this paper several cases are recorded, by different practitioners, of the efficacy of the infusion, internally, in dysentery, menorrhagia, gonorrhœa, leucorrhœa, &c., so that it is rather singular that Dr. L. should state that he was not aware that it had been employed internally. The application of it as an injection in leucorrhœa, has, I think, not been hitherto recorded.

The cases of Dr. Lane add confirmation to the value of Matico, as a remedial agent; and it was for that very object that Dr. Jeffreys distributed so large a quantity through various parts of the country.

I scarcely know whether it is worth while to address you on this subject, but I consider it due to Dr. Jeffreys, that all notice of the merit which he may fairly claim, for its introduction, should not be either accidentally or intentionally omitted.

Your obedient servant,
R. W. SCOTT, M.D.

Liverpool, Oct. 19, 1843.

[Dr. Jeffreys has many claims on our Profession's respect and gratitude, and not the least are those arising from the introduction into practice of this new and very important medical agent. Dr. Jeffreys has, we know, been at considerable expense and trouble in dispersing the drug for trial, and in making known, through means of publications, his views and personal experience in reference to its virtues. His only reward can be his brethren's appreciation of his exertions—a boon, or rather debt, he cannot, and most certainly should not, fail of receiving. If Dr. H. Lane did not pass over Dr. Jeffrey's name by an oversight, the omission must be explained, we would fain think—by his opinion, that that physician's claims were so well known as to be in his narration, a thrice told tale.—Palmam qui meruit ferat.]—Ed.

THE CHELTENHAM INQUEST.

To the Editor of the 'Medical Times.'

Sir,—I deeply lament that in your capacity of Editor of so influential a Journal as the Medical Times, you should have thought it necessary to publish, *ex cathedra*, such hasty and severe animadversions on my professional conduct, with reference to the case of Esther Saunders, as appeared under the "Notices to Correspondents," in your last Number,—animadversions which are calculated to do me serious injury, notwithstanding the deprecatory qualification contained in the concluding sentence of the paragraph in question. No one knows better than yourself, Sir, to what an extent, the office of Coroner is irresponsible, and had any subsequent course, which I may have thought proper to adopt, brought me in collision with that functionary, to whom had I, as a professional brother, a greater claim to look for sympathy and support (always supposing my position to have been worthy such support) than yourself? I felt the more aggrieved by your strictures on my alleged testimony in this case, as, on the Wednesday previous to their appearance, I published, in the *Examiner*, a plain and complete statement of the affair, with the view of setting myself right in the estimation of the public, who, like yourself, were likely to be misled by the former and garbled report of the inquisition. This vindication, together with the corroborative account given by the *Cheltenham Journal*, I herewith enclose for your re-consideration: I earnestly entreat you to give both documents a careful perusal, and, I trust, I may venture to appeal to your sense of justice, to make me any honourable *amende* to which you may consider me entitled.

I remain, Sir,
Very respectfully yours,
RICHARD JNO. LLOYD.

Cheltenham, Oct. 18, 1843.

MEDICAL SOCIETY OF LONDON, Oct. 23

Mr Pilcher in the Chair.

At the last meeting of the past session, Dr. TheophilusThompson read a paper on hydatids, in the course of which he narrated the case of a woman, 53 years of age, who had died under his care, having been affected with hydatids, for thirty years, the result, it was believed, of a kick of the abdomen. Many of these bodies had been discharged from time to time, accompanied with peculiar, and sometimes purulent matter, from an opening near the umbilicus. On a post-mortem inspection, two swellings near the umbilicus were found to communicate with a conduit, (full of chalky looking matter, of a faint, offensive odour,) extending upwards to the liver, with which organ it appeared to have formerly communicated. Eight or more sterile hydatids studded the surface of the ulcer. On its under surface was an abcess, containing pus and decayed cysts. The gall bladder was much enlarged, and contained similar cysts, and numerous hydatids, were also found in the mesentery.

Dr. Thompson offered numerous objections to the theory of their being imperfectly developed, modified portions of the body, which they inhabit, and advocated the opinion that, simple as is the structure of globular organized cysts, known by the name of acephalocysts, that even that variety of hydatids are animals possessing independent life, and formed from their proper ova, being developed in consequence of morbid conditions of the organs wherein they are found lessening the power of those organs to prevent their growth. Dr. Thompson applied the same explanation to all the varieties. The assimilative functions evinced by their choice of appropriate food, and consequent similarity of contents, in various structures, and secretions: also the prevalence of particular species in certain countries, and their failing to irritate like tubercles, were also adduced in support of this hypothesis. In the lower animals certain varieties of diet were shewn to favour the developement of hydatids, but in the human subject, the cause most frequently suggested by the cases that have been seen or read by the author was a blow.

Some remarks were made by the members present at the meeting, and the debate was ultimately adjourned. It was resumed on Monday evening last by Mr. Dendy, who described hydatids, as being like polypi a connecting link between animals and vegetables. They resemble the latter in being multiplied by gemmæ or buds, but differ from them in possessing a separate existence, when removed from the parent stock. He thought therefore they were more of the animal than the plant, and should be termed phytozoa, rather than zoophite. They do not constitute the integral part of the system, but possess an independent existence. With respect to their origin, it is very certain they do not depend on a new creation—indeed the doctrine of epigenesis has been entirely set aside, but arise from an ovum or germ within the part where it is developed. When once formed they possess the power of reproduction by gemmæ, either within the cyst or external it, as described by Mr. Blizard Curling, with respect to the echinococcus. The growth of the hydatid is dependent on a low state of vitality in the surrounding tissues; as a proof of this, they are more generally met with in scrophulous constitutions and are reproduced with great rapidity, after an operation for their removal, in which a part of the cyst has been left behind. With regard to their preventive, the vapour of sulphuric acid had been referred to by Dr. Willshire as likely to produce that effect, but if it be, (Mr. Dendy) had not had any experience. The common muriate of soda he thought might prove of service, as it is a preventive of the ascarides, and the hydatid dies sooner in a solution of salt and vinegar, than in anything else. The cure of hydatids is a matter of considerable difficulty; nature adopts three or four different ways. Hydatids in the uterus, for instance, occasionally burst and are discharged; or the suppurative process may be set up, followed by ulceration, which may open externally, and the hydatid may thus be got rid of. Absorption, similar to the absorption of the lens after the capsule has been opened, may also take place, leaving only the remains of the cyst, or else the foreign body may be enveloped in a large cartilaginous or bony cyst, in which case the patient will not be cured, but rendered more comfortable, the chief inconvenience resulting from the size of the tumour. Mr. Dendy concluded by narrating a case in which hydatids formed at the age of 24, the patient surviving to the age of 70. In this case a bony case had been formed by nature.

Mr. Crisp thought that the difficulty of treatment would depend on the difficulty of diagnosis; he believed that in most cases the presence of hydatids was not discovered till after death. He was sceptical as to the use of salt in the treatment, as he had seen sheep, fed on marshy, land near the sea, which was impregnated with salt, affected with hydatids of the brain. He thought it would be the best plan not to interfere with the hydatids, and narrated cases to shew that they do not always interfere with the functions of life. One of his patients was a young man, who had a large hydatid of the liver, from which he did not appear to suffer. He died ultimately of consumption.

A member narrated a case of hydatids on the under surface of the liver, which was mistaken for ascites, and tapped. The cyst contained six quarts, and was full of hydatids of all sizes. The patient suffered for many years, and died from hectic fever. In this case the formation of the cyst was caused by chronic disease, of the organ in which it was found, and he believed that in every case its presence was rather a symptom of disease, than actual disease. He agreed with Mr. Dendy, in believing that the organs in which it occurred were in a low state of vitality.

Mr. Dendy reminded Mr. Crisp that the hydatids in the sheep were caused by the marsh malaria and not by the salt from the sea. The same thing happened to sheep fed in marshes situated more inland.

Dr. Willshire, after having alluded to Dr. Bacon's opinion of the connection between tubercle and hydatid, called upon Dr. Chowne to state the result of the investigations he had recently made in the nature of hydatids.

Dr. Chowne, after some preliminary remarks, gave the substance of the observations made by him at the Wesminster Medical Society, on Saturday evening, which will be found in our report of that society, and added in answer to questions put by Dr. Waller and others, that although he never had met with a case of uterine cysts, in which he had not strong reason to believe there had been previous intercourse, he could not take upon himself to say that they might not occur under other circumstances.

Mr. Dendy enquired, how long a time might elapse after impregnation had taken place, supposing the presence of the cysts to depend on impregnation, before their formation could commence. and how long before symptoms, indicating their presence, could occur. He

was induced to ask the question, beeause he had had a ease of uterine hydatids, in a patient 70 years of age, whose husband died when she was forty, she ceased to menstruate at 50, and at 60 he knew the uterus was free from disease. He believed she had been continent sinee her husband's death.

Dr. Chowne was of opinion that the ovum would take on the unhealthy aetion direetly it had passed into the uterus, and the cysts would be thrown off about the fifth or sixth month, although it might happen to eontinue to the ninth month. If the cysts were not the result of impregnation, he should still expeet the same. Mr. Dendy's case he thought might very probably be an instance of one or more large cysts, rather than of the eolleetion of the uterine hydatid he had described, and which presented the appearanee of a bunch of grapes.

Mr. Dendy eould not say that the hydatids resembled a buneh of grapes. They were attaehed to the uterine parietes by a pediele, and his patient died worn out by chronie hæmorrhage.

Dr. Chowne said Mr. Dendy's deseription corresponded to that of the aeephalo-eyst, and not the uterine eyst, from diseased ovum whieh is always enveloped in the deeidua.

WESTMINSTER MEDICAL SOCIETY.

October 21.

Dr. Reid in the Chair.

The first meeting of the present session was held on Saturday last, at 32, Saekville Street, the society having returned to the scene of its former sueeess, as the loeality is more eligible. Dr. Chowne narrated the partieulars of a case now under his eare in the Charing Cross Hospital. His patient was a man about 33 years of age, a gentleman's servant by oecupation. He had been always much addieted to women, and was weakened by other eauses; but mueh information eould not be gained from him on the latter point. About ten years sinee he was seized with severe neuralgie pain in the right testiele and eord, which beeame so intense and continued, that it affected his general health, and indueed him to apply to several surgeons to extirpate the part affected. He had been also the subjeet of varicose veins, for which he was operated on by Sir Astley Cooper, after which the neuralgic pain increased in severity. The surgeons he at first applied to refused to remove the organ, but he at last met with one less serupulous than the others, who performed the operation. For some time afterwards he experienced relief, but the pain ultimately recurred in the left testicle as severe as before, and he then presented himself at the Charing Cross Hospital, wishing to have the other testis removed, rather than continue to endure his sufferings. A carefnl and protracted examination of the part having demonstrated that the organ was sound, with the exeeption of the pain, he was advised not to undergo any operation; he, however, was not eontent, and applying elsewhere, the testiele was removed by another surgeon. The neuralgie pain then ceased, but he becamc subjeet to symptoms of general disorder, such as anxiety, uneasy restlessness, &e., and ultimately the pain, &c., was transferred to the bladder, to which his complaints are now solely attributed. His sufferings are chiefly confined to pains in the part, difficulty, and uneasiness on micturition, the passage of mucus with the urine, and great and increasing debility. Dr. Chowne said, his patient had been regarded as a monomaniac, but he did not eonsider him as sueh; his pains he believed to be real, his only delusion consisting in the belief, that removal would cure him,—a belief whieh was not irrational, though mistakable. With regard to his general appearanee; the seeond testicle was removed in October, 1842, and probably sufficient time had not yet elapsed for any essential physieal change to have occurred. The voice and the growth of the beard, &e., remained, as previously to the operation. The man was introduced, and stated, that sexual desire sometimes exists in a slight degree, and that he had oeeasional ereetions, and was eapable of intromission at times, but the act of sexual congress eould not be continued. He is a man of weak mind, and never happy, but when talking about his eomplaints.

Dr. Chowne afterwards deseribed a case of uterine hydatids, or cysts, whieh had been recently under his eare. His patient was a married woman, supposed to be from six to eight weeks pregnant, who he had attended for some other eomplaint, and having died, he had had an opportunity of making an examination of the body, in the course of which, he discovered a small bunch of uterine eysts, which he removed, and exhibited to the society. He had also removed the uterus and ovaries, but had not had time enough yet to make a eareful examination of them. The uterus was somewhat distended, and eontained what appeared to be an ovum eovered with the deeidua On examination, under water, the chorion, and an internal delieate membrane, could be discovered, but notwithstanding the most eareful search, no embryo could be found. Some of the villi of the chorion were healthy; others presented a slight enlargement at their extremity; others, again, were bulbous, while another set terminated in globular vesieles or cysts, with tubular peduncles, attaching them to other cysts, which again had braneling tubes, and another longish tube conneeting them with a third vesicle. This eolleetion of eysts presented the appearance of a buneh of uterine hydatids, when their formation is commencing. The ovum in which they were found differed from a healthy one only in the absence of an embryo, and in the existenee of the cysts. In all other respects, it had the appearance of a normal growth.

According to the present opinion of physiologists, the ovum, having undergone certain changes, passes out of the ovary into the fallopian tube in an unimpregnated state, and there receives the vivifying prineiple. If these views are eorreet, the question then arises, when do the changes in the unimpregnated ovum stop? Where is the spontaneous evolution of the ovum arrested? These are matters of importanee in forensie medicine, as hitherto it has been believed, that uterine hydatids eannot form without previous impregnation.

Admitting, as mentioned by physiologists, that ova are always in a state of progress in the ovary, that they pass out of the ovary in a still advancing state, and that in the fallopian tube they undergo further change *still prior to fecundation* and preparatory to fecundation; it yet remains to be aseertained to what extent this ehange and growth in the unimpregnated ovum might proceed; and assuming the ehorion to eonstitute an integral part of the ovum in the ovary, and prior to fecundation, how far the simple structure of the unimpregnated ovum might proeeed in imperfect development. Dr. C. thought that until this point was determined, it would not be safe in a case of judicial medieine for example, to pronounce that a structure such as that exhibited, must of certainty and neeessity be the result of impregnation. He believed the present example to be so, but he did not consider that the impossibility of its being otherwise was absolutely certain.

PERISCOPE OF THE WEEK.

(American Journal of the Medical Sciences; Medical Gazette; Maryland Medical and Surgical Journal; Magazine of Natural History; Archives de la Medecine Belge; Annalen der Chemie und Pharmacie: Journal de Pharmacieet de Chimie; Comptes rendus.)

Phlebitis.—Dr. N. Chapman has published a long, but interesting eommunication on the eauses and treatment of phlebitis, illustrated by eases, in our American eontemporary, whieh we propose to condense. Phlebitis generally proeeeds from some meehanical injury done to the vein by venesection or other surgieal operation, as amputation, the extirpation of tumours, and such like deep, and extensive ineisions, involving large vessels. The tying of varicose veins, as was formerly praetised so largely, was a very prolific source, and Dr. Chapman has seen it oeeur in the hæmorrhoidal veins from a similar cause. Compression from adjaeent tumours, and the introduction of a virus into the system have also been assigned as causes, as has also the absorption of pus or acrid fluids from foul ulecrs, or the secretion of various surfaees, as of the uterus and other organs, etc., but this latter cause, Dr. Chapman is inelined to doubt, believing that when inflammation of the veins takes place under such eireumstanees, it has happened by a derivation of the structure, through which they pass, being previously in the same state. It is the effeet, not the cause, a seeondary, not a primary, lesion. Dr. Chapman avers, that his impression on the whole is that phlebitis is owing almost exclusively to a wound of the vessel, and that it is perhaps never direetly oecasioned by a virus. There are times, and individuals at all times, when the slightest ineision or puneture, or even a seratch, will lead to the most disastrous results of this nature, from the cleanest instruments. Dr. Chapman knew a lady for thirty years, who was never bled during that period, however earefully the operation was performed, without suffering in some degree from it; and on three oeeasions so severely, as to place her life in imminent danger. Even the prieking of a finger with a needle brought on immense tumefaetion of the arm, up to the shoulder, with the other phenomena of well-marked phlebitis.

Although phlebitis is a most dangerous disease, yet, Dr. Chapman says, when timely attended to, it is for the most part easily arrested, but if permitted to proeeed until the vein is intensely inflamed, and especially if suppuration has taken place to any extent, with the establishment of the multiplied sympathetic affeetions ineident to this stage of the case, then our efforts are mostly impotent, and death is to be antieipated. Yet even in a state apparently so desperate, the natural resourees are sometimes applied sueeessfully.

By Hunter it was declared that the veins in phlebitis reveal on disseetion, inflammation, suppuration, and even ulceration. Experienee has since fully eonfirmed the aeeuraey of his report, and to which, in relation to the appearanee of the vein itself, little has been added. Beginning usually in the internal or lining tissue, the phlogosis, when intense and persistent, may pervade the whole of the vascular parietes. Extravasations of lymph are common, and distributed in a similar manner. It may be deposited on either surfaee or on both, or between the membranes. The same may be said of pus, and of uleeration, existing in one or the entire coats. The inflammation is faint, or of

a rose, or of a deep scarlet, or brownish hue, in speeks, or striated or arborescent, local, or extending to the heart, continuously or in detached patches, between which the intervening spaces are healthy. Collections of pus and of lymph are detected sometimes in the calibre of the vessel to an amount very seriously to embarrass, or even to obstruct the circulation, and coagula of blood have been seen, though seldom, separately or united to the other matters, having the same effect. There are instances too, where, from adhesions of the sides of the vessel, a total obliteration is produced, and, should recovery take place, it becomes ultimately a dense, impervious cord. The ulcers are few or many, superficial or deep. Dr. Chapman has seen several that had gone entirely through the walls of the vessel. Lymph having been deposited on the exterior surface, it occasionally agglutinates the vein to the surrounding cellular surface, and abscesses are formed. Generally the texture of the vessel is softened, sometimes to pultaceousness, and in one instance, from the color, the odor, and other circumstances, Dr. Chapman thinks he had reason to suspect the existence of gangrene, as well of the vessel as of the adjacent cellular membrane. Among the consequent derangements, the most important are the purulent deposits which are disseminated throughout the structure of one or more of the principal organs of the body. They are infiltrations of pus collected at a point or points, and not properly abscesses, as they have seldom or never any regular cyst. The organ is usually found inflamed immediately around the deposit. The treatment recommended by Dr. Chapman is as follows:—We are, in the first place to support the limb, so as to secure an absolute state of rest, which can only be attained by putting it into a nicely adjusted case. In Pennsylvania, it is very much the custom to have one carved, that it may be more exactly accommodated to the contours of the part, by which the main object is better secured, and the pain of motion prevented. The antiphlogistic plan is to be adopted, and, as part of it, venesection would seem to claim priority of attention. Experience however teaches, that the benefit resulting from it is never proportioned to what might be reasonably anticipated,—that it is sometimes entirely unavailing—and that a very serious objection to it is, that it is very apt to be followed by a fresh attack of phlebitis. It may therefore be best not to resort to it unless excitement is high and general,—leeches on the whole, being entirely preferable. These are to be liberally applied along the course of the vein, and repeated again and again. Emollient cataplasms or fomentations may also be useful, especially where the swelling is extensive. If the case prove obstinate, and serious, of all remedies the one deserving of the greatest confidence is a blister. Dr. Chapman has seen it of service in numerous cases, and he says he cannot entertain a doubt that it will at once arrest a large majority of cases. The manner of application is, to place a narrow strip of epispastic plaster along the course of the vein, as far as it appears to be inflamed, cutting an opening in it at the orifice, over which a soft poultice is to be placed; and the blister having drawn, is to be so dressed as to be kept freely discharging. Evacuation of the bowels, and the ordinary antifebrile mixtures are usually directed. Dr. Chapman does not approve of the large doses of tartarized antimony, nor of the profuse use of mercury, which has been recommended, but is rather inclined to rely upon a combination of calomel, ipecacuana, and opium in moderate doses, the anodyne being given in large quantities, or else a full dose of Dover's powder, if there be much pain and restlessness. As the case advances, the indication arises to prevent the pus, the secretion of which may be apprehended, from being transmitted to the heart, and for this purpose, compression, division of the vessel, and the application of a ligature have all been recommended, but are all highly objectionable. When the typhoid malignant stage sets in, whatever is calculated to uphold or renovate the vital forces is to be resorted to, with however but little chance of benefit.

Spermatorrhea.—Mr. James Douglas of Glasgow, after alluding to Lallemand's mode of treating spermatorrhea by cauterizing the prostatic urethra with the nitrate of silver, gives a case in which he employed a different local application. He says it appeared to him that the effect of the caustic upon the urethra must be very much the same which its solution has upon the conjunctiva by diminishing its sensibility or irritability, he thought therefore that a solution of opium might serve the purpose as well, or perhaps better, tonics being administered at the same time internally. He employed a solution of opium with the acetate of lead, the patient taking internally the muriated tincture of iron and afterwards the carbonate, and also using the shower bath. Considerable improvement was speedily manifested, and at the date of the report, the patient was almost entirely free from his annoyance, and was then only using the shower bath. From Mr. Douglas's report of the case, which is very imperfectly detailed, the treatment was exceedingly protracted, extending over several months, which is not so much the case when the cauterization of the prostatic part of the urethra by the nitrate of silver is practised.

Old Blood-clots in the Cerebrum.—Two cases of this kind were carefully examined microscopically by Mr. Gulliver. They had a dull red color towards the centre, brownish nearer the surface, and yellow at the circumference. They contained a great quantity of minute molecules, larger oily globules, and granular corpuscles. Bits of the clots dried by by heat on paper gave it a greasy stain. The yellow matter was peroxide of iron. Dr. Davy examined one of the clots and found that it contained fatty matter, chiefly olein. The molecules and granular corpuscles, he concluded to be at least in part composed of olein; and in the lower portion of the clot, he found yellow coloring matter consisting of peroxide of iron.

Artificial Anus.—Dr. Wharton, of Mississippi, narrates the case of a negro child, five or six days old, whose umbilical cord had sloughed away close to the abdomen, leaving an ulcerated opening an inch and a half in diameter, penetrating through the abdominal parietes and a corresponding portion of the intestinal canal, in fact, forming an artificial anus, through which the fœces were discharged. The gut adhered to the opening. Poultices made with powdered slippery elm bark and the infusion of oak-bark were employed, and emollient and oily enemata thrown up several times a day, to excite the lower bowel to action, by which means, after a few days, fœcal matter was discharged in small quantities per anum. The umbilical opening gradually contracted, so that only a small portion of the liquid fœces passed through it. It was then touched from time to time with the nitrate of silver, At present (May 1843) however, says Dr. Wharton, there still remains a small circular ulcerated surface, very red, about two lines in diameter, from which there is a small oozing of the watery part of the contents of the intestinal canal. This ulcer is surrounded by a large circular cicatrix, shewing the original seat, though contracted to about one third of the primary opening.

Induration of the Cellular Tissue.—Induration of the cellular tissue is one of the symptoms of a disease affecting newly-born children, which is at present but little known, the principal phenomena of which are the sanguineous engorgement of the lungs, brain, and liver, and the stasis of the blood throughout the venous system. Scleroma generally takes place soon after birth; it is rarely protracted beyond the fourth or fifth day. It is sometimes congenital; although of more frequent occurrence in winter, it is occasionally met with during the intense summer heats, clearly showing that cold is not the acting cause. Several other causes have been assigned, on an equally slight foundation. Robust children, and those placed under the most favourable circumstances as regards hygiene, are not safe from it. According to some physiologists it is dependent on an alteration of the fluids giving rise to the infiltration of an albuminous coagulated matter in the areolæ of the cellular tissue. Frank attributes it to a solidification of the fluids, by an abnormal oxygenation of the blood, and a modification in the production of animal heat.

New Test for Strychnia.—M. Eugene Marchand declares that if a very small quantity of strychnia is triturated with a few drops of concentrated sulphuric acid, to which one hundredth part of its weight of nitric acid had been previously added, the strychnia will disappear, without giving rise to any appreciable phenomenon, but if a single atom of the peroxide of lead is previously combined with the mixture, a magnificent blue colour is immediately produced, which rapidly passes to the violet, then gradually to the red, and terminates after a few hours, by changing to a canary yellow. This reaction is characteristic of strychnia, nor has M. Marchand been able as yet to discover any substance which behaves in a similar manner under such circumstances. When exceedingly small portions of the strychnia, are operated on, it would be better to rub together the peroxide of lead, with the organic alkali, then to drop a single drop of the acid liquid upon the mixture. The changes of colour will then be well-marked, and very evident even upon the smallest quantity. M. Marchand declares that the thousandth part of a grain may be thus detected.

Birth of a Double Monster.—Mr. Allen, of York, recently brought a monster into the world, of which the following is a description. It is a female infant, weight ten pounds; there are two upper and two lower extremities. The circumference of the first head is 14 inches, of the second 13; the thorax is 14 inches in circumference; the second head and thorax in the position in which it was expelled, 19 inches. Upon removing the sternum, the thymus gland was found to be double. There were two hearts contained in the pericardium, which was adherent to the sternum; the right heart was somewhat smaller than the left; each heart gave off an aorta and pulmonary vessels, which supplied their respective sides. The lungs consisted of three lobes on the right side, and two on the left. The œsophagi terminated in a stomach on either side, which united at the duodenum. The pancreas was double. There was but one spleen, situated at the left side. The liver was single, but had two gall-bladders. The viscera were single below the duodenum. The vertebral columns united at the commencement of the lumbar vertebræ.

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ON THE PHYSIOLOGY OF HEALTH AND DISEASE,

AS APPLIED TO VEGETABLES AND ANIMALS, BUT MORE ESPECIALLY TO MAN.

By M. RASPAIL.

LECTURE XIX.

2. *Substances which proceed by disorganizing the tissues, before decomposing the blood and the liquids.*—These substances are either acids, or possessed of an excess of acidity, or else alkalies, or substances endowed with an excess of base of an alkaline character. The first disorganize the tissues by robbing them of the earthy or ammoniacal base, with which the organic molecule is combined into an organized and elaborating vesicle: at the same time, as soon as they penetrate into the blood, they coagulate it, by subtracting its aqueous molecules, and saturating the alkaline bases, which serve as a vehicle to the albumen of this liquid. The second proceed, on the contrary, by substituting themselves for the earthy or ammoniacal bases, the action of which concurred to the formation of the organized vesicle, and by forming, with the organic molecule, a new tissue, which is no longer possessed of vital properties. Speaking in chemical language, we should say, that both of these classes of substances act, by means of a double decomposition. They disorganize not only the elaborating vesicle, but also the organic molecule itself, by their avidity for its aqueous particles; now, the organic molecule being a combination of water and of carbon, it follows that the action of these substances of which we are now speaking, sets free the carbon, carbonizes the tissues in a more or less complete manner, according to the quantity taken, and imparts to them different shades of colour, according to the degree to which this carbonization proceeds: in one word, in this respect, they act after the manner of fire, by eliminating the aqueous molecule, and setting at liberty the molecule of carbon—they *cauterize*. The place, upon which they act, is quickly marked by a stain, which becomes hardened into a crust, or scar, beneath which we find the tissues resolved into pus or water. Such is the effect of a vacuum, combined with that of fire. We have, to preserve ourselves from the disorganizing action of these destructive agents, vigilant sentinels in those nervous papillæ, which are spread over all our internal and external surfaces, as organs of touch or sensation. Their warning, or notice, is given by a feeling of suffering; the symptom of the work of disorganization is a convulsive action, more or less lasting, according to the duration of the disorganization. The subtraction of the aqueous molecule produces a contracted state of the parts; the substitution of a soluble for an insoluble base, renders the tissue more soft and ductile,—whereas it previously possessed a degree of rigidity. The antagonism of the muscular system which produces the state of repose, is destroyed by the modification induced in either of these elements of movement and of resistance. Leaf, stem, flower, limbs of animals,—every thing is shortened, or twisted, deformed, and disorganized. When all these phenomena happen, as a consequence of indigestion, and upon those membranes which we call mucous (because their internal position withdraws them from the drying action of the external air, in contact with which they would become epidermic, and would be the seat of a less abundant transudation, and of a less exquisite sensibility); when poisoning, in fine, takes place by the digestive organ, you may imagine what frightful characters such an accident will assume! The stomach becomes excoriated; a burning sensation is felt there; all the nervous papillæ give symptoms of their disorganization, by the convulsive agitation and *hiccough* which seems as if it would rend the diaphragm asunder. The stomach undergoes movements of systole and diastole: it rejects, by vomiting, the mass which offends it and which cauterizes its tissues; and on examination, we shall find that it is rendered crisp on the surface, and puckered throughout its whole extent. The œsophagus is put into a flame; the buccal surfaces have lost the sensation of taste, the pituitary membrane that of smell. The paralyzed glottis and epiglottis allow the passage of liquids, into the lung, in the same manner as of air. The blood is either coagulated or rendered more liquid; the circulation is checked or embarrassed; the external surfaces become pallid or of a bluish colour; a cold and clammy sweat exudes from all the pores of the skin, as through a sieve; the mind becomes enfeebled, and life is terminated by a dreadful fit of convulsions. Such is the picture of poisoning, in a high degree of intensity. We may gradually descend from this state to the most superficial and inoffensive effect of a simple medicine. Sulphuric acid, the ravages of which we have been describing, when taken in a high and concentrated dose, may act only as a simple lemonade when mixed with about a thousand times its quantity of water. Every substance is poisonous only by its quantity; and the effects of a given quantity vary, both according to the mass of aliment which it finds in the stomach, and upon which a part of the corrosive action of the poisonous substance is expended or neutralized, as also according to the constitution of the individual. Poisons are not mortal, if their action is limited to the membrane, and they do not pass into the blood; they are always fatal, if they have time to pass into the circulation, even in minute quantity; this is the only supposition we can entertain as to the theory of poisoning. That in fact which is limited to the surface, attacks but a decayed tissue, which the process of development tends to throw outwards.

Disorganizing Acids.

Sulphuric, Nitric, Hydrochloric, Phosphoric, Fluoric, Prussic, Carbonic, Acetic, Oxalic, Citric, and Tartaric Acids, &c. The intensity of action of these acids, as poisons, diminishes, in the order in which we have placed them in the above list; that is to say that their disorganizing property is correlative to their affinity for bases, so that the action of the latter among them, is merely diminutive, as compared to that of the former. In a concentrated state, they carbonize the tissues; when more diluted, they disorganize them. The traces which they leave upon those parts of the alimentary canal, which come into contact with the disorganizing molecules, are more or less deep, or extended, and of a variable colour, according to the quantity taken and the duration of its action. Poisoning, by the same substance, may present at the autopsy, scars, vesicles, tubercles, ecchymoses or violet-coloured spots, as well as surfaces injected with blood of a bright red colour, or even more or less inflamed; for every violent action is an act of aspiration, and attracts the blood towards the place which is the seat of it. The blood is then more or less curdled in the vessels; while in some places it is more liquid than usual, from the separation which has taken place between the serum and the coagulum; it is also of a deeper colour, according as the clot has been exposed to a stronger dose of the caustic acid. Still there are some phenomena of coloration, which more especially characterize the action of certain acids. The concentrated and *fuming* sulphuric and carbonic acids, produce an eschar,—the organic acids an inflammation. The *non*-fuming sulphuric acid whitens the tissues; nitric acid colours them yellow; hydrochloric acid gives to them a white colour, which changes to purple, and from purple to blue; but in proportion as the acid is more diluted with water, or saturated by the varied products of the fermentation of the body, we find these colorations, so characteristic during the first moments, receiving a thousand different shades of colour, and eventually becoming totally effaced. Some plants possess sufficient acidity to produce, upon the alimentary canal, and consequently upon all the functions subservient to the stomachic digestion, the phenomena, at least, which would be caused by the vegetable acids obtained in our laboratories: such are the house leek (*sempervivum tectorum, sedum acre, &c.*) the sorrell (*rumex acetosella*, the *oxalis acetosella;*) green fruits, sour grapes, &c. The ingestion of such substances becomes dangerous, if a considerable quantity be taken; a sensation of weight and acidity is felt at the stomach; fever is engendered in consequence of the interruption to the digestive function and to the circulation, by which the being is fed and supported, in the normal state; lastly, after the pains in the stomach, we have pains extending to the bowels; the acidity, in fact, saturating the alkaline base of the duodenal digestion, completely changes the characters of the secretion and function of this intestine, while in the stomach, the seat of the acid digestion, it merely exaggerated its properties; hence, the enteritis, the colic, the diarrhœa and the dysentery, which are induced; symptoms which terminate in the emaciation and death of the patient, if, from any morbid appetite, the employment of these substances be persisted in.

Mineral and simple substances, which become acidified, when in contact with our tissues.

Chlorine, Iodine, Bromine, Sulphur, Phosphorus, Sulphurets, Phosphurets, &c.—These substances, from their avidity for oxygen and hydrogen, invariably lead to the disorganization of the organic molecule. Chlorine being changed into hydrochloric acid; iodine and bromine into iodic and bromic, hydriodic and hydrobromic acids; sulphur at first into sulphurets, and the sulphurets into sulphuric acid of a greater or less degree of strength; phosphorus into phosphoric acid, &c.; they react subsequently, under this new form, upon the tissues, and disorganise them, by robbing them of their earthy or ammoniacal bases; they thus cause all the phenomena which we previously described, leaving at the same time similar traces of coloration. Phosphoric acid acts like sulphuric acid, but with less intensity, by reason of its flaky character, and the less degree of solubility which characterizes it, at the instant of its formation.

Metallic substances which act, on our tissues, like energetic acids.

Antimony and Arsenic.—Antimony may almost be said to be a mild form of arsenic; it acts altogether like this latter substance, but with less intensity. Inoffensive in the metallic state, these metals become poisonous only by combining themselves with oxygen, in various proportions. By their combination with bases, they lose a part of their direct energy, since they can no longer proceed, in their work of disorganization, but by means of a double decomposition; they become even harmless, according to their bases: the arsenite of alum, of iron and of lime, being very slightly poisonous; and the tartrate of antimony and potass being able to be administered without danger, in the dose of from one to two grains, and often in a larger quantity for the purpose of provoking

vomiting. It is, then, by means of white arsenic, (*oxide of arsenic of the ancient chemists, arsenious acid of the moderns*) that almost all the poisonings are committed, of a voluntary or premeditated character, in our abandoned and thoughtless state of society: next to prussic acid, arsenurated hydrogen, and arsenic acid, of which the use is less frequent, we know of no poison which acts, in so small a dose, with such great energy; no other acid passes so quickly in the blood. In fact, the acids which violently disorganise the tissues, such as sulphuric acid, create of themselves, by the eschar which they produce, an obstacle to their entrance into the circulatory medium: the arsenious acid becoming dissolved in but small quantity, combines itself molecule by molecule with the bases of our tissues, and disorganizes them, so to speak, by mere points, appearing, as it were, to choose the free interstices, to become infiltrated into the blood;* and it is by this vehicle that it exercises its ravages, and induces a disturbance in the functions, with the quickness of the circulation itself. We thus see why, at the autopsy, the surface of the intestinal membrane sometimes offers not the least trace of disorganization or of inflammation, although the poison may have been taken in very considerable quantity. The symptoms and accidents of this kind of poisoning are similar to those of every species of disorganization and decomposition, which is seated in the intestinal canal; I have already cited† a case of premeditated poisoning, in which death was sudden and the symptoms very trifling: the strength of the will had subdued every appearance of them.

Although arsenic leaves traces upon the intestinal surface, such as ecchymoses, eschars, inflammatory stains, and even perforations, there are none of these characters which can be considered proper to it, and which do not equally belong to many other, and even spontaneous, causes of disease; and unless the nature of the substance itself be rendered palpable by chemical analysis, we might confound the symptoms presented during life, as well as those observed after death, with the effects of any other violent or spontaneous disease. Still if arsenic offers no positive symptom, it presents us with several negative signs of incontestable value:—1°. In a strong dose, it destroys life in twelve hours at the furthest; Soufflard took little more than half a drachm, but he died within that space of time. 2°. Arsenic provokes vomiting, though we never find stercoraceous matters ejected from the stomach under its influence. In fact, its action is either confined to the stomach, and in this case, the vomiting can only consist of chymous matters; or else it extends itself to the intestines, and there produces diarrhœa and dysentery, instead of obstructing the passage of the fœcal matter, and forcing it to pass upwards into the stomach. We know of but three cases in which stercoraceous vomiting takes place: a state of *volvulus* or *ileus*; a stoppage of the intestines by insoluble stercoraceous concretions; and lastly occlusion by the adhesion and folds of large worms, such as the larger *lumbrici*. I have looked over nearly two hundred volumes of medical journals, with a view of collecting all the cases of poisoning by arsenic; but I have never met with a single one which contradicted these two general laws. Laffarge could not have fallen a victim to poisoning by arsenic in a full dose, since the disease in him prolonged itself to the twelfth day; Laffarge also, having frequently vomited stercoraceous matters, during the course of his long disease, cannot be said to have laboured at all under the effects of poisoning by arsenic; he died only on the day subsequent to the irrational administration of the red peroxide of iron, which was given to him in such large doses.

The arsenical combinations act in proportion to their solubility; the arsenic acid more violently than arsenious acid; the latter more violently than the salts with a soluble base, and these more so than the salts with an insoluble base. Among these latter there are one or two, which are even completely harmless: a fact which has led to our employing their bases, as antidotes in poisoning by this acid. In general, poisons, when taken in a small dose, fulfil the office of medicines; arsenic is one of the least contestable exceptions to this rule. Inasmuch as, in the long run, the effects of these small doses accumulate, so to speak, while leaving the traces of their passage through the system, they appear to act, as though the whole had been administered at once; a slow and chronic poisoning is produced, of which chemistry is unable to furnish the least trace in the poisoned body. The *aquetta*, so much in vogue in the time of Alexander 6th., for the purpose of getting rid of a husband or a lover, without the fear of justice, which never troubled itself with such small offences, of however frequent occurrence they might have been; the *aquetta di Napoli* or *aqua toffana*, was nothing more than common water holding in solution the small quantity of arsenious acid, which it is capable of dissolving, in a state of purity; the *aquetta* poisoned only in the long run: a refined species of poisoning, in which the murderer had the horrible satisfaction of coldly calculating, day by day, the progress of his deadly purpose, and was enabled, as it were, to predict the day on which his vengeance would be gratified.

Hippocrates, Galen, and more particularly Dioscorides, have referred in a particular manner to the fumigations of arsenic, for the cure of diseases of the lungs and of those of the air passages. Avicenna, and subsequent Arabian authors, recommend, in asthma, the inhalation of arsenical fumigations, which they obtained by burning pastiles, composed of arsenic kneaded with the juice of the *aristolochia* or birthwort and veal-suet. Paracelsus employed it to a great extent in internal, but more especially in external, diseases; and his example has had numerous followers. Towards the close of the last century, Fowler obtained for it such a vogue in England, that it was soon cried up from one end of Europe to the other. *Fowler's Drops* (*mineral febrifuge elixir*) were administered to the number of ten or twelve minims, twice or three times a day, for adults; and from two to five drops were given to children between two and four years of age. Eighty drops contained about half a grain of arsenic. They were composed, in fact, in the following manner: take of oxide of arsenic, subcarbonate of potash, of each 64 grains; distilled water a pint. Boil till the arsenic is dissolved; when cold, add compound spirit of lavender, 4 drachms; then as much distilled water as will make up the pint. This is then a solution of arseniate of potash, of which the arsenic forms about the two-hundredth part; the daily dose thus contained from the 12th to the 16th part of a grain for the adult, and rather less than half that quantity for the child. And yet, it was soon perceived that, in the long run, this dose became poisonous. The fever was cured but to give rise to marasmus; the one evil was removed only by the production of a worse; and the individual was perhaps being buried, at the very moment that the physician was publicly proclaiming the success of his treatment. Hear what Hufeland* says on this subject: "There is no remedy which cures fevers, so quickly and in so marked a manner, as arsenic. But this speedy suppression is detrimental to the organism; for, after a certain time, we invariably find the patient afflicted with marasmus, phthisis, dropsy, and abdominal obstruction. It is now more than a hundred years since this treatment was abandoned in Germany; and during the twenty years that Fowler has renewed it in England, I have more than once had occasion to observe its disastrous effects." Although every one was then fully forewarned of the dangerous consequences of this mode of treatment, yet the unfortunate desire of innovation prevailed to a certain extent. As soon as the success of the inhalation of camphor, by means of a straw or quill, became generally spoken of in the treatment of diseases of the chest and even of the stomach, various modifications were introduced into the manufacture of cigars; the leaves of tobacco were substituted by the not less narcotic leaves of stramonium, henbane, belladonna, &c., which were smoked like tobacco and of which these new cigars possessed all the inconveniences without any of their advantages. One doctor, more learned than the rest, announced his *arsenurated cigars*, to replace those made with camphor; and this at a time when poisonings by arsenic commence to be so difficult of proof, and are productive of so much trouble in our criminal proceedings. How readily might the evil disposed man, by feigning some obstinate bronchial affection, procure, on the order of the physician, and place in reserve, a packet of these cigars! Would not this, like the *aquetta di Napoli* of old, be affording facilities for the perpetration of evil or of revenge! We demand then that the sale of these articles be suppressed, as well for the sake of public security, as for the interest of the sick themselves, whose health cannot fail to be more or less undermined by this treatment, even though it may rid them of their local disease. The same proscription ought to be applied to all arsenical preparations, in hospital practice; for the patient is generally sent cured from the hospital, only to die at his own home.

Arsenic is, in sufficient quantity, equally injurious to plants as to animals; vegetables absorb it by their roots. It was recently supposed that a contradiction was found to this law, in the mouldiness which grows on the surface of liquids when poisoned, even by arsenic; but attention was not paid to the fact that the arsenic becomes neutralized with the calcarious bases of the water, and that when an *arsenite* of this kind is formed upon the surface, it offers an inoffensive plane, serving for the support of the mouldiness, which only requires, for its vegetation, the moisture of the air and the absence of light. We might apply to arsenic, and the other poisons of a metallic nature, similar reflections to those already made, when speaking of vegetable poisons. I mean, that arsenic and the rest do not operate upon all animals, in the same way as upon man; and we must at once set down as false the toxicological inductions which are daily drawn, with so much readiness, from experiments upon dogs, horses, cats, rats, &c.; experiments, moreover, which are so badly directed, that in themselves, and apart from this consideration, they possess no intrinsic value. In one, the œsophagus is tied to prevent vomiting; but by this torture we increase the power of absorption in the stomachic membrane, which, otherwise, would probably have been hardly affected by the poison; in another, an animal essentially herbivorous is made suddenly to swallow a quantity of the poison in a bucketful of thick soup, and

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* From the earliest times this doctrine has been professed, and confirmed by experience. Fodéré has given the arseniate of soda, in the dose of 3-8ths of a grain as a diuretic. J. Sherwin (*Mem. of the Med. Soc. of London*, vol. 2, 1789) boiled equal parts of crystallized bitartrate of potass and arsenic, in six times their quantity of water. He obtained a crystallized product, of which a grain, introduced beneath the skin, passed into the urine, and excited slight nausea. Half a grain of these crystals, taken by the mouth, produced similar effects. "When," says Ambrose Paré, "a little of this poison is introduced into the body, the venom as it were increases, and converts into its own substance, that which it meets with in its passage, whether the blood which is in the veins and arteries, or the phlegm within the stomach, and the other humors in the bowels, by which it then helps itself to gain the rest of the body. The poison then, by the means of which I have spoken, commences to spread itself through the veins, the arteries, the nerves &c., and thus communicates itself to the liver, the heart and the brain, and even converts into its own nature all the rest of the body," (*Des Venins*, chap. 2, 1628.) The same opinion was professed and received as a demonstrated fact, towards the end of the 18th century. We read, in the *Journal General de Medecine*, the following passage: "It has been said, and it seems to me to be a received opinion, that, amongst poisons derived from the mineral kingdom, arsenic has this peculiarity, that after having acted in a destructive manner upon the internal soft parts, *it then passes into the blood*; whence results an orgasm in the fluids, and an irritation in the solids, always followed, when nature triumphs, by a cutaneous eruption."—*Desgranges, Recueil period. de la Soc. de Med. de Paris*, tome 6, page 1, an. 7.

† *Answer to the Refutation of Orfila.*—(*Gazette des Hopitaux*, January, 1841.)

* *Journal de Medecine*, 1811,

death is produced more by consequence of indigestion than by the effects of the poison itself. Now, there are some animals which seem to be enabled to eat arsenic with impunity; such, for instance, is the dormouse; large rats also, which devour the dead skins of animals, as prepared by naturalists, eat arsenic, and drink with impunity from troughs filled with arsenical water. Dogs, which are accustomed to gnawing bones, are less accessible than herbivorous animals to the effects of arsenic, inasmuch as it must necessarily become saturated, on entering their stomach, with that mass of calcarious salts which their aliment contains.

COURSE OF LECTURES ON THE THEORY AND PRACTICE OF MEDICINE.

Delivered by C. J B. WILLIAMS, M.D., F.R.S., Professor of the Practice of Medicine, and of Clinical Medicine, at University College.

Partial Emphysema of the Lung.—In connection with the subject of partial emphysema, there is another condition which I may mention. After the lungs have been long compressed by pleuritic effusion, they lose some of their properties, and become more or less adherent to each other. Those parts where there has been something like inflammation going on, become fixed down in their collapsed state, and are with difficulty expanded, while other parts receive air more freely. Sometimes the vesicular texture of the lung is partially obliterated; in a degree short of this—you find the vesicular texture more or less altered, though it may receive air into it. Often, after chronic pleurisy, or chronic pneumonia, when the air re-enters the chest, it enters with a degree of irregularity; the expansion of the chest draws air in forcibly to some parts, but all parts do not open alike, and those that do yield have an undue force, and become emphysematous, whilst others remain in a state of partial consolidation. The appearance is in some very different to the cases of chronic pleurisy, to which I have before adverted. In cases where the lung had been long compressed, I have often been astonished to find that that part, which had previously been contracted, has, after a certain period, become emphysematous. One case I particularly noticed was that of a lady. When I first examined her, the right side was perfectly dull, and exhibited all the phenomena I have been describing. A few weeks after, the side appeared to be contracted; but, in a little time, the lower part of the side became not only not dull, but uncommonly resonant; the upper part of the lung, however, remained dull. On examining that patient after death, I found there was extensive emphysema of the lower part of the right lung, whilst the upper part remained consolidated. The same phenomena are observed in children. The lungs in their collapsed state are not susceptible of equal dilatation; the apparatus of the cells is perfect, but some cells will not yield equally with others. Another case is that of a more general description, and one that occurs more commonly than any other,—it is a kind of prolonged emphysema. Chronic inflammation of the bronchi, and long continued or repeated attacks of the acute disease, gradually work changes in the bronchi themselves. They alter the structure of the tubes; they produce a rigidity and tension of the structure, and hypertrophy of the longitudinal fibres, as well as of the cellular tissue underneath; hence you find that remarkable state of dilatation, which takes place from the prolonged efforts of inspiration, towards the centre of the lung. Another thing that will produce the same effect, is disease of the texture of the lung towards these situations. Disease of the bronchial glands will also produce it. When pneumonia occurs, and passes into the chronic form, it frequently produces consolidation in the central parts of the lung.

Now, anything that impedes the dilatation and distension of the roots of the tubes, or of the tubes themselves, without obstructing the passage of the air into them, will occasion a dilatation of the peripheral parts of the lung. Suppose that air enters into the lung, it expands upwards and outwards. Usually the expansion of the lung takes place from the centre; and remember all its motions occur in consequence of the movement of the external walls. In the natural state, there is a certain degree of motion of every part in due course. Suppose a stoppage be put to the motion of the central parts, and they are rendered less distensible by disease: the walls expand, and the diaphragm descends; and what is wanting in dilatation of the central parts is gained by an undue dilatation of the other parts, and thus emphysema is produced. Such are the most common causes of emphysema. There is yet one other thing I may mention as a cause. Not only do these consolidations towards the root of the lung act in the manner I have already mentioned, but partly, too, by impeding the passage of the air out of the lungs; and this is the way in which disease of the bronchial glands, and other tumors about the root of the lungs, materially contribute to the production of emphysema; for the act of inspiration is more forcible than that of expiration. Nay, dilatation is apt to lead to these consolidations or accumulations in the chest; and if you pay attentive consideration to the condition of the lungs, you will find this view verified. I have met with no exceptions to it during the last ten years. In all cases of emphysema, there is some consolidation at the root of the lung, and this is the first cause of emphysema. It is nothing more than the effect of this; and the lungs continuing in this state, become fixed by the progress of development or nutrition; and as the result of that state of development, there is a pressure on the vessels; the air-cells become distended so much that they become atrophied; the pulmonary vessels are obstructed; and hence the great difficulty in the passage of the air through the lungs. Further than that, the lungs are increased in volume by the accumulation of air in them, and as a consequence of this, there is a pressure of the air-tight lung upon the adjoining parts, so that they become displaced by the accumulation of air; the liver is displaced, and the diaphragm pushed downwards, so that you get the signs of the presence of the lung down to the confines of the chest. The intercostal spaces become bulged out from the same cause.

General Causes of Emphysema.—I have entered rather fully into the subject of the pathology of emphysema of the lung, and vesicular dilatation of the air-cells; and I have done so partly because the disease is, I think, not generally understood, and not accurately described in any works on the subject; and partly because it really is a very important disease, and much more prevalent than is generally imagined. Sometimes it is a separate disease, or as a disease in itself, producing serious consequences. Sometimes, again, there is a complication of other diseases, which you have already, I think, anticipated, from the view I have taken of its pathology. I have mentioned that, in many instances, emphysema is produced by disease of the lungs, particularly consolidation in the adjoining texture; consolidation at the root and apex of the lung more particularly causing it, in its highest degree. Now, in these cases of complication, where it is added to other lesions, it is not without its effects. It may, in fact, be considered as commonly exaggerating those effects which are ascribed to the lesions, with which it is complicated. In phthisis, there is commonly an amount of emphysema, and in such cases, the symptoms of emphysema are superadded to those of phthisis. The cases of phthisis that present this (and you will understand this better when we come to phthisis pulmonalis), are those in which the disease had been limited for a considerable length of time, or arrested in its progress by curative efforts. There seems, in these cases, to be a contraction of the central or the upper portions of the lung, and with that contraction, and, as a consequence of it, there is an emphysematous state of the lower lobes. Patients, in this condition, manifest the symptoms of incipient phthisis; the disease does not make the progress of ordinary phthisis, but becomes temporarily arrested; the patients are short breathed, and exhibit the symptoms of emphysema. This is a very important distinction, because the emphysema is apt to obscure the diagnosis in many instances. This should be borne in mind, in treating such cases.

Symptoms of Emphysema of the Lung.—We come now, then, to the consideration of the symptoms of vesicular emphysema. These symptoms will vary very much, according to the extent of the affection. Where the dilatation is very extensive, occupying both lungs, it will be accompanied by various oppressive symptoms, which you are almost prepared to understand, from the view I have given of the pathology of the disease. There is permanent shortness of breath, amounting to a positive fit of asthma, or extreme dyspnœa, on any additional cause taxing the breath, or curtailing it. For example, exertion will sometimes bring about a fit of wheezing; flatulence of the stomach will bring it on, or anything impinging in any way on the lung, requiring additional use of this organ. Likewise the lungs, in the disordered state I have described, are incapable of acting beyond a certain rate; their condition is such that they become more and more disordered as more is required of them. A recent cold, an attack of bronchitis, or any simple catarrhal affection, which will produce but little inconvenience to a healthy patient, if connected with extensive emphysema, causes a severe fit of dyspnœa. Now, then, under these circumstances, the oppression is extreme, and I believe it exists to a greater degree than in any other case, excepting perhaps spasmodic asthma. During these fits, there are all the symptoms of great difficulty of breathing, imperfect oxygenation of the blood, lividity of the face, and congestion; the veins of the neck are very much distended, showing that there is not merely deficient oxygenation of the blood, but there is also a mechanical difficulty to the passage of the blood through the lung. This is because the lungs are greatly distended; the emphysematous lung becoming more and more distended and swollen, air accumulates in the cells during these paroxysms, and by this distension and pressure, the circulation of the blood through it is intercepted. In pulmonary apoplexy, where the air-cells are unduly distended, and air will not pass freely through them, there is a remarkable effect produced on the descending veins, the chest is stuffed or over-distended and air is more easily introduced than it is forced out again; this causes a pressure on all sides, to such a degree as to impede the circulation of the blood through the great vessels. It induces congestion and lividity of the countenance. These fits recur again and again; and the result is not merely temporary distension of the veins, but ultimately the veins become varicose, and there are sometimes puffy tumours, caused in the neighbourhood of the neck, which are very clearly assignable, principally to the dilated state of the veins. It has been stated by some writers, that this is owing to a real protrusion of the lung. I have no doubt that protrusion — the lung rising higher up than usual — is sometimes present, and does contribute, in part, to this appearance; but I am quite sure, that a great part of the swelling, in these cases, arises not from the protruding lung, but from the arrest of the blood in the veins, and sometimes from the œdema thereby caused in the cellular texture. It is not, therefore, to be wondered at that, in this oppression, this stuffing of the chest, not only is the venous circulation disturbed, but the action of the heart itself; and as the pressure is exercised on the arteries, as well as on the veins, they ultimately become hypertrophied, as a concomitant, or sequel, to long-continued emphysema.

Now, the expectoration varies very much. I have said, that a violent attack may come on in connexion with acute bronchitis, and sometimes, too, it is combined with copious expectoration, very much like that of flux. It varies, in this respect, from that of common bronchitis, inasmuch as it generally consists of opaque masses. Sometimes, however, it possesses more or less viscidity. When there are signs of more or less extensive and deep-seated disease of the lung, the expectoration may be purulent and opaque. This takes place in the cases I have before alluded to,—emphysema of the lung, accompanied by tuberculous formation.

The physical signs are, first of all, those mani-

fested by visual observation of the chest. In extensive disease, you will have a stuffing or swelling out of the lung, manifested by the increased volume of the chest. The chest becomes larger, it is raised up and fixed in a state of full inspiration, and this may be observed to a less degree, where the disease is more moderate. Resonance on percussion is perceived lower down than usual, even to within an inch of the margin of the lower ribs; and in extreme cases, where there is actual displacement, the resonance is heard over the margin of the liver. Again, the usual dullness situated over the region of the heart is not present, or is very much diminished. You have the sound over the region of the heart quite hollow. There is a sensible enlargement of the chest manifest to the eye. The size of the chest is unusually developed, but the distension or enlargement is not quite equal and uniform: some parts of the chest are more distensible than others, and in consequence of this, there is a change of shape produced by the extreme degree of pulmonary emphysema. The parts most yielding on respiration, are the parts which are now most distended; they give a roundness—a solidity, to the chest, and, sometimes, also to the back, where there is a bulging out. This affects the upper part of the chest, which is more contracted than usual, and the spaces above and below the clavicle often become collapsed, or drawn in. This is, however, frequently more apparent than real, from the lung becoming larger and more bulged out in some parts than in others. I have seen this effect produced not only in the spaces, but the bones have been positively forced up: the bony case is altered in persons who have long been affected with emphysema. The whole chest is raised, and the clavicle is thrown upwards, and, in some instances, displaced by this condition. But what is more obvious, is that, in the posterior region, there is an unnatural lengthening and a raising up of the shoulders, which is very characteristic. This is not to be attributed altogether to the enlargement, but it arises from the unnatural positions of the patient, who, during the attack of dyspnœa, puts himself in that position in which he can get the greatest ease for the respiratory act. Besides the general lengthening of the chest, and the displacement of the viscera downwards, there is, particularly in the lower ribs, a bulging out of the intercostal spaces. Dr. Stokes thinks the contrary, but we have the testimony of several writers, Louis and others, that this does take place. In some forms of the disease, it is a very common and, at the same time, a very remarkable symptom. In complication with phthisis, it is a very usual thing to see it. At the same time, there is not that permanent displacement that you have in pure emphysema—not that total loss of muscular power; but the displacement is, notwithstanding, quite obvious. These are the chief things to be noticed on inspection. Then, there is another thing to be taken into consideration in connection with these phenomena, and that is, the state of the abdomen. The liver is covered over by the lung, so that you do not get any dulness; but in many cases it is positively enlarged and congested. This is one of the concomitants of this affection, requiring attention in the diagnosis, and likewise in the treatment. Then, to come to the subject of the acoustic signs, I have anticipated something in what I have said on this point. Here is the lung, and here the chest, stuffed up with air, and almost air-tight;—the lung is unusually distended with air, and the parts that are naturally dull of sound are now covered over by the lung. What do you expect from this, according to the doctrines laid down? There must be an unusual resonance, or strength of vibration, given to the chest, by this elastic spring or layer of lung. The extent will, however, vary in different cases, and you must bear in mind the pathological distinction between the different forms of emphysema. Some forms are attended with an increase in substance of the lung. These constitute the tense forms of emphysema; and in this form of the disease, although the resonance, on percussion, is pretty clear, and a good deal of sound is given out on striking it, yet this sound is short, the vibration does not continue long, and it seems to be in some degree resisted. The tone of the note is changed. On the other hand, in flaccid emphysema, where there is atrophy of the lung, there is not only an increased sound, but a prolongation of the sound, and a lower tone, so that the character of the healthy sound is altogether exaggerated. Now, flaccid emphysema is not so commonly a general and universal disease, as it is partial, and it is that form which is most commonly accompanied by tuberculous consolidations. The lower parts of the chest will generally sound in a lower key than usual, whilst in the upper part, and more particularly towards the root, the signs are those of the tense emphysema. This is the most common case in emphysema; there is a remarkable contrast between the resonance in the lower parts of the chest, and that in the upper and peripheral parts, and those portions near the root of the lung; the contrast is very striking. Though there is a great resonance on percussion, in the back, when you get to the lower part, it is dull. There is, too, a great difference between the two sounds in that part. It is rarely the disease proceeds *pari passu* on each side, and hence the comparison may be brought in to assist us in our distinction. These differences are manifest towards the root of the lung, in the interscapular spaces, and sometimes they may be heard in the mammary region, at the junction of the ribs with the sternum. There may be a great complication of the symptoms of emphysema with other signs, which renders the matter more obscure.

I now come to the sounds of respiration, which I shall notice in the next lecture.

HYDROPHOBIA.

By W. H. KING, Esq., Plymouth.

Between the hours of 12 and 1, at noon, on Sunday, Sept. 3d, I was requested by a hasty summons to see a little girl, the daughter of a Mr. John Ball, residing but a few steps from me. I accompanied the messenger immediately, and found my little patient (an intelligent and interesting child of 9½ years old) labouring under great nervous irritability. On inquiry into the earlier symptoms of the disease, I learned that the child complained, for the first time, in the afternoon of the previous Friday, of chilliness, accompanied by drowsiness, so much so, as to cause her to fall asleep twice in the course of two hours, she being then at school: she was kept in after the usual time, as a punishment for not being perfect in her lessons; this was unusual, being a child of much intelligence, and retentive memory.

The mother informed me that she refused to take food or drink that evening, becoming restless in bed, and passed the night without sleep. This state of restlessness continued throughout Saturday, the child refusing to take both liquids and solids, in any form, as occasional difficulty of breathing, and an inability to swallow, had, by this time, taken place. The mother, thinking her symptoms to be those of influenza, applied a blister to the upper part of the thorax, and with great difficulty induced her to swallow a couple of aperient pills; Saturday night passed without sleep, and the nervous irritability much augmented; Sunday morning the pills acted twice, but her symptoms had greatly increased. On entering the apartment, I found my little patient rapidly and hurriedly pacing the room in her night-dress, and barefooted; and on opening the door to admit me, she shrieked violently, rushing to her mother at the other end of the room, burying her face in her parent's lap, and complaining loudly and fearfully that I was choking her: this, I found, had reference to my opening the door and admitting air, the slightest current of which, coming upon her person, produced violent spasms of the larynx and pharynx, with most distressing feelings of choking. I became immediately convinced that some cause was acting powerfully on the child's nervous system, and my first inquiry of the parents was, if the child had ever been bitten by a dog? The father replied in the affirmative: that on Sunday, the 4th day of June, thirteen weeks since, whilst walking with him on the road from Knockersnole to Crabtree, in the neighbourhood of Plymouth, she was bitten by a dog in the hinder part of the leg; but, having no suspicion of the animal being in a rabid state, nothing more was done to the lacerations but the application of some simple ointment, under which the wounds healed in the course of two or three weeks. On examining the right leg, a little above the heel, I found the marks of three small lacerated wounds, unaccompanied by soreness or induration, and nothing unnatural in appearance. The child did not complain of uneasiness in the bitten parts, when pressed, nor were the absorbents at all affected, but she complained of an occasional pain in the hip-joint of that side. Being questioned by the parents as to the nature of the disease, I at once declared it to be a case of hydrophobia. At this time (10 minutes after one) I requested a tumbler and jug to be brought into the room, the latter filled with cold water. The child opposed it, declaring, loudly and feelingly, it would choke her. On its being brought, I requested her to take the glass in her hand, which she several times attempted, first covering her eyes with the other arm: on taking the glass, a violent spasm immediately returned, accompanied by the most distressing symptoms of choking.

At a quarter to two, the severity of her symptoms had greatly increased: violent spasms of the larynx and pharynx returned every four or five minutes, with such a sense of choking, that the little sufferer would grasp the trachea with both hands. The slightest admission of air into the room, by the door or any other opening, any movement to agitate it, or even gently blowing your breath upon her, unperceived, produced instant spasm: with my back towards her, I softly poured some water into a glass, so that its fall could scarcely be perceived by myself, it immediately produced a return of spasm. In the intervals, she continued to pace the room unceasingly, in violent agitation. Up to this time (3 o'clock), her circulation was but little quickened: her eyes had a peculiar wild stare, with dilatation of the pupils to their greatest extent; her lips and tongue became purple during spasm, as far as the anterior portion of the latter organ could be seen, and it remained moist. She was continually removing from her mouth, with her thumb and fingers, and wiping in her night-dress, a pasty secretion, or vitiated saliva, of the consistence of thick starch, and of a slightly yellow tinge. No pain of the head or abdomen,—the latter a little tense, although two free evacuations had been procured by the pills administered the evening before; the bladder had performed its office regularly,—urine healthy in appearance and natural in colour. The only complaint was the pain in the hip-joint of the bitten side; and immediately after the spasm (to use the child's own expression), she was so poorly that she could not tell what to do; at the same time putting behind her ears her long hair, that had fallen and covered her face when throwing about her body and head during the attack of spasm. At 3 o'clock, with great difficulty, she was induced to go on the bed; and as one side was placed against the wall, she crouched into the corner, shewing a dislike to see strangers and persons about her: she refused to allow herself to be covered by any of the bedding; an attempt to do so brought on instant spasm. Such was her horror of fluids, that during my absence at this period, for a short time, she entreated the attendants to remove every thing of that nature from the room. Repeated trials had been made, up to this time, to prevail on her to take medicine, without success; but I now succeeded in giving her a small bolus, containing half a grain of muriate of morphia, repeating a second and third dose at intervals of an hour between each, endeavouring, at the same time, to administer a teaspoonful of liquid, in which was mixed three drops of hydrocyanic acid. After a considerable lapse of time, she consented to have her eyes closed, and then, having failed in several attempts, she at length put the point of her moistened finger from the tea-spoon to her lips, which caused one of the most violent spasms she had yet suffered from: the same effect following every attempt after. no further remedies were tried, it being impossible to administer them.

At this time, I mentioned to the parents tracheotomy, as suggested by Mr. Mayo, and advised the application of the actual cautery on each side of the spinal column, believing myself perfectly justified in having recourse to strong measures in so desperate a disease,—and agreeing in opinion with Dr. M. Hall, that the symptoms belong to the true spinal, or excito-motory functions. The paroxysms continued with unabated frequency and violence until 6 o'clock, after which they became less urgent, and the little sufferer now began to show symptoms of exhaustion. The pulse greatly increased in rapidity, and lessened in force, accompanied with profuse clammy perspiration over the whole body, which was only covered by the night-dress. From this time to 10 o'clock, light became very distressing to her, although the evening was much overcast; thick cloths were hung over the window to darken the room, and even the mention of candles would bring on spasm. About 9 o'clock, the sensorium became slightly affected, she wandered in her mind occasionally: the saliva now became secreted very profusely, and changed in character; from being before pasty, it now assumed the ordinary appearance of natural saliva, and was constantly spat by the patient into handkerchiefs given her for that purpose. About 10, p.m., she was removed into an adjoining bed in the same room, from her complaining that the one in which she then was, and where she had been supported by her father for the last two hours, "was in such a mess," she having passed urine where she sat.

It now became evident that her constitutional powers were fast yielding to the disease. She ceased to have a dread of light, and shrunk less from the mention of water. At half-past 10, candles were brought into the room, and no resistance was made to putting her hands into cold water, which produced little effect; but no persuasion could induce her to put it to her mouth. At distant intervals, spasms would return, though less aggravated in their force. She now wandered incessantly, but seemed conscious when spoken to: she lay back in bed unsupported, with her head slightly elevated, the more easily to allow the escape of large quantities of frothy saliva which were continually working out of her mouth, and which must have amounted to a great many fluid ounces in the course of the evening. In the afternoon, enquiry was made of her, if she thought the bite from the dog had made her ill? She replied, "No, she did not think so." About 11, she became quite unconscious,—talked incessantly of large tea-kettles, hot water, fat pigs, and dogs, cutting the latter in pieces, and throwing them into the gutter.

The extremities now became cold; pulse not perceptible; the eyes lustreless; the heart's action scarcely to be felt; and a few minutes before 12 o'clock, p.m., she sank without a struggle, fifty-eight hours from the commencement of the disease.

PARISIAN INTELLIGENCE.

(FROM OUR OWN CORRESPONDENT.)

Paris, October 26th, 1843.

I promised in my last, that my next communication should contain an analysis of the very interesting Memoir lately presented to the Academy of Science by M. Paul Bernard, M.D., on the extirpation of the glandula lachrymalis in cases of chronic epiphora. It is headed, "Memoir on the Extirpation of the Glandula Lachrymalis, with, or without Obliteration of the Saccus Lachrymalis, in cases of Chronic Epiphora, and Fistula Lachrymalis, supposed to be incurable." M. Bernard then continues as follows:—The treatment of the diseases of the lachrymal organs is the part of ophthalmology which has been the least studied; still, the majority of operators follow old errors, and a *modus faciendi* which they know to be defective. The total or partial extirpation of the glandula lachrymalis is not a new operation; it has been successfully performed by several surgeons, MM. Guerin, of Bordeaux, Charles Tood, of Geneva, O'Beirne, of Dublin, and Caron du Villards, in France, in cases of cancer of an encephaloid nature, to which (cases of cancer) it has, until the present day, been exclusively limited. Dr. Szolaski, who for several years has been occupied in researches on this subject, extirpated the glandulæ lachrymales from six rabbits, without injuring their sight. Nannoni recommended, in the cure of tumores et fistulæ lachrymales, to apply a caustic, (sulphas aluminosus, argenti nitras, hydrargyri oxymurias,) and thus produce obliteration. Scarpa condemned this method on account of its leaving a lasting and incurable epiphora. Dr. Rognetta employs, almost exclusively, empirical remedies. M. Biangini preconises cauterisation, and brings forward, in favour of his opinion, that of Professor Camicei; he operated as follows:—after opening the lachrymal sac, as recommended by Petit, its cavity is to be filled with lint, smeared with a greasy substance, on which a layer of pulvis nitratis argenti is placed. The use of the caustic must be persevered in, until the morbid swelling has disappeared, and care must be taken to make the cicatrization proceed from the bottom of the sac to the periphery, as in the treatment of fistula. But the objections raised by Scarpa against Nannoni's method are equally applicable here; if, therefore, the one is to be abandoned on this account, the latter ought to be. The supposition, that the extirpation of the gland might be productive of very serious accidents, has hitherto deterred operators from attempting it. I, myself, partook of the general opinion, when, by reflection, I was led to the following conclusions:—though useful, the glandula lachrymalis is not indispensable, inasmuch as several patients have had it extirpated, without losing their sight—a fact long since demonstrated by M. Magendie's experiments on animals; also, that the extirpation of the gland is neither painful nor dangerous; that the dryness and hardness of the conjunctiva is not to be feared, this membrane being kept moist by the hyper-secretion of the glandulæ Meibomiæ and caruncula lachrymalis, as shown in the cases published by M. Caron du Villards, of extirpation of the glandulæ lachrymales affected with cancer; that certain chronic epiphoras, produced by the hypertrophy of the gland, and thereby a hyper-secretion of tears, (a disease but little known,) as well as many fistulæ, more or less incurable by the ordinary methods, are often a source of misery and despair to the unfortunate sufferers. *Case*,—M. Pelloin, aged 30, gardener at the Hospital Larocheforcauld, affected with epiphora for the last ten years; sight dim; treated unsuccessfully by Professor Blandin and M. Sichel. Having attentively examined the patient, I felt convinced that the hypersecretion of tears was caused by the hypertrophy of the gland, and after employing, during twelve months, different remedies, with no better success than my predecessors, I decided upon the operation, which was performed as follows, in the presence of Messrs. Micard and Jules Bobé, Apothecaries, and Soulé, Student in Medicine. The patient seated on a low chair, a vertical fold of the upper lid was raised by an assistant, and an incision of about half an inch was made, the instrument being directed upwards. The edges of the wound were then kept asunder, and the parts carefully dissected, until the glandula lachrymalis was attained, which was, as surmised, hypertrophied. A portion of it, equal in size to the whole gland when in its normal state, was removed, under the idea that the secretion of tears would not then be too copious, but two months after it became necessary to remove the remainder by a second operation. The epiphora then ceased completely, yet the eye continues as moist as the other, and what is still more extraordinary, the nostril on the diseased side until then constantly dry, is moistened from time to time. The sight is equally good on both sides. This operation is therefore, first, easily performed; second, not dangerous, (the patient returned to his work shortly after); third, efficacious.

Epidemic Pertussis.—Dr. Maire has published a a note on an epidemic pertussis observed at Havre, during the months of April, May, June, and July. The complications were chiefly cerebral congestion, convulsions, pneumonia. The treatment employed, and the results, were:—Change of air useful, but seldom efficacious; emeties useful in the beginning; syrup. papaver. somnifer.,—syrup. papaver. rhœad,.—syrup. violæ, useless. Calomel, with the oxydum zinci, or belladonna, of no use. Powder, syrup, or extract of belladonna, of very little use. Tannic and benzoic acids, gr. ss. every hour, sometimes efficacious. Assafœtida, grs. xviij. to grs. xxxvj. per diem, in three enemas, with addition of laudanum, very frequently efficacious. This last substance was recommended, in 1832, by Dr. Reicken, as the best, and Dr. Maire is of the same opinion, not only on account of its efficacy, but likewise from the facility with which it can be administered, it being often very difficult, if not impossible, to make children swallow the necessary remedies.

Inefficacy of the Nitras Potassæ.—If it be useful to publish cases in which the administration of any given substance is successful, it is equally so to make known those in which it fails. This remark has been suggested by a case which has occurred in the wards of M. Martin Solon, at Beaujon, where the administration of the nitras potassæ, in strong doses, afforded no relief. The patient, a strong, healthy journeyman, not subject to rheumatic pains, was seized, without any known cause, first, with pain in the *cuir chevelu*, extending itself successively to the sacro-iliac and sacro-vertebral articulations, and to those of the upper and lower extremities. The quantity of nitras potassæ administered, in 11 days, was ℥viss., but delirium supervening, venesection (performed twice) and cupping, were employed, combined with mercurial frictions on the femoro-tibial articulation, in which there was a small quantity of water. The patient soon recovered.

New School of Medicine and Pharmacy.—A Preparatory School of Medicine and Pharmacy has been created by *Ordonnance Royale* at Nancy, and the following gentlemen have been appointed:—Medical botany and materia medica; M. Godron, titular professor. Anatomy and physiology; M. Larcher, titular professor. Practice of physic; M. Blondlot, assistant professor. Clinical medicine; M. Coligny, titular professor. Surgery; M. Roussil, assistant professor. Clinical surgery; M. Simoniu, jun. Midwifery and diseases of women and children; M. Bonfils. Chemistry and pharmacy; (no one yet named.) Director; M. Simonin, sen., titular professor. Director and honorary professor; M. de Haldat. Suppleants; Messrs. Bechet, jun., and Parisot. Anatomical demonstrator; M. Demange.

Fatal Venous Hæmorrhagé.—M. Fortuner has published, in the *Memoires de Medicine, Chirurgie, et Pharmacie Militaires*, two cases of fatal venous hæmorrhage. 1st, Spontaneous perforation of the vena cava inferior, caused by atrophy. On each side of the opening, the walls of the vein were perfectly sound; the patient had complained of slight colics in the evening, but appeared to rally, when all at once he died without a struggle, and apparently by syncope. 2nd, Death was caused by a wound of the femoral vein, and was hastened by the imprudence of the victim, who after receiving the stab, pursued his adversary. M. Fortuner likewise relates a case of a wound of the femoral vein, followed by effusion of blood in the sub-cutaneous cellular tissue, which being taken for spurious, aneurism the femoral artery was tied.

Curious Surgical Cases.—The following cases occurred in the wards of M. Baudens, chief surgeon of the hospital of Val de Grace:—1st. The nail growing into the flesh, (ongle incarné.) This disorder, which had resisted several treatments, was cured by the following operation: The part held like a pen about to be mended, and the bistoury like a pen-knife, its edge placed perpendicularly a little beyond the matrix of the nail; it was then brought rapidly forward, cutting off the matrix, nail, and fungous flesh. The wound was then dressed simply, and covered with compresses steeped in cold water to prevent consecutive inflammation.—2nd. Staphyloma of both eyes, complicated with leucoma and blindness. The eye was so prominent that the eye-lids could not meet, several specks existed on the cornea transparens, and in the intervals this membrane was pushed forward by the aqueous humour, so as to form a hernia, and was considerably thinner than in the natural state; the conjunctiva

was red, injected, and varicose. After having bled and purged the patient, the varicose veins were first removed, and then the cornea was punctured, so as to allow the aqueous humour to flow freely out. This operation was repeated from twelve to fifteen times in the course of six weeks, until the globe of the eye had diminished to its natural size. An astringent collyrium was then ordered, and a blister to the neck; six weeks after, the patient left the hospital, seeing sufficiently to go alone. 3rd. Humero-cubital luxation with considerable degree of swelling, caused by a fall.—To diminish the inflammation the patient was bled, and ice applied to the articulation. After 48 hours, the part was reduced in the following manner. The surgeon placed his thumbs one over the other on the olecranon, the arm being then held firmly, gentle extension made on the fore-arm, and the fingers crossed in the bend of the arm, pushed the bones into their natural position, while at the same time the olecranon was pushed downwards by the thumbs. The applications of ice were continued as long as any reaction took place, and followed by an infusion of elder flowers, first cold, then hot. Six weeks after, the patient left the hospital quite well.—4th. Varices of the right lower extremity. Two large varicose veins situated on the internal surface of the leg, were cauterized with caustic potass, as follows, leaving an interval of six days between each:—A piece of sticking plaster, on which a long narrow opening, about the breadth of the back of a knife, had been made, was placed on the vein, with the caustic. The two eschars thus formed, fell after twelve days, and the ulcers themselves healed in about a month, the varicose veins being reduced to one-fifth of their former size. "Though I have had occasion," said the Professor, "frequently to employ cauterizations and the subcutaneous ligature, I have never seen phlebitis supervene. In that respect, therefore, I do not recommend the one more than the other; the ligature heals sooner, and is not accompanied by so abundant a suppuration; in some cases, however, it ought to be preferred, viz. in varicocele."

The Grotto del Cano.—Dr. Constantin James has published in the *Gazette Medicale*, the following remarks made by him on the Grotto del Cano, during the voyage in which he accompanied M. Magendie. After describing its position, he continued "Having fired a pistol in the grotto, the smoke fell gradually, until it came in contact with the carbonic acid gas, and enabled me to measure its exact height, which was 7·874 inches at the entrance, 13·780 inches in the centre, 23·622 inches at the bottom. The gas, when it escapes through the door, flows down the side of the mountain like a rivulet, which fact may be verified by plunging a lighted candle into it, which is immediately extinguished. A rabbit placed in the gas, after ten seconds fell on its side, and remained perfectly motionless; taken out after seventy-five seconds, it laid in a state of apparent death during five minutes, and did not recover until a quarter of an hour had elapsed, shewing that in cases of asphyxia by charcoal, the patient ought not to be abandoned immediately as hopeless. In order to discover the most efficacious remedy, the following experiments were performed, the animals remaining seventy-five seconds in the grotto. Cold affusions and enemas, useless. Inspiration of acetic acid and ammonia: the former restored the animal to life much sooner than the latter, probably because though more powerful it contained certain deleterious qualities;—pressure on the sides to aid respiration, animal got well sooner;—insufflation done by blowing gradually small quantities of air into the lungs, the animal, instead of remaining motionless five minutes, was restored in twenty seconds. A last experiment remained to be performed, which was, to ascertain if insufflation will restore to life an animal doomed to death if it be neglected. Two rabbits were placed in the grotto; when removed, on one insufflation was practised,—it recovered; on the other it was not, and it died asphyxiated. The blood of this last was found in a very liquid state, and when the autopsy is performed some time after death, it infiltrates into the different organs and cavities of the body. The resistance offered by different animals was:—A dog died in three minutes, a rabbit in two, a calf in four, a fowl in two, a frog in five, an adder in seven. As to the length of time man resists, tradition says that the Prince of Toledo plunged a condemned criminal into it, and that life was extinct in ten minutes. The author concludes by some experiments, proving that the bubbling of the lake of Agnano is produced by carbonic acid gas, which enters the lake and escapes into the air, and that it is the same thermal gaseous spring, which in passing under the grotto furnishes the carbonic acid which is found in its interior.

Academy of Sciences; Sitting of the 23rd October—Professor Dumas in the Chair.—*The Membrana Allantoides in Man, Development of.*—M. Coste read a second memoir on the development of the membrana allantoides in man. In a former memoir, the author demonstrated that the amnios, being continuous with the umbilicus and the skin of the fœtus, as in birds, developes itself in the same way, and does not take its origin from an independent vesicle, but is formed according to the general rule. On this subject, experience teaches us that in very young subjects, before the appearance of the umbilical vesicle, allantoid or umbilical chord, and while they are not more than a line in length, it is possible to distinguish the amnios enveloping the embryo, and attached to the chorion by a long, thin pedicle, not vascular. This union is a proof, not only that the amnios does not originate from an independent vesicle, but that it is formed and contains the embryo, before the appearance of the allantoid; and that all those which are not found thus, must be considered as the seat of some morbid alteration, or of some modification produced accidentally. But what is the allantoid? According as the embryo in animals and birds develops itself, and before any change takes place in the form of the intestine, or in its relations with the surrounding parts, a new vesicle appears at the umbilicus, originating from the rectum, of which it is an appendix. So that at this period of the intra-uterine existence, the intestinal canal, the umbilical and the new vesicles, may be considered as divisions of one and the same cavity. This last is the allantoid, which offers as its principal characters—to communicate with the rectum by a pedicle, and to support the umbilical chord. At a later period, this pedicle gives rise internally to the urachus and the vesica urinaria; and externally, when fixed on the chorion, to the placenta. Thus the allantoid is an appendix of the rectum—forms the urachus and bladder—and, at the moment of its formation, the umbilicus offers a large opening; the intestine is a straight tube from the mouth to the anus; the umbilical vesicle communicates, by a short, large pedicle, with the centre of the intestinal canal; finally, the embryo is enveloped in the amnios long before the allantoid appears. But does this likewise take place in man? The dissection of an ovum of the size of a small nut, containing an embryo a line in length, offered the following peculiarities:—As in birds, the embryo was contained in the amnios; the umbilicus presented a large opening; the umbilical vesicle was found to communicate with the centre of the intestine by a short, large pedicle: near the caudal extremity there existed a vesicular enlargement, which adhered to the symphysis pubis, and communicated, by means of its pedicle, with the extremity of the rectum. From these characters, I concluded that it was a modification of the allantoid, and described it as such. In 1839, Mr. Allan Thompson gave a similar description of a fœtus of the same age, and the resemblance appeared so patent to him, that he declared I had described the allantoid. M. Wagner, also, in his *Icones physiologicæ*, mentions a similar fact. These three observations appeared sufficiently conclusive to Muller for him to assert that the allantoid existed in man. Nothing, however, was found in these embryos to authorise the conclusions drawn by MM. Serres and Breschet, that the amnios was produced by an independent vesicle. To resume, we may say, 1st, that the supposed isolated state of the amnios is not necessary for the formation of the allantoid in man, any more than it is in animals or birds; 2nd, that a fact which, in certain organic conditions, is considered a probability as to the origin of the allantoid in animals and birds, cannot reasonably, in identical conditions, be considered as a cause of exclusion in man.

Importation of Bengal Opium into China.—M. Payen read a report on the memoirs presented by MM. Lieutaud and Hardy. (*vide* MED. TIMES, vol. VIII, p. 375.) From 1827 to 1828, the importation of Bengal opium into China amounted to 1,214,832,442 lbs., whereas in 1833 it reached 2,883,339,345 lbs., and as the production did not increase in the ratio of the demand, inferior qualities were added. This, though beneficial to the purses of the dealers, and the health of the Chinese, caused the different species of Bengal opium to be discredited in the European market. According to the analysis of MM. Robiquet, Pelletier, Caventon, Guebourt, and Dublanc, it appears, that the best opium comes from Asia Minor, *via* Smyrna, whilst that which comes from the neighbouring provinces, *via* Constantinople, is far inferior in quality. The former contains from 9 to 10·5 per ct. of morphine, the latter only from 0·3 to 0·5 of its weight: Egyptian opium is between the two. As to the opium sent by M. Hardy, it offered the character of the best Smyrna opium,—lost, when dried, about 7·60 per cent.; analysed, it gave 5·02 per cent. of pure morphine, whilst two samples of Smyrna opium gave M. Bussy 4·1 and 3·925 per cent. Wishing to carry our researches still further, we took a sample of Bengal opium recently arrived, offering all the appearances of the best kind, and by analysis found it to contain in 100 parts by weight, 10·7 of pure morphine: perhaps, this difference is to be attributed to the greater care taken in its preparation, because the demand was less in Bengal.

Electro-Puncture for Hydrocele.—Dr. Schusler presented a memoir on the cure of hydrocele by electro-puncture. An analysis will be given in my next.

Properties of Vegetable Alkalies.—M. Biot presented to the Academy a note on a series of experiments, performed by M. Bouchardat, pharmacien en chef de l'Hotel Dieu,—On the physical and molecular properties of different vegetable alcalies dissolved in inert liquids (water, alcohol, or ether) alone or combined with acids or mineral alcalies. These experiments were made in order to discover such characters as might be useful in a pharmaceutical or a medical point of view, and were performed with the following substances.—Morphine, simply dissolved, or mixed with an acid or an alcali, produces a deviation to the left: an excess of acid causes no change, but an excess of alcali gives rise to a permanent one. Narcotine, when alone, produces a deviation to the left; if an acid is added, deviation to the right, which does not cease, even when the acid is saturated with ammonia. Strychnine, deviation to the left, acids weaken the power, addition of ammonia restores it. Brucine, in alcohol, deviation to the left; chlorhydric acid weakens the power without destroying it, ammonia restores it to its primitive force. Cinchonine, deviation to the right, weakened by acids. Quinine, deviation to the left, increased by acids, ammonia restores it to its primitive force. Piperin and Urea, without any action.—The temperature, when raised, diminishes the power of a solution of quinine, and increases that of tartaric acid. These facts, concludes M. B., will furnish the means of determining the quality of the sulphate of quinine so often employed in medicine, and shew that the instrument of polarization established at the Hotel Dieu, for the examination of diabetic urine, may be usefully employed in other cases.

Sugar, as Food for Pigeons, &c.—Dr. Chossat, of Geneva, sent a memoir containing a series of experiments on sugar, given as food to pigeons and turtle-doves. Immediately before giving the sugar, the bird was weighed, as well as the quantity of food. The sugar employed was powdered white sugar, mixed with a sufficient quantity of water to form a bolus, which was introduced beyond the larynx at stated times, sometimes with water *ad libitum*, sometimes with none: the boluses were given twice or thrice a day, until the completion of the experiment, the weight of the body, the state of the respiration, and the animal heat, &c. being taken daily and even hourly; the general pheno-

mena observed during life, were,—in the beginning the animals remained calm, afterwards became agitated, and towards the close of their life, coma and prostration interrupted, sometimes,by convulsive movements : sometimes the aliment was retained, at other times more or less of it was thrown off; liquid and bilious exercmentations: in some cases very abundant, in others less, and in others again in small quantity ; breathing easy except when the animal was agitated ; animal heat natural for a certain time, after which, either increased or diminished. All the birds died ;—the autopsy was performed as soon after death as possible,with great care, and each organ was weighed as removed. Lungs, as taken out of the body, were sometimes of a bright rose red, or crimson colour, at other times of a blue brown, or chocolate colour; when the different liquids contained in its interior were squeezed out, the parenchyma was more or less crepitant, of a dark red, venous colour, similar to that of the spleen, and offered a sweetish taste. In order to prove if the regimen caused the fat to diminish, the skin and fat of three pigeons, were weighed and found to be 60·2+46·7+68·5 div. by 3=58·5; and eight pigeons killed gave, as an average number, 58·1 ; thus, it would appear, that no loss was sustained. (Professor Dumas here remarked that the fat ought to have been isolated by a chemical process ere it was weighed.) The conclusions of this memoir were, 1st. That sugar produces sometimes fat, sometimes bile;—2d. That in the former case, there is a tendency to constipation, and in the latter to diarrhœa. Thus, it is probable, that while sugar is taken as food, in causing constipation or diarrhœa, fat or bile will be secreted. Before closing the subject, it may not be amiss to add that other substances, especially milk, produce similar effects, and that the frequent administration of purgatives, by increasing the biliary secretion, diminishes the quantity of fat. These remarks are, in some measure, applicable to phthisis, and it would be interesting to establish the affinity between diarrhœa and *foie gras* in this disease. Finally, as sugar, sometimes, in the healthy state of the body produces fat, so in certain morbid conditions, the hydrogen and carbon contained in the food,may give rise to sugar instead of fat : thus in diabetes,one of the most efficacious remedies, is to give internally fatty substances, such as bacon, to replace the excessive loss of hydrogen and carbon the system undergoes in producing sugar.

Academy of Medicine; Sitting of the 24th Oct.; Professor Dubois in the Chair.—Carbonate of Lime in Calculi.—M. Leroy d'Etiolles wrote to the Academy, stating, that he had found the carbonate of lime in calculi, when the patient had never taken any alcaline carbonates. M. Segalas observed, that he did not say such could not be the case, but he had never found it without the presence likewise of the phosphate of lime.

Sea-Sickness.—M. Villeneuve read a report on a memoir of M. Gueprat, surgeon in the navy, on "Gastro-Enteralgy, or Sea Sickness." The author attributes it to fear ; thus, females are affected sooner than men, and children, not being aware of the danger, are seldom sick. In support of this opinion, he quotes the fact of an old sailor, who had never been sick, before he was shipwrecked, but after this, on the least appearance of danger, became invariably so. The remedies recommended are, seltzer water, small doses of opium, a draught composed of orange flower and cinnamon waters, with opium; horizontal position; food to be taken in small quantity; acids never to be taken. As to the famous specific, the *bonbons de Matte*, it is perfectly useless. M. Villeneuve, in conclusion, said, that the cause to which the author attributed sea-sickness is contrary to known facts, and that, in his opinion, it was owing rather to the perturbation of the brain, produced by the motion of the vessel; finally, that it would appear from the obervations published by M. Londe, that insane persons were not sea-sick.—M. Londe remarked that he did not say insane persons were never sick, but that those he had observed were not, though the weather was very rough, and every body else sick.

Treatment of Arthrodynia.—M. Martin Solon read a memoir on the treatment of arthrodynia by nitras potassæ. The dose is from ℥ss. to ℥ij. per diem in lemonade, or any pectoral tisanne, so divided that the patient does not take more than ℥iiss. at a dose. Since 1840, it has been administered to 33 patients, (25 men, 8 women) 5 of a feeble constitution, 5 very strong, and the rest offering nothing remarkable; all, except one, were middle aged: 9 had been previously affected with rheumatism, 24 for the first time; 21 began the nitras potassæ from the 2d to the 6th day from the beginning of the disorder, 12 from the 7th to the 15th day; 20 patients got well from the 3rd to the 7th day, 11 from the 8th to the 10th, 2 from the 11th to the 15th. In 27, the disease yielded soon after the commencement of the treatment; in the 6 others, during the first 2 or 3 days of the treatment, different articulations were successively affected, but not so acutely as in the outset; 5 relapses, which yielded ultimately to the remedy. Three began with ℥ss to ℥v ; nine with ℥v to ℥j; eighteen with ℥j to ℥x; and two with ℥x to ℥xiiss; seventeen took only ℥i; five took ℥x; one took ℥xiiss; and two took ℥ij per diem. It was employed alone twenty-eight times: in the five others, bleeding was employed at the same time. One case, in which the disease was complicated with endo-carditis, was cured, the patient taking nothing but the nitras potassæ. This method is inefficacious in cases of mono-articular rheumatism, but succeeds principally in the poly-articular,

Venereal Pustule from Inoculation.—M. Ricord having pricked his thumb with a pair of scissors, with which he had dressed a venereal ulcer, inoculated himself with the pus formed there, and obtained a venereal pustule, which he cauterised, and shewed the result to the Academy.

GARLAND DE BEAUMONT, D.M,P.,B.L., &c.
Honorary Physician to the Spanish Embassy.

POLYPUS UTERI.—In the course of an unconnected paper on polypus uteri, Dr. Murphy, of Liverpool, narrates the case of a Mrs. C—, 43 years of age, a woman of intemperate habits and licentious passions, on whom he operated by the application of a ligature for a large polypus of a pyriform shape, which had descended into the vagina. The tumor was easily surrounded with a waxed double-thread ligature with the aid of Gooch's canula. The operation was followed by an attack of bronchitis, which was successfully treated with tartarized antimony, and this was succeeded by pain and tenderness of the abdomen, especially in the hypogastric region, with vomiting, and the patient died a fortnight after the ligature had been applied. On examining the body, there were found signs of recent peritonitis, and the left ovary was converted into numerous thin, transparent cysts, containing a viscid, straw-colored fluid. The right ovary could not be traced, but in its site, and close to the uterus, was an abscess which had given way,and on being opened,its walls were found to be gangrenous. It was removed along with the uterus,and it was plain it had not any communication with any of the viscera. It was evidently gangrene of the ovary, and was the cause of death. The uterus was thrice its usual size. On being opened, the attachment of the polypus was inferred to have been on the posterior surface beneath and between the Fallopian orifices, and about one inch above the os tincæ, for there was a rough, flocculent appearance, about the size of a crown piece, resembling that which is noticed when the placenta is removed. The polypus lay loose in the vagina, and it required some degree of force to draw it through the os externum with a tenaculum. Not the slightest portion of it could be discerned in the uterus.

MALARIA FEVER, AND CONTAGION.—Mr. Morrio of Spalding, states that large sewer, about a mile in extent, has a number of cottages erected on its bank for the whole distance, and it is the receptacle of all their refuse. The stench from it was beyond all description; family after family suffered from malaria. At last, permission was obtained to draw up a sluice, so as to admit water from the Well and to cleanse it ; which was done, the water running rapidly through the drain, and thoroughly scouring it, but during the time this was being effected, the neighbourhood could scarcely be borne, the stench was so intolerable. Several of the parties suffering from the malaria this produced, recovered, after having been violently purged from its effects. At last, one poor woman, the mother of a large family, who had been suffering from malaria for upwards of ten days, was attacked with symptoms of continued fever. The husband caught it, and the whole of the children; the youngest died. The nurse who waited upon them fell ill, and the whole of her family had it also ; they all recovered. The woman who attended to them went home ill ; she resided a mile from them, in quite a different direction, in a small yard where there were four houses, occupied by poor families. Not one in the yard escaped, and four people fell victims to this terrible disease: two out of the number died from ulceration of the bowels, during the latter stages of the fever, and the others from exhaustion. In all the preceding cases, violent delirium was present, lasting several days, and few escaped without sloughs over the sacrum.

OPERATIONS FOR PALATAL FISSURE.—Dr. Mason Warren was consulted by a young man, 25 years old, who had a congenital fissure of the soft and hard palate, the bones being separated quite up to the alveolar processes, with a deviation to the left side. On looking into the mouth, the whole posterior fauces were exposed, with the openings of the Eustachian tubes, and the bottom of the nasal cavity of the left side was distinctly visible. The soft parts were scarcely perceptible, being almost concealed in the sides of the throat from the action of the muscles, but, when seized with forceps, they could be partially drawn out. Deglutition and speech were both much affected. Dr. Warren operated on this case in the following manner :—the patient was placed in a strong light, the mouth opened wide, and the head well-supported by an assistant ; with a long double-edged knife, curved on its flat side, the membrane covering the hard palate was carefully dissected up, as far back as the root of the alveolar processes. By this operation, which was not effected without considerable difficulty, the membrane seemed gradually to unfold itself, and could be easily drawn across the very wide fissure. A narrow slip was then removed from the edges of the soft palate, and with it the two halves of the uvula. A continuous flap was thus obtained, beginning at the roots of the teeth, and extending backwards to the edges of the velum palati. Six sutures were applied, and the patient directed to keep perfectly quiet, and not to attempt to swallow even the mucus that might collect in the throat. Two of the ligatures were torn away by the evening of the third day, in consequence of a hacking cough with which he was troubled, and the others were removed by the sixth. The patient returned home into the country at the end of three weeks, a firm fleshy palate being formed behind, and half the fissure in the bony palate obliterated. In the following spring the remaining fissure was operated on, and partially closed.

A similar operation has been performed by Dr. Warren in thirteen other cases, which, with one exception, have terminated success-

fully, either in the closure of the whole fissure, or of both hard and soft palate, or so far that the aperture which remained in the bones could be easily closed by an obturator fitted to the adjoining teeth.

TO CORRESPONDENTS.

The numerous subscribers who have recently forwarded us their names, are respectfully informed that our rule is to be paid in advance. *The quarter* 5*s.* 5*d.—the half year* 10*s.* 10*d.—the whole year* £1. *We make the reduction on the year because, among other advantages, such pre-payment saves the trouble of accounts.*

Matico.—*To Dr. Scott's Note on this subject,* Dr. Hunter Lane *sends us a reply, which, from the numerous demands on our space, Dr. Lane must excuse our placing in the following* condensed *form before our readers. Dr. Lane adopts two positions. The first, that no peculiar merit can be claimed for the use of matico in England, he supports by saying that the efficacy of the plant was well-known in Peru, both in its external and internal application, and that its use here was, therefore, equally open to every medical man. The second position is that Dr. Lane, for the following reasons, was in no way bound to speak of Dr. Jeffreys' labours in this matter. Firstly: Matico, though mentioned as "to* internal *use" in the Provincial Medical and Surgical Transactions, was in truth buried and wholly unknown to Dr. H. L., from the comparative obscurity of such a work:—secondly, the two* slight *notices of "its stypticity," one in the* Lancet *of* 1839, *and another subsequently in another journal by Dr. Monroe, in truth gave Dr. Lane the priority, if it were of any value, since four years since Dr. Lane had used the plant from the recommendation of Mr. R. Hinde, of Lancaster, who had seen it much used by the Peruvians; and here the Doctor appends that the portion forwarded by Dr. Jeffreys about the end of last year was only what could be held in a penny-post letter, and was insufficient for a single experiment:—thirdly, Dr. Jeffreys, or any other party, was utterly unknown to Dr. Lane, as testing the plant's* internal *medicinal action. To this it is added that the alleged correspondence of Dr. Jeffreys with Mr. C. Ricketts, the House Surgeon of the Lancaster Infirmary, did not take place for at least twelve months after the date fixed, viz. October,* 1841, *and that Dr. H. Lane was in every way entitled to publish his own experience, independently of Dr. Jeffreys. This, given by us in less graceful and piquant language, is substantially Dr. H. Lane's vindication: if we have omitted any part of value, we shall be glad at once to do our Correspondent justice, when so advised; but in any case in a purely professional matter, like this, let us hope that all personal reflections may be avoided.*

The drug price list will be given every month. The duties may be learned from No. 186 *in last volume: they are to be added to the prices in the list.*

Dr. Smith.—*Our numbers are ready every Friday morning, at* 8 *o'clock precisely. Our publication always commences at that hour, and during the present management has never been later. We have copies of all back numbers, except those from* 33 *to* 40. *If any bookseller make a difficulty of procuring them, apply to another, or send us a statement of the fact, and we will make enquiry. Being the only medical periodical unconnected with booksellers, the independent and fearless discharge of our duties, as well as the publishers' regard to their own pecuniary investments, will often tempt the less respectable of them to shew an ill-veiled hostility to us. Our subscribers will shew a proper appreciation of such conduct, by at once withdrawing their support from such unfair traders.*

M.D.—*During the last two years—the period of the present management—no request, direct or indirect, authorized by us, has been made for books, on the score of reviewing them. The plan is not unusual, we believe, with many journals; but it is one that we condemn, as more or less compromising the independence of the* petitioner, *and the honesty of the review.*

A Druggist *may apply for a spirit license, and we imagine would meet with little difficulty in getting it. The addition of the publican's business to that of the druggist's, is not one we can approve of, but the Commissioners of Excise have* wisely *made it necessary.*

X. Y. *asks for recipes for Macquer's acid soap, and Marshall's cerate, The formula for the first is castile soap, thirty-two parts, oil of vitrol one. When the soap has been made soft with water, add acid gradually, and rub in a mortar till it becomes an equal consistence. For the second, palm oil half an ounce, calomel one ounce, sugar of lead half an ounce, nitrated ointment of mercury two ounces: mix. We cannot tell our Correspondent what are the best formulæ for pommade divine, and violet depilatory. Perhaps some of our readers will inform us.*

THE MEDICAL TIMES.

SATURDAY, NOV. 4, 1843.

Nil erit ulterius, quod nostris moribus addat
Posteritas: eadem cupient facientque minores.

MOST of our readers must have learned from other sources that a woman has recently died under somewhat singular circumstances, from taking large doses of sulphate of potass. Her husband, a W. Haynes, an oil and colourman, seems to have felt some invincible repugnance to a family. He was constantly squabbling with his wretched wife on the score of his Malthusian apprehensions: and, last summer, appears to have been so delighted with the prospect opened to him by a book, called, "The Connubial Guide, or the means of regulating the Number of a Family," that he purchased the printed immorality, exclaiming that it was worth *five* pounds to him—that sum, if we may judge from his horror of the scriptural blessing, being no mean amount in his estimate of things. On the 28th of September, this good husband found that he had practised his "Connubial Guide's" lessons with a deadly effect for his poor wife. The account given us is, that on the morning of that day, he roused a neighbour from her sleep, to the assistance of his wife, exclaiming, "What shall I do?—what shall I do?"—and when told that it was now too late—that his wife was dead—he confessed that he had administered consecutive quantities of sulphate of potass (the last dose of which, weighing *two* ounces, was given the preceding night) to cause the death of the child with which he thought his wife pregnant. The corpse is examined; no trace of pregnancy is perceptible: the stomach and intestines are found empty, and highly inflamed: most important of all, an extravasation of blood on the brain, with the rupture of one of that organ's principal vessels, is clearly visible. The child-hating husband is taken into custody: he asseverates his confession—avows distinctly his purpose, and is put on his trial for the murder.

Some strange opinions have been given as to the *modus operandi* of the drug. A medical *journal* has looked on the case as one of poisoning; affirmed it to be the first on record; and looked about in vain for an explanation of the phenomenon. Now we can see no poisoning in the matter. We see in this poor woman's fate nothing but a rare, but very natural, consequence of the ingestion of a very large amount of drastic medicine. The vomiting was excessive, and the woman was plethoric. Here we have the whole explanation of the ruptured vessel, and the woman's death. The writer who has considered this a case of poisonin either could not have been acquainted with the facts, or must have strangely overlooked the pressed descending aorta, the impeded circulation and respiration of the lungs, and sanguineous determination to the *cerebral* or pulmonary organs, which will always, more or less, follow vomiting. The woman was just as much poisoned as she might have been by an equal amount of sulphate of soda.

The affirmation that this is the first known case of poisoning by sulphate of potass, is incorrect in another view. The foreign journals have detailed numerous cases in which fatal poisonous effects have followed the use of the drug. In our Journal of June the 17th, we noticed that M. Moritz had found sulphate of zinc and copper not uncommonly in the sulphate of potass of commerce, and that the sophisticated salt is the secondary product of the manufacture of nitric acid, in which the sulphate of iron has been substituted for sulphuric acid. The fact was not unnoticed after us; for, in the following August, a monthly specimen of obscure and dishonest journalism published our statement, *ipsissimis verbis*, as its own discovery. Indeed, we have some notion that the medical journal opining this to be the first case of poisoning, had, itself, on some previous occasion, published cases. But the editor is probably more the man of taste than some imagine, and does not read his own journal. Till very recently, and up to the present time, sulphate of potass has been frequently adulterated, and always with dangerous additions. In the case before us, however, this drug was certainly pure. Mr. Brande's analysis places this matter beyond a doubt, and the extravasated blood on the brain makes the hypothesis of the drug's impurity as unneeded as it is improbable.

One theory, proposed to explain the mischief of this sulphate in large doses, is unsatisfactory enough, when thought of as a cause of death, but is not without its importance when we would consider the smaller *sequelæ* to its administration. Mr. Mowbray, of Paternoster-row, has examined the more undissolved portions of the drug, under a microscope, and finds them to consist of "sharp-pointed *acicular* fragments" of formidable appearance, "some of which, when attached to a point by wax, are capable of wounding the arm like glass." That the larger spiculæ may hence lead to great intestinal irritation—which, conjoined with favourable circumstances, may superinduce dangerous inflammation—is a theory we would not hastily reject. Further than this, Mr. Mowbray must excuse our following him.

Having some very decided opinions on the nature of the transaction with which Haynes was charged, we took means, through a legal friend, to get admission to the court on the day of trial. The counsel who laid the matter before the jury, after narrating the circumstances against the prisoner, stated the law to be, that a party committing a dangerous act for an illegal

purpose, was answerable for all the consequences; and intimated that he should have done all that was necessary to procure a conviction, if he proved that the death would not have happened except for the ingestion of this extraordinary dose of medicine, and that the prisoner administered that dangerous quantity for the purpose of producing an abortion. The witnesses put this matter, of course, beyond a doubt—yet the prisoner was acquitted. How was this? We think two reasons may be given for it. The evidence shewed that the woman died of apoplexy, and the causality of the medicine, where so many causes might have operated, was not so palpably demonstrated as to shut out a pretext for doubt, where a man had a strong reason for wishing to doubt.

Secondly. This strong reason for so improper a wish, was furnished by the state of the law. The jury were told that the medicine was harmless—the prisoner, it was presumed, never intended to injure the deceased—it was insinuated that he gave it to spare an accouchement which might have been fatal—the calamitous result was an accident which the husband deplored—there was no child to be injured—yet the jury were to bring in a verdict which—as far as they knew—was to send the man to the scaffold. They would not do it: no jury would; and, having no other alternative, they declared the apoplexy might not have arisen from the over-dose of the drug, and acquitted the prisoner. Thus, the law here, as in other cases formerly, loses all by asking too much. If the penalty, in less flagrant cases of attempting abortion, were assimilated to that for the concealment of childbirth, more would be done, both in the way of prevention and punishment.

From our morning's experience of the Old Bailey, we should not say it is the modern Epidaurus of medical men. A worthy old gentleman, Mr. Mark Pickering, who had served his apprenticeship to an apothecary: had been, we believe, forty years in practice, and who gave his evidence in a way which spoke no less for his good sense than professional knowledge, was assailed in good set terms by the prisoner's counsel, for being an empiric, he having got into practice "under cover of the statute of 1815." In decency, there is a limit to barristers' freedom in these matters—we should be glad if the judges would more frequently make us feel that there is one also in law.

One medico-legal point the trial made known to us, should not be unknown to our readers. Where life is lost by attempts to procure abortion, the legal guilt is quite the same, whether the womb be impregnated or not.

WESTMINSTER MEDICAL SOCIETY.

October 28.

Dr. Reid in the Chair.

The election of the officers for the ensuing year took place this evening, when Mr. Fisher was elected president, Dr. Sayer vice-president, and several other gentlemen members of the committee.

Dr. J. B. Thompson exhibited drawings of the vegetable catapillar of New Zealand and New South Wales, known by the respective names of *sphæria Robertsia* and *sphæria innominata*, and concerning which there is a difference of opinion between Sir William Hooker and Professor Owen. Sir W. Hooker believes that, when the catapillar falls from the tree, it buries itself in the earth, after which the parasite becomes attached to it and germinates; while Mr. Owen is of opinion, and he (Dr. Thompson) agreed with him, that the parasite fell upon and became connected with the catapillar previously to its being buried in the earth—causing it to sicken and die, and then commenced the progress of germination. A point of importance connected with this plant is, what is the part of the animal from which it grows. It was the generally received opinion that it sprung from the tail; but he (Dr. Thompson) had ascertained that its origin was from between the scales, near the head. Another point worthy of notice was, the source of its food, which he believed to be from the adipose tissue of the body of the animal, and not in any degree from the surrounding earth; at all events, that kind of plant had never been known to germinate, except in connection with the body of one of these catapillars. These animals are peculiar to New South Wales and to New Zealand; in the latter country they had only been discovered within the last eighteen months. The tree at the root of which the catapillar falls, is of a peculiar kind, growing in a light, porous, peaty soil. The plant in question seems to form a sort of connecting link between the animal and vegetable creation, in which the catapillar, instead of advancing to become a butterfly, retrogrades, and gives origin and sustenance to a plant.

The subject thus introduced, although regarded by the members present as one of great interest, not inducing remarks to be made, a member enquired of Dr. F. Bird the result of his late operation for ovarian dropsy, and whether he had yet had an opportunity of performing it a second time. Dr. F. Bird stated that he had not had any more cases for operation, although he had seen other instances of the disease, as those in which the performance of the operation was desirable were few and far between. With respect to the patient upon whom he had operated, convalescence had been established very rapidly, and she was now apparently free from complaint. There was a physiological point of importance connected with the results of the case, which, perhaps, deserved to be mentioned. His patient, a lady about thirty-five years of age, had laboured under ovarian dropsy for seventeen years, and had been married above thirteen, during which period she had never borne a child, nor had once miscarried. He had seen her recently, and had ascertained that for the last three weeks she had presented symptoms of pregnancy, which, however, were at present too uncertain for him to make a positive statement. He had not examined the urine for keisteine, as he was inclined to doubt the value of that test, from previous disappointment.

He would also remark, that she had been tapped at least ten times by different surgeons, always in the same place in the linea alba; and yet, when he operated, he could not find any adhesions between the walls of the ovary and the peritoneum at that part. He had met with a similar result in a case of ovarian dropsy, where tapping had been repeatedly practised, and in which instance he had performed the *post mortem* examination. There were not any adhesions.

Other members confirmed the truth of this statement, which was explained by Mr. Hancock, who stated, that as the ovarian cyst was emptied by the operation, it collapsed and sunk down into the abdomen, away from the opening, to which it consequently could not become adherent.

Mr. Hancock remarked further, in opposition to the operation, that where there was a large ovarian dropsy on the one side, there were generally some small cysts in the organ on the other; and he thought that the removal of the diseased ovary might tend to light up mischief in the one which was less affected—so that a similar state to that for which the operation was performed might be re-produced. He should be better satisfied with the operation in question after the lapse of a few years had tested and demonstrated its value.

Dr. F. Bird has been occupied for some time past in going through the voluminous records of Guy's Hospital. He has, as yet, only examined between forty and fifty of the *post mortem* inspections of ovarian disease, and of these he should say there was only a very small proportion—not more than one-fourth—in which the second ovary was implicated. The small cysts mentioned by Mr. Hancock were of every day occurrence, and were not of any importance.

Mr. Streeter enquired, in case Dr. Bird's patient should prove to be with child, what effect the adhesions that had formed after the operation would have on the impregnated uterus, and he cited a valuable paper of Mad. Boivin's on internal abdominal adhesions, to show that they would produce abortion.

Dr. Bird did not think there had been sufficient inflammation in this case, to cause such adhesions as would interfere with the progressive enlargement and rising of the womb.

Dr. Reid mentioned a case of spontaneous bursting of an ovarian dropsy externally. The patient was a lady in the last stage of exhaustion, who had been tapped several times. A small slough formed over the site of the operation, separated, and the contents of the cyst were discharged, in quantity nearly a pailful. The fluid continued to ooze away during the fortnight the lady survived. She was a mere skeleton at the time, and there was not a chance of recovery when the slough formed.

Several members expressed themselves against the operation of tapping, which in their opinion, although it might afford relief for the time, ultimately accelerated the fatal termination.

Dr. Reid having enquired of Dr. Bird, if he still preferred the moderate to the large incision, was answered that the difference between the two incisions consisted in the one case, in the removal of the ovary entire, or with the fluid previously evacuated. The large incision he deemed objectionable, because it was unnecessary, and added to the danger. In the case in which he had operated, as soon as the abdominal parietes were incised, the patient became faint from the loss of their support to the diaphragm, nor could she afterwards evacuate the bladder until the incision had healed. The catheter was therefore necessarily employed. The large incision could only be requisite when the tumor was partly solid, and in such cases the disease generally terminated fatally.

Some further conversation on these points took place between the members, after which the meeting adjourned, previously to which

however the president announeed that Mr. Lavies would detail some cases of feigned disease at the next meeting.

MEDICAL SOCIETY OF LONDON, Oct. 30.

Mr. Pilcher in the Chair.

The discussion on Hydatids was resumed on Monday Evening by Mr. Pilcher, who remarked that he was struck with the general feeling that seemed to pervade the members on the previous occasion, that these hydatids originated in the impregnated uterus, and were a cause of abortion, and he was the more struck with this general opinion, because a gentleman, Mr. Hare, formerly of Leeds and now of Langham Place, had narrated to him a case in which the impregnated uterus had been full of hydatids, yet the woman had gone her proper time, and had been delivered of a fine healthy child. The account given by the woman herself is, that after a very hard labor, the difficulty being produced by the size of the child's head, severe hemorrhage came on, which ceased on the expulsion of the placenta. A large mass of hydatids was afterwards passed by the action of afterpains. Convalescence was slow and protracted. To this statement Mr. Hare added the observations, that there was not anything peculiar in the pregnancy, nor in the labor save its tediousness. The hydatids came away about ten minutes after the placenta, in one enormous gush, in quantity sufficient to fill a wash-hand basin. The placenta was well formed and healthy, nothing abnormal about it, and the child itself large and well made. This occurred about twenty-two years, the mother being in her 34th or 35th year. The son is now a young man, strong and healthy, and rather above the ordinary size. The mother has never had hydatids of the uterus before or since. Mr. Pilcher mentioned the case to Dr. Chowne, who was of opinion that it had been a case of double conception, in which one embryo was perfected, the other became blighted and degenerated to these cysts. He (Mr. Pilcher) regarded the case as interesting, as it shewed that the presence of hydatids in the impregnated uterus does not always produce abortion. In concluding, he reminded the members of the case of Martha Collard, who was introduced to the society by the late Dr. Whiting, and who was supposed to have hydatids attached to the liver. She was still living, and he had no doubt would allow any member to examine the enormous tumour which she had in her abdomen.

Dr. Hughes Willshire, having been called upon by the President, proceeded to draw the distinction between true and false hydatids. He would not admit as a true hydatid any animal which could not be classed in the first division of Rudolphi's arrangement,—cystica—the cystic entozoa, and acephalocysts. These he described as simple, unattached vesicles, completely separated from the surrounding structures, and possessing independent vitality, contractility, intrinsic power of imbibition, and vitality when separated from the part in which they are found. The pseudo-hydatids on the contrary are cysts wholly or partly attached to the adjoining tissues, and nourished by them, not possessing an independent existence. The question arises respecting the true hydatid, is if an animal or not. If by an animal we imply a being possessing independent sensation and motion, it certainly is not; but if we mean only the possession of an independent existence, then it is. From the discussions that have already taken place in this society, it is evident that there are two ideas relative to the formation of these entozoa, the one that they originate by a transformation of ultimate cells, the other that they are produced from an ovum brought from without. Dr. Willshire was inclined to believe in the former doctrine, his reasons against the ovum source being as follows: — hydatids are peculiar to animal bodies, on removal from which they shortly die; they are also peculiar to special organs of special animals, and have been found in the embryo, and in the egg of of a hen; and he could not conceive an ovum so small that it could pass through a vessel only 1-5000th part of an inch in diameter.

With respect to a practical application of the discussion, he thought the plan of treatment should be that which would bring about an exalted state of the system. In connexion with this, he mentioned the experiments of Coste, of Paris, who confined cats and dogs in little cages in which they could scarcely move, with wet sponges hung up in them, and kept them in the dark; he found that those animals which were fed with bread containing iron did not suffer, while those which had a different kind of food, did. He thought therefore that steel would be the best remedial agent to employ. He regretted that it had gone forth to the world that he had recommended the vapour of sulphuric acid as a preventive; he had mentioned that Schultze had acted on hydatids out of the body with it. He should give iron in these cases, as it acts on the ultimate or plastic blood cells, and improves the whole mass of the fluids.

He believed that it would be exceedingly difficult if not impossible, to diagnosticate between the true and the pseudo-hydatid while contained in the organic system of the body, but when out of it, it would not be a difficult task.

Mr. Steedman observed that he had very little knowledge of the true, or zoological hydatid, but he believed in its existence, and was very sure it was essentially different from the pseudo-hydatid of the uterus. Of these latter he had seen many cases; they were very difficult to recognize, and when they occurred, were the cause of great disappointment, He was of opinion that certain rules might be laid down for the guidance of the practitioner in such cases, in forming his diagnosis. The class of persons in whom they were generally seen, were women who had been married many years, without having borne children. The menses become suppressed, and continue so for three or four months, the breasts swell and become enlarged, the patient complains of sickness and motion in the abdomen, and from the concurrence of these and other symptoms, thinks herself in the family way. The progressive development of the uterine hydatid, unlike that of the fœtus, does not observe any general laws. In the early months however, it is very difficult to distinguish between the two, but Mr. Steedman thought that by grea care and attention on the part of the practitioner even that might be accomplished. In cases where the hydatid development takes place very rapidly, the motion is felt earlier, and the size of the abdomen at the fourth month far exceeds what it ought to be at that period of pregnancy. The chief diagnostic sign, however, is the return of the menses about the fourth month. Meanwhile the uterus goes on enlarging, and the neck of the womb becomes obliterated, so that nothing occurs to prevent a sudden gush of the uterine contents, and then all is over. The development of uterine hydatids, is however very uncertain, and it may go on progressively for ten, twelve, or fourteen months.

Mr. Steedman then proceeded to narrate several interesting cases in illustration of his remarks; of these our space compels us to select one only, and that must be given in abstract. A lady who had been married sixteen years, and had not had any children, evinced the usual signs of pregnancy, much to the satisfaction of her husband, but indications of quickening not appearing before the sixth month, Mr. Steedman became suspicious of its nature, warned the husband not to build his hopes too strongly on the child, and demanded a consultation, which was granted. An eminent practitioner from town was called in, who unequivocally gave his opinion in favour of pregnancy. Time passed on, the abdomen continued to enlarge, motion was felt, and so certain were all the family, that a nurse was engaged, and the most expensive preparations made. One night Mr. Steedman was called out by the husband, who informed him that all was going on right, the waters were broken, and his presence immediately required. When he arrived, he found there had been an immense gush of hydatids, enough to fill a pail. Afterpains came on, and the lochia &c., so that his patient presented all the characters of a parturient female, with the exception of the most important, to wit, the birth of a child. She recovered perfectly. In another case narrated by Mr. Steedman, the hydatids were expelled consequent on the action of the ergot of rye. In conclusion Mr. Steedman remarked, that on examination of the abdomen in a case of pregnancy advanced to the eighth or ninth month, a hard tumour will be felt, or some projecting bone, but if it be a case of uterine hydatids, the sensation will be that of a soft pulpy mass.

Some discussion followed afterwards among the members, as to the nature of the hydatids in Mr. Steedman's cases, some inclining to believe they were the true hydatid, others the pseudo-hydatid, but it was ultimately elicited, that in all the four cases, the disease consisted of one large cyst, full of fluid, containing in its interior a number of smaller ones (the gemmæ cast off by the parent animal) unattached, or adherent to the larger one only by their parietes, and without peduncles, in no case resembling a bunch of grapes, whence it was concluded that the disease was the true hydatid, and not the cysts resulting from the degenerated chorion.

Mr. Dendy enquired whether Mr. Steedman had noticed any vermicular motion in the hydatids when separated from the body, or had seen any mouth or aperture by which they obtained food.

Mr. Steedman explained that the cases he had narrated had occurred some time since, and his recollection did not serve him on these points.

Dr. Willshire denied, that in the true hydatid—the acephalocyst, there was any mouth or aperture; the special character of the cystica of Rudolphi was that there was not any head or sucker, nor any solution of continuity whatever, nor was there a trace of a vessel on its surface, the acephalocyst lived by imbibition through its parietes. If there were any such, it became a compound entozoa.

Mr. Dendy referred to the hydatid of the liver and brain, in which he had seen the mouth and neck.

Dr. Risdon Bennett had never seen such in the hepatic hydatids. He thought it possible Mr. Dendy was confounding it with the cysticercus, which had a head of a peculiar organization, which it could protrude at will, so as to assume a pyriform shape, or retract, so as to become spheroid. It has been seen in the anterior chamber of the eye, where its movements were very evident, and readily noticed. He had seen another formation in the liver entirely distinct from the cysticercus and the acephalocyst. It was met with in the liver of a sheep, which had pined away and become emaciated, without any known cause, and was ultimately killed. The liver was full of cysts of various sizes, each separate from the other, not containing any smaller ones in their interior, but full and tense, with a clear viscid watery fluid. The general texture of the liver around these was condensed. He regarded this as a distinct formation from the hydatid, and would not say decidedly it was an entozoa.

With respect to the theory advanced by Dr. Willshire as to the origin of these animals, that they are produced by a degeneration of the ultimate cells, he could only allow of that with the acephalocyst, which was certainly the best example Dr. Willshire could have chosen, but with regard to the entozoa of a higher order of organization, such as the lumbricus tænia, or even the cysticercus, he could not believe that they could be produced from a simple degeneration of cells. It is contrary to all we know of the animal kingdom, to admit the doctrine of reproduction of such complex structures, without the previous existence of an ovum.

Dr. Golding Bird would go even further than Dr. R. Bennett, and would say it was almost impossible, from the degeneration of cells, to have a being formed possessing independent existence. In the lower class of animals, we certainly have animals projecting their offspring by gemmæ, but these are of the same kind as themselves; he (Dr. G. Bird) holds it to be impossible that an animal of the higher order can have a simple or nucleated cell converted into another animal possessing independent existence. He then recapitulated Dr. Willshire's objections to the production of hydatids by ova, and refuted them; with respect to the opinion that it was impossible that

an ovum could pass through a capillary vessel 1-5000th part of an inch, he observed that only those who believed in the gross doctrine of spontaneous generation, would object to it, and instanced, as an example, the discovery of the mucomucedo, which notoriously originates from a spore, in the interior of a hen's egg. If we refuse to admit the passage of an ovum through a vessel 1-5000th of an inch in diameter, how are we to account for the production of the higher order of animals in the interior of the eye, in the bladder, or in muscle, where they could only be conveyed by such a medium. The same reasoning applies to the production of the acephalocysts, as of the higher orders of entozoa, as there is not any instance in nature of a partial application of her laws.

Dr. Bennett mentioned an important fact in support of the origin of hydatids by ova, that we never meet with any intermediate grades, nor instances of arrested growth or of vagaries in their structure, which would have been the case had they been the result of a degeneration of the cells. Bremser, after examining 20,000 of these animals, says he never saw any such formation, nor any signs of their going through gradations. They have all definite fixed forms of organism.

Some further discussion followed on this subject between Dr. Chowne, Mr. Dendy, and other gentlemen, in the course of which nothing new was elicited, the only point worthy of notice being a remark from Dr. Chowne, in giving in his adhesion to the doctrine of the production by ova, that it is *impossible for dead parts to degenerate into organized tissue, and endow it with the powers of reproduction.* This pithy sentence, we should think, settles the question as to the production of hydatids by the degeneration of cells.

At the next meeting Mr. Crisp will detail a case of a peculiar disease of the uterus.

HOSPITAL MISMANAGEMENT.

"To the Editor of the Medical Times."

Sir,—If we look into the condition of our hospital medical schools how much abuse do we find and how much to abuse. Were our pen dipped in gall and we sought, to nominate the men who have assumed a position which they do not deserve, to point out their failings as lecturers, and their want of knowledge on the subject they profess to teach, we should have to recapitulate many, if not most of the names, which are contained in the student's number of the Medical Times for this year. To what do we owe the paucity of able and good men as the instructors of our profession? Is it, to the scarcity of scientific men in our body? No, for their many works of value prove that they exist, but to the scandalous way in which hospital appointments are obtained. When once a man becomes attached to the hospital staff, no matter how poor his abilities, or how ill adapted he is to do justice to the subject, he *must* lecture, if a physician he *must* take as the first step to preferment a lectureship on materia medica. The hospital must support the school, and the school the hospital. No prospectus would be worth the printing did not the names of the lecturers terminate with physician to such and such hospital, or surgeon to so and so. Oh! how laughable it is to hear a lecture upon materia medica or forensic medicine or botany, by the junior physician! You will see decompositions wrongly worked out by the one, whole pages of Beck cribbed by another, and tests failing out of number; and empty benches, a few withered flowers, and diagrams of fungi are all that mark the other. Now comes another change, the lecturer on materia medica must take a higher station, he must lecture on the practice of medicine, and give his place to the forensic medicine lecturer, for the older men begin to get tired of lecturing, and only give occasional clinicals to keep their bright names to gull parents with—an astonishing good bait. Thus are the changes rung from year to year; illiterate unknown do-nothing sort of men are forced in the hot-house of an hospital to become the leading men of the profession, and to improve the mind of the rising generation of practitioners. Little do the governors of hospitals think what mischief their vote does when given to a candidate whom nepotism or money has put forward. He does injustice to the patients whom his benevolence would restore to the world; he makes the student disgusted with the lecturer, and throw up many an important subject because of the latter's incapability. Again, if he does not vote for a scientific man, one, I mean, who studies the phenomena of disease, and adds day by day something, however little, to the medical literature of the country, he impedes the progress of medicine in a most remarkable degree. Thus, in some of our hospitals, are men who never have, and never will, use the stethoscope to ascertain the nature of diseases of the heart and lungs; lecturers too on the practice of medicine, who in a few short hours have given the subject, which Laennec took a whole book to describe and life to learn, without reference once to the preternatural sounds which are infallibly the most diagnostic marks of all. Then how few of those of nepotic growth there are who contemplate the subject of animal chemistry, and its reference to the phenomena of disease. We have seen too one great deficiency in our attendance upon hospital practice—we mean the almost total absence of clinical remarks at the patient's bedside. To advertise clinical lectures to be given once a week is all a farce, they must be uninstructive, for the majority who attend have not, in all probability, seen the case; perhaps none have followed it up. The bedside should be the clinical lecture room, where the object is before the student; if the physicians are not capable of making remarks at the bedside, upon any and every disease, he is, I contend, unfit to hold the post which he has the audacity and impudence to fill. To say a witty thing is much easier than to say a wise one: the latter is lasting on the students' mind, the former is but ephemeral and evanescent, like the reputation of a physician who has been forced through interest into his situation.

It is unjust to condemn individuals, though fair to attack a body, and in the previous remarks no individual is aimed at: if the cap fits let him wear it.

Cheap Medical Education is to be condemned, because no one of merit would attempt the office of teacher, if an equivalent were not given for his hours of previous study and personal inconvenience. No one therefore can grudge paying for the really hard work of many an able lecturer. Eight, ten, or even twelve pounds, would not I am sure be too much for some professors, whilst two or three would be ample, aye superabundant for the small fry. The following remarks have reference to curtailing certain expenses which some might be led to incur, if caught by the promises held out in prospectuses. Thus house surgeoncies, are advertised as the portion of those who enter as perpetual pupils to hospital surgical practice: now without one possesses great interest with one of the staff, it would take eight, six, or five years, before he would come in, and during all this time he must be in town at an enormous expense.

It is disgraceful for men, and gentlemen, to lend themselves to the mean device of holding out an inducement to parents to pay some thirty guineas more than is necessary. Now suppose eight entered last year for the express purpose of becoming house surgeons, and eight this, it follows that four only could become what they desire, at the end of three years, the others must wait patiently for longer periods, thus the money is literally thrown away.

The system of acquiring the house surgeoncies by rotation is unjust to every one, to the parent, the pupil, and the surgeon; and ought to be abolished in every metropolitan hospital: examination should be the test, and the appointment the prize.

The lure of dresser and clinical clerkships, is artful, and looks well on paper, but they are offices of no responsibility: the one is understrapper to the house surgeon, and the other quill driver to the physician. At so low a discount are they, that few can be prevailed upon to accept these births twice, though students may aspire to the dignity even thrice. Much might be done by the steady exertions of the press to raise up worthy men to the situation of lecturers—to debase those who have sought place for profit. Personality is actionable or we could tell a tale of those many mishaps upon the operating table, and errors of judgment in the treatment of disease, which would make the blood rush crimson to the cheek of many an abortive surgeon, and misplaced physician. One word of advice in conclusion as to the irregular attendance of surgeons and physicians at the hospitals. This evil causes much inconvenience to students, and in some instances is the means of preventing hospital practice being attended with advantage, during the session, without the greatest punctuality is observed, the lectures must be neglected, idleness generated, and finally total neglect of attendance in the wards.

I remain yours,

E. P. R.

ROYAL COLLEGE OF SURGEONS IN LONDON.

List of gentlemen admitted Members, on Friday, Oct. 27th, 1843:—

R. B. Hole, F. Smith, E. Walker. J. E Partington, R. H. Lumniman, M. Burnup, A. B. Andrews, G. T. Birks, J. C. Croft, H Sheppard, J. N. Greensill, B. Viret.

PERISCOPE OF THE WEEK.

(Lancet; Medical Gazette; Annales de Chimie et de Physique; Annalen der Chemie und Pharmacie;

Formation of False Bursæ.—Whenever pressure is continued for a long while on one particular point, a bursa is almost sure to be formed by a change in the filamentous tissues. They are accordingly met with over the outer ancle of tailors, over the spinou sprocesses of the vertebræ, in cases of sharp incurvation or gibbosity, under troublesome corns, over the inner side of the metatarsal bone of the great (and little) toes—bunion—the prominence of the instep, and on the point of the chin in boot closers, &c. Large and remarkable bursæ are found placed under the cuboid bone in cases of ordinary club-foot, when the deformity has not been remedied, as it ought to be, in early life, and the individual has continued for a series of years to rest, in progression, on the outside of the foot. Betwixt the thyroid cartilage and the os hyoides, a bursa is sometimes found distended from the effects of inflammatory action, but there is reason to believe that it is not always an adventitious formation. All these are subject to inflammation and the same changes as the natural bursæ.

Abscess of the Liver.—Abcesses of the liver vary extremely in size. In some instances they are not larger than peas, while in others, they attain an extraordinary volume. In one instance Dr. Budd estimated the quantity of matter in an abscess of the liver at two quarts. A case is given by Annesley, in which an abscess in the liver contained ninety ounces of matter; and one still more extraordinary is mentioned by Portal, in which the matter was estimated at the incredible quantity of twelve pints. These large abscesses seem, in most cases to be formed by the union of smaller ones.

Pain in the Right Shoulder Indicative of Hepatic Abscess.—Pain in the right shoulder has been long noticed as an occasional attendant on hepatic disease, and considerable importance has been attached to it as a sign of abscess of the liver. M. Louis however states that in five cases which occurred in his practice, this symptom was not met with, and he conjectures that it may depend on concomitant disease of the lung or pleura. Nearly the same opinion has been expressed by Andral. It existed in five out of fifteen fatal cases treated by Dr. Budd on board the Dreadnought, and in some of these there could be no doubt that the pain in the shoulder

was dependent on the disease of the liver. In two or three it continued for months, and in all of them it was associated with pain in the situation of the abscess. In all, the abscess was on the convex surface of the right lobe, and adhesions had formed between the peritoneum covering the abscess, and the layer of the peritoneum, reflected over the diaphragm or abdominal parietes. Annesley had previously stated that pain in the right shoulder, when present, was a sure indication that the right lobe was the part diseased. It is usually described as a gnawing aching pain about the top of the shoulder. There is not any swelling or redness of the part, and the pain is not much increased by pressure on it. Sometimes indeed the pain is relieved by holding or pressing the shoulder; but it is often much increased by pressure on the liver. The pain is, in fact, as it has always been represented to be, a sympathetic pain, like the pain of the knee from disease of the hip,.

Glaucoma.—Dr. Mackenzie states that if a cataractous lens is extracted from the eye of a person of 50 or 60 years of age, its superficial laminæ are found to be of an opaque whitish appearance like half boiled white of egg, while the rest of the lens is of an amber color, and rather less opaque than the surface If a glaucomatous lens is extracted, its superficial laminæ are found to be comparatively transparent, and the departure from the normal state to affect chiefly its central portion. Viewed entire by transmitted light, it appears more or less amber-coloured throughout. Divided by a section perpendicular to its surfaces, the kernel and laminæ behind the kernel, are found to be of a reddish brown colour, more opaque, hard, and dry than the superficial laminæ. The lens, so changed, appeared while in the eye, and viewed therefore by reflected light, to be of a muddy green colour, but this was in a great measure an optical deception; for taken out of the eye, all greenness is gone,both within the eye deprived of its crystalline, and in the lens under examination. The lens then in glaucoma is in a certain sense dichromatic, like a bit of gold leaf; only that the latter viewed by reflected light is yellow, and green when viewed by transmitted light, whereas the glaucomatous crystalline is the reverse—green when seen within the eye by reflected light, and amber-coloured when seen by transmitted light out of the eye. Dr. Mackenzie believes that in the early stage, glaucoma is often limited to the lens only, or to the retina and lens, and that it may continue for a number of years without absolutely destroying vision, or becoming altogether irremediable. The removal of the lens by operation therefore, causes the disappearance of the green colour behind the pupil, and also improves vision, unless the eye is amaurotic. The several morbid changes which take place in glaucoma, involving ultimately all the structures of the eye, generally occur slowly, although in acute cases many of the symptoms are manifested often in a single night. The first stage consists of the greenish hue, reflected from behind the pupil: the second comprizing the muddy green colour of the crystalline, with sluggishness of the pupil, and more or less obscurity of vision. The consistence of the eyeball is natural. This stage may last for five or six years, vision insensibly failing the while. An unnatural hardness of the eye with dilatation of the pupil, a varicose state of the external blood vessels, and a still more marked loss of sight; are the signs of the third stage. In the fourth, the crystalline becomes cataractous as well as glaucomatous, that is to say, opaque on the surface, as well as in its nucleus; it is also augmented in thickness, and presses through the pupil, till at length it touches the cornea; the sclerotica is thinned, so as to allow the choroid to shine through it, and vision is totally extinguished. In the fifth stage, the cornea, pressed upon by the hypertrophied lens, inflames and gives way by ulceration, the lens escapes, and the internal vessels of the eye burst and bleed through the ruptured cornea. The sixth stage presents the eye shrunk and atrophic. These stages run insensibly into each other, but the disease, although scarcely at any period under the control of medical treatment, is frequently arrested spontaneously in one of them, and does not proceed any further. The removal of the lens is only advised to be performed in the second stage of the disease. If incomplete amaurosis be present, the operation will be fruitless.

The primary cause of glaucoma, whence the whole series of symptoms springs, is unknown. Beer supposed it to be arthritic inflammation; Taylor a preternatural viscidity of the blood, and a cessation of the circulation through the vessels of the crystalline. He understood the seat and nature of glaucoma to be a diseased alteration of the crystalline, implicating its colour, transpareney, and consistence, and ultimately combining with dilated pupil and amaurosis. He erred in supposing the capsule to be affected. It is necessary to be aware, that a glaucomatous eye is always very susceptible of suffering inflammation and disorganization, even from the slightest operation which may be practised upon it. Arthritic inflammation, with severe and long-continued pain, closure of the pupil, and total insensibility of the retina, is exceedingly apt to be the result of displacing a glaucomatous lens; while the operation of extraction exposes the eye almost as much to the danger of complete suppuration. Hence the propriety of having recourse rather to the operation of comminuting the centre of the anterior capsule, by means of a fine curved needle passed through the sclerotica, and repeating a cautious division of the lens every six weeks until it is entirely absorbed. A cataractous eye is generally perfectly healthy, except that the lens, and especially its surface, has become opaque, but in every texture of a glaucomatous eye there is a lurking tendency to disease to be strictly guarded against.

Muscle a Neuro-Magnetic Apparatus.—Mr. Wharton Jones says the mechanism by which muscles contract or shorten their fibres is a question which has been much agitated. The view which he takes is that muscular fibre consists of a series of pieces in the form of discs, not immediately adherent to each other, but held together by an intervening substance, so yielding and elastic as to admit of very close approximation of the discs to each other or their separation to a certain extent. These he regards as electro, or neuro magnets; they are of microscopic minuteness, and are arranged so as to operate on each other at very short distances only, and therefore with great power, a power which, as in other cases of attraction, goes on to augment, in a rapidly increasing ratio as the discs approach each other. The primitive fibrils of the nerves are disposed in loops across the muscular fibres, not coiled round the neuro-magnets, as the galvanism-conducting wire is around electro-magnets, when much electro-magnetic force is required. This is not a difference in principle, merely one in degree of arrangement. The nervous influence streaming along the primitive fibrils of the nerves, thus disposed in loops across the muscular fibres, communicates to the neuro-magnetic discs composing those fibres, a magnetic state in the same way that the galvanism conducted by the wires of electro-magnets does to the soft iron, of which these magnets are composed. By virtue of the magnetic state which the neuro-magnetic discs of muscular fibre thus acquire—some directly, some by induction—they attract each other, and this constitutes contraction of the muscular fibre. The stream of nervous influence being arrested, the magnetic state of the neuro-magnetic discs of the muscular fibres is for the time suspended, and so relaxation of the muscles occurs by the discs being allowed to separate from each other, as far as their intervening substance will permit. The force with which muscular contraction takes place is greater towards the end, than at the beginning of the action.

The Electro-Chemical Application of Oxydes and Metals on Metals.—In performing experiments on the action of affinities and electrical forces, M. Becquerel employed a simple electro-chemical apparatus, by which oxygen gas can be obtained very readily, and in great abundance. This apparatus, which serves as a type for the piles with the constant current, is formed by a vessel filled with nitric acid, into which is passed a glass tube, closed below with clay kept in by a piece of linen, and filled with a concentrated solution of potass; two pieces of platina are placed, one in the acid, and the other in the potash and communicate together by platina wire, the free ends of which are twisted together. As soon as the communication is established, an abundant disengagement of oxygen gas on the platina in the solution of potass takes place, owing to the action of the current, resulting from the combination of the acid with the potass, and which acts the more forcibly, according to the thinness of the clay-stopper. This apparatus may be usefully employed in a great many cases, especially when it is desired to present oxydes in the nascent state to other bodies with which they are to enter into combination. The nitric acid and probably the water are decomposed; the results of the decomposition are, oxygen in the tube where the potash is contained, and nitrous acid around the platina which is in the nitric acid. If it be desirable to decompose the water in a separate vessel, all that is requisite is to replace the platina of the potash vessel by a piece of zinc, and to attach to it platina wire, having a piece of platina fastened to it: a plate of the same metal being fastened to the free edge of the second piece of wire. As soon as these two pieces are placed in the water, it is decomposed; the plate in connexion with that in the potash being the negative pole, the other, the positive. The disengagement of the gas takes place abundantly on each. The following is the explanation of the process: the zinc, being oxydized by the reaction excited by the alcaline solution, becomes electro-negative; besides in the reaction of the acid on the alcaline solution, this latter obtains negative electricity which it transmits to the zinc, so that when the circuit is closed, the current resulting from the reaction of the two liquids on each other is added to that which is produced by the oxydation of the zinc: but this double effect is produced without the intervention of a new couple, and consequently without there being a new alternative, it follows, therefore, that the current has a more energetic decomposing force than in the first case, so that the water is abundantly decomposed in a vessel separated from the apparatus, although forming a part of the circuit. The water may be equally decomposed in a separate vessel, if the simple apparatus with platina only be used; for that purpose the property possessed by solutions of salts of lead

to be decomposed when in contact with the positive pole of a voltaic apparatus must be taken advantage of. In that case the oxyde of lead, passing to the maximum of oxydation, is separated from its acid, and deposited on the plate. If a salt of lead is dissolved in the water to be decomposed, the very small quantity of oxygen which passes to the positive plate, and generally prevents all ulterior decomposition, as M. de la Rive has recently shewn, combines with the protoxide of lead, whence there results a peroxide which is precipitated, so that the cause which prevented the circulation of the current no longer exists. The brown tint of the blade indicates the decomposition of the water : a solution of the protoxide of lead should be added to the potass. When in the simple apparatus the alcaline solution of lead is substituted for the potash, and a concentrated solution of sulphate of copper for the nitric acid, when the communication is established between the two liquids, according to the facility with which the current passes, the blade of platina in the potash becomes blackened, and is covered with a very thin layer of peroxide of lead, whilst the blade in the solution of the sulphate is not covered with metallic copper. The current produced by the reaction of sulphate of copper on potash by the intermedium of moist clay, decomposes the water, the oxygen of which changes the lead to a peroxide, whilst the hydrogen transforms the sulphate of deutoxide of copper into the sulphate of the protoxide, there being neither hydrogen disengaged, nor copper precipitated. If nitric acid be used instead of the solution of sulphate of copper, it is decomposed, the oxygen being transferred to the platina in the alcaline solution, where it changes the protoxide of lead to a canary yellow peroxide, an hydrate of the peroxide which has not hitherto been described. The action of light causes this compound to lose its water of crystallization, and changes it to the anhydrous peroxide.

The application of metals on more oxydizable metals to preserve them from the atmospheric influence, has been the subject of many investigations, but M. Becquerel considers that he can obtain greater advantages by depositing in lieu of metals unalterable oxydes, such as the peroxides of lead or iron, particularly the latter, which is so fixed that it resists the action of a very elevated temperature. It may be effected in a manner nearly similar to that pursued to obtain the anhydrous and hydrated peroxides of lead. The protoxide of lead is to be dissolved in a solution of potash, the protoxide of iron in ammonia. The metallo-alcaline solution is poured into a porcelain cylinder, which is to be placed in a vessel containing water acidulated with one twentieth part of its weight of nitric acid, in which there is a blade of platina, communicating with the negative pole of an ordinary voltaic couple, with the constant current. The positive pole is to be in relation with the piece to be covered with the protoxide. The metal to be covered, previously cleaned by the file and pumice stone is to be placed in the solution. The protoxide is then changed into a peroxide, which is deposited on the metal, and adheres to it, so as to admit of its undergoing polishing. The adhesion of the peroxide is stronger when it is deposited on a roughened surface. As long as hydrogen gas is disengaged on the blade of platina, all is going on well; when it ceases, the blade must be plunged into nitric acid, to cleanse its surface, or else the cause of the slackening of the disengagement of gas must be sought for in the voltaic couple. It may arise from various causes, either from the protoxide of lead having passed into the acidulated water by endosmosis, whence results the nitrate which is decomposed, or else the current has diminished in intensity. The ammoniacal solution of iron is prepared by dissolving with heat the protosulphate of iron, depriving it of its air under the receiver of an air-pump, and preserving it afterwards in a vessel stoppered with emery. A certain quantity of this solution is poured into a porcelain cylinder, to which is added ammonia equally deprived of air, in quantity rather more than sufficient to dissolve the protoxide of iron. The metal to be covered is immediately plunged into it, and brought into communication with the positive pole of the couple. The solution is stirred with a tube, the precipitate removed, and the cylinder closed, to withdraw its contents from the action of the atmospheric oxygen, which would change the protoxide into peroxide; there is always, however, some green oxide deposited. As soon as the circuit is formed, hydrogen is disengaged, the protoxide becomes a peroxide, and is deposited upon the piece to be covered. Those metals, whose oxides are soluble in ammonia, should not be used in this way, as the oxygen will oxydize them, and the ammonia dissolve the products, so that precipitation of the peroxide will not take place, nor indeed will the protoxide be readily converted into the peroxide, as the oxydizable metal will take up a considerable portion of the oxygen. If the metal be kept in the solution a short time only, it has a red deposit, which is unalterable by the air ; if longer, the colour gradually deepens, until after the lapse of a few hours it becomes of a deep violet hue. If two or three galvanic couples are used, the deposit gradually turns black. It is then deprived altogether of cohesion. The darker colored deposits become hydrated by degrees, are changed into an hydrate of the peroxide, and lose their adhesive power. These are all points of importance, and worthy of notice in the application of this proceeding to the arts The tints of the deposited metal may be varied to a great extent by the more or less thickness of the layers of the peroxides. The pieces of metal when covered should be cleansed, first, with potash solution, to remove grease, &c. M. Becquerel exhibited various objects to the Academy, which had been thus covered, among which were several leaves, which had been covered electro-chemically with gold, silver, peroxide of lead and peroxide of iron, in different shades of color.

M. Becquerel observes, with regard to the electro-chemical application of metal on metals, that the process is more effectual, and the deposition more durable the less intense the current, and the less concentrated the solution. The piece of metal to be acted on should be cleansed from foreign matters by a dry process, or else should be plunged into a solution of protro-nitrate of mercury, washed and rubbed with a bit of skin, and the immersions continued until the mercury is equally spread over the surface, after which it is to be passed into a bath of cyanuret of gold and potash at a temperature of 75 to 85 degrees, Fahrenheit, and the simple apparatus with the constant current set in action. In less than a quarter of an hour, the objects will be gilt, presenting either a brilliant, or a dull appearance, the dulness resembling, to a certain extent, that of the pendulum, a quality which it is difficult to obtain by the present process,

Saline Solutions.—M. Poggiale has ascertained that a mixture of two parts of chloruret of magnesium, with one of sulphate of potass yields, on successive crystallizations, first of all sulphate of potass, then sulphate of magnesia and potass, chloruret of potassium, and finally sulphate of magnesia. The different effects produced by variations of temperature on compound saline solutions, is shewn by the following : a solution containing soda, magnesia, hydrochloric and sulphuric acids, will give up the chloruret of sodium at an elevated temperature, and sulphate of magnesia on cooling. Crystals of the sulphate of soda are obtained at a low temperature. A mixture of the chloruret of sodium and nitrate of potass offers, perhaps, the most remarkable example of this difference of solubility. The chloruret of sodium crystallizes during evaporation, and the nitrate of potass at a low temperature. If the chloruret of potassium is mixed with the nitrate of soda, and the solution evaporated, crystals of the chloruret of sodium will be obtained at an elevated temperature, and of the nitrate of potass on cooling,

Chemical Analysis of Tea.—The most remarkable products that have hitherto been discovered in tea, are, tannin, an essential aromatic oil, and a crystallizable substance, very rich in azote, called theine, which is also found in coffee, and thence named caffeine, and which exists also in the *guarana*, a medicine much prized by the Brazilians. (It has been recently discovered by Liebig in the Ilex Paraguayensis, or Paraguay tea.) M. Mulder has besides obtained from tea, eleven other substances, which enter into the composition of all leaves. He has procured from different teas from China and Java, above half per cent. of theine. Dr. Stenhouse obtained from 1.27 to 0.98 of theine from 400 parts of tea. In the course of a series of researches recently instituted by M. Pèligot into the chemical and physiological history of this plant, he decided upon first determining the quantity of nitrogen present, which he ascertained to be 6.58 of the gas in every 100 parts of Pekoe tea, 6.15 for 100 of Gunpowder and Souchong teas, and 5.10 per cent. for Assam tea, thus shewing a large proportion of azote present than in any other plant analyzed hitherto. These teas were dried at 230 deg. Fahrenheit. The proportion of products soluble in hot water varies considerably, depending chiefly on the age of the leaf, which is younger and less woody in green tea than in black. From 100 parts of dry black teas, 43.2 parts soluble in boiling water were obtained; from dry green teas, 47 1; from the black teas, as sold in the market, 38.4., from the green tea in the same state, 43.4. When an infusion of tea was evaporated to dryness, there remained a chocolate-brown colored residue, which when obtained from green gunpowder tea, contained 4.35 per cent. of azote, if from the black souchong, the proportion of nitrogen per cent. was 4.70. The question then arises, does this large quantity of azote exist solely in the theine, or are there other principles in the plant which contain it? M. Péligot experimented on the infusion of tea to ascertain this point, and he found that the theine is the principal azotic matter in the infusion, and further that it exists in much larger quantities than had been expected. He procures it by adding first the sub-acetate of lead, and then ammonia, to a hot infusion of tea; a current of sulphuretted hydrogen is passed through the liquid, after the precipitate has been removed by filtration, and the liquid, when freed from the sulphuret of lead, is evaporated, at a gentle heat. An abundant crystallization of theine will be obtained on the liquid cooling, and a mother-water, which will yield more crystals by a carefully conducted evaporation. The first crystals are purified by crystallizing them in water, and their mother-water is used for dissolving the second set, so

as to have, by methodic crystallizations, as little mother-water, and as much crystals as possible. In this manner M. Péligot has obtained from 50 scruples of gunpowder tea, 1 grain 92, of crystallized theine, or 3.84 per cent. The syrupy liquid which remains, contains a proportion of theine, which may be obtained from it by adding a solution of tannin, by which it will be precipitated, if the liquid be cold, and carefully neutralized by ammonia, as the tannin is added. By uniting this fresh quantity with that which had been procured previously, 100 parts of gunpowder tea, as met with in the markets, will yield 5.84 of theine, and if previously dried, 6.21. The portion of the tea-leaf, which does not yield any soluble principle to boiling water, contains in 100 parts dried at 230 degrees, Fahrenheit, 4.46 of nitrogen for souchong, and 4.30 for gunpowder tea.

By boiling the exhausted leaves for some time with water containing one-tenth part their weight of potass, a brown liquid is obtained, which, by the addition of dilute sulphuric or acetic acid, yields an abundant brown and flaky precipitate, containing from 8.45 to 9.93 per cent. of nitrogen. Alcohol and æther remove from this precipitate about 30 per cent. of a green substance, which appears to contain a fatty acid. This product is not pure, for it is deeply coloured, and contains pectic acid; nevertheless, although M. Péligot has not been able as yet to isolate it in a state of purity, he does not hesitate to regard it, from its characters, as identical with the caseine of milk. He believes it exists in the insoluble portion of the tea-leaf in combination with tannin, and that the potass acts by destroying the combination. The discovery of this substance in the tea-plant is of some importance, inasmuch as it is contained therein in rather a large proportion, that is, from 14 to 15 per cent. in tea in its ordinary condition. From these facts, M. Péligot considers that the tea-leaf may be looked upon as a source of nourishment; but the leaf itself, and not merely its infusion, should be consumed.

Orange-Flower Water.—Orange-flower water which has been kept in tinned copper vessels, is not always pure: it may contain the acetate either of zinc, copper, or lead, in which case if the ioduret of potassium be dissolved in it, a double decomposition takes place, M. Sauvan of Montpellier discovered this, when preparing a prescription containing the ioduret of potassium, lettuce water, orange flower water, and syrup of diacodion. He saw with astonishment that the solution was not of the proper colour, and, on making the medicine a second time, the same result occurred. He then instituted several experiments to ascertain the cause of the phenomena, and found that the orange flower water contained the acetate of lead, the attraction of the ioduret of potassium for which was so great, that he was enabled by it to detect the very smallest quantity present, thus at once supplying him with an excellent test for the salt of lead. The insoluble ioduret of lead was precipitated of a gold yellow colour, (couleur jaune bouton d'or), the acetate of potass remaining in solution. From this it is evident that the purity of the orange-flower water should be ascertained by actual experiment, before it is used, and further that it is dangerous to keep it in metallic vessels. However small the dose of the poisonous salt thus introduced into the system may be, injurious consequences must result, and the repetition of the dose may produce all the baneful effects of slow poisoning. Chemists cannot be too careful of the purity of the drugs they employ, as otherwise they may frustrate the best directed efforts of the physician.

Researches on the quantity of Carbonic Acid expired by Man in Twenty-Four Hours.—M. E. A. Schaling concludes from his experiments, that,—1st. Man expires variable quantities of carbonic acid at different periods of the day; 2nd. Every thing being otherwise equal, man burns more carbon when his appetite is satisfied than when fasting, and more when awake than when asleep; 3d. Men expire more carbonic acid than women—children burn proportionally more carbon than men; and 4th. In case of illness or fainting, the quantity of carbonic acid expired is less than in the healthy state. M. Dumas states, that he burns rather more than one hundred and sixty-six grains of carbon in the four and twenty hours.

Analysis of Wolfram.—M. Ebelmen states, that the wolfram in the environs of Limoges contains tungstic acid, protoxide of iron, protoxide of manganese, and magnesia. That from Zinnwald contains tungstic acid, protoxide of iron, protoxide of manganese, and lime. The formula is as follows:—$W O^3$—($Fe O$, $Mn O$, $Ca O$, $Mg O$.)

Serum of the Blood.—M. Hoffmann is of opinion that the albumen of the serum of the blood may, under certain circumstances, assume a form identical with that of caseine or fibrine.

DRUG PRICE LIST FOR THE PRESENT WEEK.

DRUGS.	PRICE. £ s. d.		£ s. d.
Alkanet Root, bd. ..... cwt.	0 14 0	to	0 16 0
Aloes, Barbadoes	5 5 0		15 0 0
Epatica, bd.	2 5 0		9 0 0
Cape, bd.	1 13 0		2 3 0
Alum, British..... ....ton	9 10 0		9 15 0
Roch. ..... cwt.	1 3 0		0 0 0
Ambergris, Grey..... oz.	0 5 0		0 7 6
Anchovies..... dble. brl.	1 2 0		1 3 0
Angelica Root..... dpcwt.	1 0 0		1 15 0
Annatto, Flag, dp.. ..... lb.	0 0 6		0 0 9
Roll ..... dp.	0 0 5		0 0 8
Antimony, Crude..... cwt.	1 14 0		0 0 0
Ore, bd. ..... ton	12 0 0		0 0 0
Regulus Cps. cwt.	2 10 0		3 3 0
Bowls	0 0 0		0 0 0
Arrow Root.	0 0 5		0 1 4
Arsenic, White..... cwt.	0 0 0		0 0 0
Red	2 7 0		2 10 0
English White.....	0 12 0		0 0 0
Yellow.....	0 18 0		0 0 0
Boracic Acid..... cwt.	1 10 0		1 17 0
Balsam, Canada ..... lb.	0 1 0		0 1 3
Capavi, bd.....	0 1 2		0 1 3
Peru, bd.	0 0 0		0 0 0
Tolu, bd.....	0 1 3		0 2 4
Bark, Peruvian, bd. pale.. lb.	0 0 6		0 0 10
Good	0 2 3		0 2 9
Mid do.....	0 1 3		0 1 9
Crown.....	0 0 9		0 3 0
Yellow, Flat.....	0 3 0		0 6 0
Quill	0 0 0		0 0 0
Red, Flat	0 3 6		0 6 0
Quill.....	0 1 6		0 2 0
Cascarilla, bd. ... cwt.	1 0 0		2 4 0
Quercitron ..... dp.	0 8 0		0 10 0
Oak English... per load	19 0 0		22 0 0
Foreign ... per ton	9 0 0		10 0 0
New S. W.....	0 0 0		0 0 0
Berries, Bay ..... cwt.	1 5 0		1 6 0
Juniper, Italian	0 9 6		0 10 6
German....	0 10 6		0 13 0
Turkey, Yellow	2 5 0		3 0 0
Persian, do.	7 0 0		11 10 0
Black Lead, E. I..... cwt.	0 6 0		0 6 6
Malaga....	0 10 0		0 18 0
German	0 12 0		0 18 0
Dust	0 0 0		0 0 0
Borax, or Tincal, bd..... cwt.	1 12 0		2 2 0
E. I. Refined, bd.....	2 5 0		2 8 0
English Refined.....	2 12 0		2 14 0
Brimstone, Rgh. bd..... ton	5 0 0		0 0 0
Roll	9 10 0		10 0 0
Camphor, Unrefined .... cwt.	10 15 0		11 0 0
Dutch, bd..... cwt.	10 15 0		11 0 0
Refined..... lb.	0 3 1		0 0 0
Cantharides, bd.....	0 2 1		0 2 3
Capers, French ..... cwt.	4 0 0		9 10 0
Capotts	0 0 0		0 0 0
Cardemoms, Malabar, bd.. lb.	0 2 6		0 3 0
Long Longs	0 1 8		0 1 10
Ceylon	0 1 3		0 1 4
Castor, America..... lb.	0 19 0		1 5 0
Castor Oil, America ..... lb	0 0 3		0 0 6
E. I. bd.	0 0 4		0 0 7
Chillies, E. I. bd..... cwt.	0 0 0		0 0 0
China Root, bd..... cwt.	1 4 6		2 0 0
Cobalt, bd..... lb.	0 0 0		0 0 0
Cocculus Indicus, bd. .... cwt.	0 8 0		0 12 0

DRUGS, &c. continued,—	PRICE. £ s. d.		£ s. d.
Colocynth, Turkey ..... dplb.	0 1 6	to	0 3 0
Spanish	0 1 4		0 1 9
Colombo Root, bd..... cwt.	0 15 0		1 13 0
Copperas, Gr. on bd. .... ton	4 15 0		0 0 0
Blue	1 17 0		2 0 0
Cream Tartar, d.p. Fr... cwt.	0 0 0		0 0 0
Venetian	3 1 0		3 3 0
Cubebs, bd. ..... cwt.	2 2 0		2 10 0
Cowries	3 0 0		3 5 0
Dragon's Blood, bd.....	2 10 0		5 0 0
Reed.....	6 0 0		16 0 0
Emery Stone.....	9 10 0		11 0 0
Essential Oils,			
Cloves, bd..... lb	0 7 0		0 10 0
Carraway, dp.	0 8 9		0 0 0
Lavender.	0 7 6		0 8 0
Peppermint, bd....	0 7 0		0 7 9
Spike	0 4 0		0 0 0
Aniniseed, bd. .. lb.	0 8 6		0 0 0
Cassia, bd.....	0 11 6		12 0 0
Cajaputa, bd. .. oz.	0 0 4		0 0 6
Cinnamon, bd....	0 2 9		0 4 6
Mace (expd.) bd..	0 0 2		0 0 4
Nutmegs, bd.....	0 0 7		0 1 0
Bergamot, dp... lb.	0 12 0		0 0 0
Lemon	0 5 6		0 5 9
Orange	0 4 6		0 5 6
Rosemary	0 1 8		0 2 6
Thyme	0 2 9		0 3 0
Otto Roses .... oz.	0 14 3		0 14 6
Almonds	0 1 7		0 1 11
Galangal Root, bd..... cwt.	0 10 0		0 11 0
Galls, in sorts ..... cwt.	2 1 0		2 10 0
Green or White	2 0 0		2 10 0
Blue	2 18 0		3 4 0
E. I. Blue, bd.	2 15 0		3 2 0
Gentian Root, bd..... cwt.	0 18 0		1 4 0
Glue, Best Town..... cwt.	2 12 0		2 14 0
Interior	2 0 0		2 8 0
Foreign	0 0 0		0 0 0
Guinea Grains, bd.....	1 10 0		2 5 0
Gums,			
Ammoniac, Lp. bd. cwt.	2 5 0		4 15 0
Drop	3 0 0		7 0 0
Arabic, E. I. bd.....	1 10 0		3 10 0
Cape	0 10 0		0 16 0
Turkey, fine ..	8 0 0		9 0 6
2nds and 3rds	4 5 0		7 0 0
Barbary, Brown, bd ..	2 5 0		2 10 0
White.	0 0 0		0 0 0
Gedda, bd.....	3 5 0		0 0 0
Animi, washed, bd	4 10 0		9 5 0
scraped.....	6 10 0		9 10 0
Copal..... lb.	0 0 6		0 2 6
Assafœtida, bd..... cwt.	1 5 0		5 0 0
Benjamin, 3rds, bd.....	4 0 0		10 10 0
1st and 2nds.....	15 0 0		50 0 0
Gamboge, bd.	19 0 0		21 0 0
Galbanum.....	3 10 0		4 12 0
Guiacum..... lb.	0 0 9		0 2 0
Myrrh, E. I. bd..... cwt.	4 0 0		12 0 0
Turkey.....	0 0 0		0 0 0
Mastic..... lb.	0 2 6		0 3 0
Olibanum, bd. ..... cwt.	1 0 0		2 8 0
Sandrack, bd.....	3 3 0		3 15 0

DRUGS, &c., continued,—	PRICE. £ s. d.		£ s. d.
Senegal, garbled, bd.....	5 5 0		6 0 0
Tragacanth, Picked	14 0 0		15 15 0
Sorts	5 0 0		8 10 0
Seedlac..... cwt.	0 15 0		1 2 0
Lac, Sticklac, Bengal.....	1 10 0		1 17 0
Siam, &c.....	0 0 0		0 0 0
Shellac, Liver..... cwt.	1 14 0		2 0 0
DT.....	1 18 0		2 2 0
Orange.....	2 7 0		3 8 0
Block	1 7 0		1 12 0
Hellebore Root ..... cwt.	2 0 0		2 10 0
Honey, Fine.....	2 10 0		4 10 0
Iceland Moss ..... cwt.	0 0 2		0 0 3
India Rubber, solid	0 0 3		0 0 8
bottles.....	0 0 8		0 1 0
small.....	0 1 6		0 1 9
Ipecacuanha, bd..... lb.	0 1 6		0 1 9
Isinglass Leaf, 1st sort.....	0 10 0		0 11 0
2nd sort.....	0 9 0		0 10 0
Simovia	0 2 6		0 3 0
Siberia Purse	0 5 0		0 6 0
Short Staple, 1st.....	0 8 0		0 11 6
Long ditto.....	0 10 0		0 11 0
Isinglass, Brazil	0 1 0		0 5 2
Jalap, bd..... lb.	0 2 4		0 2 6
Juice of Lemon..... gal.	0 2 0		0 0 0
Liquorice, Ital. d.p. .... cwt.	4 2 6		5 10 0
Root, dry, bd.....	1 0 0		1 2 6
Magnesia, English.....	3 5 0		4 10 0
Manna, Flakey, bd..... lb.	0 1 2		0 3 6
Sicily, bd.....	0 0 6		0 0 10
Musk, good and fine, bd.. oz.	1 0 0		1 6 0
Nux Vomica, bd..... cwt.	0 6 0		0 7 6
Olives, French half-bris 12 gls	3 0 0		4 10 0
Spanish..... keg 2 gls	0 9 0		0 10 0
Opium, Turkey, bd..... lb.	0 9 6		0 10 0
Egyptian.....	0 0 0		0 0 0
Orchella, Can..... ton	38 0 0		40 0 0
Cape de Verd	35 0 0		0 0 0
Madeira.....	0 0 0		0 0 0
Orpiment, E. India, bd.....	0 0 0		0 0 0
Orange Flower Water	0 0 8		0 1 0
Peel ..... cwt.	1 16 0		0 0 0
Orris Root, d. p. ..... cwt.	1 0 0		2 10 0
Pellitory Root ..... lb.	0 1 0		0 1 0
Pink, Root..... lb.	0 0 11		0 1 2
Pitch, Burgundy..... cwt.	0 10 0		0 15 0
Pumice Stone, sorts..... ton	6 0 0		7 0 0
Quassia ..... cwt.	0 15 0		0 0 0
Quicksilver	0 4 6		0 4 8
Rhubarb, round, bd. ..... lb.	0 1 0		0 3 8
flat	0 1 6		0 3 9
Dutch, trimd.....	0 4 6		0 6 0
Russia.....	0 11 0		0 11 6
Saccharum Saturne, bd.... lb.	2 4 0		2 6 0
Saffron, Spanish ..... lb.	2 2 0		2 5 0
Sago, common, bd..... cwt.	0 8 0		0 10 0
Pearl	0 9 0		1 0 0
Sal Ammoniac, E. I. bd. cwt.	1 18 0		2 2 0
English, Refined.... cwt.	2 2 0		2 3 0
Salts, Glauber	0 6 6		0 0 0
Epsom	0 10 0		0 0 0
Salep ..... cwt.	5 5 0		5 10 0

DRUGS, &c., continued,—	PRICE. £ s. d.		£ s. d.
Sarsaparilla, Bra. bd. .. lb.	0 0 10	to	0 1 8
Honduras bd. ..	0 1 4		0 1 9
Vera Cruz, bd...	0 0 6		0 0 8
Jamaica, bd. ..	0 2 6		0 2 9
Sassafras Root.. .. .. ton	7 0 0		8 0 0
Scammony, Smyrna .. lb	0 0 0		0 0 0
Aleppo, 2nds, bd..	0 8 0		0 14 0
fine	0 15 0		1 1 0
Seeds, Anni .. ..cwt.	0 0 0		0 0 0
German, duty paid ..	1 5 0		1 15 0
E. I. Star, bd.	2 16 0		3 5 0
Cummin, bd... ..cwt.	1 2 0		1 10 0
Carraway, For. bd. ..	1 3 0		1 10 0
Seneka Root, bd. .. .. lb.	0 2 2		0 2 3
Senna, Alexandria .. .. lb.	0 0 7		0 0 11
Smyrna	0 0 4		0 1 6
East India, bd... ..	0 0 5		0 0 7
Timevelly..	0 1 8		0 1 9
Smalts, Saxon, FFFE .. lb.	0 0 0		0 0 0
Danish, do.	0 1 6		0 1 7
Other sorts in	proportion.		
Snake Root, bd.. .. .. lb.	0 1 0		0 1 3
Soap, Naples, soft	0 1 6		0 1 9
Castile, hard.. ..cwt.	3 10 0		3 17 0
Soy, bd. .. .. .. gallon	0 7 6		0 8 0
Sponge, fine .. .. .. lb.	0 14 0		1 0 0
ordinary	0 3 0		0 11 0
Sulphate of Quinine .. oz.	0 8 3		0 8 6
Squills, dry .. .. .. lb.	0 0 1		0 0 2
undried	0 0 0		0 0 0
Spermaceti .. .. .. lb.	0 1 8		0 0 0
Tamarinds, W. I. .. ..cwt.	1 5 0		3 10 0
E. I. bd.	0 15 0		1 5 0
Tapioca, bd. .. .. .. lb.	0 0 2		0 0 6
Turmeric, bd. Bengal ..cwt.	0 14 6		0 17 0
Java	0 15 0		0 18 0
Java, green ..	0 9 0		0 10 0
China	1 0 0		1 5 0
Terra Japonica, black	0 14 0		0 15 0
Pale in squares	0 0 0		0 0 0
De Sienna	0 0 0		0 0 0
Valonia Smyrna .. .. ton	14 10 0		19 0 0
Picked Morea	13 0 0		19 0 0
Vinelloes, Brazil, bd. .. lb.	0 10 0		0 11 0
Vera Cruz	3 0 0		4 0 0
Verdigrease, For. D. P.... ..	0 0 10		0 0 11
English	0 1 3		0 0 0
Vermillion, China, bd. .. lb.	0 4 9		0 5 6
English	0 5 6		0 5 10
Vitriol, blue .. .. ..cwt.	1 16 0		1 17 0
Foreign, white	0 16 0		0 17 0
English, do.	1 4 0		1 5 0
Oil of .. .. .. lb.	0 0 1		0 0 0
Wax, Mogadore, bd.. ..cwt.	7 10 0		8 0 0
American, d.p.	7 10 0		8 0 0
Russian, d.p.	9 0 0		9 5 0
Bombro' d.p.	8 10 0		9 0 0
East India, d.p.	7 15 0		8 15
African, d.p.	7 15 0		8 5
White Bombro'	9 15 0		10 10 0
English .. .. ..cwt.	9 10 0		9 15 0
Cape	7 10 0		9 0 0
Weld, English .. .. ..load	0 0 0		0 0 0
Woad .. .. ton	0 0 0		0 0 0
Wood, Sapan Bimas, bd.	10 10 0		13 0 0
Siam.. ..	7 0 0		9 0 0

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ON THE PHYSIOLOGY OF HEALTH AND DISEASE,

AS APPLIED TO VEGETABLES AND ANIMALS, BUT MORE ESPECIALLY TO MAN.

By M. RASPAIL.

LECTURE XX.

Disorganizing Bases.—We are acquainted with a certain number of organizing bases, that is to say, such as are capable of entering into chemical composition with the organized vesicle, and of contributing to its vitality and development: among these substances, are lime, soda, potass, ammonia and iron. There is in nature a host of other bases which have a much greater affinity for the organic molecule, and which have the power of subtracting it from the five bases which we have enumerated; but which are capable of constituting with it, merely an organic *magma*, and not an organized body. The organic molecule falls into flakes with these bases; it does not arrange itself into an elaborating vesicle, and the product forms a salt and not an organ. Take a solution of gum-arabic, which is an early stage of calcarious tissue, and add to it a little acetate of lead; there will immediately be formed, by a double decomposition, a precipitate of gummate of lead, if I may so express myself, and the liquid will hold in solution a proportion of acetate of lime corresponding to the quantity of precipitated lead; the gum thus precipitated is, however, incapable of organization and of development. Now, every organic liquid is precipitated in this manner by the salts of lead; every tissue becomes disorganized and hardened by them. Other bases act in the same way, though according to the scale of proportion of their affinity for the organized molecule. Whence we must conclude, that the action of the basic poisons is, *cæteris paribus*, more durable than the action of the acid poisons. The bases, in fact, tan the tissues and solidify them; the acids decompose by dissolving them; they as it were bathe their surfaces; and, if the animal or plant repair its losses, the cause of the evil disappears, being rejected outwards through the excrementitious secretions. Arsenic, in this respect, acts after the manner of bases, since it forms an insoluble salt with the lime of the tissues; and besides, who knows but that arsenic is a substance of more complicated nature than is generally supposed? I am almost convinced, from experiments which I have performed, that such is the case; and this remark applies equally to antimony, and to many other *simple* metallic bodies, whose history is, from one end to the other, but a series of anomalies and contradictions, with their pretended simplicity. We must, however, add that sulphuric acid, by reason of the insolubility of the sulphate of lime, leaves from its poisoning more durable traces of disorganization than the other acids. Among the bases which disorganise the organized vesicle, or which interfere with the organization of the liquids, there are some which act by decomposing the organic molecule, and others by appropriating it to themselves.

Bases which poison and disorganize the tissues, principally by decomposing the organic molecule.

Fixed Alkalies: Lime, Potass and Soda, Ammonia, Baryta, Strontia, Magnesia, Caustics.—All these oxides have so great an avidity for the aqueous molecule, that, immediately that they come into contact with the organic molecule, it becomes carbonized, that is to say deprived of its quantity of complementary water. This is their first effect; they become converted into hydrates. Afterwards, by a secondary action, they subtract from the non-carbonized tissues the quantity of oxygen and of carbon necessary to saturate or transform themselves into carbonates, acetates, oxalates, &c., according to the nature of the tissues which they disorganize. The caustic action of ammonia is much less marked than that of all other bases, because ammonia is liquid and already combined with a quantity of water sufficient to form an hydrate. After reaching this stage, they may continue their destructive work, by means of a double decomposition, substituting themselves confusedly for the organizing bases: the lime transforming into osseous tissues the albuminous layers which have ammonia for their base, and into ligneous tissues, the mucilaginous layers the base of which is formed by potass or by soda; baryta, strontia, and magnesia, substituting themselves indiscriminately, to form tissues without a name in the economy, and organs without a function; ammonia in its turn substitutes itself for the organizing bases, and changes the function or *intention* of the tissues; and all transform into a saponaceous compound the oils and fat which abound in the liquids and in the tissues.

The symptoms of poisoning by these substances differ but little from those of poisoning by acids. They may be traced to the disorganization of the surfaces, on which the nervous ramifications are spread; pains in the stomach; spasm of the respiratory tubes, as well as of those parts along which the caustic liquid may have passed; repulsion by those surfaces through which attraction and aspiration should take place; distressing nausea which, however, does not always proceed to vomiting; cauterization of the nerves, and consequently loss of sensibility transmitting itself from the surface towards the centre; coagulation of the blood in some parts, liquefaction in others; disturbance or interruption of the circulation; tetanic convulsions, trismus, syncope, and lethargy.

We may enumerate a certain number of poisonous plants which act, upon the animal tissues, after the manner of caustics, and the juice of which leaves an eschar or stain upon the skin. These are principally lactescent plants, as the Euphorbiæ, the Chelidonium, the Lactuca virosa, the herbaceous tissue of the Ficus Carica or fig-tree, &c., the Lactescent Fungi (*agaricus necator, lactifluus, pyrogalus, acris, piperatus, azonites*); and even the nettle, the sharp and spear-like prickles of which bear at the summit a small bladder filled with a caustic liquid, which is discharged into the puncture and there gives rise to acute inflammation. A fact which most clearly demonstrates the alkaline nature of the poison of the nettle, is that we have merely to rub the wound or small punctures, with the green leaf of a *non*-lactescent and succulent plant, to destroy the inflammatory action; the juice of these latter plants is always acid. It is perhaps with this order of substances that we must class the active principle of the poison emitted by the toad, when it finds itself too closely pursued. As to the poisons of the viper, the bee and the spider, we know that they are harmless by ingestion, and are injurious only by inoculation.

Bases which poison, by substituting themselves for the organizing bases of the tissues.

Oxide of Lead (*litharge*), Salts of Lead.—We have already spoken of the chemical action of the oxides or salts of lead upon the organic tissues; it is evident that their poisonous power is always in proportion to their solubility; litharge acting only by the surface of its pulverulent particles, and consequently becoming enveloped with the product of disorganization, before it has exhausted the entire action of its substance; the acetate being more active than the carbonate, and the latter than the sulphate, which is so perfectly insoluble. The poisonous action of these combinations is principally directed towards the large intestines, and there produces excruciating pains, which, according to the locality or occupation, have given to the disease the names of *painter's-colic*, *lead-colic*, *colic of Poictou*, and that of *ileus*, where the disease has assumed, in consequence of stercoraceous vomiting, the characters of *volvulus* or ileac passion. The miners who are employed in lead-mines, lead-workers, manufacturers of white-lead, and painters who frequently employ this substance, mixed with drying oils, &c., are especially exposed to this terrible disease, which attacks them through the vehicle of the salivary deglutition. The injurious effects of these salts when taken internally ought to put physicians on their guard against prescribing any internal medicine, into which lead enters as an ingredient, however small the quantity may be. And, in general, we ought to lay it down as a principle, NEVER TO GIVE, AS A MEDICINE, ANY COMBINATION INTO WHICH A DISORGANIZING BASE SHALL ENTER. Such medicines almost always leave, in the system, extensive and lasting traces, which outlive the cure, perhaps to serve, at a subsequent period, as the germ of profound and incurable diseases, diseases attended with marasmus or wasting away; for these bases act as it were by *tanning* the membranes, and consequently by paralysing the elaborations. I witnessed a case of this kind, which will never be effaced from my recollection. A young woman, twenty-six years of age, the mother of six children, though somewhat debilitated, in consequence of this precocious fecundity, had still preserved all the external appearances of youth and vigour which promised to her a lengthened existence. She contracted a slight cough which, being neglected, ran on to symptoms of a more alarming character. Some physicians pronounced her to be labouring under tubercles in the lungs, while others apprehended no such condition; the advice of the former, however, prevailed, and it was decided that, to eradicate effectually these tubercles, the patient should take, in the form of a *linctus*, three grains of acetate of lead daily. These physicians had, doubtless, imagined that this salt, which cleanses or purifies the surfaces of wounds and prepares them for cicatrization, would act in a like manner upon the tuberculous matter in the lungs; errors in medicine are generally founded on this kind of reasoning; we forget the route which the medicine must take, to arrive at its intended object. Before reaching the tubercles, this corrosive salt had to pass along the tongue, the fauces, the stomach and the duodenum, that is to say through the seats of two digestions which must, of necessity, neutralize its action. This salt is then changed in nature, before arriving, through the current of the circulation, at the lungs, which it certainly can never reach, through that medium, in a state of integrity. The effects of this treatment were in this case most disastrous, and gave rise to disorders of a most alarming character, which were quickly announced by the following symptoms: colic, diarrhœa, dysentery, with perspirations of so copious a character, that it became necessary to change her mattress three times

a day : violent headache, dyspnœa, gargouillement in the chest, an almost insupportable difficulty of deglutition, paralysis of the glottis and epiglottis, so that in swallowing, the liquids almost always took the wrong route ; the tongue was swollen and projected from the mouth as low as the chin, without the patient being able to withdraw it again into that cavity ; fever was present, the pulse being one hundred and fifty in the minute, with complete insomnolency. We may readily understand the cause of all these symptoms. The salt of lead had tanned the tongue, the sides of the mouth, the fauces, &c.; it had disorganized the membranes of the alimentary canal, and, consequently, paralyzed all the phases of digestion, that beginning or *alpha* of the circulation, of which the respiration is the *omega* and termination. I shall speak at a subsequent period, and in its proper place, of the treatment by which I succeeded in removing, for the space of 15 days, all these symptoms of poisoning by lead ; during this time, I entertained hopes that the patient would be saved. But the disorganized tissues could not be re-formed : the patient sunk suddenly, while apparently in the midst of the greatest security.

Mercury and the Salts of Mercury.—Mercury has the property of producing, almost in the same way as alkalies, a kind of soap, with the oils and oleaginous substances, which play so great a part in the animal economy. Its salts are easily reducible, by contact with the particles of any other metal, provided they be in a state of solution. Drop a little of the solution of nitrate or deuto-chloride of mercury (*corrosive sublimate*) upon a plate of copper, having first scraped off the film of oxide from its surface, and you will immediately find the place marked by a stain of a silvery white colour. Fatty bodies combine with mercury, after the manner of acids; they give to it, by this combination, a saline solubility, which enables it to become infiltrated into the tissues and into the blood, but in an altered and more divided state, and which is consequently less apt to disorganize the structures. The repulsive form of this preparation, however, forbids its internal administration ; its employment is merely confined to the surface. The salt which is most frequently administered, is the proto-chloride of mercury (*calomel*), a salt which, by reason of its extremely feeble solubility, is of eminent use as a vermifuge, for the purpose of expelling those infinitely small worms, which only require, for their decomposition, exceedingly small doses of medicine. The deuto-chloride of mercury (corrosive sublimate) is a most violent poison, even in small doses, by reason of its easy decomposition and its great solubility. Mercury is a medicine which ought to be scrupulously banished from our formularies : like arsenic and lead, it produces but a temporary relief, sooner or later causing a total wreck of the organization, of which the sad consequences are not long in manifesting themselves ; all the substances, in fact, which are capable of substituting, for the organizing bases, bases which are of an opposite nature, act in the same manner.

Copper and the Salts of Copper.—That our tissues are capable of assimilating copper, is a fact clearly demonstrated by the blue coloration of the hair and nails in the workmen employed in copper-works. Although copper filings are not in themselves poisonous, they quickly become so, during the progress of the stomachic digestion, by reason of the acid which is then engendered. Like the salts of mercury, the salts of copper are reducible by metals; on inserting some iron filings into a solution of a salt of copper, we shall quickly find them covered with a precipitate of pure metallic copper ; our tissues act upon these salts, exactly in the same way as metals. Now these salts are poisonous, in the first place, because copper is not an organic base ; and, secondly, because the subtraction of the base sets at liberty the acid, which immediately re-acts, from its own nature, upon the bases of the tissues which had hitherto escaped disorganization. The acetate of copper (verdigris), the sulphate and carbonate of copper, (another form of verdigris), are the salts which have most frequently been used for the purpose of poisoning.

Salts of Tin, of Zinc, of Bismuth, of Nickel, &c.—The affinity of these bases for our tissues being less than that of the preceding, the dose in which these salts are poisonous is such, as to render them repulsive or disgusting, before they can become positively dangerous ; at least when they are in a perfectly neutral state. Most of these salts act probably by paralysing, by a double decomposition, the digestive fermentation, and consequently the nutritive aspiration of the tissues. Now, as their action is principally evacuant and diaphoretic, it must follow that it is not upon the stomachic digestion, but rather upon the duodenal and the intestinal digestion, that their influence is especially expended.

Hydrochlorate of Platinum.—This salt has the property of forming double salts, as soon as it comes into contact with potass, soda, ammonia, &c. If it does not substitute itself for the bases of our tissues, it at least associates itself with them, and to a certain extent disorganises the elaborating membrane.

Hydrochlorate, or Muriate, and Chloruret of Gold.—The same thing may be said of these salts; they form double and soluble salts with alkalis ; they disorganize the tissues, by depriving them of their bases. Moreover, these two salts are reducible by metals, which become covered, under favourable circumstances, with the platinum or the gold. They are too readily decomposable, and too inoffensive from the insolubility of their bases, for them ever to serve the purpose of poisons. The salt of gold, as introduced into practice by Chrestien of Montpellier, has, for a certain time, maintained a degree of celebrity, which is, however, already beginning to pass away.

Nitrate of Silver.—Hydrochloric acid and all the hydrochlorates precipitate silver under the form of a white, flaky chloruret, which becomes more and more violet-coloured, on contact with the light : forming a salt which is insoluble in all the acids, but soluble in ammonia, and which is known, in chemical language, under the name of *horn-silver*. Now, when applied upon our tissues, silver acts precisely as if it were brought into contact with the hydrochlorates ; it covers them at first with a white flaky-looking stain, which subsequently becomes of a violet colour, hard and horny. Upon horn, the teeth, the nails, the hair, and ivory, this violet coloration is almost instantaneous. It is evident, from the above fact, that the nitric acid is immediately set at liberty, and that it subsequently re-acts upon the tissues on its own account, thus rendering this salt doubly disorganizing ; for, by its base, it decomposes the hydrochlorates of soda, of ammonia, &c., (with which the cellular and vascular liquids of the organization abound), and which are immediately precipitated upon the tissues, under the form of a horny and insoluble substance : and then it abandons the as yet unattacked tissues, to the corrosive action of the isolated bases of the hydrochlorates, and to that of its own eliminated nitric acid. As a medicine, taken internally, whatever may be its dose, this salt should be rigorously proscribed ; for, when we attempt to cure, by a disorganizing agent, our success will be a mere accident, while, at the same time, we are preparing the way for a thousand other diseases, according to the organ, upon which the poison shall have concentrated its destructive powers.

General Rule.—The disorganizing poisons, which we have just been describing, act upon all the mucous surfaces, in the same manner as upon the stomach. Poisoning may take place by the anus, and by the genital organs, quite as readily as by the mouth : for all these tissues, being preserved from the drying action of the wind and from immediate contact with the air, are both absorbent and aspiratory surfaces. And in this respect, the genital organs of the female may be placed on a level with the lung ; they have, especially during a state of spasmodic excitation, a force of aspiration, which explains the whole mechanism of impregnation. Hence are these organs so readily affected by impure connection.

ROYAL WESTMINSTER OPHTHALMIC HOSPITAL, CHARING CROSS.

Clinical Lecture delivered by Mr. Guthrie, on Rheumatic Ophthalmia ; on Friday, Nov. 3d, 1843.

It is said of old, that when a man tells a lie there is nothing like sticking to it, if you do not repent you of the sin ; for anything is better than a shuffler,—inasmuch as everybody finds out and avoids a shuffler and a double dealer in time, whilst a liar may escape without so much contempt. Egotism is something like lying, being better avoided than practised; but when practised it is also said to be better to stick to it, and quietly to appropriate to yourself as much as you can that really belongs to your neighbours, always professing at the same time that no one is so just as yourself in giving unto Cæsar that which is Cæsar's. I shall continue, in conformity with this rather irregular piece of ethics, to play the part of the lion and egotist, by taking just so much as may please me of the following observations to myself, leaving those who think they have any claim upon what I thus appropriate to recover them if they can ; and, as I advise you to read all those modern authors who have written on the subject upon which I treat, you will be able to judge of how much is original, and of how much has been pilfered by all or adopted by each as his own.

I select the subject of rheumatic ophthalmia for our present observations because there have been a great many cases of it and of catarrhal and catarrho-rheumatic inflammation during the last month, and that the treatment pursued differs from that adopted by others on many points. This complaint is essentially an inflammation of the sclerotic coat, implicating the cornea to a certain degree, although not to the extent of ulceration, abscess, or sloughing; but affecting the iris and particularly its internal surface, or uvea, so as to lead in many instances to a contracted and adherent pupil and defective vision ; whilst if of long continued duration in a more or less chronic state, it tends to a disorganization which ends in total loss of sight. It is called rheumatic ophthalmia because it is most apt to occur in persons who have been previously attacked by rheumatism, from its taking place most frequently in the cold and moist weather of approaching winter, exposure to the moisture of which almost invariably causes a relapse, so that whilst the poor are most exposed to its attacks, it is in them that it is often doubtful whether the remedies have failed from want of power, or the disease has returned from irregularities or from exposure to cold or damp. It is also considered to be rheumatic, or (as the Germans call it) arthritic, from its yielding generally to the means which are most usually had recourse to in these complaints, rather than to those which are most efficient in other or severe inflammatory diseases of the same and neighbouring parts.

In this disease the vessels are seen running from several points of the circumference, in what may be called for them straight lines, until they approach the cornea, when they branch out, anastomose, and form a pencil of smaller vessels, which, when they communicate with other similar pencils, form a zone around the cornea. In the case of Mrs. Bridge, who is in the house, you see these pencils not forming a complete zone. In the case of Mrs. Boyd, this zone is complete, and the vessels run up to the very edge of, and even upon the cornea, not dipping in as they so perceptibly do in iritis a very short distance from it, and in chronic, and in some particular cases in which certain vessels taking a similar course, have become enlarged and tortuous. The shade of the red is neither scarlet nor pink, but of a yellowish, a modena, or a brick-dust colour, and the vessels are evidently belonging to the sclerotica and superjacent tissue, but not to the conjunctiva, which in many cases is only slightly affected either on the ball, or where it lines the lids, unless when the disease assumes also a catarrhal form. The disease is then marked by the peculiar arborescent appearance of the conjunctival vessels, accompanied by patchy spots, in many instances resembling bloody particles effused in

small quantities, which patchy arborescent catarrhal inflammation is accompanied by a considerable discharge of mucus and tears, and is attended by a pain which is usually described as pricking, or as of sand, or as if some foreign substance were between the lids. The eye-lids are glued together as it were, by the discharge which runs over on the cheek; but these symptoms do not prevail in the purely rheumatic attack. In rheumatic inflammation of the sclerotic coat, the cornea is soon implicated, loses its brilliancy, and becomes clouded; vision being always and early defective in a corresponding proportion. When the disease has subsisted for some time, probably with frequent relapses, vision is very much impaired, and the defect will often remain after the disease which gave rise to it has been removed. In some cases,depositions take place in the cornea which are more or less permanent, but the greatest inconvenience arises from the deep seated vessels remaining enlarged, as if they were unable to recover their tone, and becoming filled with blood and slightly active on any common exposure to the weather,or even slight irregularity, a state which, if long continued, gradually leads to deformity and blindness.

The pain complained of is said to be in the eye, at its back part or around it, and under the brow on the superciliary ridge. It is sometimes on the malar bone, less frequently on the inside of the nose, and generally extends to the side and often to the very top of the head. In the cases before you there are all these varieties, the pain being sympathetic and not dependant on an extension of inflammation to these parts, although they become tender to the touch. This pain is intermittent and prevails most in the evening and at night, although it recurs sometimes every hour during the day, and is followed by a flow or gush as it is described of hot tears, accompanied by a pricking superficial pain of the eye, instead of the acute agonizing deeper—seated suffering which preceded it. Between these paroxysms, there is no flow of tears, little or no pain, and the patient can keep the eye open and bear a moderate light, as you may see in every case before you, which becomes intolerable during the paroxysm. This disease usually affects one eye only, rarely both, unless the choriod coat is or has been implicated, as in the case of one patient, where it is about to terminate in the left eye in glaucoma. It is a complaint confined to adults and elderly persons. In none of the many cases before you is there any subconjunctival swelling, nor does it usually take place unless there is some catarrhal or erysipelatous inflammation conjoined with the rheumatic.

The iris soon becomes affected and the pupil contracted. The change of colour may be seen in several of the cases before you by the naked eye, but a good glass is always necessary for its examination, and the best I have met with is made like a short telescope, about three inches long; it belongs to Dr. Goltz, and there are two similar ones on the table for your use. The change of colour is not so considerable as in iritis, neither are the vessels so perceptible. The deposition is not well marked when casually looked at, although it is very perceptible under the glass, when the surface of the iris appears to be what I call furred, and particularly towards its pupillary edge, where this furring is of a yellowish brown colour, and marks with the irregularity of and contracted state of the pupillary margin, the extent and the continuance of the disease.

The case of Mrs. Fiske which I now present to you, is one of pure catarrhal inflammation, and was two days ago, a very severe case. The conjunctiva was very arborescent and red on the ball, very red where it lines the lower lid, the flow of tears and mucus great, so as to excoriate the outside of the lid and cheek, the pain pricking and considerable, the cornea quite clear, vision good, and intolerance of light great. I ordered a solution of the nitrate of silver of ten grains to the ounce of distilled water, to be dropped into the eyes in the morning, and to be repeated at night. The drop in the morning gave little pain and much relief; but in the evening the bottle containing sixty grains to the ounce, and which is kept for purulent cases only, was used by mistake; it gave her great pain all night, and she did not like to try it again yesterday. Nevertheless she is a different person; she is three-parts cured, and will repeat the solution of ten grains to the ounce now for the future.

The remedies to be used in rheumatic inflammation are of a different kind. Bleeding, both general and local, is decried by some writers altogether, although it is admitted and recommended by others with some reservation. You will find several cases before you in which cupping on the temple has done good service, and two or three in which blood has been drawn from the arm with advantage. It is only in robust persons that I recommend general bleeding, and it is only in weakly persons that I do not advise local bleeding, where the attack is serious. You must draw your own conclusions from the cases before you, adverting to the fact, that not more than twelve ounces have been drawn from any one person at a time, and the cupping has not been repeated unless in a case of relapse.

Bark has been considered by some writers as an important remedy, when combined with soda and a little rhubarb, for the cure of this complaint. The dose usually recommended has been five grains every six hours. I have not, however, found it of service when given in this manner, although, when the severity of the attack has been a little reduced, I give it in doses of 15 grs. with as much of soda and five of rhubarb every six hours; but I rarely give it alone, combining it for the most part with colchicum and aconite, the really effective remedies in this complaint. You will find instances of their use conbined with bark and without it, and of bark without them; and you will do well to watch the course of the disease in these persons, and then judge for yourselves.

Colchicum has been frequently recommended as an adjuvant, and in small doses of about twenty minims three times a day; but it has not been relied upon as a principal remedy, which it ought to be. I am not aware whether the wine of the root is stronger or better than the wine of the seeds; but, to be sure of the proper preparation, I advise you to give half a dose of each on the responsibility of Mr. Squire, who has hitherto made the tincture of aconite for me. I believe the preparations of colchicum now made are by no means so strong as they were formerly. I have often given of late ʒj. of the wine four times a day for two and even three days, with little effect, without causing either purging, nausea, or any other particular symptom. I recommend you, however, to begin with forty-five minims in this complaint, and to regulate the dose by the effect, which can always be done.

Aconite is, as you are aware,a celebrated homœopathic medicine for the cure of inflammation; what it may do in infinitesimal doses I know not, but I do know that it requires a much stronger dose than you would expect from its acknowledged powers to arrest an attack of rheumatism or gout which it is capable of doing alone. Mr. Squire has supplied me with a tincture of the root and an extract, but he much overrates the effect of both. I have found fifteen minims every six hours to be a safe remedy, and have given double that quantity. In one case three times as much, or forty-five minims, were given every six hours by mistake, and they caused at last some disagreeable symptoms,although they cured the patient. The extract I order in half grain doses twice or three times a day, rarely as much as a grain night and morning. The house surgeon has given in particular cases, he tells me, a grain three times a day, and two grains have been given at night; but it is not advisable to do this, although it is desirable to know what may be done. It affects in too large doses the stomach and the nervous system particularly, causing sickness, great coldness, and loss of sensation for the time.

If the colchicum, the aconite, the bark, and the soda, fail of arresting the disease, I have recourse to mercury, generally calomel and opium; but here again I differ with most writers. I give it so as to produce a moderate effect on the mouth in the generality of cases as quickly as possible, and it is only in chronic cases that I use it as an alterative, although I do not wish to cause a ptyalism which shall be in any manner inconvenient. Opium you will always have great assistance from, in procuring rest and obviating pain at night.

Local remedies are of little use. I allow persons to use either warm or cold sedative lotions, as they find them most comforting, or to apply a hot dry flannel, or anything else they please. Opium made with water into the consistence of cream applied to the forehead sometimes gives relief: but the most efficient application is a spirit lotion applied on a single fold of linen to the forehead, composed of equal parts of the spirits of camphor, rosemary and ammonia, with or without æther, which is disagreeable to some people, care being taken that it does not irritate the skin too much.

Puncturing the cornea in order to evacuate the aqueous humour, has been strongly recommended, and as strongly declared to be insufficient. It has on the whole fallen into disuse, although it sometimes does good. There is a case in which it has been tried, and it seems to me to be most useful where the cornea appears to be full, the iris pressed back, the pupil perhaps a little dilated, or in cases in which slight relapses occur, without any apparent cause. The evacuation of the aqueous humour in some of these cases acts almost magically.

Case 1 is of a medical man, written by himself. "For several nights I slept in a room the walls of which were very damp, and on the morning of Friday, the 13th of October, I awoke at four o'clock with a pain in my left eye, feeling exactly as if it had received a blow in my sleep. On going out I found considerable obscurity in vision, every thing appearing to be enveloped in smoke or mist. The pain in the eye-ball continued, and the redness became more and more severe with intolerance of light, particularly when the pain was increased by paroxysms, which occurred towards evening and at night, when it was followed by a great flow of tears which gave relief, although accompanied by a pricking pain. I took three grains of calomel with colocynth, at night, and a black draught Saturday marning, the 14th, and applied four leeches in the evening to the temple. Under this and similar treatment I got worse, and on the 22d, when I first called on Mr. Guthrie, the pain in the eye was distressing, extending to the back of the orbit and to the brow, and although I could not bear the light, I could scarcely see a person passing before me with the affected eye. By his direction I was cupped to ten ounces on the temple, and took ʒj. every six hours of a tincture composed of vini radicis colchici, ʒvj. tinctur. rad. aconiti, ʒii. By the next morning the disease was arrested, the belladonna was applied, and on the second day the redness had disappeared, the pain had subsided, and I began to see much clearer, having been purged and nauseated by this remedy. On the third day, the 24th, I was attacked by very severe pains in the right hip and back, which made me quite lame, for which I took my usual dose (being subject to this attack) of four grains of scammony and four of compound extract of colocynth, which acted well, and the next evening by Mr. Guthrie's desire, ten grains of the pulv. ipecac. comp. with six of rhubarb and a hot bath, which gave me great relief. I was then ordered two grains of quinine twice a day, and am now, 30th October, quite well." W. H.

Case 2.—Mr. P. applied with his surgeon; had been ill five weeks, having previously suffered from a similar attack in the left eye, which had rendered his sight defective, and having laboured more or less all the summer under different attacks of rheumatism in various joints. Had in part recovered from the inflammation of the right eye, after a course of mercury, but relapsed on the 25th, and was cupped on the evening of the 29th of October,without any good effect. On the 30th, when he first presented himself, the eye-ball was seen of a yellowish tint of red,the vessels forming a zone around the cornea, and running quite upon its edges; the cornea is hazy, and all objects appear to him to be very indistinct. The iris is discoloured, and furred towards its pupillary

margin, which is still contracted and irregular' although the belladonna has been applied. The pain is described to be in the eye and behind it, extending to the cheek, and to the side and the top of the head, but not to the brow or edge of the orbit, has little intolerance of light until evening and night, when all his ills increase. The pain in the eye becomes violent, and usually lasts from half to three quarters of an hour, when it becomes more superficial and pricking, and is followed by a great gush of hot tears, which bring relief; pulse quick and small, bowels open, skin cool; was ordered forty-five minims of the wine of the root, and of the seeds of the colchicum, and fifteen of the tinct. rad. aconiti every six hours; belladonna to be applied. Nov. 1st.—Has taken five doses of his medicine, and says he is better, having less pain in the head and eye, although more in the cheek during the night. The redness is less, the pupil is a little more dilated, no lachrymation nor intolerance of light, pulse less frequent, no purging. To continue the medicine every six hours.

Nov. 3. Is much better, redness diminishing, pain very much less, pupil a little dilated but irregular, bowels open but not purged. Pulse as frequent but not so strong. To continue the medicine, adding to each dose fifteen grains of pulv. cinchonæ, and as much carbonate of soda.*

Case 3.—Hyam Josephs applied at the hospital with a very severe attack of rheumatic inflammation of the right eye, to which he had been subjected every year for some time past, as well as to rheumatism generally. The colchicum and aconite removed all signs of the disease by the third morning; vision remained defective however, for several days, although it is now restored. If you examine the eye with the glass, you will see small spots on the capsule of the lens, the remains of the points of attachment of the pigmentum nigrum, which are commonly seen; the peculiarity in this case is, that they are seen through the glass of a brilliant deep red colour.

There are so many cases attending, that I cannot possibly notice them in this lecture. I have desired four to be taken into the hospital, that you may watch them more narrowly, and I will on a future day give you a summary of the treatment of all of them. In the mean time, make your own observations carefully, for you may never again see so many at one time.

F.

OBSERVATIONS ON THE PHENOMENA OF PHRENO-MESMERISM.

(To the Editor of the 'Medical Times.')

Sir,—In the preface of my work on "Hypnotism, or Nervous Sleep," lately published, I promised to institute a farther series of experiments on the phenomena of phreno-mesmerism, and to publish the results. Judging from the rapid sale of my book, (nearly eight hundred copies having been disposed of in a few months,) that the subject of Hypnotism and Mesmerism is now commanding general attention, both from the public and the profession, I feel anxious to redeem the pledge referred to as soon as possible, and know no better mode of doing so than by publishing the results in your liberal and widely diffused journal. Your inserting my paper at your earliest convenience will oblige, Sir,

Your most obedient Servant,
JAMES BRAID,
M.R.C.S.E., &c.

3, St. Peter's Square, Manchester.
4th Nov. 1843.

The power we acquire during mesmeric, hypnotic, or nervous sleep, of exciting the passions, emotions, and mental manifestations, through impressions made on different parts of the body, has produced much speculation as to the cause from whence it springs: 1st, some have attributed it to the *will* of the *operator* exercising a direct influence on the nervous system of the patient, and thus affecting the bodies and minds of both similarly and simultaneously, or singly, according to the volition of the operator; 2d, others to a magnetic medium transmitted from the operator, and stimulating the organ, or portion of the brain, directly subjacent, or from a distance, through what they call the poles of the particular cerebral organs; 3d, others, to previous knowledge of phrenology, suggesting the idea to the mind when any particular organ was touched, or to a system of training whereby any mental idea might be excited in the mind of the patient, through arbitrary association with *any* part of the body; 4th, in the sixth chapter of my work, entitled, "Neurypnology, or the Rationale of Nervous Sleep considered in relation with Animal Magnetism," lately published, I endeavoured to reduce it to the laws of sympathy and association, connected with automatic muscular action, that is, by titillating certain combinations of nerves, corresponding muscles were called into action, and that this muscular action renovated the past feelings with which they were ordinarily associated during the waking condition, in the active manifestation of the various emotions and propensities of the mind.

Some of the highest authorities, (Dr. Elliotson included,) both as to phrenology and mesmerism, admit, that the same manifestations result from contact, or pointing over the previously excited parts of their patients, whether the operator knows or is ignorant of the part acted on; whether he wills or does not will any particular manifestation; whether he is a sceptic, and may be supposed to *will* a *contrary* result, or is a person entirely ignorant of phrenology. Moreover, in some of my experiments, recorded at page 141-2-3 of the above work, I proved, that by asking a patient to point to a particular organ, he would generally be wrong in respect to the organ named, but that the points pressed on gave their ordinary manifestations, even whilst the mind of the patient was directed to a different emotion or propensity. I, therefore, consider these facts are quite sufficient to refute the *first* theory.

The facts also resulting from patients manipulating their own heads, as just stated, I consider sufficient proof, that the excitation did not arise from any influence, either mental or physical, passing from those present to the patient, as their *own* contact produced the results. Moreover, the manifestations in most instances were entirely different from the ideas existing in the mind of the person who requested the patient to touch such and such organs or points of his body, and the like results are found to arise from any similar mechanical contact, in whatever manner it is brought into apposition with the patient, or from other impressions, such as electricity, galvanism, heat or cold, pulling a hair, &c. And, again, by allowing patients to pass into the third stage of sensation, which I shall immediately explain, before manipulating, it will be found that the manifestations are inverted, those regions of the head corresponding to the animal propensities in the second stage, exciting the moral sentiments in the third stage, and *vice versa*, and the same with the extremities. Or a still more interesting experiment may be performed thus:—Allow the patient to pass into the *third* stage, then reduce one side to the *second* stage before manipulating, and it will be found that the *opposite* manifestations will be educed from the relative points of the two sides of the head, trunk, and extremities. I consider these facts are quite at variance with the *second* theory.

In respect to the *third*, that the phenomena *might* be excited by previous knowledge of phrenology, or by a system of training, so as to establish artificial and arbitrary associations, I never could entertain a doubt, knowing as I do the extreme docility of patients, and the acuteness of the senses and mental functions at a certain stage of hypnotesia. I directed especial attention to these points so long ago as December 1841. However, such a system I consider, arbitrary and artificial, in contradiction to the fourth, which I call the *natural* mode. I call that the *natural* mode because it requires no training, but arises from the anatomical relations of the physical frame. In most patients the phenomena will come out more promptly, or more prominently, after having been previously excited, as all functions may become more facile from habit; but still the phenomena referred to *may* be excited at *first* trial, and *without* training, verbal prompting, or previous knowledge, to direct as to what is expected, *provided the manipulations are instituted at the proper stage.*

At page 146 of my work on "*Neurypnology*," after giving particular directions for eliciting the manifestations, I stated my views thus:—"Whispering, or talking, should be carefully avoided by all present, so as to leave nature to manifest herself in her own way, influenced only by the stimulus conveyed through the nerves of touch exciting to automatic muscular action. We all know that during common sleep a person unconsciously changes from an *uncomfortable* position to one which is agreeable. This is a sort of instinctive action, and, as already explained, I think it highly probable, that by thus calling into action, muscles which are naturally so exerted in manifesting any given emotion or propensity, they may, by reflection, thereby rouse that portion of the brain, the activity of which usually excites the motion. In this case there would be an inversion of the ordinary sequence, what is naturally the consequence becoming the cause of cerebral and mental excitation. The following hypothesis will illustrate my meaning. It is easy to imagine that putting a pen or pencil in the hand might excite the idea of writing or drawing; or that stimulating the gastrocnemius, which raises us on our toes, might naturally enough suggest to the mind the idea of dancing, without any other suggestion to that effect than what arises from the attitude and activity of the muscles naturally and necessarily brought into play whilst exercising such functions. However, I would very much doubt the probability of stimulating the muscles of the leg by exciting the idea of writing, or that putting a pen or pencil in the hand would excite the idea of dancing, without previous concert and arrangement to that effect. It is upon the same principle as I imagine that, during the dreamy state of hypnotism, by stimulating the sterno-mastoid muscle, which causes an inclination of the head, the idea of friendship and shaking of hands is excited in the mind, and when the trapezius is excited at the same time, the greater lateral inclination of the head manifests still greater attachment, or "adhesiveness." Pressure on the vertex, by calling into action all the muscles requisite to sustain the body in the erect position, excites the idea of unyielding firmness," &c. &c.

In following out this idea, I immediately found that my conjecture was correct, and that the same phenomena might be excited through the muscles of the trunk and extremities as through those of the head and face. Thus, in patients who had never seen experiments of the kind, and who had no knowledge of anatomy and physiology, I succeeded at once to elicit any manifestation I chose, by titillating the integuments, so as to call into action the combination of muscles required. Thus, the pectoral and anterior position of the deltoid, by elevating the arm and bringing it forwards, excites the idea of friendship, and the subject will lean against and clasp any person or thing near him. The central and posterior portions of the deltoid, by elevating and drawing back the arms, as if preparing to give a blow, excites the idea of combativeness. With many, clenching the fists will have the same effect, especially if the arms are correspondingly elevated. Titillating a little below the axilla, by stimulating the pectoralis and latissimus dorsi to contract, draws the arm to the side, and thus excites cautiousness, fear or terror. The lower point of the sternum produces stooping, sighing, compassion, and benevolence; the recti muscles of the back excite the erect position with the feeling of firmness and self-esteem. The flexors of the fore-arm—the desire to grasp and appropriate to self all which comes in his way; the extensors the reverse, or conscientiousness and restoration. The larynx, the desire to sing or talk; and so on in respect to the functions of other organs, or combinations of muscular actions.

I shall now give such instructions as may enable any expert experimentalist, well acquainted with anatomy, and who wishes to test this fairly, to prove the correctness of my views. In order to

* This gentleman on the 7th, was nearly well.

insure this success, however, it is of the utmost importance to pay particular attention to the *different stages of sensation during hypnotism*, which I am now about to explain.

There are three stages of sensation in the hypnotic condition, (the term I prefer to designate the peculiar sleep referred to,) the first characterised by increased sensibility, docility, and pliancy, so that any part readily yields or moves in a direction opposite to the force applied, and will remain in the position in which it is placed. This is the condition called pliant catalepsy. The second stage is that where there is increased sensibility, and slight rigidity, with a tendency to contraction in the muscles immediately subjacent to the points touched or titillated. The third stage is that where there is rigidity of all the muscles, or rigid catalepsy, with *diminished* tactual sensibility. In this case, the patient may be pricked or pinched with little or no feeling, but continued gentle pressure or friction will *reduce the rigidity* in the *subjacent muscles*, and the member will be gradually drawn in the opposite direction, in consequence of the continued undiminished action of their antagonists. The *second* condition is the proper stage for exciting the manifestations above referred to, and if skilfully conducted, are almost certain to be followed by the anticipated results, and will thus verify the correctness of what I have already advanced, and what was also referred to at pages 95, 96, 97, and elsewhere, of my treatise on hypnotism.

The motion excited by operating during the *second* stage, may be called the *direct* mode, that during the *third*, the *in*direct, because the latter is excited by *reducing the power of the antagonist* muscles, whereas, in the former, it is from the stimulus being applied directly to the particular muscles to be excited.

As the phenomena can be excited equally readily from the head and face, trunk and extremities, through automatic muscular action renovating past feelings, according to the ordinary laws of association, or from arbitrary associations, by contact with any part of the body, it appears to me, that they neither prove nor disprove the doctrine of phrenology, or the allocation of different functions to separate different organs in the brain. However, the situation of the sympathetic groups in the head, which I shall immediately explain, if taken at the *second* stage of sensation, correspond with the three principal locations and divisions into animal propensities, moral sentiments, and intellectual propensities.

The fact of the opposite manifestations resulting from manipulating the head in the *third* stage, from what we realise during the *second*, clearly proves, that the results do not arise from a stimulus conveyed *directly*, from the point of contact, to the *subjacent portion of the brain*; but, as the effects on the muscles are inverted, so ought the points manipulated to be changed to produce the intended results. Now, this is precisely what happens—the *same muscular action* being excited from *opposite* points, both in the head, trunk, and extremities, in the one stage from what happens in the other. Still, however, the same mental feeling is excited along with this muscular action, *however the latter has been excited*; and this, I think, is strongly corroborative of my theory.

A familiar example of the influence of muscular expression, or action reacting on the mind, may be realised by any sensitive person, *even during the waking condition*. Let him assume, and endeavour to maintain, any particular expression or attitude, and he will very soon experience that corresponding condition of mind thereby engendered. Now, such being the case during the *waking* condition, when the faculties of the mind are so much dissipated and diffused, by impressions on the various senses; we can readily understand why the influence should be so much more energetic during Hypnotism, the peculiar features of which are high sensibility, with the whole energies of the mind contracted on the particular motion excited. It is no doubt, in a great measure, owing to the same cause that our greatest actors and actresses have become so profoundly penetrated by touching scenes as to shed floods of tears during their impersonations of character—the just conception of the character first producing appropriate physical action, and this organ reacting on the mind in the extraordinary manner which was manifested in a Siddons and O'Niel.

Whilst others, from experiments in this department, have been multiplying phrenological organs to an amazing extent, the result of my researches tends rather to classify and curtail them. Thus, in the second stage, I find the lateral portions of the head correspond with the flexors of the upper extremities, the anterior portion exciting flexion and movement of the fingers and hand, and the movement of hand and arm increasing in extent and energy, by calling additional muscles of the shoulder and trunk into activity, as we proceed backwards. This portion, therefore, represents the animal propensities,—the prehensile or selfish principle. The whole of the central and coronal region (excepting the vertex) corresponds to the opposite class of muscles, and the opposite condition of the mind,—the relaxing, extensile and distributive or benevolent tendency, respect and regard to others. In other words, the extensors represent the moral faculties, the flexors, the animal propensities and selfish principle; and, in the head, during the second stage of sensation, the central and coronal region represents the former, and the lateral regions correspond to the latter. The intermediate space seems to rouse partially *both* classes of muscles, and gives a mixed or varying character to the emotions, according as the one or the other predominates. This is Gall's region for wit, ideality, caution, and love of approbation. The forehead excites an appearance of attention, observation and reflection, but beyond this and the different degrees of sensibility of different parts giving more or less promptness and energy to the various emotions and propensities, all appears to me to be inconclusive as far as illustrated by manipulating patients during the nervous sleep.

I shall now advert to one of the most remarkable circumstances connected with these investigations; namely, the influence of contact in exciting memory. Thus, a patient may be unable to answer the most simple question, on a subject with which he is quite familiar; but touch any part of his person, either with a finger or any inanimate substance, or cause him to place one of his own hands or fingers in contact with some other part of his own body, and immediately he will be able to reply correctly. There are many patients with whom this may be repeated any number of times with the like results. It appears to me to be merely mechanically arousing and fixing or concentrating the attention in *one* direction, instead of the mind wandering uncontrolled and incapable of fixing itself definitively on any subject whilst addressed only through the organ of hearing.

Analogous to this is another curious fact, that most patients from having contact established with almost *any* part of the body, whilst the mind is actively engaged by *any* idea or emotion, may have it prolonged, almost indefinitely, by maintaining the contact with which it has been thus associated. We have familiar examples of the influence of contact or muscular action fixing attention and aiding memory in the waking condition, furnished by the many deep thinkers who are in the habit of pressing a finger or hand against different parts of the body, generally the forehead, or pinching or rubbing some part when engaged in deep study. Others, again, will seize hold of a button or thread, and, deprived of this, feel unqualified for the task most easy with such aid, as exemplified in Sir Walter Scott's victory over his rival schoolfellow, and the case of the lawyer, the thread of whose discourse was thus broken. It was also well exemplified by the blind man at Stirling, who could repeat any verse, or any chapter, of the Bible whilst twirling a key on his thumb, but was quite at fault if deprived of his key.

Mr. H. G. Atkinson has lately promulgated some novel views, under what he calls "the functions of the cerebellum" and thus explained in No. 202 of the MEDICAL TIMES:—

"That portion of the cerebellum nearest the ear, gives the disposition to muscular action, next to which and about half way between the ear and the occiput on the top of the cerebellum, is *muscular sense*—a power conveying the sense of resistance, and the state of the muscles; beneath which is *muscular power*—giving force and strength; and in the centre are termed the physico-functional powers—a group of organs giving the sense of physical pain and pleasure, temperature, and having relation to the general condition of the body, and its secretions, amativeness, &c. The part nearest the centre giving the sense of pain; the sense of temperature being nearer to the ear, and amativeness beneath." I have tried Mr. Atkinson's experiments with my patients, but I account for the results differently. Thus, the first I consider is merely an extension of the prehensile and appropriative group of muscular actions referable to the lateral parts of the head as already explained; the second, an extension of the intermediate region, where both extensors and flexors are partially excited, corresponding with ideality, cautiousness, love of approbation, &c. in the anterior region; the third, by stimulating the posterior recti muscles, which excite firmness and self-esteem, of course gives the appearance of energy; and the fourth corresponding with the softer and kindlier feelings, under the influence of the relaxing and distributive class of muscles, which represent the moral sentiments, will account for the last group. Such have been the conclusions to which I have come from personal observations on this point. Mr. A. is evidently a gentleman of great intelligence, and one who has devoted much pains to the investigation of mesmeric phenomena; and his observations on this point, therefore, deserve the careful attention of others engaged in similar enquiries.

The investigations of the phenomena of hypnotism and mesmerism are not only curious, but most important, as daily experience amply proves to me, in the rapid relief and cure of diseases, by this mode of treatment, which had resisted all the ordinary and most approved methods. I shall defer some farther observations on other important points to a future opportunity, having already, I fear, encroached too much on your valuable columns.

THE ACTION OF SULPHUROUS ACID ON THE METALLIC OXIDES.—M. Vogel, Senr., of Munich, having experimented largely on the metallic oxides with sulphurous acid, has arrived at the following conclusions. That the red oxide of mercury, subjected to the influence of sulphurous acid, passes first to the state of protoxide, combined with sulphurous and sulphuric acids, and is afterwards completely reduced to the metallic state; that the deuto-nitrate of mercury is slowly reduced by sulphurous acid, the process being aided by heat; the proto-nitrate is acted on in the same manner, but more speedily; that corrosive sublimate under the same circumstances, is reduced by sulphurous acid to the state of calomel, and that the solution of the sublimate, mixed with a sufficient quantity of sulphurous acid, is no longer precipitated on the addition of the caustic alkalies in excess; the mercury remains in solution in the alkaline liquid; that calomel is not reduced to the metallic state by sulphurous acid, but only to that of a sub-chloruret of mercury, and the yellow deuto-sulphate, (turpeth mineral) is entirely reduced by sulphurous acid; that the oxide and nitrate of silver are not entirely reduced by sulphurous acid; that the oxides of zinc, antimony, and uranium, are not in the least degree reduced by that acid; that the calcined black oxide of copper left in contact with sulphurous acid, passes into the state of brown protoxide, and that the deuto-acetate of copper becomes a proto-acetate by the aid of heat; the greater part of the copper is precipitated as a brown protoxide; that the calcined red oxide of iron does not part with any of its oxygen to the sulphurous acid: that the deuto-acetate becomes a proto-acetate; that molybdic acid is not reduced by the sulphurous acid, and that the molybdate of potass is reduced to a lower degree of oxidation, to the blue combination with molybdous acid.

PARISIAN INTELLIGENCE.

(FROM OUR OWN CORRESPONDENT.)

Paris, 2d November, 1843.

The winter session of the School of Pharmacy begins to-day: that of the Faculty of Medicine will take place to-morrow; the customary speech made on this occasion, at the latter, will be delivered by Professor Royer Collard.—The candidates for the chair of Physic, now vacant at the Faculty of Medicine, are:—MM. Baudrimont, Gavarret, Guerard, Legrand, Maissiat, Person, and Rollet. The judges for the Faculty:—Professors Orfila, Dumas, Richard, Andral, Berard, senior, Trousseau, and Adelon. Suppleants:—Professors Dumeril and Bouillaud. The two judges to represent the Faculty of Sciences, are not yet named. The *concours* will begin on the 4th November.

Dr. Raciborski continues the publication of his memoirs on the FEMALE GENITAL ORGANS, by one on the mechanical obstacles which prevent the first appearance of catamenia. These obstacles are,—absence, more or less complete, of the vagina (MM. Duboille, Boyer, and Boivin record cases in which the uterus was reached by the rectum, followed by death),—obliteration of the neck of the uterus (M. François Gueneau quotes a case caused by the presence of a tumour, and cured by its removal),—hypertrophy of the hymen,—adherence of the sides of the labia pudendi. The blood in these cases is viscous, and of a chocolate colour, and differs, according to M. Tolmouche, from the ordinary blood, in containing no serum. No operation ought to be performed before the uterus is distended with the blood, and before being certain that the amenorrhœa is apparent, not real. Boyer says, that when the vagina does not exist, the case always terminates fatally; but an operation performed by M. Villaumes, and an observation read by M. Amussat, at the Academy of Sciences, 2d November, 1835, prove that this deformity may be surmounted: in the first, the bistoury was employed; in the second, the walls of the vagina were separated by moderate tractions, repeated every day, until the uterus was reached which last was then opened. Occlusion of the cervix uteri, by spasm, the blood flowing drop by drop, *stillicidium uteri*. The *Gazette Medicale*, 1837, p. 324, relates a case where the medical attendant employed a sound to enlarge the cervix uteri, with success; but the author, though he does not absolutely condemn this method, prefers narcotic and emollient injections, frictions with the extract. belladon., revulsive bleedings, baths,—because the introduction of the sound may give rise to serious inflammation.

Premature Labour.

In the *Annales de Gynecologie, et de Pedriatique*, M. A. Poupaert of Brussels, relates a case of premature labour successfully performed in the Lying-in hospital. Constance S. aged 31, rachitic, 3 feet 8 inches in height, 8 months gone with her first child, os uteri slightly dilated, not quite obliterated, vagina moistened with a thick brown mucosity. The pelvis attentively measured by Dr. Vanhueful, with his geometric pelvimetre was found to be: Brim, sacro pubal diameter, 2 inches; left sacro-cotyloïdian, 2 inches 10 lines; the right, 2 inches, 8 lines; outlet, transverse diameter, 4 inches; antero-posterior, 3½ inches; professor Seutin called in consultation agreed with Dr. Vanhuefel that the only means of saving the child was by premature labour, and the woman having consented, Kluger's method was adopted. Consequently on the 22nd June, a cone of sponge was introduced into the cervi uterix and gradually increased in size: the first having produced by its adherence to the mucous membrane a slight irritation, the subsequent ones were covered with a slight coating of one part of wax with 2 or 3 of hog's lard when nearly cool. On the 24th, at 1 A. M., the membranes yielded to the uterine contractions and the amniotic liquid escaped carrying before it the sponge. Examined immediately after, the os uteri was found dilated to the size of a shilling, and the labour pains increasing in force and frequency, the child gradually descended and was finally expelled, the afterbirth came away shortly after and the uterus contracted as in ordinary cases. The child a boy, alive, was a little more than 17 inches in length; voice feeble; fontanels wide and soft; skin covered with a sort of white down; palm of the hands and soles of a bluish-red tint; nails not completely formed; testicles in the scrotum. The diameters of the head were: bi-parietal, 3 inches 1 line; bi-zygomatic, 2¾ inches; occipito-frontal, 4¼ inches; occipito-bregmatic, 3 1-3rd inches. Febris lactea came on as usual and nothing occurring to delay the convalescence of the patient, she left the hospital the 10th day after her delivery. The child after having experienced symptoms of gastric disturbance produced by bad milk, got better under an appropriate diet, and is now thriving.

Chronic Metrorrhagia.

Dr. Pitschaft, of Baden, proposes the following remedy for chronic metrorrhagia, caused by the presence of a mole. R: summitat: menth. puleg.—chenopod. ambrosioid.—flor. anthem. nobil. aa. ʒss. to ʒj;—secal. cornut. recent. ʒj., aquæ bullient. ʒviss. Infuse until the liquid be perfectly cool, then add extr. aloes. gr. ij.—Acetat. morphin. gr. 1-5th, syrup simplic. ʒj; a tablespoonful to be taken every hour. To produce effect this draught must be repeated several times, after which uterine pains come on and the mole is expelled. In very inveterate cases Dr. P. employs the following ointment in frictions on the hypogastrium. R: Opii purificat.—Iodur. potass. aa. ʒij. unguent hyosciam. ℥j. Mss.

Curious Cases.

M. Lisfranc has drawn the attention of his pupils to several cases in his wards at the Pitié. 1°. To a *fracture of the fibula without deviation of the foot* in either direction. Dupuytren considered the deviation of the foot outwards, as one of the characteristic signs of this fracture, but several facts observed in Dr. L.'s wards prove that this symptom is not constant, and M. Ricord, published a case in the *Revue Medicale* in which it took place inwards. These remarks are especially useful in deciding the kind of treatment to be employed, as the method recommended by Dupuytren cannot succeed in cases of deviation inwardly. 2°. *Fracture of the tibia and fibula* produced by a fall from a horse. The parts being gorged with blood, the patient was bled, and first emollient and then resolvent applications used. The bandage was not applied until the 10th day. Speaking of fractures in general, M. Lisfranc says, most surgeons are too hasty in applying the apparatus, our predecessors were far more cautious: A. Parè did not make use of it before the 7th or 8th day, and I have constantly followed this plan with evident advantage. In 1811, while M. Pelletan was chief surgeon of the Hotel Dieu, I being specially employed, under his guidance, in attendance on the patients affected with broken limbs, an epidemic of angina took place, which made numerous victims and enabled me to examine a great many recent fractures; I remarked that in all cases in which there was swelling or inflammation, the callus had not began to be formed—that in general it did not commence before the 6th or 8th day—and that when active measures were requisite to subdue the swelling or inflammation, it began only when these last had disappeared. It is from the knowledge of these facts that I never employ a retentive apparatus before the 6th or 8th day. As to bleeding, general is preferable to local for many reasons—the leech-bites where the apparatus is applied, may become so many small ulcers—re-basorption, being principally performed by the veins, is rendered more active by blood being taken from the arm, it is also useful not only in preventing the formation of pus, but likewise in causing it to be absorbed when formed, especially when combined with abstinence.—3°. *Inflammation of the tibio-femoral articulation, with arthropnosis, spontaneous opening, and permanent fistula.* A person affected with ankylosis of the right knee caused by a white swelling, fell on that part which became inflamed. Nothing however having been employed to combat it, the knee gradually increased in size and offered, on entering the hospital, evident fluctuation. A few days after, the tumour burst spontaneously by a very small opening and the pus flowed out drop by drop. This case is an example, 1°. how dangerous external violence proves in ankylosis and how susceptible they are to produce serious accidents if not combatted energetically by antiphlogistic remedies, and 2°. shews that the method proposed and actually employed some years ago to destroy ankylosis, especially those of the inferior extremity, in which the limb instead of being straight was more or less bent, ought on no account to be employed. As to the patient now under consideration, it is probable he will recover without experiencing any inflammatory symptoms, and I am of that opinion from having seen frequently lumbar abscesses get well after a length of time, having emptied themselves of their contents by a similar spontaneous opening. The following case is a proof.—A female relative of a well known literary author was affected with two immense tumours formed by a collection of pus and situated in the abdomen. These tumours after remaining for a considerable time stationary, burst spontaneously, and an opening was formed, but so small that it was with difficulty that a pin's head could be introduced. The pus flowed gradually out, and the patient ultimately got well. Nothing exists to make me suppose, said the professor in conclusion, a different result on the present occasion, still I will aid the efforts made by nature in giving the iodur. potass.

Mentagra.

Dr. Emery has consigned in the *Bulletin General de Therapeutique*, several practical considerations on the treatment of Mentagra. When the disorder is slight and recent, it yields to infusions of viola tricolor, fumaria officinalis, &c., poultices of rice flour, or fæcula, and a lotion of a decoction of the althœa officinalis. On the contrary, in old and stubborn cases, after employing the preceding treatment for eight or ten days, it is replaced by the following: lotions with sub-carbon. potassæ ʒj., aqua pura lb. ij., at first only four or five times a day, ten minutes each time, increasing gradually until the lotion is employed two or three hours per diem. Emollient poultices during a month or six weeks, according to the state of the tubercles, after which they are to be ceased and the lotion alone made use of, aiding its action by vapour baths and alcaline douches. As a tisanne, infusions of the scabiosa arvensis, viola tricolor, fumaria officinalis, or solanum dulcamara. Saline purgatives from time to time, Enghien water, light diet, and finally a few tepid baths. M. Emery has employed this treatment successfully at St. Louis in eighty cases of mentagra; the cure was generally obtained in a month or two—it ought, however, to be persevered in some time longer in inveterate cases.

Curious Memoir.

M. Chevallier has published in the *Annales d'Hygiene Publique et de Medicine Legale*, an article on the health of workmen employed in copper manufactories. While studying the disease known under the name of colica pictonum, M. C. observed that workmen employed in manufacturing copper were, as Ramazzini, MM. Merat and Patissier, announced, subject to metallic colics; he therefore requested Drs. Piedoye and Baudy, of Villeneuve-les-Poels, a small town of the department of the Manche, where numerous copper manufactories exist, to investigate the subject. The workmen, said these gentlemen, are divided into three classes—coal heavers, founders, and stove makers. The disease is frequent among the last, less among the second, seldom met with among the first; the skin, when cleanliness is properly attended to, offers no difference from that of the other inhabitants; the same remark is applicable to the hair, asserted by some to become green. There remains to be proved, says M. C. in conclusion, whether the fact announced in 1825 by Langier, that the hair contained copper, is exact, and the same experiment ought to be performed on the different secretions.

Tobacco.

When we reflect what immense quantities of the tobacco leaf are annually sold in France, since smoking has become so prevalent,—so much so that all the public walks where such license is permitted are tainted with the smell of smoke, to

the great annoyance of those who detest it ;—when we reflect, I repeat, on this fact, it is at least a consolation to read a report addressed by Count Simon, *Directeur General de l'Administration des Tabacs to the Ministre des Travaux Publics*, in which it is shewn by documents furnished by the physicians attached to the different establishments, that the poor workmen employed in its manipulation do not suffer from its emanations. The diseases observed could not be attributed to the influence of tobacco, being the same as are met with elsewhere, and not more frequent, the only exceptions were bronchitis and intense cephalalgia,—this last was more frequent in the female than in the male sex ; as to phthisis it is less met with among the workmen than the remainder of the population, a fact observed in the manufactories of Bourdeaux, Havre, Lille, Moralix, and Strasbourg.

M. Malgaigne is appointed surgeon of the Hospital St. Antoine.

On the 1st March, 1843, from official reports, there were 85,246 paupers in Paris; viz. 19,318 men, 31,207 women, 16,983 boys, 17,738 girls. Besides which, the suburbs contained 30,000 more; total for the department 115,246.

Epidemic in France.

An epidemic has lately manifested itself at Limoges, carrying off principally children: one part of the town, that of the Eveché, has lost about fifty young patients.

Academy of Sciences; Sitting of the 30*th Oct.*—M. Dumas in the Chair.—The President informed the assembly that Sir John Rennie, Vice-President of the Royal Society, London, was present. M. Pouchet wrote in answer to a letter from M. Bischoff concerning the spontaneous emission of the ova in mammiferæ. M. Bischoff, says M. Pouchet, admits that I announced the fact by arguments drawn from analogy, but at the same time adds that he thought he was the first person who demonstrated it; now I trust to be able to send shortly a detailed account of the experiments, observations, and anatomical preparations, which establish my right to both.

M. Leroy d'Etiolles wrote to inform the Academy that he introduced into the stomach of the dog belonging to M. Blondlot, the fragment of a calculus of uric acid, weighing 19 grains; withdrawn after 48 hours, it weighed only 16 grains; the loss sustained was on its periphery, without being disunited. In the experiment performed by Dr. Dumont, the calculus was returned after 24 hours in the fœces, but it was impossible to say how long it remained in the stomach.

Drs. Jacquart and Magnien addressed the details of a case relative to the following question. Is the fœtus situated in the interior of the amniotic vesicle, or not? The 23d October, 1843, Mrs. S., *enceinte* a few weeks only, was told suddenly that her mother was dying. Shortly after, menorrhagia declared itself, and gradually increased until the 26th, when at 6 p.m. miscarriage took place. The ovum expelled was of the size of an egg, and offered two opaque spots, the ono the embryo, the other smaller, the umbilical vesicle. Placed in alcohol and water, the remains of the membrana decidua and several clots of blood were removed, and the chorion completely exposed to view. On opening this last, a vesicle was discovered, quite round, smooth, containing a transparent liquid, adherent to the chorion by a narrow pedicle, like the neck of a bottle, and easily moved about, by the oscillations of the liquid in which it floated. Near this pedicle was the embryo about 1-24th of an inch in length, its cephalic extremity recognizable by its roundness, was free of adherence, but it was attached to the pedicle by its caudal extremity and by the inferior portion of the vertebral column. Before the caudal extremity was a pyriform vesicle continuous with the embryo, and hid inferiorly by the amniotic vesicle: somewhat nearer the cephalic extremity, a round tubercle was to be seen, paler and whose limits were not easily defined. Finally at a small distance, there was another tubercle whose point was directed towards the embryo : the pedicle was probably broken during our investigations. From this fact it appears evident that the embryo is not contained in the cavity of the amnios and that it adheres to it by the parts above mentioned.

MM. Malaguti and Sarzeaud addressed a memoir on the action of ammonia on several magnesian chromates. When ammonia is added to the neutral magnesian sulphates, compounds are obtained containing that alcali in two different conditions; but no one has as yet endeavoured to form similar compounds with the chromates, on account of the non-existence of neutral metallic chromates. Some persons concluded that on acting on chromates with excess of base, the excess being removed by the ammonia, the result would be the same as when a neutral chromate was employed, with the exception of the formation of a metallic ammoniure; and in employing a chromate with excess of acid, a chromate of ammonium would be formed. To resume,—the chromates of certain magnesian oxides, added to ammonia, give rise to a chromate of the oxide of ammonium, combined with the metallic oxide, ammonia, and, in general, water. The accessory products are, metallic oxi-ammoniure, with the chromates with excess of base, and chromate of ammonia with those containing an excess of acid. The formula is:—

Chromates with excess of base.
$C_r O^3 C_n O_4 H.O_5$
$C_r O^3 Z_n O_4 H.O_5$
$C_r O^3 C_d O_5 H.O_8$
$C_r O_3 N_i O_4 H.O_6$

+ Ammonia and water = Metallic oxi-ammoniure.

Chromates with excess of acid.
$C_r O^3 C_n O$
$C_r O^3 Z_n O_2$
$C_r O^3 C_d O_2$
$C_r O^3 N_i O$

+ Ammonia and water = Chromate of oxide of ammonium.

$K_r O^3 A_3 H^4 O_2 C_n O_3 A_3 H^3_3$
$C_r O^3 A_3 H^4 O Z_n O A_3 H^3 H.O_4$
$C_r O^3 A_3 H^4 O C_d O A_3 H^3 H.O^2$
$C_r O^3 A_3 H^4 O N_i O A_3 H^3 H.O^3$

Dr. Schuster sent a memoir to the Academy on the cure of hydrocele by electro-puncture. The method recommended by the author is as follows:—eight needles to be placed in the scrotum, two by two, so that each pair will be at the angle of a square; a ninth is then placed alone, between the two pairs on the right side (or the left, if preferred), the five are then to be pushed across the cavity of the tunica vaginalis, until they enter superficially into the substance of the testicle; the opposite four are simply pushed into the cavity of the tunica vaginalis. The posterior end of the pile is then made to communicate with the needles that are fixed in the seminal gland, and the negative with the others. After a few minutes, the needles are withdrawn from the testicle, remaining only in the cavity, and the operation itself concluded after thirty minutes, to be repeated, if needful, the next day. Generally the liquid flows out by the small openings made by the needles, so that, if examined twenty-four hours after, the scrotum is found to be wrinkled, and the cavity, in a great measure, obliterated, in which case the operation need not be repeated. The parts must be for eight days supported and compressed by strips of sticking plaster, extending from the perinæum to the pubis, over the scrotum, after which the patient must make use of a suspensory bandage. From these facts it results:—1st. That electro-puncture can cure, radically, hydrocele.—2d. That, in order to effect this, it is requisite to introduce nine platinum needles, not only into the cavity of the tunica vaginalis, but also part of them into the testicle itself, so as to irritate the membrane which envelopes it.—3d. That this method is useful in producing the reabsorption or evacuation of the liquid, as well as the necessary adhesion, and offers none of the dangers with which at first sight it seems to be surrounded.—4th. That the wounds made in the seminal gland do not cause pain, or the traumatic accidents which we might suppose, *a priori*, would take place; but, on the contrary, merely producing a degree of adhesive inflammation necessary for the cure.—5th That the consecutive inflammation causes neither pain, nor obliges the patient to cease his customary avocation, or employ emollient applications.—6th. That the openings made by the needles remain fistulous but the time needful for the liquid to escape, and are generally closed before twenty-four hours have elapsed.—7th. That it unites all the advantages presented by other methods (injections of iodine or wine, caustics, resolvents, &c.), and may be employed, not only in hydrocele, but in all other diseases in which electro-puncture has been found to be useful, being, perhaps, the only surgical operation to which Hippocrates' three conditions, *sane, cito, jucunde*, may be addressed.

Mr. Gunsbourg presented a memoir on a degeneresceence of the nerves of the spine.

Mr. Milne Edwards read a memoir on the production of wax.

Academy of Medicine; Sitting of the 31*st Oct.*

Professor Dubois in the chair.—Two letters received announced the existence of an epedimic croup at Amiens which has already made 115 victims, and one of sudamina at la Ferte Champenoise.—M. G. Laserre addressed two observations, one on cancerous ulcer of the uterus, the other on strangulated hernia.—The president informed the Academy—that the leaso of the locality occupied by them, had, after some difficulty, at length been renewed for ten years at £400 per annum, and that Dr. Champion, agregé of the faculty of Strasburgh, and correspondent of the Academy, has just died at Bar-le-Duc.

Professor A. Bérard read a report on a memoir of M. Lepine, of Chalons-sur-Saone. The observations contained in this memoir, said the reporter, are eight in number; but setting aside the least important, I beg leave to draw your attention to —a penetrating wound of the left hypochondrium, with protrusion of the stomach, part of the colon transversalis, and the epiploon. The stomach was greatly distended by gas, appeared as if strangulated, and offered great resistance to its reduction, increased by the spasmodic contraction of the diaphragm. As long as this organ was not reduced, the patient experienced nausea, without being able to vomit, but as soon as it was in its natural position, vomiting took place; which seems to prove that if the stomach is not entirely passive, at least the diaphragm and abdominal muscles are the principal agents. As to the difficulty experienced by M. Lepine, in reducing the stomach, Professor Bérard thought that it might have been facilitated by giving issue to the gas by means of a small trocar. A second wound, near Poupart's ligament, exposed to view the spermatic chord and the intestine. This man had not become subject to hernia, though the generality of authors class penetrating wounds of the abdomen among the predisposing causes.—2d. Fracture of the right temporal bone by a blow, followed by paralysis of the right side, and death two months after. On opening the body, an abscess was found in the right hemisphere of the brain. In this case, contrary to what is generally observed, paralysis declared itself on the same side as the abscess, and is the second (the first was recorded by Professor Blandin) in which this circumstance was observed when produced by a traumatic cause,—3d. Vicious conformation of the fingers and toes. Three fingers on each hand, four toes on the right foot, five on the left. The mother has three children. and the last only offered this anomaly: her grandfather, a wheel-wright, likewiso presented it. M.

Rochoux mentioned that in the experiments performed by M. Maingot, the dog vomited after the abdomen was opened. M. Renaud said, that in vomiting, the stomach was not only passive, but likewise an obstacle; that it took place much sooner when the muscular membrane of the stomach is feeble, than when it is powerful, and is likewise observed after the division of the pneumogastric nerves. In horses, where the muscular membrane is very strong, and vomiting very difficult, M. Lafosse stated that this latter did not take place before the rupture of the stomach: this opinion is erroneous, for had he sacrificed the animal the moment it began to vomit, he would have found a laceration of the peritoneal and muscular coats, and a hernia of the mucous membrane through the opening. If the abdomen be opened so as to lay bare the stomach, and tartar-emetic injected into the veins, vomiting does not come on until the stomach is enormously distended. Professor Blandin said—that the experiments of M. Magendie were sufficient to decide this question —that M. Maingot's experiments were not conclusive, as the linea alba was not divided—that if hernia did not take place, it was because the wound was in the hypochondrium—and that the opening made by the trocar in the coats of the stomach might give rise to peritonitis, produced by the introduction of the liquids into the peritoneum, in his opinion it would be preferable to enlarge the wound. Professor Bérard, in reply to M. Rochoux, said that Beclard's experiments were in direct opposition with M. Maingot's: and to Professor Blandin—that there was likewise a penetrating wound in the hypogastrium—that it was impossible to think of enlarging a wound already six inches wide; besides which, it would not have prevented the spasmodic contraction of the diaphragm which pushed out the parts as fast as they were reduced —that as to the fear of peritonitis or stercoral fistula, not having performed the operation, he could not speak from experience; but A. Paré and Desault had both done it with success, and Boyer recommends it.

Paracentesis in Hydrothorax.

Professor Trousseau read a memoir on the operation of paracentesis in hydrothorax, when all other remedies had failed. The author, after having quoted the experiments made by MM. Nergot and Leblanc, and himself, to prove that the entry of air into the cavity of the pleura is not so dangerous as is supposed, and that it does not produce any serious accidents in cases of pleuritis, except when it is admitted in too great quantities, or for a considerable length of time, related the three following cases:—A woman, aged 50, was, in 1832, taken with symptoms of pleuritis, followed by hydrothorax, which terminated fatally on the seventh day. The 7th April, 1843, a woman, afflicted with paraplegia (which came on suddenly, nine years previous, was taken with pleuritis and hydrothorax, and died the twelfth day. The 8th May, 1843, a woman, aged 30,—same symptoms,—died the twentieth day. The autopsy, in the three cases, shewed that the lungs were forcibly driven against the vertebral column by an effusion of serosity; besides which, in the third, a cicatrix was found at the summit of the left lung, and, under it, a calcareous concretion, the result of the absorption of a tubercle. Convinced that death was to be attributed more to the serous effusion than to the pleuritis, I was determined, if ever a single case presented itself, to perform paracentesis. On the 3d Sept., 1843, I was called in to a patient, a young lady, aged 16, who offered the following symptoms,—anorexia, fever, cough, hydrothorax on the left side, which increased in spite of the most active treatment (three venesections, purgatives, &c.), so much so, that, on the ninth day, the patient was obliged to remain in an erect posture, the orthopnœa was extreme, the extremities cold, pulse feeble, and death appeared imminent. Without disturbing the patient, I made an opening in the skin, similar to that for bleeding, then drew it upwards, and when convinced that I was opposite an intercostal space, plunged a small trocar, between the seventh and eighth ribs, into the cavity of the pleura, and drew out about ʒxx. of a serous liquid, perfectly transparent, taking care to keep the extremity of the canula constantly immersed in the liquid that escaped, so that if perchance aspiration took place, no air would be drawn in. I then removed the canula, and the opening was naturally closed, by letting the skin fall back into its original position. Immediately after, the pulse became stronger, the extremities warmer, and the breathing easier. The patient recovered under the influence of the following remedies, viz., digitalis, blistering, and purgatives. This disorder is produced, in the generality of cases, by inflammatory pleuritis. In the excellent "Monography" now publishing by MM. Monneret and Fleury, article hydrothorax, 66 cases of paracentesis are related, 64 were the result of pleuritis, and 49 recovered; to these last may be added three more, one performed by Dr. Bernardin for emphysema, and the other two by the author himself, for emphysema and hydrothorax. In conclusion, Professor Trousseau said that the operation ought to be performed *in extremis* only, and that the water ought not to be drawn off all at once, but at intervals more or less distant, as needful.

M. Sandras read a memoir on the history of phthisis. The author, after exposing at length his views on the subject, recommends, as the most efficacious mode of treatment, revulsive bleedings, nutritious diet, and tartar-emetic from time to time, at the dose of gr. i., grs. ij., grs. iij. in a julep, with ʒss. of syrup. rhœados.

M. Segalas related a case of a man who consulted him, four years ago, for hematuria,—sounded, then no stone was present,—since, a calculus was generated;—lithotrity, after due preparation, was performed, and several fragments passed off in the urine. Six days after, he was taken with a fit of apoplexy, and died. Autopsy: Fungus on the neck of the bladder, cause of the hematuria—remains of the calculus. M. Amussat asked M. S. if he recognized the presence of the fungus previous to operating; receiving an affirmative reply, he added that he considered lithotomy ought to be performed in such cases. M. Segalas answered that he thought lithotomy might be performed when the parts were not too irritated.

GARLAND DE BEAUMONT, D.M.P., B.L., &c.
Honorary Physician to the Spanish Embassy.

TO CORRESPONDENTS.

Mr. Tomlinson.—*We do not know where Moncsia is to be certainly procured. We should think either Mr. Bullock, of Conduit Street, Mr. Jacob Bell, of Oxford Street, or Mr. Hooper, of Pall Mall, would be likely parties.*

G. B.—(A Constant Subscriber.)—*We have no acquaintance with the gentleman named, and can give, therefore, no opinion.* G. B. *should ask the advice of a good practitioner and follow it.*

S.—*We think the step depends on the rules of ordinary life, varying with the friendship that exists. The professional* mode *is to send a request.*

A Constant Reader *does not tell us what are his qualifications for medical practice. On that depends the answer to the question "Can he prescribe his own drugs without a charge, he not being an apothecary?" A Surgeon's apprentice must obey his master's partner in all lawful things. The partner commands his services as his master's agent.*

A Subscriber from the first *would most probably get the situation he wishes by advertising.*

Pommade Divine.—*A. B. sends us the following receipt:—Lard three pounds, white wax half a pound, balm of Gilead three ounces, oil of cloves six drachms, — essence of bergamotte four drachms, —melt and mix. For violet depilatory, we have been sent several receipts. The following is perhaps the best:—Quick lime, in fine powder, one pound, orris powder three ounces, starch powder two ounces, orpiment one ounce. "A young chemist" who sends us this, would be glad to be told the ingredients of Walker's Jesuit drops, and Singleton's eye salve.*

Several works have been received which will be duly noticed.

Probe's *Pencillings of Drs. Bright, Addison, Babington, Barlow, and Messrs. Calloway and Cock, in our next.*

M.D,—*We think the wager should be withdrawn. Dr. Paris, and some others, have supposed belladonna to have produced the disastrous effects narrated in reference to the army of Crassus in Parthia, and the description given by Plutarch of the effects, agrees with the known properties of belladonna, but there is not enough certitude to justify a decision for either party.*

The "MEDICAL TIMES ALMANACK" *will be published a few days before January* 1, 1843. *It will contain, with all the customary information of a Medical Almanack, important matter, to be found in no other, and will present twenty-four quarto columns more than our last year's publication, i.e., 96 quarto columns. The price will be but fivepence plain, sixpence stamped.—Advertisements should be sent in early.*

THE MEDICAL TIMES.

SATURDAY, NOV. 11, 1843.

Thine, Freedom! thine, the blessings pictured here;
Thine are those charms that dazzle and endear.
Too blessed, indeed, were such without alloy,
But fostered even by freedom, ills annoy.

GOLDSMITH.

THE popular proposition that the British *form* of Government is "the most perfect the sun has ever irradiated," has been so demonstrated by learned writers of all countries, that 'tis now a truism; and though we have known some, in an ill humour, to cavil at its accuracy, the man so hardy has never been one whose reasoning mother-wit had been relieved from distempered severity by the recent influence of that delightful national characteristic—a public dinner. The pity is that this high constitional perfection will, in the very nature of things human, pre-suppose to an unpositive mind some slight drawback elsewhere. The self-complacent enjoyment it affords the patriot, begets, by the very excess of its pleasure, a fear that some other excellence has been lost to pay for it. We are not, of course, preposterous enough to put substance before form—matter before its embellishment—creation before chaos —or to exclaim with the political poet who did not know his business:—

For *modes* of Government let fools contest,
Whate'er is best administered is best.

As medical men, our creed of polities is the established one, whatever that may be, and we can triumph as warmly in the mutual checkings and balancings which form the glory of British Government, as any other shrewd man who appreciates his importance as the proprietor of the thirty millionth part of so high a national distinction. But still, just to shew how much we are medical men, and how little politicians, we will dare ask, whether, for the last half or whole century, our governors have not been a little—a very little—too exclusively devoted to this perfection of *Form?* We protest that we would not underrate its importance, but might they not wisely have avoided giving *all* their time to its discussion and arrangement—now assailing, now defending, now revolutionizing "*Form?*" The shape of our loaves is of course of great consequence, but is it, therefore, wholly unimportant that they contain nutritious matter, and reach the bowels of

the people? To us, social good, social order, and social happiness appear as the enutrient principle of Government; and as those above us have, it is said, brought legislative *form* to perfection, by the last century's exclusive labours—should we be quite insane if we suggested the possible wisdom of giving the next century a little more to social substance? And in all seriousnes, let it be known that we do not say this as critics or censors on this or that form of Government. The political is, happily, beyond our range; the social, unluckily, too much within it. Let the statesman do or omit what he please, in shaping power or using it: all that touches not disease we leave untouched. But disease, no matter through what cause, is our province. Our compendious mission is to be where health is not. To disease, we are as consolation to misery—for ever distant as to cause, for ever near as to companionship.

Such thoughts as these are the every-day suggestions of English life's scenes. They recur to us when we catch a glimpse of deficient drainage and sewerage, dirty courts, and hogsty dwellings;—when we observe, as we often do, one six-feet of flesh decomposition after another, sowed like split-potatoes (but more thickly, and sometimes nearer the surface) in those small lungs of London—its numerous grave-yards;—when the very air is made murderous, and no one put on his trial for it! They are present to us when we look at the poisons—in the shape of patent medicines, porter, wine, bread, sugar, teas, &c.—daily vended with impunity by enriched quacks, publicans, bakers, and grocers. And they have recently presented themselves to us with more than ordinary vividness, as, reading a letter sent us by Sir George Ballingall, we are reminded that even in reference to the Government's special charge—the breath of its nostrils—its own family—the Army and Navy—there exists the same social neglect. Truly, in our own happy and well-governed England, there are some TREMENDOUS SOCIAL HIATA.

Sir George's valuable letter is addressed to Sir Robert Peel, and nothing but the numerous demands on our space just now, could leave us contented with placing it in a merely condensed form before our readers. With the worthy writer, we cannot but feel that amongst all our medical governmental anomalies, it is still odd that with so large an Army and Navy—in which are employed so many medical men, on whose skill depends the efficiency of either service—we should be wholly without military medical institutions in the two great British capitals. The fact is sufficiently striking in itself: it is made, of course, not a little more so to one who, like the worthy knight, aware, from long experience, of the importance of good medical institutions to Government Doctors, has recently seen, "*ipsis oculis*," what attention is paid to it in the Garrison Hospitals of Paris (the Gros Caillou and the Val de Grace), and in the Military Hospitals of Prussia, Austria, and Belgium. Now, with the exception of Algeria, these countries have no foreign possessions in climates different from their own,—and Sir George, referring to the fact that two-thirds of our army and navy doctors are constantly occupied in the treatment of formidable diseases belonging to foreign stations and tropical climates, insists with due force on the peculiar necessity they have for an instruction which, while given to their class in every foreign country—less needing it—is denied to them in Britain. Particular attention is devoted to the Institution of Frederick William II. at Berlin, and the Josephinum Academy at Vienna. The founder of the first declared he established it to receive the surgical staff of his army, and perpetuate, through their teaching, the important knowledge they had acquired in the French wars. The latter institution is, perhaps, the noblest in Vienna. The names of its Professors, who may be said to have sprung out of it, Römer, Bischoff, Jäger, Wagner, Schwarzer, speak volumes for its utility, both in producing great men and diffusing information—doubly enriching the country.

Sir George compares with these the establishments at Haslar, Chatham, and Plymouth, and remarks that the museums there "are more the creation of the department than the institutions of the State,"—that the diseases there seen, are not those which will require attendance ordinarily in active service, and are not of the slightest use to men returning from a protracted absence in foreign stations,—i.e., the great bulk of the United Service doctors. These have had no means of keeping up their professional knowledge while away: and it is of all importance that, during their stay in the capitals, there should be free lectures on their own peculiar subjects, accessible at pleasure. Not only are *they* injured by the want of this information, but much practical knowledge, most available when on foreign service, is thus wholly lost to the world.

There is one other source of information for the Medical Officers of the Army and Navy, to which I would briefly allude, and with which you, Sir, as a Member of Parliament, must necessarily be acquainted, I mean the "Statistical Reports on the Sickness, Mortality, and Invaliding among the Troops," and the "Statistical Reports on the Health of the Navy." These have been prepared at an enormous amount of labour to the authorities at the Horse Guards, the Medical Board, and the Admiralty, and at a very considerable pecuniary expense to the public. All this labour, all this expense will, I confidently assert, be in a great measure lost to the service, unless means are taken to concentrate the valuable information embodied in these reports, to put it in an attractive and impressive form, and to keep it constantly before the present and the rising generation of Army and Navy Surgeons.

In Edinburgh, there is such a state lectureship held by Sir George, who gives his strong testimony to its utility, and enforces from it, very disinterestedly, the propriety of establishing similar professorships in London and Dublin. But, even in this one favoured spot of Government, the lectures have hitherto been accessible as a matter of professional favour, and not of right,—and Sir George acknowledges that he is now too old to be able to do all which he is conscious might and should be done.

Finally, the *authority* of Mr. Guthrie, as given in his Clinical Lectures, is quoted in support of these views,—and the words so well and strongly interpret the dictates of common sense, that we may conclude our article with the assertion that the Government which reads them, and does nothing, is as clearly condemned as the man who will persist in denying mathematical axioms.

"On ceasing to lecture, I may venture to say I have done that privately, which ought to be done publicly by the Government; which is done so in Edinburgh, and by every Sovereign in the great capitals of Europe. Young men, as well as old ones, require, after a few years of absence from home, to renew the knowledge they once possessed, and which perhaps they have in part forgotten, and to keep themselves up to the improvements which have taken place whilst they have been absent. When they come to London—and leave should be given for that purpose, from time to time—this opportunity should be afforded to them by the authorities; they ought not to be obliged to go about and pay again their education fees, like a parcel of students, if they have not been educated in London.

"There is a Museum at Chatham of preparations of diseases of foreign climates, many of which are unknown in England, and which, from its situation, is comparatively of little use. These preparations ought to be demonstrated, and the diseases duly taught. The specimens of natural history are many of them unique, whilst others are more plendid than any in the British Museum or elsewhere, but they are comparatively unknown. A Government that shall appropriate a piece of ground in Downing Street, when the old houses between it and George Street are pulled down, for the erection of a Museum, with apartments for the Conservator, will do themselves great honour. Let them attach to this a Professor of Physic and another of Surgery, and they will render the country an inestimable benefit. *The expense need only be the difference between the half and the full-pay of these officers* and they may be otherwise employed in the public service. *The saving would be that of a great number of lives.*"

CASE OF PROTRACTED LABOUR.

VERTEX PRESENTATION, CESSATION OF UTERINE CONTRACTION, ADMINISTRATION OF SECALE CORNUTUM, WITH ITS EFFECTS.

On the 15th Feb., at 9 P.M. I was called upon to attend a gun-lascar's wife, a little girl between twelve and thirteen years of age and as it will naturally be imagined, it was her first child. She had been in labour since the 13th, the membranes had burst on the morning of the 15th, since which time there had been entire cessation of pain; the bowels had been moved during the day and the bladder emptied.

On examination, the external organs were found very considerably swollen and on passing the finger into the vagina, the os uteri was found dilated and the vertex presenting about the size of a small orange; the parts were extremely rigid, but I was enabled after some difficulty to discover that the occiput was toward the symphysis pubis: there was not the slightest effort at expulsion, and from the motions of the child having ceased, no pulsation being discoverable at the posterior fontanelle and no impulse of the fœtal heart being heard on the application of the ear to the abdomen, I of course conjectured the child to be dead.

The pulse was small but there was by no means so much exhaustion as might have been expected from the long time the patient had been in labour.

I immediately administered three half drachm doses of secale cornutum at intervals of ten mi-

nutes: after the second dose, some slight returns of uterine contraction took place which increased on the third dose being administered; these lasted perhaps for half an hour but without the labour being materially accelerated, when they became gradually weakerand again ceased, and as some vomiting had been induced, I forbore repeating the dose; as there were no immediately dangerous symptoms, I determined to wait until the morning, and give the ergot another trial when the stomach was quieted, before having recourse to instruments which would then have been the only mode of procuring delivery.

She passed the night without pain and about 7 o'clock I again administered three two scruple doses of the rye, pain began to be experienced and gradually increased to regular labour pains, and before the administeration of the third dose the head had evidently considerably descended; the pain now being regular I was with some trouble able to change somewhat the position of the head, by pushing the vertex rather upwards and turning the face towards the left acetabulum; and by supporting the perinæum steadily, any undue pressure in that direction was prevented. After a short time the head was expelled and two or three subsequent pains accomplished her delivery. The child was very large and had evidently been dead some time, putrefaction having advanced. The patient was quite well in a few days.

W. J. F.,

Bhooj. N.I.

MILD SCARLET FEVER, A PROPHYLASIS TO THE MALIGNANT ONE.

To the Editor of the 'Medical Times.'

Sir,—I beg leave to offer the following hint respecting scarlet fever to the medical world, through the medium of the Medical Times.

As there are two kinds of scarlet fever, one of which is mild, and generally void of danger, whilst the other kind is a malignant and a very destructive one, and which proves fatal to many thousands of human beings annually, would it not be a good plan (if scarlatina maligna is really a scarlatina) to anticipate the malignant kind by exposing children to the mild scarlet fever whenever and wherever it prevails?

Should you think this hint to be worthy of insertion in your valuable journal, it might tend to establish a prophylactic method of averting a dreadful scourge, and be the means of preventing many a parent's woe, and a nation's loss.

I am Sir,

Respectfully your humble servant

JOHN WILLIAMS.

Carwen, Nov. 6th, 1843.

HEADACHE.

(To the Editor of the "Medical Times.")

Sir,—Being a young practitioner, and a reader of your useful and important knowledge disseminating journal, I wish to enquire of the *experienced*, the best and readiest practical means of subduing that troublesome and painful visitation—"*a bad headache*," but more particularly that description of headache occasioned by the undue quantity of bile in the stomach. From being a sufferer, I have paid particular attention to the predisposing cause of this kind of headache, which, in my case, is occasioned by eating anything, even a very small portion, of an oily or fat nature, which, in common food, requires the most discriminating care to avoid, for the subtle enemy is so disguised in cookery, that it is difficult always to detect and discriminate this creator of pain and suffering. Animal food, if not very lean and tender, particularly mutton, butter, cheese, and all pastry with an admixture of butter; also, oily fish are the originators of a suffering headache; another source is produced by drinks,—public-house ale, even half a glass, wines, or spirituous liquors, in which alcohol predominates, are very fruitful occasioners of after-suffering, and I would mention, that there is a species of ale called strong or old ale, vended in some public-houses, of a most dangerous character to some persons who are disposed to headaches, particularly that kind where a determination or fulness of blood is painfully experienced. This kind of ale is partly concocted by the *brewer's druggist*, and I have known it produce a state of head derangement very much bordering upon apoplexy.

Now, Sir, the good to be obtained is to ascertain the most speedy and successful method of treating headache, arising from inadvertence in our daily food, for I am convinced, by sad experience, that caution and moderation will not avail from a frequent visitation. When arising from undue presence of bile, I have resorted to diluting drinks—warm water, strong or weak tea, coffee, brandy, brandy and water, peppermint, camomile tea, ginger tea, &c. &c., all, or any of which, produce very little good effect; soda-water, to neutralize any acid, is but seldom of any benefit;—then absorbents; good thick gingerbread is of some little service and anything that induces a quantity of saliva to commix and proceed to the stomach; also, a good hot mealy potato, eaten with a good quantity of salt. Then as to purgatives; none of which seem to act speedily enough; the pil.hydrag. and black draught, so commonly resorted to, I am convinced occasions more frequent relapses; but, in my experience, a mixture of jalap with ginger, in a little brandy, taken at intervals, and well diluted with simple warm drinks, is the best I am acquainted with.

If any of my professional brethren, who have successfully combatted this troublesome and painful complaint, will make known their experience, they will, I am very certain, confer a benefit upon hundreds and thousands who periodically suffer, and are often rendered unfit for the every-day business of life, by this sort of constitutional malady.

HUMANITAS.

Claremont-place, Old Kent-road,

MEDICAL SOCIETY OF LONDON, Nov. 6.

Mr. Pilcher in the Chair.

Mr. Crisp narrated the particulars of a case of uterine tumor, on which he had been lately in attendance, with Mr. Bristow and Dr. Chowne. His patient was a female about 36 years of age, to whom he was summoned on the 14th of August last, she being then in labor with her sixth child. She had been delivered about nineteen months previously, when her labor was short and natural; her health since that period had been comparatively speaking good, with the exception of two miscarriages, one at the tenth week, and the other the third month. As her pregnancy with her sixth child advanced, she had frequently small discharges of blood, which, however, were not so severe as to interfere with her performance of her domestic duties. On Mr. Crisp's arrival, he found that the liquor amnii had been discharged, and there was some hæmorrhage; the os uteri was situated high up, and a soft body could be felt, but the nature of the presentation could not be determined. The child was born on the second day, after three or four hours of severe pains. On placing the hand on the abdomen, the uterus presented a sensation as if it contained another child, but soon afterwards it contracted so much as to cause Mr. Crisp change his opinion. This state of apparent enlargement and contraction occurred several times, each time giving rise to doubt as to the real nature of the case. After waiting in vain three quarters of an hour for the expulsion of the placenta, Mr. Crisp proceeded to extract it, and while his hand was in the uterus, he felt that there was a large soft body, which he took to be another child, and he also thought he felt a placenta-like body attached near the cervix. Under this impression, he endeavoured to peel it away, and afterwards to perforate it, but failed in each attempt. He then sent for Mr. Bristow, to whom he stated that there was either a tumor or a child in the uterus; on examination, Mr. Bristow at first thought there was another fœtus in utero, but he afterwards detected it to be a tumor, situated near the left and posterior part of the womb, to the parietes of which it appeared to be attached by cellular adhesions. The patient presenting symptoms of great exhaustion, such as cold extremities, small and rapid pulse, &c. Dr. Chowne was called in. Stimulants and anodynes were administered. Severe expulsive pains were set up by nature to free the womb of its abnormal contents, and continued with very little intermission during the remaining portion of the unfortunate patient's existence. All they effected was the separation of the cellular adhesions to a great extent, and the expulsion of a part of the diseased growth external to the vulva. The patient sunk exhausted by continual pain and irritation. For the last few days of her life, no urine passed save by the introduction of a catheter, which at last could not be effected so as to void the contents of the bladder.

On examination of the body, the uterus was found to be enlarged, its fundus empty, and as high up as the umbilicus; it contained a polypoid tumor of an elastic, not dense, structure, with fibrous bands running across, its texture containing also a large quantity of gelatinous fluid. It was not very vascular. It was attached to the right side of the neck, and with the uterus weighed fourteen pounds. In length it was fourteen inches, the circumference of the pedicle ten inches. There were not any traces of inflammation.

There are only two such cases on record, and in both the process of parturition was obstructed. The tumour, in one instance, weighed seven, in the other three pounds.

The chief points of importance in the case, Mr. Crisp considered to be, the period of its formation, the little inconvenience it occasioned prior to parturition, its not obstructing the growth of the fœtus, and the non-impediment it offered to delivery.

The preparation of the parts was exhibited to the meeting.

Dr. Chowne confirmed the accuracy of Mr. Crisp's statement in every respect, but there was one point upon which he was disposed to remark, namely, the doubt whether or not there was a second child. He believed it to have been impossible from an external examination to have formed any other opinion, unless the stethoscope were used, and even then it might have been doubtful, as the fœtal heart is not always audible even when the fœtus is living. The tumour was sufficiently large to warrant the suspicion. With regard to the feel of the tumour, it was exactly like that of a placenta; its texture was extremely loose. The majority of the cases on record differ from that narrated by Mr. Crisp in this particular, that some part of the tumour is generally down in the vagina before the birth of the child, but in this instance it remained entirely within the uterus, and it may appear extraordinary that so large a tumour should remain within the organ, which was accounted for however by the numerous cellular adhesions.

Dr. Chowne observed that he had formed the surmise that the origin of the diseased growth was at the fundus of the uterus and not at the neck, because it is a general rule that when a tumour cannot be touched until it is large, it arises from the fundus, if otherwise, from the neck. If however a polypus have a very long root it may be felt early, although it springs from the fundus.

The tumour in this instance withstood a great deal of contractile action of the uterus, without being expelled, which is not in accordance

with experience when its origin is from the neck. The question then arises how did it remain so long in the uterus? Inflammation under such circumstances is by no means uncommon, and attachments are readily formed.

Such a tumour as the one before the society is not unlikely to have existed during one or more pregnancies, that is to say the woman may be impregnated, while the uterus is the seat of such a polypus; indeed Dr. Chowne quoted an instance in which the placenta was attached to a polypus. The increased quantity of blood which is sent to the part during pregnancy will cause a corresponding growth of the polypus. Fibrous tumours sometimes form in the solid parietes of the uterus and even carry a layer of the muscular structure with them in their further growth, and after they become pendulous in the uterus.

With reference to the difficulty of passing the catheter for the last day or two, which was experienced equally by all who were in attendance, Dr. Chowne was of opinion, notwithstanding the statement of the nurse, that there was not much urine in the bladder, as a small quantity was evacuated by the use of the instrument, which he considered had penetrated into the bladder. Mr. Crisp however thought otherwise, and it is probable his opinion was correct.

Mr. Crisp thought it probable the tumour might have been removed by ligature, but at the same time he was of opinion that had the uterus been so evacuated, the woman would have sunk under it.

Dr. Chowne considered that the operation might have been done, had the woman recovered from the effects of her confinement.

Mr. Headland enquired of Mr. Crisp on what grounds, on the supposition there was another fœtus in the uterus, he proceeded to remove its placenta. He thought such an attempt would have endangered the life of the patient. The proper course to have pursued was first to extract the child, and afterwards the placenta, unless it had been a case of placentar presentation.

He believed that the tumour itself was not an ordinary polypus; it appeared to him on a cursory view, to involve more of the uterine structure then was usual. With such a mass as existed in this case, he was of opinion that it would have been adviseable to remove it at all risks, but he did not think a ligature would have been applicable, for, as the catheter could not be passed, he did not conceive the canula could. This was one of those few growths which justify a bold operation with the knife, and he thought from the character of the structure, that it offered as fair a chance for recovery as any he had ever seen. It appeared to him to be on a rough view, a morbid development of some portion of the uterine parietes, rather than a polypus, and with that impression he would use the knife. He admitted it was a desperate proceeding, but the case itself was so desperate as to permit of its being attempted. It would certainly be more justifiable than many of the cases of extirpation of the uterus.

Mr. Dendy was disposed to agree with Mr. Headland, and would have recourse to surgical means, immediately after the birth of the child. With regard to the attachment of the tumour, and the difficulty of passing the catheter, he was surprised to find that alleged as an objection to the ligature. If the finger were used as a guide, the neck of the polypus could be reached, and the ligature applied, for it did not follow that, if there were a want of capacity in one part, it must necessarily be so in another. He would not abstain from operating because of a recent confinement, as the parts were then prepared for it. He would be more unwilling a month or two later, if the tumour produced little or no inconvenience. The tissue of the tumour had been so altered by the spirit in which it had been placed, he could not discover its nature, but still he did not think that it was a polypus. It was a tissue of a very different description to what is generally understood by that term.

Mr. Crisp was much obliged to Mr. Headland for having drawn attention to the point to which he had alluded: it was a question of much practical importance, and ought to be fully discussed. With regard to mistaking the tumour for a placenta—after waiting for three quarters of an hour, he had extracted the placenta, and then he felt a body which he though was another child, and a placenta attached to the cervix. There was at that time a little flooding. Then comes the question whether it was adviseable to extract the child, or the placenta first? He thought it was a matter of little moment, and believed he was less likely to have hæmorrhage, if he separated the placenta first, but perhaps he was in error.

With respect to the nature of the tumour, he thought it was a true polypus; it had every character thereof—the comparatively small base, the middle larger, and a pointed extremity. As regarded its removal soon after delivery, it was an operation he would neither perform nor sanction. When he considered the state of exceeding exhaustian of his patient, he was of opinion, that the less she was interfered with the better. Even if the tumour could have been removed without loss of blood (which he believed to be impossible) he considered his patient would die. When he mentioned the ligature, he alluded to its application, and the subsequent removal of the strangulated tumor. Such a preceding he considered to be preferable to that recommended by Mr. Headland.

Mr. Headland recurred to the question of the propriety of separating the placenta from the womb whilst the fœtus was still in utero, a question which Mr. Crisp had passed over lightly, but which he thought of far more importance than that respecting the structure of the diseased growth.

Mr. Crisp observed that his object was to peel away the placenta, and then to extract the child directly afterwards, by bringing down the feet. He believed that the placenta might have formed an obstacle to the birth of the child.

Dr. Waller, in reverting to the question respecting the structure of the tumour was decidedly of opinion, that it was not a polypus; it was more lobulated, and he could not discover a distinct pedicle. He remembered a case that had occurred in the practice of Dr. Ramsbotham, similar, in all respects, save that it was accompanied with hæmorrhage. Finding it had but a small attachment, he (Dr. R.) brought it away, and the patient did well. In Mr. Crisp's case, no ligature could have been of service; it would not have cut through it. He thought such a mass might have been easily mistaken for placenta. With regard to the use of the knife, he believed that if the operation itself were safe, the time should not form an obstacle, but he did not think that it could have been entirely removed by any operation, as he could not find a distinct pedicle.

Dr. Chowne gave an elaborate disquisition on the nature and characters of polypi, and stated that no one definition could be said to describe the various kinds of structures which were included under the term polypus, to shew the polypoid nature of the tumour in question, and to prove the existence of a pedicle, after which he remarked with respect to an operation, that the diseased growth was adherent to a great part of the uterine parietes; and to have interfered with it, would have been very hazardous, or even fatal, as was shewn by the fact that the circumstances which brought about its partial expulsion, were those which had exhausted and destroyed the patient. With regard to the presumed difficulty of passing the canula from that which had occurred with respect to the introduction of the catheter, there was not any analogy between the two; in the one case, the instrument has to pass through a narrow and compressed canal, and there is not any other place for its introduction, which the canula has a much wider space to traverse, and may be introduced at several different points. He was sure he could readily have applied a ligature round the pedicle of the polypus. He believed, that the application of a ligature would have caused death by irritation, and the use of the knife would have been followed by fatal hæmorrhage.

Mr. Headland was of opinion, that if the impaction of the vagina by the tumor prevented the use of the catheter, it would have equally affected the passage of the canala.

The meeting then adjourned to Monday evening next, when this subject will be resumed by Dr. Lever.

WESTMINSTER MEDICAL SOCIETY.

November 4.

Dr. Reid in the Chair.

Mr. Storks was elected one of the Secretaries in the place of Mr. Clark, who was afterwards admitted a member of the committee.

Mr. Storks related to the society the particulars of a case of infiltration of urine, to which he had been called by Mr. Whidome of Queen Square. The patient, a gentleman 35 years of age, was first seen by Mr. Storks on the 14th, of August last, when his opinion was asked with respect to an encysted tumour near the rectum.

On examination Mr. Storks discovered that a stricture of the urethra had existed for five years, to the treatment of which he directed his attention, before recommending any proceeding to be adopted regarding the tumour. Mr. Storks failed on that occasion in his attempt to introduce the catheter, but he succeeded two days afterwards. Six days after this he was again requested to see the patient, in consequence of some alarming symptoms having shown themselves.

Finding that infiltration into the scrotum was going on, and that a tumour had formed in the perinæum, although a considerable quantity of urine had been passed since the morning in a tolerably sized stream, he resolved upon making an incision in the mesial line of the perinæum, which he was obliged to enlarge towards the left side, in consequence of a large cavity running backwards, produced by the gravitation of the fluid. This operation, which gave issue to pus, as well as urine, afforded immediate relief to the patient, who ultimately did very well.

Mr Storks in making some remarks, referred to some cases of Mr. Abernethy related in his Surgical Observations, in which the urethra (although quite pervious) had given way in consequence of ulceration occurring as a sequel to irritation. He considered the above case as valuable from the possibility of the surgeon being thrown off his guard, by the deceptive appearances produced from the apparently free passage of the urine by the natural course, and looked upon it as an example illustrative of the position laid down by Mr. Abernethy, that it

did not require complete, or indeed any obstruction to the urethra, to induce ulceration to such an extent as to destroy the continuity of the canal.

Mr. Storks considered the diagnostic marks laid down by Mr. Abernethy, by which it might be ascertained what portion of the urethra had given way, as well worthy the attention of surgeons.

Mr. Chance narrated a case to which he had been summoned at Bayswater. The patient had a stricture immediately anterior to the triangular ligament, and one posterior to it, but, although he had had difficulty in micturition for two years he had not had complete obstruction. A tumour had formed in the perineum, which was penetrated by the surgeon in attendance, who finding urine passing by the wound he had made, summoned Mr. Chance, by whom the tumour was freely laid open. The patient is now doing well; the fistula however has not healed entirely, but a much smaller quantity of urine passes by it than at first. He thought the case an illustration of Mr. Stork's position of ulceration occurring in the membranous portion of the urethra, while the patient was still able to pass urine in a stream. In his case bougies had not been used at all.

Mr. Rutherford Alcock observed that these cases were interesting to all practitioners, and often times very embarrassing. He had seen two or three cases of the urethra giving way to ulceration from irritation, one of them being that of an elderly gentleman, who had suffered from stricture for many years, and had delayed seeking medical relief, because the passing a bougie always induced a fit of ague, to which he was the more liable, from having formed one of the well known expedition to Walcheren, where he had suffered from that disease. He passed his urine guttatim, and laboured under symptoms of diseased bladder, with irritability of the neck. He passed a small elastic bougie, which he succeeded in getting into the bladder, and for some time considerable relief was experienced, but every succeeding attempt with the instrument was followed by violent spasm of the part, and at last severe febrile symptoms were induced. Fearing a fatal result, a consultation with Sir B. C. Brodie was required, and acceded to. This gentleman was of opinion that, as the worst consequences to be dreaded from the bougie were already produced, the instrument should be again used to relieve the bladder-symptoms, which he accordingly did with great facility, to the surprise of every one. On enquiry, it was ascertained that the patient had passed a great quantity of pus that morning, previously to micturition, and Mr. Alcock was of opinion from this occurrence, that internal suppuration had taken place close to the stricture, and had burst into the urethra, clearing away the diseased structure. There was not any difficulty afterwards experienced in passing an instrument, and the patient rapidly recovered, except that at times he was obliged to pass a catheter himself.

Mr. Alcock had seen other cases which had convinced him that nature, where there exists great irritation about the urethra, endeavours to relieve herself by inducing the ulcerative or suppurative process. In Mr. Storks' case she had done so by causing ulceration and infiltration of urine.

Mr. Storks thought there was this difference between Mr. Alcock's case and the one he had narrated; in the former there was an external abscess which burst into the urethra, while in the latter the canal was primarily affected.

Mr. Alcock acknowledged that these cases were different. He had narrated it to shew the different modes adopted by nature to relieve herself.

There was one point in reference to these cases, which he thought ought always to be borne in mind. It had been impressed on him so far back, as when he was house-surgeon to the Westminster Hospital. A fine young man, who had been labouring under stricture for some time, and had had retention of urine for twenty-four hours, was brought to the hospital, previously to which an instrument had been attempted to be passed, and some urine had been evacuated. The symptoms not being urgent, no operation was performed; he was put into a warm-bath, and other means had recourse to, but the poor fellow died in convulsions in five hours after admission. Dying under such circumstances, an examination of the body was imperatively required, but on inspection no cause for death could be found. The organs were in a state of perfect integrity, nor was there an effusion of fluid into the ventricles of the brain. Mr. Alcock was inclined to attribute the fatal termination in this case to irritation of the nervous system, and he drew from it the practical conclusion that in sanguineous persons, the requisite measures for relief should be adopted early, before danger of rupture of the urethra or bladder would be dreaded. He had not since met with such a case.

In answer to a question from Dr. Griffith, Mr. Alcock stated that the blood had not been tested for the presence of urea, and in fact that in those days such researches were not so frequently instituted as at present.

Dr. Griffith remarked, in explanation, that in cases of death by coma or convulsions from retention of urine, he had invariably found urea in the blood, and had also discovered it in the same fluid in instances of granular degeneration of the kidney.

Dr. Chowne, as a physician, was more likely to notice points of medical interest than those which were surgical, and he begged to ask Mr. Alcock, if he had found that persons who had had ague in Walcheren, were more liable to a relapse on passing the catheter than others. He was aware that those who had been the subjects of intermittents in the Pontine Marshes, were liable to relapse from very trivial causes for years afterwards.

Mr. Alcock had not noticed the fact as regards the use of the bougie, but he had met with instances of ague being reproduced by very slight causes in persons who had been previously subject to it.

Mr. Chowne narrated a case of rupture of the bladder on the upper and back part from violence, in which a surgeon was able to draw off a large quantity of urine (upwards of a pint and a half) by the catheter several hours after the accident had occurred. The patient died in forty-eight hours, and the nature of the injury was ascertained on examination of the body. The lips of the wound were not agglutinated together. The singular part of the case was the non-effusion of the fluid into the cavity of the abdomen.

Mr. Alcock had met with a case of gunshot wound of the bladder, in which the ball entered at the lower part of that viscus and passed out at the fundus. The patient died on the third day. There was not any extravasation of urine, which Mr. Alcock accounted for by the nature of the wound, which being of a bruised and lacerated character, would be naturally followed by great swelling of the parts, until suppuration was established.

Dr. Reid, the President, announced that, in consequence of Mr. Lavies' unavoidable absence, his paper on feigned diseases was postponed until the next evening.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

The first meeting of this Society will be held on Tuesday next, Nov. 14, at half-past Eight, when the following papers will be read:

"An Account of Two Cases of Rupture of the Ureter or Pelvis of the Kidney, followed by large Effusion of Urine into the Abdomen." By Edward Stanley, Esq. F.R.S., President of the Society.

"Two Cases of Ulcer of the Stomach, producing circumscribed Abscesses in the Peritoneum." By Edw. J. Seymour, M.D., F.R.S.

PERISCOPE OF THE WEEK.

(London Physiological Journal; Lancet; L'Experience; Provincial Medical Journal; London and Edinburgh Medical Journal.)

Theory of Nutrition.—Mr. Addison divides nutrition into normal or abnormal. In normal nutrition the colourless blood-corpuscles first adhere to the tissue forming the boundary of the capillary blood-channels, they then pass into and occupy the interstices among the fibres of the tissue, and being evolved upon the nearest free surface (a follicle, crypt, or duct,) form epithelial cells; the fluids and other objects given out by the follicles, or flowing from the ducts, being the results of the final dissolution of the cells. In abnormal nutrition the colourless blood-corpuscles adhere to the parietes of the capillaries in much greater abundance; they pass through the tissue stage, and are then evolved or thrown off from the nearest free surface, —a pyogenic surface, as lymph, pus, exudation —or imperfect epithelial cells.

Microscopic Dissection of the Spinal Marrow.—Dr. Stilling prepares the spinal cord for dissection and examination by the microscope in the following manner: he places a fresh spinal cord and medulla oblongata, as they are taken from the body, in weak spirit, and allows them to remain in it twenty-four hours; he then pours off the spirit, and places fresh but stronger spirit on the parts, which, after two or three days, is again poured off, and then the strongest rectified spirit is used; the specimens being allowed to remain in it from four to eight days, acquire by degrees such hardness as to allow of the finest sections being made. They should be made by a very sharp and broad razor, rather hollowed on the surface, which, as in making other delicate animal and vegetable sections, should be kept quite wet on the surface by spirits of wine. For the microscopic examination, low powers are best adapted; a lens of two inch focus being first used, and then others of a higher power.

Endermic Application of Belladonna.—Mr. Dangerfield, of Newport, recommends that when belladonna is used in frictions round the orbit, in combination with mercurial ointment, in cases of rheumatic ophthalmia, iritis, or any other inflammation of the eye, to reap the full benefit it should be well rubbed into the part every two hours: the former application being washed off and the part well rubbed with a piece of flannel before the next application of the ointment. By these means an erythematous eruption is soon produced, absorption takes place more rapidly, and the effect is much quicker and more efficacious than when applied in the ordinary manner.

Paralysis of the Bladder. A Jew, 52 years of age, was admitted into the London hospital under the care of Mr. Scott with paralysis of the bladder, the urine dribbling away, instead of being voided in a full stream. After he had passed as much water as the natural powers enabled him to do, a catheter was in-

troduced, when no less than eighty-four ounces were drawn off, mixed up with a small quantity of puriform mucus. The catheter was used daily, and small doses of strychnia administered internally, under the influence of which the bladder appeared to regain in part its expulsive power, it being capable of voiding all the urine with the exception of a few ounces. The quantity retained gradually increased as the spasmodic symptoms caused by the alcaloid diminished. Owing however to the susceptibility of the patient for the remedy with regard to its general action, and the great debility that resulted, it was deemed expedient to dispense with its use. Occasional blisterings over the sacrum, with the internal exhibition of ammonia and quinine, and the daily injection of warm water into the bladder, was afterwards had recourse to with marked benefit. The man was ultimately made an out-patient, having become much improved in health, and capable of voiding (with the exception of three or four ounces) in a full current, the urine, which was comparatively free from mucus and slightly acid.

Retention of Urine.—An Irish labourer 52 years of age, was admitted into the London Hospital under the care of Mr. Scott, with retention of urine, which was speedily followed by tympanitis, and severe abdominal pain, under which he sunk. On examining the abdomen after death, the intestines were found to be distended with gas, the peritoneal covering was inflamed, especially in the hypogastric region, in which much fibrine was effused, producing adhesion of the convolutions of the intestines. The bladder was empty and contracted, and between it and the rectum was an hydatid cyst, somewhat larger than an ostrich-egg, which contained more than a pint of clear fluid. It filled up the entire pelvis, compressing the bladder in front, and the rectum behind. Another hydatid cyst about the size of a large walnut, was found between the thickened coats of the contracted rectum. The iliac and lumbar glands were in a state of incipient suppuration. A third hydatid cyst was imbedded in the right lobe of the liver, extending upwards to the diaphragm and downwards to the right kidney and pancreas. This on being opened, gave exit to more than three pints of yellow coloured fluid, and contained two large hydatids, one of them being of the size of an orange. A smaller cyst was connected with the pancreas and duodenum. The kidneys were soft and very vascular. The thoracic organs healthy.

Periostitis.—Mr. Liston recommends in severe cases of nodes, to have recourse to the bichloride or biniodide of mercury, which should be continued steadily, until some effect has been produced upon the tumour, or until the nocturnal pains are lessened. Sarsaparilla with or without the iodide of potassium may afterwards be employed. He advises this plan even when the use of mercury has been the original predisposing cause of the disease. The local measures to be adopted should consist of the abstraction of blood by leeches, and then the application of blisters, either in the ordinary way, or still better, by rubbing the part previously moistened with nitrate of silver, or else the skin over the inflamed periosteum may be painted over with a strong solution of iodine in alcohol, one drachm to four of the spirit. Should these means fail, incisions should be made freely down to the bone and of sufficient length. If matter have collected it will thus be got rid of, and if not, the bleeding which takes place is very serviceable, and the swelling and extreme tension of the parts, productive of so much pain, are relieved. Under such circumstances, Mr. Liston proposes employing the operation which veterinary surgeons perform on young horses in cases of what is termed "splints." The operation is called subcutaneous periostotomy, and consists in making a small puncture in the skin, and introducing a probe-pointed knife, its edge on the convexity, which, when its edge is turned against the bone, cuts through the inflamed periosteum without dividing any more of the soft parts. It is attended with excellent results in horses, and may prove equally beneficial when applied to proper cases in man. It is a very simple proceeding, and is not attended with more disturbance of the parts, than is produced by the division of the tendons in cases of club-foot. This operation has we understand, been performed since with good effect.

False Anchylosis.—False anchylosis is produced by inflammation of the structures around and within the articulations. A more particular examination of the simplest case of inflammation of the knee, which tends to deformity, renders the manner in which immobility and contraction of the parts takes place more clear. Inflammation of the joints is combatted by antiphlogistic measures, the knee being bent. At the expiration of a given time, weeks or months, according to circumstances, the inflammation is removed without suppuration or disorganization, but the previous constitutional disturbance, the debility succeeding to antiphlogistic treatment, and the experience of the exquisite pain and tenderness which existed in the articulation, leave a morbid sensibility in the patient, which strongly opposes any attempt to straighten the limb. Besides the interstitial lymph has yet to be absorbed, some thickening of the tissues exists, the ligaments have not re-acquired their extensibility, the muscles have adapted themselves to the shortened state of repose, so that whenever an attempt is made to straighten the limb, the tenderness which is felt or the stiffness in the joints causes it to be abandoned for the time. If the patient second his surgeon's efforts, the case proceeds favourably, motion is daily augmented, the tenderness subsides, and the patient recovers, but otherwise the deformity proceeds rapidly on the destruction of the equilibrium of the muscles; and their retraction may not be arrested until the member is contracted to the full extent of its natural movements, and sometimes the contraction proceeds to a greater extent. In persons under the adult age, the angularity of the limb becomes augmented by the proportionally greater elongation of the bones, which occurs in a contracted limb during the gradual growth of the frame, whilst the contracted state of the soft parts arrests more completely their developement.

In these instances of contraction from injury and inflammation of articulations, the succession of phenomena which have converted a healthy flexible joint into a rigid immoveable deformity, can be studied. The direct effects of the inflammation may be perceived in the stiffening of the soft parts, the swelling of those minute parts of which the extra and intra-articular tissues are composed, and the interstitial deposit of lymph, rendering them incapable of immediately resuming their natural pliability. The long-continued rest of the limb in one position is accompanied by shortening of the muscular structures on the contracted side of the member. After some time the contraction attains the maximum, and is succeeded by a change in the muscular fibre, which Dr. Little has described under the name of structural shortening. If abscesses have formed externally to the joint, the granulations by which their cavities have been obliterated will form tough bands, approaching in density to fibrous tissue, which will contract after the manner of cutaneous cicatrices, and offer more or less resistance to the motions of the joint, according to the direction in which they run. If loss of substance by sloughing or other ways has happened, the tendency to contraction and deformity will be the greater.

Belladonna in Cruralgia.—Dr. Hutchinson employs the extract of belladonna in the treatment of sciatica and cruralgia with great benefit. The mode of application has consisted in applying a large or small blister, according to circumstances, upon the part affected, removing the cuticle, and dressing the exposed surface with an ointment consisting of from a scruple to a drachm of the extract of belladonna, diluted with an ounce of lard. If the surface upon which the diluted extract is applied be extensive, the former and weaker ointment may be best employed, as the general effects by absorption of an overdose of belladonna may be rapidly observed in the system, and watchfulness, mental elevation, restlessness, and slight delirium, with dilated pupil, occasioned. The removal of the application and dressing the part with spermaceti ointment, (after washing carefully with dilute acetic acid,) and administering two drachms of acetic acid in an ounce of water every three hours, speedily cause the cessation of these untoward symptoms. The local effects produced are,—relief of the previously excruciating pains, attended by a pricking, and followed by a sensation of benumbing, of deadness, and a want of natural sensibility in the part, which, after a certain but unfixed period, gradually subside, and leave the natural conditions perfect. The period of the disorder at which the belladonna is applied, appears unimportant; but during the most acute stage of sciatica its sedative effects upon the pain have been most observable. Dr. Hutchinson narrates six cases, three of sciatica and three of cruralgia, in confirmation of his views. At a recent meeting of the Medical Society of London, Dr. Willshire mentioned that he had found the extract of belladonna a very useful remedy in cases of sciatica.

Retention of the Placenta.—Mr Emerson, of South Shields, has mentioned the particulars of a case of abortion at the fifth month, where the fœtus came away, the umbilical cord breaking, and the placenta remained behind in the uterus. The patient apparently did well. Six weeks afterwards profuse hemorrhage took place, which was at first arrested, but recurred, and after a while the os uteri was found to be dilated to the size of a shilling, and a fleshy mass presented, having the feel of a placenta, but less distinctly lobulated, and at one part resembling the tense membranes of an ovum. As soon as two fingers could be introduced within the uterus, a fibrous substance, perfectly smooth at one part was extracted. This Mr. Emerson believes to have been the placenta, which ought to have been thrown off six weeks before, although, from the cessation of its functions, its appearance was considerably changed.

Relief from Piles.—Mr Embling recommends such of his patients as are affected with hemorrhoids to avoid as much as possible the employment of aperient medicine, having, he says, satisfactorily ascertained that bowels accustomed to torpidity, and long used to the aid of laxatives, will recover their natural functions in a comparatively short space of time, by the habit being kept up of gently coaxing the latter portion of the colon and the rectum to a

thorough emptying of themselves. Instead of the veins being more distended by the prolonged sitting in the temple of Cloacina, the removal of the whole of the contents of the bowel has always been perceptibly marked by an increased effort on the part of the veins to return their blood healthily, and the sphincters have gradually recovered their elasticity and firmness. The local applications he employs consist of a strong solution of yellow soap in rain-water, and occasionally, in cases of great protrusion of the veins, painting the whole surface with a solution of the nitrate of silver.

Fistula in ano in Phthisical Subjects.—A man was operated on by M. Robert, the surgeon to the Hospital Beaujon, for fistula in ano, and dismissed apparently cured. A short time after he left the hospital, symptoms of pulmonary and mesenteric tuberculization shewed themselves, and he returned to the hospital, where he died. On examination of the body, besides the tubercular disease of the lungs and mesentery, there were found in the rectum several ulcerations of the mucous membrane, evidently produced by ulcerated tubercles occupying the submucous cellular tissue. Several of these ulcerations communicated with small collections of tuberculous matter, which could be raised with the scalpel. The connection between fistula in ano and the phthisical diathesis has been demonstrated in so many cases that a practical rule may be deduced therefrom, never to operate, until by a careful and well conducted examination and exploration the chest has been ascertained to be free from disease. In the contrary case, the operation will but hasten the fatal termination of the case; should however the patient, in spite of advice, decide upon the operation on account of the inconveniences attending the fistula, the surgeon should open an issue in the arm. He will otherwise be culpable of homicide.

Spermatorrhea.—Two of our cotemporaries contain a communication from the pen of Dr. Ranking, the physician to the Suffolk General Hospital, on spermatorrhea, a complaint which has of late years attracted the attention of the medical profession, who seem determined to rescue it from the jurisdiction of quackery, and restore it to its proper domain of surgery. The history of a case of spermatorrhea will be found to be as follows:—After a greater or less amount of abuse of the genital organs, either natural or unnatural, the individual makes the discovery that he is troubled with seminal emissions during sleep. These are at first accompanied by erections, but soon occur with diminished rigidity of the penis. If he at this time indulge in sexual intercourse, he experiences more than usual difficulty in consummating the act, and is frequently disappointed altogether, or if not, the erection is incomplete, and ejaculation more than ordinarily precipitate, and in some cases painful. As the disease advances, the nocturnal emissions increase in frequency and abundance, occurring at length without either erection or pleasurable sensation, the patient being aware thereof only by a sense of feebleness, and the marks on his linen. During sexual intercourse, ejaculation becomes more and more hurried, till at length mere contact with or the sight of a female will induce it, and complete impotence is established. The mind becomes enfeebled and incapable of protracted attention, the memory uncertain, the patient is unfitted for his usual avocations, he becomes morose and suspicious, fond of solitude, lacrymose upon trivial occasions, with other symptoms of hypochondriasis. Cerebral and thoracic symptoms, as giddiness, noises in the ears, palpitation and cough, attend this state. The body becomes gradually emaciated, the aspect dejected, digestion impaired and accompanied by pain and flatulence, and the bowels invariably costive, and obstinately resist the most powerful cathartics. The penis is usually flaccid and without elasticity, the scrotum pendulous, and the testicles soft and tender to the touch. After the lapse of a certain time, the disease continuing, the nocturnal emissions apparently cease, the semen draining away continuously with the urine, which becomes turbid and nauseous to the smell. The turbidness is not, as in chronic affections of the bladder, persistent throughout the entire act of micturition, but appears chiefly towards the end, the urine being clear at the commencement. The cessation of the nocturnal seminal emissions is apt to mislead both patient and doctor, but the increasing feebleness and the condition of the urine will speedily undeceive both. The morbid appearances of the parts, according to Lallemand, consist of dilatation of the orifices of the seminal ducts with erosion or ulceration, the ducts themselves being dilated, or as it were, dissected out by suppuration at the prostate. In some cases they have been found cartilaginous or even ossified. The vesiculæ seminales in some cases are filled with pus, in others with tubercular matter mixed with badly elaborated semen. The lining membrane has been found dark-coloured, ulcerated, or sloughy. The vasa deferentia are tortuous and irregularly dilated, with pouches and intervening strictures. The testicles are usually soft and white, and more or less diminished in size. These changes, together with the symptoms, point to chronic inflammation or irritation of the whole track of the seminal apparatus, and more especially of that portion near the prostatic part of the urethra as the proximate cause of the disease. Although natural or unnatural sexual excesses prove a decided cause of spermatorrhea, the latter more especially, yet some persons can support with impunity, excesses which would inevitably induce the disease in question in others, who thus manifest as it were a degree of predisposition, which is found principally in those who have a congenitally feeble state of the sexual organs. Lallemand considers this sexual feebleness indicated by congenital phymosis, varicocele, and incontinence of urine. Gonorrheal inflammation and stricture of the urethra, affections of the rectum, and the presence of sebaceous matter under the prepuce, will induce spermatorrhea, and continence perhaps also will act as a cause thereof.

With respect to the treatment, the exciting causes which have been already enumerated, should be discovered and removed, and it should be ascertained further whether the spermatorrhea depends on simple atony of the parts, or upon chronic inflammation. In the former instance, cold bathing and douches upon the organs with the internal administration of mineral tonics, will be of service. Dr. Ranking seems also inclined to recommend, upon the authority of Lallemand, the occasional employment of the organs as conducive to their vigor. When the disease depends upon chronic inflammation, the exciting cause, which Dr. R. believes to be onanism in every case, must be got rid of, and sexual intercourse totally prohibited. Stimulating diet should be strictly avoided; the food should be of the simplest kind; the drink water. The local treatment consists in the direct application of the nitrate of silver to the prostatic part of the urethra in substance or solution, so as to cauterize it. The concurrent testimony of British and Continental practitioners is in favour of this plan. The method of performing the operation is as follows:—a common bougie or catheter is to be passed in the first instance, and the length is to be noted at which the urine begins to flow; an inch short of this will give the situation of the membranous portion of the urethra. The armed instrument is then to be passed to the same length, and the caustic made to revolve by twirling the instrument for the space of an inch and a half, when it is to be drawn within the bougie, and extracted. If the consequent ardor urinæ be excessive, and much pain follow the operation, a hip-bath may be used, but in general no evil consequences are observed to arise. Much care is requisite in managing the convalescence of these patients.

Insensibility from Extravasation of Blood on the Brain.—When the insensibility or shock which immediately succeeds an injury wears off, and the patient gradually loses his senses a second time, the deprivation in the latter instance is most probably the result of the pressure of blood slowly extravasated from injured vessels: and when such an interval of sense is observed, it constitutes our best diagnostic sign of extravasation. We are not however to conclude, because no interval of sense has been observed, that there cannot be any extravasation, because the injury may be so extensive and general, and the concussion so great, that the insensibility may continue, until the blood is thrown out. The abstraction of blood in cases of extravasation, merely because the patient remains insensible, is a dangerous practice.

Delirium attendant on Concussion.—Dr. Laurie believes the occurrence of delirium in cases of concussion to depend on the mildness of the concussion, and on laceration of the brain, unattended with hemorrhage, thus accounting for its rarity, as the concurrence of those two states is seldom met with. On this supposition, delirium will indicate a degree of concussion too slight to cause insensibility, but sufficient to impair the cerebral functions, combined with a source of irritation in the substance of the brain.

Extensive Fracture of the Skull.—Mr. Brittain narrates the case of a man who walked nearly a quarter of a mile, and was partially sensible fifteen hours after the receipt of an injury, which presented the following results, when the head was examined after death. Nearly the whole of the upper surface of the brain was covered with coagulum, almost a third of an inch thick. Upon removing the brain, the base of the skull was found to be filled with coagulum; and there were two or three fractures crossing each other, extending entirely across the base. The injury was caused by a kick from a horse, by which the man was knocked down, the head striking against a wall.

The Chromatic action of Light.—From a series of experiments instituted by him on the *Spongilla Fluviatilis*, Dr. Hogg has ascertained that its beautiful green color depends on its exposure to light; when not so exposed, it is of a pale brown or sand color, not in the least tinged with green. From this fact he deduces the vegetable nature of the river sponge, as the chromatic action of light is not thus exercised on animals.

Ganglionic Transformation of the Nervous System.—M. Serres has in two instances seen the cerebral and spinal nerves, with a few exceptions, studded with ganglia having the form and physical characters of the superior cervical ganglion in man. The same state was evident in the nervous filaments of the great sympathetic, but the ganglia were less numerous. The causes and effects of this change in the nerves are not known.

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COURSE OF LECTURES ON THE THEORY AND PRACTICE OF MEDICINE.

Delivered by C. J. B. WILLIAMS, M.D., F.R.S., Professor of the Practice of Medicine, and of Clinical Medicine, at University College.

Physical Signs of Emphysema.—The sound of inspiration in cases of emphysema will vary considerably in different individuals. In almost all, there will be wheezing sounds in the chest, more or less of the sonorous, the sibilant, and sometimes the bubbling rhonchi; and whenever any fresh attack takes place, whenever a greater difficulty than usual occurs in the breathing, these rhonchi will become so loud, that no vesicular respiration will be heard at all. In cases where this is not present to so great an extent, you will often be struck by the contrast between the sounds of respiration. If there is anything heard with distinctness, it is the sound of expiration; this is the most audible part of the whole, although it is accompanied by the greatest amount of wheezing; in fact, the greater part of the whole respiratory act seems to be an expiration, giving not only a more audible, but a longer sound; and it is clear, that the most difficult and laboured part of the process, is the expiration. This is exhibited in various degrees, and may be said to be a generic character of all the varieties of emphysema that occupy a great part of the lung. In the partial form of emphysema, that accompanying tuberculated disease, and where it is limited, the air may pass to and fro in the flaccid lung without difficulty, and sometimes without any wheezing sound; and I have known the inspiration not only to be unimpaired, but the vesicular sound to be altogether exaggerated. The fact is, that the texture, as we have seen, is rendered closer in many cases of emphysema; and with the dilatation of the cells, and the largeness of the tubes which often accompanies it, there is, besides the exaggerated sound—a more whiffing character imparted to it, like the tubular sound; and yet it is not the tubular sound; it is more diffused—a whiffing and blowing, or, if the word expresses it, the real character of the ordinary expiration.

The resonance on percussion, in some forms of phthisis, will often be accompanied by this increased clearness in the respiratory sound. These, however, are not the cases in which the emphysema constitutes the principal malady. There is a noisy respiration, owing to the difficult passage of the air through the tubes; and this leads me to advert, again, to one of the elements in the form of disease I have alluded to. You will find, that the seat of these rhonchi will be generally towards the root of the lung, though you hear them all over the chest, and it is impossible to avoid recognising them, if you listen. If you move your ear towards the middle parts of the chest, the sound becomes louder and louder, and often extremely strong over the root of the bronchi. There is, I believe, in many cases, a great aggravation of the dyspnœa in the upper parts of the chest. Then, one of the remarkable phenomena in the examination of the chest, during a fit of emphysema, is the effect which the violent action of the respiratory muscles produces on the motion of the lung. Although inspiration is short, it appears to be performed with tolerable ease; the great effort seems to be in breathing out, and the disproportion between the effort and the effect is a remarkable phenomenon. There are, sometimes, sounds heard in the midst of all this, weaker sounds, that vary very much in their coarseness. There is a crackling, like coarse crepitation, which Laennec referred to the sudden entry of air, into a part that was obstructed. At times, it is prolonged, and will often continue for some time. It appears to be probably connected with secretion in the cells, and the bubbling passage of the air through them. Sometimes the distinctive friction sounds are heard, and the cause of this will be understood, when you remember how the air-cells project on the surface of the lung. Much of what used to be considered as the friction sounds of these affections, arose from the rhonchi, which often closely resemble these sounds, or else were produced by a slight pleurisy, causing an effusion of lymph, which not unfrequently occurs in these cases. There is only one thing further to mention in regard to the signs of emphysema, and that is, the manner in which the air-distended lung intercepts the sounds of the interior. The sounds that are heard are remarkably cut off and intercepted. This is one of the characteristics of emphysema, and is a fact which should not be lost sight of.

Treatment of Emphysema of the Lungs.—I have now to speak of the treatment of this affection. It is to be divided into two stages,—that which should be employed during the paroxysms or the temporary aggravation of the disease; and the treatment of the lesion itself. The treatment of the paroxysms must depend on their immediate causes. I have mentioned violent exertion as one of these causes, and rest will put this right. But, inasmuch as there is a considerable amount of pulmonary congestion induced, it may be necessary to treat this affection in its turn. The same thing occurs with some people during sleep, and in these cases, it is in the early hours of sleep. A person will wake up in a fit of asthma, and this is from pulmonary congestion taking place. In connection with this, there is another simple method of treating the case, and that is the administration of hot liquids,—sipping a cup of hot coffee or tea; and not hot tea or coffee only, but anything hot. I have known this remedy produce relief more speedily than anything else. This acts, I presume, by improving the circulation, and producing an increased power of the heart, and it is often the best for that purpose. I only tell you the practical rule, and it is one of the best things I know of in the slight form of the fit. I may mention that indigestion will bring about the fit; and also constipation of the bowels. In this case, you must use the remedies for constipation. Again, the disease is brought about by attacks of bronchitis. A fresh cold will bring it on. In cases of this kind, it is useful to employ tartar emetic, salines, and a blister to the chest. We should also promote expectoration; and give antispasmodic remedies to diminish any spasm that may be present. Sometimes, spasmodic asthma may exist independently of the causes I have mentioned, and then the treatment necessary will be that which comes under the head of spasmodic asthma: stramonium, belladonna, and the other antispasmodics. The treatment of the permanent disease will be chiefly that of the chronic affections from which the emphysema has sprung: chronic consolidations of the lungs, or chronic bronchitis, causing hypertrophy and rigidity of the bronchial tubes. I have seen really very considerable relief take place, when the patient had been placed under such treatment. Iodide of potassium and alkalies—often combined with bitters—never forgetting the proper action of the bowels, and taking care to keep up the secretions of the liver and kidnies, frequently constitutes a very efficacious treatment. At the same time, the mild tonic plan may be useful to relieve the tendency to fresh congestion; and for this purpose, iodide of potassium and squills, with senega, sarsaparilla, or columba, are often of great use; also, small doses of blue pill; in all cases using counter-irritation, either by blistering, or rubefacients, such as liniments of ammonia or oil of turpentine, or a liniment made from a strong solution of iodide of potassium. Inasmuch as the disease is often permanent, it is useful to keep up the rubefacient effect for some time. This is done by pieces of flannel dipped in the solutions and covered over with mackintosh cloth, to retain the moisture and insure the warmth of the surface. This gives a considerable amount of relief, and is used very extensively in private practice. In recent cases, it is amazing how much relief is given, even though there is apparently organic disease, by persevering in this treatment, and likewise avoiding all those circumstances that bring about the paroxysm. Every time it comes on, the breathing becomes difficult; there is an increased effort to introduce air, and the distension of the lungs becomes greater and greater; consequently it is a principal object to avoid the paroxysm, not merely from its temporary inconvenience, but also from its aggravating the condition of the lungs. One of the great rules of practice in these cases, is to get a certain degree of moral ascendancy over the patient, to confine him to a proper sphere of action: to convince him—which requires a great degree of skill and influence—that although he may live usefully and comfortably in that sphere of action, he must never attempt to move out of it. It is a matter of extreme difficulty to persuade people that they are not to do, what others do, when they have their usual state of health, and even bitter experience will not convince them of this. It should be the great aim of persons having this affection, to persuade themselves to adapt their actions and proceedings to their present reduced physical constitution. It is a great moral task that they have to learn; and one reason why organic diseases are so destructive, is, that people will not be convinced of this fact. It is a mistake that proceeds from, and is fostered by, our imperfect moral and political education, that people do not know their own sphere of action; and mistaking these spheres, they get into difficulty and have to endure the penalties of a violation of their constitutional and moral state of health. It is remarkable, how persons living in a low or quiet sphere will go on comfortably, without any serious inconvenience from the amount of disease under which they may be suffering. In some instances, where the disease has been partially removed, or is of but recent formation, we find it pass away of itself, in consequence of a power of restoration in the lung, which enables it to return to a healthy condition. There are a few other particulars to be mentioned in regard to the treatment that will come under the heads of other diseases.

Now, in many cases, the circulation is rendered difficult in consequence of the pressure of the air in the cells, thus producing a great amount of positive obstruction of the blood vessels; and in consequence of this permanent obstruction, we have to consider the circumstances that will restore the circulation. Violent exercise should not be allowed for obvious reasons. The body should be kept down to a low standard; the quantity of liquid taken should not be too great, as freedom from excessive secretion is a matter to be kept in view. It is a question whether strichnine, or substances to promote the contraction of the bronchial tubes, or as it has been said, to promote the contraction of the lung, might not be of some use. Most other remedies are founded merely on empirical views, or

on an ignorance of the true pathology of the disease.

Interlobular emphysema is an affection more curious than important. It has been known to be produced by some violent injury, and sometimes it accompanies other forms of emphysema, and causes rupture. There is one case of this kind on record, in which death resulted, where the pleura covering the lung was raised in the form of a large bubble, and extensive interlobular emphysema was seen in other parts of the lung. As to the signs, Laennec gave that of the rubbing sound, of which I have some doubt. Wherever anything like slight pleurisy does occur in interlobular emphysema, it raises the tissues above the surface of the lungs, and this will be more apt to produce the friction.

Tuberculous Consumption.—The next disease is tuberculous consumption; this is a very extensive subject, and one on which I ought to give a dozen lectures. From one-fifth to one-sixth of the diseases of this country, as given in the tables of mortality,—in those, at least, that are reduced to a correct form, though I believe they are far from correct enough to found pathological opinions upon; but, so far as we can get at the truth,—from one-fifth to one-sixth, or one seventh, are those that arise from phthisis; and from one-sixth to one-seventh of the disease in London, does appear to be a sort of combination of the two diseases which I have explained to you. The deaths from pneumonia in this country form only one-nineteenth of all the deaths that occur, and a considerable amount of all these arise from phthisis. By a careful pathological examination and investigation of the diagnosis of the diseases with which we are acquainted, the cures reported as phthisical constitute only a small part of the cases in which tuberculous affections of the lungs take place; in this limited form not always proving fatal, but unquestionably exercising a fatal influence on the constitution, and tending in connection with other affections to produce bad results, I know of no disease in the whole range of these affections which we have to deal with, so important and so serious as pulmonary consumption.

We now come, then, to consider phthisis pulmonalis, including that series of lesions, which are not by any means simple, connected with the destruction of the lung originating in tuberculous disease,—or lesions associated with it. You might almost expect, from what I have already mentioned, that the disease under consideration, constituting so large a portion of the disease to which flesh is heir, particularly in this part of the globe, is not simple in its character,—but represents a very great many varieties. As preliminary to all these varieties, it is necessary to begin with a statement of the pathological changes that take place in the lungs themselves. In fact, phthisis pulmonalis is, properly speaking, consumption of the body. That is the usual form of it; the whole body is consumed away, but this consumption may be traced to disorganization going on in the lungs, as the chief cause; whence it is called pulmonary consumption. The lesions connected with this are so essentially parts of the disease, that before we can understand the character of the disease or its symptoms, or explain its signs, we must understand the nature and varieties of these lesions. Now, these lesions are very different in different cases; they have a certain general character in themselves, but they present very considerable varieties. There are many particulars I need not go into; but the particulars of the chief varieties I think I may state. The lesions of the lung may be generally stated to be partial consolidations, excavations, and alterations in the natural texture; and from examination of a good number of cases, and observing their characters and the manner in which they appear to pass into each other in their successive stages, they may be classed under several heads. You should endeavour not to lose sight of the symptoms, at the same time that we consider the pathological changes after death. I think it will be as well just to give a few of the general symptoms that characterise phthisis, and the appearances after death, and to enter more fully into them afterwards. There is the first stage of phthisis, which may begin in two ways. Sometimes it begins by gradually invading the system and the lungs, by slow degrees, without any open, distinct, and decided attack. The patient first coughs a little, and a very slight cough is one of the earliest symptoms felt in the morning, or when brought into contact with the cold air, or on any violent exertion. Sometimes, at this period there are pains in the chest, acceleration of the pulse, and as the symptoms increase the cough is more and more urgent, the pains become more acute, the fever more distinct, and exacerbations take place. In some cases, the fever may present something of the hectic form, but in the early stage there is a cold chill in the morning, followed afterwards by an increase of heat, terminating in inflammation. Again, as these symptoms go on, the breath becomes more or less affected; it becomes shorter than usual, particularly on exertion. Then, with this, too, there is a general weakness of the whole body; the strength becomes impaired, the flesh shews a visible diminution, and emaciation is commencing and proceeding throughout the whole body, and the disease may prove fatal even in this state without going further. On opening the body, in such cases, you will find a number of consolidations in the lung, of the character I formerly described pretty fully, under the term of tubercles—granular tubercles, and the lung is semi-transparent, or at least not perfectly opaque in its appearance, but in the centre there is the appearance of opaque spots. In cases that prove fatal from the extent and number of these tubercles, they are clustered together so as to form knots. This is seen in the lungs of children, which exhibit the miliary tubercles more distinctly than in adults. In adults it is often mixed up with other matter, so that it is hardly to be distinguished. The proportion, too, is greater in children than in adults; there may be said to be more matter thrown out, and this is the reason why they are seen better. By clustering together in cases that prove fatal in this first stage, the greater part of the lung (particularly the upper part) is invaded with clusters of these tubercles; so that the nodules form masses as large as a hazel nut, or even of the size of a walnut, and so much of the lung is invaded that there appears but little of the sound lung left. We find, in connection with this, that there are other lesions, bronchitis, and so forth, which become immediate causes of death. In these cases, the miliary tubercles are found together in greatest quantity, towards the apex of the lung. On examination of them, they are seen grouped together, exhibiting an appearance like bunches of berries. There is another mode, too, in which the disease may prove fatal in a comparatively early stage; it may almost be said to be the first stage, and may be connected with another class of symptoms. This usually occurs in a person who has a predisposition to disease, either hereditary, or acquired from some peculiar circumstances. Some persons are more exposed to the common causes of inflammation, such as cold or some analogous cause. If this cold is not actively treated, and does not wholly subside, in that case the products of inflammation are left in the lung; the lungs are consolidated after inflammation, and the patient never recovers his general health—never loses the fever entirely. After a while, instead of regaining his health and strength, when the disease has apparently subsided, the patient is troubled with a shortness of breath; and he dies, perhaps, two or three months after the attack of inflammation. On examination of the lung in this case, we find various appearances, but generally speaking, a whole lung, and sometimes a considerable portion of both, are extensively consolidated, presenting almost an uniform hepatization. But the colour differs from that of hepatization; it is lighter, even than in the advanced stages of the red hepatization;—not so yellow, but of a light drab color. Instead of the common lymph being deposited, it is a lymph of a more tuberculous character; and some lymph is often found at the same time on the pleura, exhibiting the same microscopic characters as that effused in the interstices of the lung.

INTRODUCTORY LECTURE

Delivered at the School of Anatomy, Peter Street, Dublin, by Dr. HAYDEN, Lecturer on Anatomy and Physiology, &c. &c.

GENTLEMEN,—The lecturer on occasions such as the present, being allowed by custom considerable latitude in the selection of the subject matter of his address, usually casts about with some care and anxiety, for what he deems to be appropriate material; what will not only be instructive and useful, but also somewhat novel and interesting—the *utile et dulce* of Horace. In the "delightful task" of "teaching the young idea how to shoot," we would wish, like the *blandi doctores*, to find our way, not only to the head, but also to the heart; to cherish in the youth destined for the medical profession those thoughts, feelings, and sentiments, which constitute the machinery—the anatomy, so to speak—of happiness, "our being's end and aim."

Need I say that the subject we have selected,—"Hints for Medical Students on Practice and Practitioners"—has appeared to me one of paramount importance, and also, calculated to interest all medical pupils, who are to be looked upon, even from the outset, as candidate practitioners of the healing act.

We shall, in the first place, say a word in explanation of our plan, which leads us, *in limine*, to speak of method; by this term is meant the act of rightly disposing a series of thoughts upon some subject. There are, you are aware, two species of method,—the analytic and the synthetic. The analytic method is that which proceeds from the things compounded to their component parts; the synthetic, that which proceeds from the component parts to the things compounded. Both methods are employed in almost every branch of learning; but the analytic principally in discovery, the synthetic in teaching. As the lecturer or teacher usually adopts the latter method, it becomes necessary for me to explain why, on the present occasion, I have chosen the former. The case stands thus: the effect of education—the cause—is to make the youth, and next the man, a practitioner. In this way we would obviously pursue the synthetic method; building up, as it were, a practitioner, or showing how he was to be made; that is, cause and effect—means and end. But this duty or method falling into other and abler hands, I am to take the product of my friends' labours,—namely, the compound called a practitioner—and attempt the description of his qualities, and of some of his passages which we hope and trust will prove both instructive and interesting to our young friends.

My respected friend and learned colleague, Mr. Tagert—going back the next step in analysis—will point out in detail the studies that should engage the pupil, previous to his seeking a license to practise surgery.

Lastly, the author of the prize essay will give the initiatory step: namely, "the kind of education, moral and intellectual, most suitably *preparatory* to the study and practice of the medical profession." You will perceive that we thus conspire to form an *unity*; "*tria juncta in uno.*"

It will be useful at the outset to reduce the hints I shall offer to certain heads; we shall, therefore,—

1st. Consider generally what the profession is.

2nd. The physical, intellectual, and moral qualities requisite for a practitioner.

3rd. The conduct and duties of the practitioner, in reference both to patients and his professional brethren.

Well, then, in the first place, what is *the* profession?

It is plain that the healing art has been not unjustly designated *artium ars*. But still we have to complain, that it has not unfrequently been confounded with its followers; and hence the ridicule—too often well deserved—which had been at first directed against them, came, in process of time, to be unjustly hurled at the profession itself.

This is a very general mistake in reference to all callings: to visit the innocent with the faults of the guilty—confounding the objects of a pro-

fession with the conduct of some of its professors. This, although a natural, is an erroneous association! But no one can deny the usefulness of the medical science; few are so blessed with uninterrupted health, as not at some time to require its aid. Who would plead guilty to ingratitude for SUCH relief as the healing art can afford? Everything in life has its use and its abuse; but, is it just? is it charitable to confound the learned and the useful with the ignorant and the noxious, undistinguished? Can he who longs to do and suffer greatly, be as the cruel wretch that causes pain? The preservation of the functions, both of body and of mind, in a state of health; the removal or alteration of disease; the prolongation of life,—these are the end of a science at once useful, benevolent, and dignified. It is unnecessary to present you with practical details in illustration of the nature and value of the healing art. Is not the extent and magnitude of its usefulness as boundless as creation itself? Is it not the kindly offspring of the best feelings of mankind? of love and sympathy,—a being less akin to earth than heaven! Does not the practice of this divine science confer on its followers "the noble privilege of doing good?" The man of genius, as well as the philanthropist, is here presented with an ample field for observation and research. There are, truly, no Alexanders in the healing world, that are left to sigh for *terra ignota*, or unexplored regions!

With reference to *physical qualities*, it is remarkable how much of corporeal strength we often see associated with great and commanding intellectual powers,—a hand to execute what the head had previously planned. We frequently, again, see the body giving way, overtaxed by the restless energies of a mind in itself indefatigable; but Nature, ever kind, generally links with the enduring mind an active and elastic frame, which enables the individual of such temperament to achieve objects which, to the dull and apathetic, appear almost impossible or marvellous.

Those who are not blessed with sound and vigorous constitutions should be most attentive to diet and regimen. I am acquainted with a very eminent literary teacher, who is unable to instruct after a dinner of *animal* food.

The late Dr. Cheyne well observed, that: "In many persons who are devoted to literary pursuits, unless the due point of cerebral excitement, arising from the quantity and quality of the *ingesta*, is obtained, the mind is unfit for study." In the life of President Edwards we learn, that he spent thirteen hours daily in his study; that he was able to do so is remarkable, as his constitution was infirm and his health indifferent; but then it appears, that in eating and drinking he was constantly watchful. "He carefully observed the effects of different sorts of food, and selected those which best fitted him for mental labour; having also ascertained the quantity of food which, while it sustained his bodily strength, left his mind most sprightly and active, he scrupulously confined himself within the prescribed limits." This is an admirable rule, which will be praised by *many*, but followed by *few*.

Sir H. Davy was particularly attentive to articles of diet, when he had much mental occupation in hand; he found fish to answer best—perhaps, because he was a great fisherman. I met lately a dyspeptic medical friend, who mentioned that particular kinds of food produced pains in certain parts of his body, soon after they were eaten, and these affections were sure to excite certain trains of ideas, which he found it impossible to banish from his mind.

The power of the *physique* over the *morale*, should render us most watchful in this respect. Order, regularity, and temperance closely followed, will tend to establish habits, not only of the mind, but also of the body, of paramount importance. The machine is often overlooked and overtaxed, owing to procrastination—our besetting sin: deranged health, or, perhaps, fever, is often the result. The medical man is the slave of emergencies and contingencies—doomed often to rise at midnight from a bed of weariness to a bed of fever. Exposure to night air, vicissitudes of atmosphere, fatigue and watchings, ultimately, owing to the wonderful accommodation of our bodies to changeful circumstances, produce a degree of hardihood, which those inexperienced to such trials are quite strangers to. Thus is "the back fitted to the burden," and the medical practitioner, more especially in country practice, in hail, rain, or snow, wends, even cheerfully, his weary way through the mazes of the healing art. Besides all this, it is really almost incredible, the elevating influence which the mind exercises in giving enduring and elastic energy to a feeble frame. Witness the sufferings, privations, and hardships borne by the *elite*, by nobles, by pilgrim kings in the crusades. See them again in the pursuit of fame or fortune, or the defence of father-land, of home, of family, endowed with almost supernatural strength and untiring vigour; now, buffeting the boisterous billows—the saucy waves; next, storming and scaling the so-called impregnable fort and rampart; and anon, with "will invincible," facing the deadly foe, and conquering those incorrectly surnamed *invincible*: lastly, weary but triumphant—making earth their couch—the starless heavens their canopy—their martial cloaks their covering.

We shall next turn to the consideration of the intellectual qualities most requisite for a good practitioner. These are, indeed, numerous. Above all that faculty of the mind, named sagacity, is pre-eminently necessary in a science, the details of which are so varied as to mock an attempt to reduce them to rigid rule. The precedent is no precedent, the analogy no analogy, when we come to perceive that no two cases are precisely alike, that climate, seasons, sex, age, temperament, peculiarities, mind, passions—nay, even position in society, and a host of contingencies and complications, so modify the causes, the symptoms, the progress, the treatment of disease, as to baffle all attempts at correct arrangement. Systems isolate each disease. In nature and experience we find them united and complicated, and no two combinations or complications alike in their essential symptoms. The young practitioner—the mere book doctor—in the plenitude of his pride, has a cure for every disease in the nosology, while the observer of nature, the senior and sagacious physician, proceeds with the utmost humility, with fear and diffidence, searching for such lights as he can receive from a precarious analogy.

When Anthony sought the way by which he was to obtain heaven; the reply made was, "humility, O! Anthony!" It should well become the persevering, but diffident, practitioner, while in the pursuit of the secrets of his art, to utter the same response; for, after all, what has the most penetrating genius, the quickest apprehension, the most solid judgment effected in the healing art? May we not truly reply, that the proximate causes of disease are for the most part undiscovered—the indications of cure are unknown, uncertain or contradictory.

In the consideration of facts, theories and systems, a physician may have learned how much threshing they do require, how much careful winnowing to separate the grain from the chaff; and when the latter is given to the wild and idle winds—how small is the bulk of the former—the solid substance—the product for the granary.

The three paramount mental requisites for the practitioner may, perhaps, be thus summed up:—

Firstly,—Quick, close, and correct observation of all around—an eye that so looks at everybody, and everything that, as people commonly say, nothing escapes it!

Secondly,—A judgment, solid, and sagacious, capable of that accurate discrimination and nice appreciation of all the links, that bind together cause and effect, means and end. Compounding, comparing, separating, and abstracting with all the clearness and precision, which belong to sound ratiocination.

Thirdly,—Decision of practice arising from the exercise of the two preceding attributes, that confidence, resolution, and determination consequent upon the conviction, that the case or matter has been duly observed, carefully considered, and, therefore, the mind well prepared to determine and direct.

There are cases of sudden emergency, of accidents requiring all the presence of mind and promptness of action of the practitioner; when the spirits are apt to be fluttered by difficult and embarrassing circumstances, calculated to put his composure, steadiness, and resolution to the test of a severe trial.

There is besides all this, a knowledge of men and manners absolutely necessary. It is acquired only by an extensive intercourse with mankind. This knowledge is quite distinct from medical genius and learning. It is that which has been well and pithily named *tact;* in slang phrase, "*dead knowledge.*" It is a study of the temper, the peculiarities of patients and their friends, and, in fact, it should render the physician "all things to all men." It is a *suaviter in modo* property, that is as irresistible in its appeal to the heart, as the *fortiter in re* is in its appeal to the head. It is a quality almost indispensable for the man that aims at greatness or popularity, in any profession or calling. It says,—

"Those who please to live,
Must live to please."

Think not that its cultivation is either derogatory or deteriorating; it is a species of diplomacy which may be made subservient to good nature and good sense. It is an element of the definition of divine charity—of that charity that would weep with those that weep, and rejoice with those that rejoice, covering a multitude of sins, and the sins of the multitude. It permits us to be as wily as a serpent in the management of ourselves and all around us, while it directs us not to make an improper use of that truly salutary art, which, while it soothes, consoles and comforts a patient or his friends, preserves the inestimable property of dove-like harmlessness. How happy—how truly felicitous is that combination of intellect and benevolence—the Siamese sisters *utile et dulce*. How rationally a patient courts and relishes the visits of that well informed practitioner, who renders himself an agreeable and pleasant companion, whose air, manner and conversation announce his desire to please. That sincere desire is the essence of the enchanting witchery, the anomalous influence of which we vainly attempt to designate, by saying we are unable to describe it, *je ne sais quoi*.

With reference to the *moral* qualities necessary for the practitioner in medicine, I would say, that his profession is that which especially and pre-eminently calls for the meek spirit of patience and forbearance; instinctive good nature and sympathy, together with all that the milk of human kindness could suggest and dictate.

There is no object in nature which appeals more forcibly to the heart than the sight—the afflicting, humiliating sight—of a fellow-being struck down by accident, or invaded by contagious disease, who had been, but the minute or day before, luxuriating in all the pride of health and happiness. See the poor daily labourer,—he has fallen from a scaffolding—his manly and sinewy form is outstretched and motionless on the ground; his comrades, with tearful eyes, gather round, and bear his all but lifeless body to an adjoining hospital. What a scene of agonizing and freezing horror for wife and children! The husband—the father—at once their solace and support, no longer moves; the music of his deep, clear, soothing tones has passed away; the eye that was wont to mirror back their looks of love, with melting and expressive fondness, indicates, by its permanently dilated pupil, profound unconsciousness.

The surgeon approaches. See how the agonized wife rivets her lustrous, tearless eyes—for her's is a grief that cannot weep—upon the every look and motion of him whose prophetic word is to proclaim death or life to her aching ear and agonized heart.

The professional man, I regret to say it should ever occur, too often sees only in the patient before us a case of concussion and compression of the brain, which, as an hospital surgeon, it behoves him to treat with skill and care; but this is not all; his heart should and must be heard, and have its way, in soothing and consoling the wretched wife, while his head is engaged in devising the best remedial measures for the relief and restoration of the all but dying husband.

Take another case in the so-called better ranks of life. Fever is rife. It invades the home of the aristocrat. The rich man sickens. The physician is called to this patient, surrounded with all the paraphernalia of pomp and pride Or let us, for the sake of a correct parallel, say, that an injury of the head, caused by a fall from his horse, reduces the gentleman to the same physical condition of disease as the poor daily laborer, that we have just now left in hospital. Will the surgeon conceive that he has done all he should have done, if he prescribes for this patient *only*, and neglects to soothe and console, with kindly interest, the absorbing grief of his wife and family, who look to him (the surgeon) as the ministering angel of not only health, but of comfort. Let not the practitioner suppose he is to reserve exclusively the *suaviter in modo* for his private patients, while he retains, but the *fortiter in re* for those in hospital practice.

It has been said by those that understand not the language of the heart—the depths of feeling—the promptings of heaven-born sensibility—of sacred sympathy—that such feelings, such sentiments, are indicative of weakness, and also tend so to ruffle the spirits, and derange the intellectual functions, as to render an individual thus constituted ineligible for practice. Believe it not; for although such a physician may suffer personally, from feeling so much, yet this very suffering renders him, at the same time, more solicitous to relieve both his patient and himself, by the resources of his art. Thus, Providence, by an all-wise provision in our nature, renders the feeling for others—the relief of others, a stimulus to exertion, while the negation of the latter is attended with absolute suffering on the part of the recusant, who declines to enjoy the pleasure—the heartfelt gratification annexed to obeying the voice of Nature—a voice that ever and always "charms so wisely."

Need we refer to the living, or the illustrious dead, in proof of this position? A Baillie—a Cheyne—a Percival, whose transcendant talents were to be surpassed only by their exquisite feelings and sympathies. Remember, that the "lion in battle, the battle once over, is in mercy a lamb."

There is something most exquisitely subduing in our sympathy for the sick. It renders the loved more precious—the friend more dear; the bare possibility of losing the object of our heart's affection, makes the individual the strayed sheep, for whom we would leave all, and risk all. It even neutralises enmity,—nay, often, in generous natures, melts down the stubborn and angry feelings of the foe, and transforms them into the soothing attentions of the friend! God is, in a word, love; sympathy is the offspring of His divine attribute, that has been thus emphatically and pre-eminently put as a part for the whole. How beautifully Sterne, in the affecting story of Le Fevre, paints the efforts of sympathy upon a benevolent and feeling heart. Corporal Trim, in his own quaint and graphic manner, details the particulars of Le Fevre's illness. It is too much for the tender and kind nature of my Uncle Toby, who does his best to restrain his tears; blows his nose, in order to conceal and remove the tears that had made their way, by the lachrymal passages, into this organ, and says, with a deep sigh, "Trim, I wish, Trim, I was asleep."

The continuation of the dialogue, and of the story, gives a most practical illustration of genuine pity, and also sublimity, and exquisitely indicates how far the influence of sympathy extends—from earth to heaven, from men to angels. Was it not this feeling that called forth the tears of a Saviour over the tomb of a reanimated Lazarus?

May I beg, my young friends, that you will bear with me while I relate the continuation of the dialogue that took place between my Uncle Toby and Corporal Trim, when the latter was putting the former to bed. The sick Le Fevre is the subject. "In a fortnight or three weeks," added my Uncle Toby, smiling, "he might march." "He will never march, an' please your honor, in this world," said the Corporal. "He will march," said my Uncle Toby, rising up from the side of the bed, with one shoe off. "An' please your honor," said the Corporal, "he will never march, but to his grave." "He shall march," cried my Uncle Toby, marching the foot which had a shoe on, though without advancing an inch—"he shall march to his regiment." "He cannot stand it," said the Corporal. "He shall be supported," said my Uncle Toby. "He'll drop at last," said the Corporal, "and what will become of his boy." "He shall not drop," said my Uncle Toby, firmly. "Ah, well-a-day! do what we can for him," said Trim, maintaining his point, "the poor soul will die." "He shall not die, by G—," cried my Uncle Toby.

"The *accusing spirit* which flew up to heaven's chancery with the oath, blushed as he gave it in, and the *recording angel*, as he wrote it down, dropped a tear upon the word, and blotted it out for ever.

"My Uncle Toby went to his bureau, put his purse into his breeches pocket, and having ordered the corporal to go early in the morning for a physician, he went to bed, and fell asleep.

"The sun looked bright the morning after to every eye in the village, but Le Fevre's and his afflicted son's; the hand of death pressed heavy upon his eyelids, and hardly could the wheel at the cistern turn round its circle,—when my Uncle Toby, who had risen up an hour before his wonted time, entered the lieutenant's room, and without preface or apology, sat himself down upon the chair by the bedside, and independently of all modes and customs, opened the curtain in the manner an old friend and brother officer would have done it, and asked him how he did—how he had rested in the night—what was his complaint—where was his pain—and what he could do to help him?—and without giving him time to answer any one of the enquiries, went on, and told him of the little plan which he had been concerting with the corporal the night before for him. 'You shall go home directly, Le Fevre,' said my Uncle Toby—'to my house, and we'll send for a doctor to see what is the matter, and we'll have an apothecary, and the corporal shall be your nurse, and I'll be your servant, Le Fevre.'

"There was a frankness in my Uncle Toby—not the effect of familiarity, but the cause of it—which let you at once into his soul, and shewed you the goodness of his nature. To this there was something in his looks, and voice, and manner superadded, which eternally beckoned to the unfortunate to come and take shelter under him; so that before my Uncle Toby had half finished the kind offers he was making to the father, the son had insensibly pressed up close to his knees, and had taken hold of the breast of his coat, and was pulling it towards him. The blood and spirits of Le Fevre, which were waxing cold and slow within him, and were returning to their last citadel—the heart, rallied back—the film forsook his eyes for a moment—he looked up wistfully in my Uncle Toby's face, then cast a look upon his boy, and that ligament, fine as it was, was never broken.

"Nature instantly ebbed again—the film returned to its place—the pulse fluttered—stopped—went on—throbbed—stopped again—moved—stopped.——Shall I go on?—No!"

Gentlemen, example and illustration are better than precept and description. I trust this practical instance of fine-wrought feeling and generous pity, will not be lost upon you, my young friends. It, therefore, only remains for me to add, "Go thou and do likewise."

A lamentable fire occurred once in London—the inmates of one of the houses narrowly escaped with their lives—they were reduced to a state of utter destitution. Many gave utterance to expressions of the utmost sympathy for the homeless, the hungry, and the naked family. A foreigner in passing, enquired and learned the cause of the crowd; whereupon he said in broken English,—"Me pities them five pounds." The affectation of virtues and feelings that we do not possess, is more deforming and disgusting than the blunt honesty, which pleads guilty to their absence. How nauseating is sentimentality, without pure sentiment; mock feeling without a particle of real pity. Children and dogs almost instinctively discover those that are really fond of them. Genuine sympathy is alike apparent to all—always the same: every body is quick to discover and appreciate it. It is the practical pity of the good Samaritan—no respecter of persons and conditions. A cup of cold water may be its instrument or offering; for it does not require riches or power for its exercise. It is seen in the ten thousand little things that make up the details of life. It is a citizen of the world—as polite as it is good natured. As it is so truly the offspring of love and benevolence, it would "do good by stealth and blush to find it fame." Finally, is it not the beautiful soft and silken drapery that sets off with its exquisitely graceful and sheltering folds, the rigid and colossal pillars of virtue and of science.

The medical man is from his office, constantly behind the scenes in the drama of life. Disclosures are made to him, in reference to the conduct, the motives, the inmost secrets—the faults, the failings of his patient, as freely and with as much confidence and truthfulness, as the symptoms of his disease. This occurs partly for the same reason, that confessions are made to confidential and consoling friends; because the afflicted are thus truly said to unburthen themselves, and, by the advice and assurance of those they trust, rational measures may be determined upon, and the balm of consolation poured into the wounds of a stricken spirit. But besides all this, the patient feels, that his mental uneasiness is part and parcel of his disease, and, as such, he sagaciously concludes that the practitioner should know all. How tenaciously does the sister profession—the church—hold locked up in its bosom, the confessions and disclosures of its flock. With the same fidelity must the medical man act in reference to his patients in all things.

Dr. Cheyne was a pattern of caution in this respect—perhaps over-cautious; but it was erring on the safe side. Silence cannot do harm, the reverse, even in trivial matters, may prove injurious to your patient and to yourself.

We shall next direct your attention to some of those duties and relations, which exist between patient and practitioner, and amongst practitioners themselves. "Do unto all men as you would they should do unto you." It will be seen that this admirable and simple rule laid down in scripture, and which I have, on occasions such as the present, so often adverted to, will be found the sure and safe guide, as a principle, from which *all* the details of duty naturally flow.

I am proud to find that such a strict coincidence obtains between Sir B. Brodie and myself on this subject. This distinguished surgeon said in his late introductory lecture:—

"All were useful in some way to their fellow-creatures, and a good moral character was not less necessary than skill and knowledge, nor was a strict observance of the higher rules of morality all that was required to make a gentleman. Let him not be misunderstood as to what he regarded as the character of a gentleman. It was not he that was arrogant in his manner, expensive in his habits, fond of pushing himself into the society of those above him; but it was he who sympathized with others, and was careful not to outrage their feelings, even on trifling occasions; who, in little things as well as in great ones, observed that simple and comprehensive maxim of Christian faith, "do unto others as you would others should do unto you;" who, in his intercourse with society, assumed nothing that did not belong to him, and knew how to respect himself. This was the kind of gentleman a medical practitioner should be."

We have already, I trust, shewn sufficiently the necessity for such exercise of the intellectual faculties as will secure a competent knowledge of practice; and that this is equally necessary, in reference to the interests and comforts, both of patient and physician.

As a practitioner of medicine renders important services to his patient, and as the medical man acquires the requisite knowledge by a considerable expenditure of time, labour, and money, it is plain that he should naturally and reasonably hope to earn a livelihood; nay, to realize an independence for himself and for his family, by his profession. His time and his professional knowledge are his estate—his stock in trade; hence, when certain important duties demanded, are discharged, the requital justly due should be given in return.

The late Dr. Cheyne said, in his auto-biography, "By a good arrangement, punctuality, attention to the interests and feelings of my professional brethren, and prudence—the means which had apparently led to my advancement—I ever tried to avoid those reverses to which professional life is ever subject."

These are the sentiments of a man who had been the architect of his own fortunes, and who had been held in the highest estimation both for his moral and intellectual worth. For the last ten years of his practice he made five thousand pounds a year. He appeared, from the foregoing sentiments, to have acted upon the opinion of the judicious and pithy Sallust: "*Nam imperium facile his artibus retinetur, quibus initio partum est.*" *For dominion is easily maintained, by the same arts by which at first it was acquired.*

The example of this truly great and good man indicates that we should educate ourselves for an opportunity, even although remote in its prospect. It was once well observed by Mr. Lawrence, that the man was more commonly wanted for the opportunity, than the opportunity for the man.

Do not misunderstand me; I wish you to recollect, that in seeking for an independence from your profession, you are not to forget the truism that "true self-love and social are the same," and to be ever mindful that in doing good to others we are conferring benefits upon ourselves, both directly and indirectly, immediately and remotely. Besides, you must beware of the ambition which insidiously but falsely whispers, that it aims only at independence; in the efforts to obtain this desirable condition, habits may be formed which will render the love of money-getting a besetting sin. "But an object," observes Dr. Cheyne, "may become so desirable as to usurp in the heart—that place which God claims as his own—and then it becomes an *idol*. To acquire an independent fortune, by a steady but subordinate effort, is justifiable; but how often does the pursuit of independence give rise to avarice and 'covetousness, which is idolatry.'"

The doctor has here given in prose what Cowper, the poet, had so well done in verse, in his advice to the lover:

> Post away swiftly to more active scenes,
> Collect the scattered truths that study gleans,
> Mix with the world, but with its wiser part,
> No longer give an IMAGE all thine HEART;—
> Its empire is not her's, nor is it thine:
> 'Tis God's just claim, prerogative divine.

Sterne justly said, "we all have our hobby." We would appeal to experience, and ask, in plain English, have not we all some desire as a besetting sin? Hear the mode of treatment prescribed by Cheyne—a pathologist that closely and carefully studied man as we find him, made up of body and mind.

"When any of the desires are inordinately engaged, there is, as we learn from the great physician, but one method of cure—namely, excision of the object of desire, even if it be as precious as the right eye or right hand. A gentleman, who had a taste for painting, was induced to purchase some pictures, which, as he did it judiciously, were admired, and his vanity was thereby gratified.

"Being of an ardent mind and susceptible of flattery, he betook himself to the formation of a gallery, in which he was proceeding with success, when he began to discover that his new pursuit interfered with matters of more importance. At last his pictures seemed to hang before him in church, as Mr. Grimshawe's well-known cow followed him into the pulpit, and then the collector deemed it full time to stop. The example of Mr. Grimshawe, that sold his favourite cow, was imitated by this gentleman, who, from the moment he discovered that he was setting up an idol in his heart, never purchased another picture."

Now, remember, my young friends, that this is applicable to propensities and habits, as well as desires, which may prove injurious to ourselves and others, either directly or indirectly. There is a habit or propensity—call it what you will—of discussing behind their backs the affairs of others, without any special invitation from the parties concerned; this sometimes savours very much of ill-nature or imprudence, or, perhaps, of both, and in ordinary, by those who do not care about shocking "ears polite," is termed SCANDAL. Well, of course, no one who loves his neighbour as himself, should do that, and so you ought to send such an one back to his catechism to profit by its wholesome but forgotten lessons.

Now, what I allude to is not exactly that—backbiting scandal; but it is this, *exempli gratia*:—Dr. A.'s wife is curious, or Dr. A. himself is communicative—very common failings in the flesh. Now, instead of discussing their little domestic affairs by the fire-side, after the labours of the day, Dr. A. comes, unasked, unsolicited, or otherwise, to acquaint his lady, when in this gossiping humour, with what should be buried in his heart as professional secrets, nay, even as confessions, perhaps, that no breath should whisper—no tongue should tell—no ear should hear. The said doctor's lady, has a most confidential friend, a second self,—such a secret-keeper! None of your blabs, I assure you!! Well, the *third* person, and second lady, has two or three such other staunch confidents—not a leaky vessel amongst them, that they may be told the whole affair in a whisper, as "*strictly confidential*;" but. alas! some how or another, it gets back to the original communicant, and so Dr. A. is discontinued, and, as he deserves, dismissed from his patient, and most probably from his connections.

Remember, that great confidence is usually reposed in the profession at large, but more particularly so in obstetric practice. The reputation of many, in very numerous instances, depends on the secrecy of the physician; communications with him are to be esteemed as confessions, the unwarranted disclosure of which should justly stigmatize the betrayer as a disgrace to the profession.

Time warns me that I should condense and conclude. I can, therefore, give you *now*, but mere texts, or practical aphorisms. Recollect, that your friend sick and your friend well, are different characters. Cæsar, when in fever, cried out, "Give me some drink, Titinius," like a sick girl. The robust and healthy, when ill, are most full of alarms, because such a state is so unusual with them.

That class of patients called nervous, require the most tender sympathy, and at the same time, no small share of address, and tact, and good sense to manage. Although their fears are generally groundless, yet still their *sufferings* are real. Solicitude and negligence are the Scylla and Charybdis in these cases, between which you must accurately steer, and also recollect, that these nervous affections are usually the result of bodily disorders. In the next place, you will often be awarded blame and praise, when neither have been deserved. Well, you must take the current as it runs, and strive to strike a balance in your favor. Again, you must be always Sir Oracle with your patient, more especially if you observe any misgiving on his part. Who knows better than the doctor? should be emphatically marked with a note of admiration as well as interrogation. There must be no indecision in your manner; no erasure in your prescription; no saying, I forgot to tell you so and so on the last occasion. Never utter a forget, and with Cardinal Richelieu, "never say fail;" and with the *University Magazine*, determine that though "difficulties or disease may delay, they never deter us." Be careful how you name diseases. Dr. Brennar, of facetious memory, used—God be good to him poor sinner—to say, "Ma'am, I'm no *clargy*; I cure complaints, but do'nt christen them." Mr. Kirby, the founder—the distinguished founder—of this school, was once put the direct interogatory by mamma,—"what's the matter with the child?" He replied, with a dignified draw up, "Worm fever." This proved to be a hit, for, lo! before his next visit, the patient had voided a large worm.

You must not gratify the curiosity of a patient or his friends respecting the medicines you prescribe. Dr. Gregory has well observed that "there is a natural propensity in mankind to admire what is covered with the veil of obscurity, and to undervalue whatever is fully and clearly explained to them. A firm belief in the effects of medicine, depends more on the imagination, than on a rational conviction impressed on the understanding; and the imagination is never warmed by any object which is distinctly perceived, nor by any truth obvious to common sense." Hogarth and Byron have echoed this sentiment in reference to painting, music, and botany, which we cannot now stop to instance. Gentlemen, I would beg of you, above all things, to avoid allusions to your professional avocations and to professional subjects in general society. It has been said to be the true test of the gentleman, that you are unable to discover, in general company, to what profession he belongs! that is, in popular parlance, "has no smell of the shop."

Some are so enthusiastically embued with a subject, like Mr. Grimshaw and his cow, that they can think and talk of nothing else. I remember a lady with fine eyes, having been quite horrified at the recital of various and sundry operations which a pupil, the narrator, had witnessed. He at length capped the climax by observing, that her pupils were so large that he could extract a cataract through them without the dilating aid of belladonna. This was an *erratic* development of *the* gentlemen *id est, irregularity of the pupil!*

An eminent physician of this city met at dinner, some time since, Mr. Poulett Thompson. The latter pestered the physician about statistics of fever, &c; finding, then, that the doctor's replies were curt and unsatisfactory, Mr. Thompson enquired was he not a physician? When the latter returned at once a most suitable response and reproof, by saying, "Yes; but not here!" pointing to the dinner table.

Time will not permit me to allude to the duties and conduct of the practitioner in reference to his professional brethren. This subject I shall bring before you at the termination of the session, when, I trust, I shall have the honour of addressing as large an auditory of *pupils* as I have now.

In conclusion,—in the hasty sketch I have attempted, I feel assured—you will receive the will for the deed. It has been my most anxious desire to point out that path, which not only indicates your own interest and welfare, but, at the same time, leads to the good of mankind. This, then, is the grand and paramount object—the security of individual as well as general happiness.

I would impress upon my young auditory, the necessity which exists, in all departments of life, of exercising forbearance, self-control and moderation. It is the want of due attention to these important considerations, that causes so much ill-will, hatred, and bickerings in life. Remember, what Cowper has so justly observed:—

> The kindest and the happiest pair
> Will find occasion to forbear;
> And something every day they live,
> To pity, and, perhaps, forgive.

PARISIAN INTELLIGENCE.

(FROM OUR OWN CORRESPONDENT.)

Paris, November, 9th, 1843.

New Ventilator.—An interesting experiment was made at the Hospital de la Saltpetriere, of a machine invented by Dr. Payerne, called by him *epurateur*. This machine is intended to renew the air in places where it is vitiated, such as prisons, hospitals, mines, diving-bells, &c. The Academy of Sciences was represented by M. Bonssingault and Dumas, commissaries; the administration of the hospitals by M. Batel, Censier, and Trelat. Several eminent physicians and chemists were likewise present. The machine fully answered the end proposed by the author. Dr. Payerne purposes shortly to try his diving-bell in the Seine.

Fractures of the Leg.—"These," says Professor Velpeau, "are the most frequently met with, and may be classed thus;—first, *fracture of the tibia*, of frequent occurrence, differs according to its seat:—at the union of the inferior third with the upper two-thirds; in the central or superior extremity; at the inferior extremity: it is generally produced by a direct cause, the first kind being the only one on which indirect causes commonly act, (and in such cases the fracture is almost always oblique from below upwards and from within outwards); often causes an irremediable

deformity; frequently complicated with division of the teguments and protrusion of the upper extremity of the bone; the deformity is much more to be feared when the fibula is broken;—the second, i.e., of the central or superior extremity, is generally produced by direct causes; transversal; less dangerous; with difficulty recognised, on account of the tumefaction of the parts, the almost impossibility of producing crepitation; besides which, when situated near the knee, the movement of one fragment on the other may be supposed to take place in the articulation;—the third species, that of the inferior extremity, which may be produced by direct or indirect causes, is the most dangerous, on account of the proximity of the articulation. Sometimes the malleolus internus is detached; at another the fracture is oblique inwards, oblique outwards, or transversal; there may be several fragments; the articulation is in some cases also affected, and the result may be a stiff joint, and even ankylosis. The symptoms are those of fractures in general, such as pain, crepitus, mobility, inequalities, incapability of walking, &c. The prognostic differs according to the seat of the fracture, and its nature.—Second, *Fractures of the fibula;* are produced by direct and indirect causes. The mode in which they take place when by the latter, has been differently explained; some authors stating that the bone yielded because the malleolus externus was pushed outwards by the astragulus, others because the same malleolus externus was drawn inwards by the ligaments attached to it. M. Maisonneuve affirms that neither is correct; the fracture taking place on account of the bone making a rotatory movement on itself. These theories are but of little use in a practical point of view, the chief object being to remedy the accident. These fractures may be divided into—those occupying the centre of the bone, difficult to recognise on account of the situation of the bone, and the thick muscles which cover it. The best mode of ascertaining their existence is to seize the limb with both hands, the thumbs on the inner side, the fingers on the outer, causing them to approach one another gradually, exercising gentle pressure on the bone in front of the leg, and crepitus will thus be perceptible; care, however, must be taken not to confound it with that produced by the bone on the articular cavity in cases of luxation; those occupying the malleolus externus are very difficult to recognise, indeed impossible, except when the patient is examined at the very moment of the accident. If called in time, the fracture may be discovered thus: the foot is raised, both thumbs being placed on the malleolus, and carefully moved upwards, a slight depression in the bone indicates the seat of the fracture; or one hand should seize the extremity of the foot, the other the lower part of the leg, the thumb of the latter being placed on the malleolus; on giving a slight twist inwards to the foot, crepitation is heard, especially when the ligaments are torn. It is necessary to add that both may fail. Fortunately, this kind of fracture is not very dangerous—those occupying the inferior portion of the fibula are the most dangerous, and it is principally owing to them that Dupuytren's remarks are applicable. In some cases, the tibio-fibular ligament is torn, and the consequences are the disappearance of the interosseous space, and a luxation of the foot outwards, or outwards and backwards. These fractures are easily distinguished; for instance, if after a fall in which the foot is twisted inwardly or outwardly, the person cannot stand nor walk; if an angular depression exists, called by Dupuytren the *coup de hache*; deviation outwards; pain in the point where the depression is observed; crepitus and mobility; we may conclude that the fibula is fractured. In examining, however, we must constantly bear in mind that the fibula is twisted on itself, so that one of its surfaces becomes sub-cutaneous inferiorly, whence two angles, one external, the other anterior, which leave between them a slight depression, which in dislocations of the foot may appear deeper than it really is, from the swoln state of the malleolus.—Third. *Fractures of both bones*, when produced by direct causes is generally a comminutive fracture; by indirect ones, such as a fall on the feet, both bones seldom break on the same level, the tibia generally at the union of the superior two-thirds with the inferior third; the fibula in the depression, sometimes in the centre. These are very oblique, and the limb offers all the characteristic signs, pain, mobility, shortening, deformity, crepitus, &c. In the treatment of these fractures the Professor, after passing in review the various bandages invented by different authors, adds, with two or three of the bandages already known, everything needful can be obtained; those preconised of late days are especially intended to obviate the shortening of the limb, but the permanent extension they exercise is not only useless, but often injurious, from the pain, eschars, and swelling it gives rise to. It ought never to be forgotten that when compression is employed, it must be equal in every part; not so when permanent extension is used. Again, it is impossible,—indeed, I defy any surgeon to shew me an oblique fracture of both bones, cured without the limb being shorter. Several distinguished practitioners imagine, because they have cured a patient who walks without limping, that the limb is not shorter; but one-fourth, two-thirds of an inch, and even one-inch, does not produce that effect. The two following cases are proofs. A student writes to inform me that he does not limp, though one of his legs is two-thirds of an inch shorter than the other. The second is still more remarkable. A man now in my wards for hypertrophy of the tibia, offers a difference of two and a quarter inches between both legs, *yet he does not limp.* The only two bandages now employed are Scultetus' bandage, which must be changed from time to time, every day if there be swelling; then every second or third day, and finally, every fifth or sixth day; the *inamovible* bandage, preferable because it exercises uniform compression, and need not be changed. Several kinds are made use of; Larrey's, modified by M. Scutin, is the best; but the liquid employed by the former is too soluble, and the starch recommended by the latter retains its humidity too long. Struck with these inconveniences, Professor Velpeau employs the dextrine bandage, which is dry in the space of six hours. But this is not the only advantage this substance offers; it is as easily prepared as starch, permits the bandage to be removed without moistening, may be made ready before hand, and is very cheap, half a franc (5d.) being sufficient to purchase the necessary quantity for a bandage in cases of a fracture of the leg. The bandage thus prepared is applied as follows:—The limb, when bent, is seized by two assistants, raised and placed in its natural position; one or two compresses steeped in brandy are put immediately over the fracture, and a dry band is applied with care. The inequalities are then filled with cotton, and splints, made of pasteboard, are placed externally, internally, and posteriorly; finally, the dextrine bandage is put over the whole, beginning at the foot and ending above the knee. In order to overcome the difficulty offered in the application of the bandage, after having fixed it round the instep, the leg must be surrounded by very long spirals, and on reaching the knee two or three horizontal turns are made round the thigh, then it is carried down again as in coming up, and so on until the whole of the bandage is applied. Some practitioners object to the dextrine, because, say they, if employed *before* the swelling comes on, it may produce painful compression, and if *after*, the limb is no longer supported when it subsides. But these fears are groundless; for, in the first place, the bandage is in itself an excellent disentient, the limb never swelling when the bandage is properly applied; and secondly, supposing that it becomes somewhat loose, still it neither changes its position, nor ceases to afford the necessary support. For the last seven years, I have constantly employed this method, without any accident, except in one case, in which an eschar was formed, owing to the pressure not being uniform. These eschars are chiefly to be feared on the instep; great care, therefore, must be taken when applying the bandage on this part. In fracture of the fibula, the same bandage suffices in ordinary cases; but when the foot is turned outwards, after its application the leg must be kept from 12 to 24 hours in its natural position, by the apparatus recommended by Dupuytren, after which, the dextrine, being dry, is sufficient to maintain the parts. Another advantage this method presents is, that when the bandage, properly applied, is dry, the patient can get up and move about.—Fourth. *Compound Fracture.* The dextrine bandage may be put on as usual, but when suppuration takes place, an opening must be made opposite the wound; and as the pus, and other liquids employed to hasten the cicatrization, will necessarily moisten the surrounding parts, the pasteboard of splint must be replaced by a wooden one."

Spontaneous Perforation of the Duodenum.—A painter, aged 35, has twice had colica pictonum; the last time, four years ago. On the 9th August, while painting, he was seized with violent colics: in spite of the application of leeches, emollient poultices, and enemas, he grew gradually worse, and was brought to the Charité on the 14th, and died two hours after. The *post mortem* examination shewed that there was an opening immediately below the pylorus, of the size of a sixpence, which, allowing the liquids to escape into the peritoneum, caused peritonitis and death.

Anencephalus.—Dr. Bouillet publishes the following case of anencephalus. Mdme. S., of a strong constitution, aged 35, having had five children (two of them fell victims to phthisis), became *enceinte* last May, her husband suffering at the time from catarrhus suffocans; on the 17th Oct., labour pains came on at 7 p.m.. She was delivered of a child of the female sex, of which the following is a description:—Sexual parts as usual; body short, fat, 5 inches in length; inferior extremities 6 inches in length; heel of the left foot similar to a cock's spur; fingers from $1\frac{3}{4}$ inch to $2\frac{1}{4}$ inches in length; instead of the bones of the cranium, there was a reddish membrane containing a small portion of the cerebrum, and which fell on the back like a hood; face attached to the superior part of the vertebral column, appears to have all its bones; eyes large and prominent; root of the nose flattened; no sternum; ears on the shoulders, behind the scapulæ. The child being placed on the abdomen, the face was directed forwards, and it was very like a frog. The vertebral column was bifid from the sacrum upwards; posteriorly the spinal marrow was covered with a red thin membrane; bones of the pelvis wanting; femurs attached to the sacrum; liver voluminous, filling almost all the abdomen; no skin on the back, this part offering the appearance of a large wound. "Eight years ago," adds the author, in concluding, "I attended a woman who was delivered of a child with six fingers on one hand; and, two years after, the same person gave birth to another child, who, instead of the usual number of fingers on the right hand, had only a thumb and little finger, exactly similar to the claw of a lobster."

Curious Surgical Cases.—The following cases occurred in the wards of M. Chassaignac, and elicited some remarks from that surgeon:—1st. *Voluminous Vesico-Prostatic Calculus.* This species, described by Dupuytren under the name *calcul en gourde*, is to be met with only in cases which date from infancy; at this period of life, the *glandula prostata* is very small, and the neck of the bladder easily distended. The calculus begins in the last part, and subsequently increases in size in the bladder, forming there the body of the gourd, the neck being contained in the prostatic portion of the urethra; between the two is a circular depression; pain is greater than in ordinary cases: lithotrity is here so difficult, that most persons prefer lithotomy. M. C. then related a case in which the lateral operation was performed, and three calculi, so closely wedged together as to appear to form but one, were extracted: the patient died from the exhaustion to which he had been reduced previous to the operation, from an extensive chronic disease of the kidneys.—2d. *Fracture of the Cartilage of the eighth or ninth Rib, caused by Muscular Contraction.* The patient, a strong journeyman, aged 52, when in the act of throwing a spade-full of gravel into a cart, felt all at once a sensation as if something had cracked in the thorax: on pressure on the part, a noise was produced, different from the crepitus of a fracture:

no pain. The cure was completed in eleven days. —3d. *Abscess situated in the right Fossa Iliaca, produced by ulceration and perforation of the Cœcum.* A man, aged 45, was removed from the medical ward of M. Rayer, where he was under treatment for a phlegmon in the right fossa iliaca, to be operated on for the same, which appeared to be disposed to come to a head in the lumbar region. It is so seldom that an abscess pierces thus, that M. Chassaignac, in order to convince himself of the fact, plunged a trocar into the swelling, and about half-a-tablespoonful of a dirty-looking fœtid pus flowed out. An incision was now made, and about a tumbler-full of an extremely fœtid sero-purulent liquid escaped, which increased when the patient coughed. On the third day after the operation, excrementitial matter was mixed with the pus, and this continued until death, which took place two days after.—*Autopsy—Lungs:* In several parts small calcareous concretions existed, the remains, probably, of tubercles. *Abdomen:* A circumscribed abscess, extending from the inferior surface of the liver to the duodenum, and upper part of the colon ascendens, enveloped by a membrane of recent formation, but sufficiently strong to permit its removal. The incision in the lumbar region having been enlarged, the abscess was found to communicate with the interior of the cœcum, by means of two openings, one of which was situated at the point of union of the cœcum with the *appendicula cœci vermiformis*, which contained a fecal concretion. The lymphatic glands of the abdomen were surrounded by voluminous calcareous concretions.

Prize.—The Academy of Turin proposes the following question:—"Compare the symptoms and organic alterations to be met with in cases of farcy and glanders, not only in the horse, but likewise in man. Determine precisely the seat and pathology of the two disorders. Decide whether they are identical or not: in the former case, point out, by facts and experiments, their origin in man, and whether they are produced spontaneously, by inoculation, or by infection; and in the latter, mention if the diseases which manifest themselves in persons who take care of horses affected with glanders and farcy, and which are considered identical with these disorders, may not be produced by other individual or local causes, independent of contagion, and especially from the virus proceeding from a sick horse, acting simply as an irritating or morbid cause. Finally, indicate the best preservation and pharmaceutical means against this disorder." The prize is a gold medal worth £20. Memoirs or works, written in Italian, French, or Latin, must be sent (p. p.) to the secretary of the Society, Turin, on or before the 30th May, 1845.

Academy of Sciences; Sitting of the 6th November.—(Professor Dumas in the Chair.)—*On Indigenous Opium.*—M. Caventou addressed a letter to the President, in which he states that Lieut.-Gen. Lamarque sent him in 1828 a sample of opium, gathered by him in the department of the Landes; that he obtained from this opium a greater quantity of raw morphia than from the ordinary opium found in commerce; it contained more than 14 per cent., and Pelletier, from the same opium, obtained 12 per cent. of pure morphia; whilst M. Bussy extracted from two samples of Smyrna opium only 4 per cent., and M. Payen 10 per cent. from the best commercial opium. M. Caventou, therefore, concludes that the indigenous poppy, properly cultivated, contains a better species of opium than that brought from the East.

Action of Concentrated Acetic Acid on Sugar.—M. Persoz addressed a memoir on the action of concentrated acetic acid on sugar. "On the 13th of February, 1833, I presented a memoir to the Academy, in which I proved that all acids transform cane-sugar into grape-sugar, and that this last produces a deviation of polarisation to the left. In acting on a dissolution of cane-sugar, acidulated with pure acetic acid, whose rotatory power is 42·4 to the right, I remarked the following changes, the experiments being constantly performed in a tube of about six inches. Heated 122° F. the rotatory power was reduced to 41° always to the right; at 212 deg. F. the rotatory power was 6° to the left. After boiling a few minutes, the power was increased to 8° always in the same direction. A dissolution of cane-sugar acidulated with sulphuric acid offered a rotatory power of 42.4 to the right; heated to 77 deg. F. the deviation was 13·5 to the left. But, notwithstanding the experiments of M. Biot, and those just mentioned, I think that the proposition combated by this learned academician (as contrary to the results obtained by both of us) is exact, if we employ acetic acid at its maximum of concentration. My opinion is founded on the fact, that such acetic acid may be boiled with fœcula without producing any changes different from those caused by other acids, i.e., by transforming it, first, into dextrine, and then into sugar. It is not extraordinary that cane-sugar, almost insoluble in concentrated acetic acid, should offer the same peculiarity as fœcula. M. Biot remarked that acetic acid changes cane-sugar into liquid grape-sugar, which exercises a deviation to the left, whilst it deviates to the right when it is solidified by cristallization. This fact was demonstrated by M. Mitcherlich, of Berlin.

Muscle, a Neuro-Magnetic Apparatus.—Mr. Wharton Jones, F.R.S., addressed an extract of his lecture introductory to his course on Anatomy and Physiology, at the Charing-Cross Hospital, delivered on the 3rd of October, 1843. Muscular fibre, according to the Professor, consists of a series of pieces in the form of discs, at first pointed out by Mr. Bowman, not immediately adherent to each other, but held together by an intervening substance, so yielding and elastic as to admit of very close approximation of the discs to each other, or their separation to a certain extent. These discs are analogous in their nature to electro-magnets, and may be called neuro-magnets, inasmuch as the relation of the nervous influence to them appears to be essentially the same as that of the galvanic influence to the soft iron forming common electro-magnets. The neuro-magnetic discs composing muscular fibre are of microscopic minuteness, and are arranged so as to operate on each other at very short distances only, and with great power, which augments in a rapidly increasing ratio as the discs approach each other. By the multiplication of the neuro-magnets in the linear series, constituting a muscular fibre, extent of motion is obtained, and according to the number of linear series arranged side by side in a muscle, so is the power of that muscle. The primitive fibrils of the nerves are disposed in loops across the muscular fibres, but not coiled round the neuro-magnets as the galvanic conducting wire is around electro-magnets, when much electro-magnetic force is requisite. But this is not a difference in principle, merely one in degree of arrangement, and is another example of nature's simplicity and economy in means, as well as excellence and completeness in result. The nervous influence streaming along the primitive fibrils of nerves, thus disposed in loops across the muscular fibres, communicates to the neuro-magnetic discs composing the fibres a magnetic state, in the same way that the galvanism conducted by the wires of electro-magnets does to the soft iron of which these magnets are composed. By virtue of the magnetic state which the neuro-magnetic discs of muscular fibres thus acquire, they attract each other, and this constitutes the contraction of the muscular fibre. The stream of nervous influence being arrested, the magnetic state of the discs is for the time suspended, and so relaxation of the muscles takes place by the discs being allowed to separate from each other as far as their intervening substance will permit. According to these views, the force with which muscular contraction takes place, is greater towards the end than at the beginning. This is quite contrary to the conclusion arrived at by Schwann, from his carefully-conducted experiments on muscular motion. But Schwann probably erred in applying to *muscular fibre* what he ascertained in regard to certain *entire muscles*, in which the component fibres are variously grouped and arranged according to the duties the muscle has to perform. For the muscle, when it begins to act, having to overcome a greater resistance than afterwards, a greater number of fibres are so disposed as to come into play at the commencement, a smaller number at the end of the action. A peculiarity in the levers of the human body is the shortness of the arm of power, in comparison with the arm of resistance. The question, therefore, naturally arises—how is it that in animal bodies, in which every object is effected at the smallest possible expense, whether of materials or power, there should be found such disadvantageous leverage? Satisfactory reasons may be given for this apparent anomaly. Extent and rapidity of motion is obtained, which are some equivalent for a considerable extent of power; besides which, a power, such as muscular contraction, would have been inapplicable to long leverage. In fact, had long leverage existed, a much more complicated mode of applying the power than that which is adopted, would have been necessary, in order to effect the same results; whereas, the short leverage presented by the bones to the muscles, is in strict conformity with all the phenomena of muscular action. The attraction of the neuro-magnetic discs, of which muscular fibre is composed, being, as in common magnetism, exerted with an available amount of force only at short distances, the shortening of muscular fibres in action is necessarily of comparatively limited extent. With this limited extent of contraction in the muscles, then, short leverage was the only means of obtaining extent of movement of the bones. But as the very circumstance which limits the extent of contraction in the muscles, gives them great and increasing power in contracting, this, more than counterbalances any loss by disadvantageous leverage.

New Method of Preserving Bodies for Dissection.—M. Gagnage addressed the receipt of a liquid for preserving bodies from putrefaction, without destroying the suppleness of the limbs, and without acting as a dessicative. It is composed of alcohol and essence of turpentine, equal parts; distil and add to every lb. ij. of the product, from ℥j. to ℥ij. of Venice turpentine; aromatise with the essence of rosemary, thyme, lavender, or any other essential oil, and colour with alkanet root.

Academy of Medicine; Sitting of the 7th October.—(Professor Dubois in the Chair.)—*On Marsh Miasma as a Preservative against Phthisis.*—M. Nepple addressed a memoir on this subject, in which he states—that to reap benefit from this atmosphere, it is necessary to reside constantly in it; for children, if sent away on account of their education, after being absent some time, lose the immunity they possessed, and never after regain it,—that with so many proofs, recorded by so many distinguished observers, it is impossible to doubt the fact of the preservative action of paludian miasma in phthisis,—that the atmosphere of the department of the Dombes may be efficacious in cases in which the animal heat is considerable, with great nervous irritability and hæmoptysis,—and that it is not in countries where the effluvia act only in certain seasons, according to the weather, but in those where they are constant, that such a result may be expected.

Cases of Hydrophobia.—M. Berigny addressed a notice on five cases of this disorder. In one, it was caused by a dog which, a few days before it died mad, licked the hand of its mistress. The rabid poison was absorbed and carried into the system, through the medium of several minute cracks produced by the removal of the small portions of epidermis called *flaws*. The lady fell a victim. He does not think the disease can be spontaneous.

Insane Persons subject to Sea Sickness.—M. Mitivié addressed a memoir, in which he enumerates several cases of this disorder, in which the patients were not exempt from sea sickness. M. Ferrus remarked that he did not say, as M. Mitivié mentions, that such persons were exempt, but that two individuals, affected with melancholia, were cured after a long voyage.

Phlegmasia Alba Dolens.—M. Capuron read a report on an observation addressed by M. Chretien, of Montpellier. After recalling the attention of the Academy to the principal incidents of the case, the reporter concluded that the principal symptoms were wanting, and, therefore, that he could not consider it as a case of phlegmasia alba dolens. M. Rochoux remarked that he was among those who did not consider this disorder to be the same in men as in women; for the puerperal state causes

a difference, not only between men and women, but likewise between women. M. Girardin said he did not think M. Chretien ever had an opportunity of observing a case of phlegmasia alba dolens, or he would not have given his as such. In his opinion, it ought to be considered as if it had never occurred.

Influence of Rhythm.—Dr. Colombat de l'Isere read a memoir on the physiological influence of rhythm on man and animals. Rhythm is the regulator of the principal functions and movements of all organized beings. Do not the lungs, the heart, beat with regularity? Do not smiths, sailors, &c. perform their avocations in cadence? Thus all mankind follow instinctively a sort of rhythm in the greater part of their movements, and all recognize it as the regulator of the powers. The ancients were so convinced that it was innate to man, that Agesilaus, when asked why the Spartans went to battle at the sound of the fife, replied "*Nam cum pes non responderet ad modulos tibiarum, prodebatur ignovorum imbecillitas.*" If then rhythm is one of the first laws of the animal economy, it is easy to suppose that by its aid we can render our movements more regular and perfect. This physiological fact it was, that led me to employ it in the cure of the abnormal contractions which characterize certain nervous affections, and give rise to certain defects in the speech, and especially to stuttering. In conclusion, the author says that rhythm is natural to the human ear; that its influence is absolutely necessary to music; that its application to words gave rise to oratorical art, eloquence, and poetry;—that Cicero considered it indispensable to those who improvisated in prose;—finally, that if Demosthenes became the first orator of his age, it ought to be attributed to his having recited the verses of Sophocles and Euripides, and not because he spoke while having pebbles in his mouth.

On Vaccine.—M. Castel read a memoir on vaccine, in which he begins thus:—*Time changes all, even our humours.* Vaccine matter, says the author, when it possesses its essential qualities, is never completely inefficacious; but it is far more exact to say, that it is not an absolute preservative than that it is a temporary one, because there is neither periodicity nor uniformity in the length of time it preserves. Its apologists in striving to establish the relation between the eruptive disorders which it did not prevent, and variola attacking a second time the same individual, employ a mode of argumentation similar to those who compare the exemption from variola after vaccination, to that produced by a peculiar idiosyncrasy. This can only be decided when we seek from vaccination only what it can reasonably give. M. Nacquart observed, that the more intense the eruptive fever the less the subsequent danger of contracting variola; to attain this end, he endeavoured always to produce several pustules. M. Rochoux remarked that M. Bousquet has proved that one pustule is sufficient.

GARLAND DE BEAUMONT, D.M.P., B.L., &c.
Honorary Physician to the Spanish Embassy.

TO CORRESPONDENTS.

H. R.—*The best material for stopping the teeth is gold leaf. The cements advertised are of different kinds, and always less efficient. The mineral marmoratum consists of tin foil, and quicksilver melted, kneaded in the palm of the hand with a little steel dust, or finely powdered flint glass, at once applied.*

Mr. Proctor's *case of consumption cured by naphtha (forwarded by Dr. Hastings) in our next: in the same position is Mr. Pincott's interesting case.*

Glasgow.—*We have been sent a report from a committee of the Glasgow Philosophical Society on the sanitory condition of Scotland. We find from it that in* 1842, *mortality in Glasgow was nearly the same as in London, with six times more population, and that in* 1841, *as many* (except 40) *died in Glasgow of typhus fever as in the metropolis. The Committee add recommendations as to the importance of better registration in Scotland, which have our entire concurrence. Mortality registers are doctors on a national scale.*

A. Z.'s *letter has reached us. We have no space at this moment for re-considering the question of Irish medical charities; the strictures we have already made stand unanswered and unanswerable. If we have one wish more than another, it is that religious fanaticism should not, with a train of more substantial evils, teach foreigners that British medical men are in the nineteenth century, neither enlightened nor gentlemanly enough to maintain honest terms of scientific brotherhood with one who does not worship in the same religious temple. It was said of honour that when it forsook all other men it should find secure refuge in the breasts of kings. So of toleration; wherever persecuted it should always meet an asylum in the sacred domain of science.*

Apothecaries' Society..—*We have been sent by a correspondent the names of gentlemen who received prizes from this sleepy company:—Mr. Frederick John Hensley, of King's College, gold medal; Mr. Edward Southerin, of University College, silver medal. The prizes were distributed by the master on Thursday, the 9th inst. at the annual* dinner *of the society.*

Dr. Hunter Lane's note has been received. On longer reflection, he will probably feel that our duty was discharged when we placed the whole substance *of his reply before our readers. Our space has claims upon it unknown to any other medical journal, and correspondents must excuse us if,* pro bono publico, *we condense papers which pass what we, perhaps erroneously, think their* due *limit. As to publicity, the column to correspondents is usually considered of all the most prominent, and we promise that the reply shall not escape being indexed.*

A Constant Reader.—*A surgeon can charge for medicine in surgical cases. He is not actionable in the case given.*

We have received the Manchester Times. *The inquest on Mr. Dunn's patient at Hulme calls for no remark from us. There is a vagueness in the narrative which puts a safe opinion out of the question. We have received also copies of* The Canton Free Press—The Boston Medical and Surgical Journal—The New York Journal of Medicine and Surgery—The Midnight Cry, *a far west American paper, proving, from hundreds of Scripture texts, that no doctors will be needed after Christmas, as the millennium will be arrived by that time:—and some other papers.*

Z. J. O.—*We regret to say that we cannot comply with our correspondent's respectful request. We should be taking an equivocal advantage of our powers, if we singled out any gentleman for recommendation; but any surgeon (except an advertising one) who has paid special attention to urinary maladies would be worthy consultation in a case of spermatorrhœa. This answer is requested to be taken by other correspondents.*

A Subscriber.—*We know of no such institution. The surgeons of Lock Hospital, Marylebone Infirmary, &c., would perhaps attend to the case.*

T. H.—*We do not usually answer such invidious questions, and must decline responding to this.*

A Student.—*We are not aware that the teachers have yet come to any resolution on the Christmas holidays.*

The pencillings of Messrs. Calloway and Cock, Drs Addison, Barlow, and Babington, in our next.

Errata of Mr. Braid's Communication in our last Number.—*Page* 74, *col.* 2, *line (from bottom)* 10, *for hypnotesia, read* "hypnotism;" *and three lines below, for contradiction, read* "contradistinction." *In line* 39 *of next column, expunge the first word* "by,"—*and in line* 11, *of next paragraph, for position, read* "portion." *In page* 75, *col.* 1, *line* 9, *paragraph* 3, *strike out the word* "different," *and as (last word of that paragraph) for propensities, read* "faculties." *In line* 15 *(from bottom of the same column,) after the word that, add* "a," *and after the word mind, in the next line, add* "is," *and in line* 6, *(from the bottom of that column) for contracted, read* "concentrated," *and for motion, read* "emotion." *In col.* 2, *line* 2, *for organ, read* "again," *and, two lines below, for O'Niel, read* "O'Neil," *and at line* 23, *for to, read* "for."

Erratum.—*For H. Sheppard, read* W. Sheppard, *in our List of Gentlemen passing the College on the* 4*th instant.*

THE MEDICAL TIMES.

SATURDAY, NOV. 18, 1843.

Qualis artifex pereo!
NERO

"GEORGE MACILWAIN," self-described as "the Author of 'Medicine and Surgery one Inductive Science,' and other works; twenty years Surgeon to the Finsbury Dispensary, &c. &c. &c.," has recently surprised the Council of our Royal Surgical College with a published remonstrance for passing him over "at an election into that body in July last." The document is no useless contribution either to literature or science, for, containing much autobiography, set forth with an amiable frankness, it may, registered in our undying pages, stumble before the laborious Pettigrew of a distant time, and teaching him the scientific deserts of our epoch, tempt him to their fuller record as interestingly impersonated in the dapper dimensions of that hitherto unprized *Hippocrates* (powerful in *horses?*) George Macilwain, author of "Medicine and Surgery," and heaven knows how much more. Indeed, as to the harsh treatment of Tasso, or blindness of Homer and Milton, we are indebted to their best poems; so we question whether, on behalf of Mr. Macilwain, we do not, in some sly corner of us, feel a ray of thankfulness to the College for its ill-usage of one who, in the consciousness of that genius which never yet got its due meed from this world, nobly exclaims, "I must be content to pay the price of the displeasure" *it* has caused! Indeed, he is himself, in no slight degree, indebted to it. In the delightful law of self-love, the pleasure of doing justice even, is never greater than when doing it in our own favour: and what other contingency but this Council exclusion could so charmingly introduce to the public the self-apotheosis which the Surgeon of the Finsbury Dispensary has, in this admirable protest, at length accomplished for himself. The innocent victim of this modern "Passover," he has fairly turned the table on his devourers, and threatens them with a lethal fit of dyspepsia. He would have been a great man as a Councillor—he is twice as great as a *Rejected.* Like an adroit Scotchman, he has turned the rebuff to good profit. He has made an Argyle post of the exclusion: scratched his back by it, at the Council's expence: given himself, gratuitously, through it, a larger, fuller, better treat of egotism, than a thousand pounds would have won him through a Longman, or a Murray. How many, for example, save for this "passover," would have remained in unhappy ignorance that there *was* a gentleman of the name of Mr. Macilwain? Who would have known that his "early life was marked by labours at the hospital for an *unusual* number of years, and if *not* characterized (what?) by *singular* or unexampled, at least by very *uncommon* industry; and this after his public and

private occupations had so much increased, &c.?" Who that he "*held* institutions exacting greater responsibilities than any of the hospitals?"—or "gave the first Clinical Lectures in London?"—or "consolidated Ophthalmic with General Surgery, and made eye operations a *leading* part of General Dispensing operations?"—or that, "from time to time," he published in books such results of his inquiries as a reference to the wants of science, determined by *others*, (what?) suggested, "which books are all *additions* to the art or the science of the Profession?"—or that his work on Stricture positively "adapted various modes of treatment to their respective cases?"—or that, in connection with the Truss Society, he found that all tumours were not hernial tumours, and said so in a book?—or———but we must give the rest in his own words :—

At about this time, to a second edition of the book on stricture, I added remarks on the rectum and œsophagus, and a paper suggesting the earlier performance of tracheotomy in chronic laryngitis.

I also (as helping the downfall of local surgery) published on porrigo, in order to show that that class of cutaneous diseases which, while they were made to depend for their relief on local remedies, were most unmanageable, became, when properly treated, emphatic examples of the triumph of constitutional surgery.

I will now only allude to two of my other works, namely, those "On the Unity of the Body" and "Medicine and Surgery One Inductive Science." In those works, besides pleading for a more inductive method of pathological investigation, and showing how it might be obtained, I have demonstrated the effects of a more sedulous study and record of phenomena, first in a practical application (in the improved constitutional treatment of diseases) of those phenomena of the nervous system a very small portion only of which is included in what is called *reflex action*; and, secondly, I have enunciated a generalisation which, whether you admit it to be a law, as stated, or an axiom in approximation thereto, I contend is the most important generalisation at present reached,—that in assigning places and uses to facts hitherto not at all understood, in eliciting the causes of our failure and success respectively, it does more to overthrow mischievous *dogmata* and to divest our medical surgery of its conjectural character, and mould it into the real science, than anything which had preceded it. All this, I submit, is proved, even on the imperfect induction of the first volume (the only one published), but I pledge myself to manifest that it will stand the largest induction which pathology affords; and, if the opportunity be allowed me, Gentlemen (*which it ought to have been ere this*), in the theatre of our College, I could mention many others; but those claims which I have stated, and which the *nature* of my address *obliges* me to bring forward, are sufficient for my present purpose. I an not insensible how small these and all others are, in an absolute sense, especially had I enjoyed either health or fitting *arenæ*; but, still, in their *relative aspect* (and in this view I shrink not from comparison with any of your own body), I must feel that if they had not entitled me to distinction, they should, at last, have shielded me from neglect. I have heard, indeed, that my endeavours to introduce a more inductive method into our pathological investigations is the very reason why I am unpopular amongst you; if so, I must be content to pay the price of your displeasure.

But Gentlemen, if I have alleged that our pathological investigations present a series of violations of the principles of inductive philosophy,—if I have asserted that our collections of morbid anatomy would be more fittingly characterised as "cabinets or curiosities" than as representing the materials for philosophical generalisation,—if I have said that your records of cases omit many facts having obvious bearing on disease, and present inductions of phenomena so imperfect that they would scarcely be accepted in any other science,—if I have represented hospitals that can find funds for the building of schools, dissecting-rooms, even domiciles for ing, but which have neither found sufficient sym-students, and all the machinery of the trade of teachpathy for the afflicted, nor perceived the important bearings of such a provision as to found one single "House of Recovery," although it involves an agency which is recommended in *private* practice every day,—if I have represented these institutions as so far badly conducted; and lastly,—if I have said that it would be little short of madness to expect medical science to advance whilst those means are neglected to which all other sciences have owed their progress,—who is there among you, Gentlemen, that will dare to deny these allegations? You have plenty of opportunity, if you will, and although that very public, to the enlightenment of whom no one seems, more opposed than our collegiate bodies, is beginning to retaliate by believing anything and everything that is said against us, yet the age is not so dark but that an unfounded allegation may be easily disproved.

In conclusion, Gentlemen, I would respectfully ask you, is it possible that a restrospect of the last twenty years renders you so satisfied with the facts enunciated in your theatre as to feel that you have done wisely or profitably in restricting your choice of lecturers to those who had all their lives been addressing pupils? Or did it never occur to you that there might be men who could exemplify that the real study of the profession might be more auspiciously pursued when disincumbered of the trade of teaching? Look forth, I pray you, from the narrow precincts of the College, abroad into the profession; try some of the yet untried, and, therefore, at least not yet "found wanting;" and although you should begin with so humble an individual as he who now addresses you, *I pledge myself to show you simple exemplications of improved modes of study, productive of fruits which are solid increments to our knowledge*, which, whilst they are in no way more valuable than in their application to practice, have been deduced from sources and by modes, which not only those who study the physiological, but our brethren in other departments of science, shall allow to have been deduced through unquestionable channels and by means of strictly logical ratiocination.

I am not so inexperienced as to expect your sympathy, nor blind to the uselessness of expostulation unsupported by power. Yet have I this consolation, in common with all who have not paid any of you an apprentice fee (for you have rejected a surgeon of a hospital* who had observed this formality), that each and all of us may consider that in the sacrifice of our just claims (how?) we have lent assistance to the overthrow of a system which, I believe, every unbiassed man regards as pernicious—as abhorrent to the interests of science—which lights up into an unextinguishable ignition, those heartburnings and jealousies that are so disgraceful to a profession that, when properly pursued, is full of the most exalting tendencies—a system which tends to repress the struggles of talent and the hopes of industry, and to deprive that single-mindedness and love of science (in no profession so valuable) of its legitimate reward,—a system which does no one thing to point out or smooth the path to real professional eminence, but rests on an early perception of mercantile dependancies that ought to be unknown, and as early a subscription, both of mind and purse, to a conventionalism, as great an abuse of power as it is of the dignity of our profession.

I have the honour to be, Gentlemen,
Your obedient servant,
GEORGE MACILWAIN,
Author of "Medicine and Surgery One Inductive Science," and other works; twenty years Surgeon to the Finsbury Dispensary, &c. &c. &c.

Truly we are not in less measure than Mr. Macilwain, indebted to the council for giving him this happy opportunity of expectorating himself on us. We never thought, before, there was so much in him. He pours out himself in an interminable flood, and seems as little exhausted, signing himself, "Obedient servant," as when he commenced, "Gentlemen." And with what a *gusto* he talks of himself!—in *his* Medical Biography, George Macilwain clearly stands No. 1. The Council and he have evidently the most distant possible estimates of him: bought at their price, and sold at his, he would prove as lucrative a speculation as a slave cargo. And, perhaps, of all "the enormities of the most detestable character," and all "the repulsive attributes" Mr. M. has discovered in this Council, *since* its rejection of him, the most detestable and most repulsive enormity is this non-appreciation of merits it gives Mr. Macilwain such pleasure, and the world such *instruction*, to chronicle. Between our grief at Mr. Macilwain's exclusion, and our joy at its result, we hardly know whether we should join him or not in his protest. One of his important "philosophical generalizations,"—or "an axiom in approximation thereto," or one of his "simple exemplifications of improved modes of study, productive of fruits which are *solid increments* to our knowledge, deduced through unquestionable *channels*, and by means of strictly logical ratiocination,"—or one of his happy strokes in the way of Inductive Philosophy—would assist us mightily to get out of the puzzle, But, alas! like the Council, these mental achievements are as much beyond our humble range, as the "parts of speech" of a Mrs. Malaprop above the comprehension of a Lydia Languish or a Faulkner.

But we must snatch ourselves from the seductive beauties of this literary and scientific monopolylogue, to say a serious word or two on the transaction it commemorates. We take it, that, despite this his "protest" to the contrary, Mr. Macilwain is a gentleman well and thoroughly acquainted with his profession, both in its theory and practice: that, through hard and well-deserving labours, he has raised himself into a position of independence and ease: that he has a character as unimpeachable as respectable: and that on the whole—considering that, very prudently, the Council have not insisted on preliminary education—there is nothing in the elections, that have marked our College Halls, which tends to suggest that he would have made a discreditable, or less than usually distinguished, member of the Council. Though we could thus, without regret, as without joy, have seen him, by the "inductive process," *raised* to a place in the Council Board, we are not disposed to find any special or particular fault with his rejection. As his competency was of the system, so was his rejection. He was as good a man, probably, as the junior that superseded him—but goodness is not the title to the place. The title is the good pleasure of the twenty-one electors; and to

* Mr. Lloyd, of St. Bartholomew's.

expect them to forget themselves to prefer him, would be about as reasonable as to ask Mr. Macilwain to weigh himself in any other body's balance. Mr. Macilwain, smarting under his disappointment, may tell us that this conduct is an enormity of the most detestable character—but we affirm that it is natural and perfectly reasonable. Any other twenty-one men, vested with the same powers, would exercise them in the same way. He has made the mistake he complains of in other surgeons. He has overlooked the great rule of etiologie diagnosis, and while attending the disease's local development, has forgotten its constitutional seat. It is the system that is to blame—a system which, from intrinsic examination, stood condemned, *ab initio*, to every reasonable mind; and which, if it wanted the further condemnation of experience, was morally gibbetted years ago, when it excluded a Carpue, a Brookes, and a Grainger. If Mr. Macilwain's "Inductive Philosophy," and "most important generalizations at present reached," and "improved modes of study by means of strictly logical ratiocination," did not teach him this, we would not give much for all they did. And if aware of it, why not "remonstrate" against it while its "enormities" were *only* crushing others? If he could give it the support of his acquiescence while it injured them, he must not look for sympathy when the enemy reaches his own door.

PENCILLINGS OF EMINENT MEDICAL MEN.

Dr. Bright, F.R.S.,

Is the third son of Richard Bright, of Ham Green, in the county of Somerset. He is of an old and respectable family: his eldest brother represented Bristol in three successive parliaments. He matriculated, in 1808, at the University of Edinburgh, and attended the lectures of Dugald Stewart, on Moral Philosophy, also those of Playfair and Leslie, and of Drs. Hope, Munro, Duncan, and Gordon. A few years after, he visited Iceland, and wrote an interesting description of the botany and zoology of that island. In 1812, he again visited Edinburgh, and attended the lectures of Drs. Gregory and Thomson. He then visited Germany, and on his return, published his travels. In 1820, he was elected assistant-physician to Guy's; in 1824, on the retirement of Dr. Laird, he succeeded to the office of physician. He and Dr. Addison were afterwards associated as lecturers, and authors on the Practice of Physic. In 1832, he was made a Fellow of the College of Physicians, and in 1834, delivered the Gulstonian Lectures.

Dr. Bright, F.R.S., was one of the ornaments of Guy's, and a great and a deserved source of attraction to the school. He has specially directed his attention to the diseases of the kidneys; he took a particular disease as a study, and having a wide field for investigation, by closely watching, and accurately recording every case of the kind, and noting the peculiar points which it elucidated or illustrated, he must in time have arrived at a practical and valuable conclusion. He adopted the Baconian rule—"Non fingendum aut excogitandum quid natura faciat, aut ferat, sed observandum et experiendum."

He published, in 1827, a quarto volume of Reports of Medical Cases, selected with a view of illustrating the symptoms and cure of diseases, and a reference to morbid anatomy.

He thinks that too little attention has been paid to diseases of the kidneys, as one of the causes of dropsy. He says, when the urine in dropsy is albuminous, and more or less coagulable by heat, the kidneys have been found diseased in structure, while the liver has been slightly affected. On the other hand, when the dropsy has depended on considerable disease of structure in the liver, and the kidneys have not been diseased, the urine has not been coagulable; and further, if the kidneys and liver have both been in a state of mutual derangement, the urine has coagulated.

It is supposed that various pernicious causes, acting through the stomach and skin, produce an inflammatory state of the kidneys, which, in the course of time, occasions a structural disorganisation. The kidneys, in such cases, are found completely granulated, the external surface rough and uneven; internally, all traces of natural organisation disappear, and the tubular portion is of a lighter or more pinky colour than usual. At other times, the kidneys are found of the darkest chocolate colour, interspersed with black and white spots, giving them the appearance of polished porphyry.

He has sometimes been successful in depriving this disease of its fatality, by the treatment which he adopted, viz. in bleeding from the arm or the loins, saline diuretics, particularly supertartrate of potash, and where there was much irritation, great benefit was derived from uva ursi, in doses of ten grains, up to a scruple, and combined with two or three grains of pulvis conii; blisters to the loins, and turpentine frictions.

In respect to the treatment of dropsy, where any of the three organic changes, which he describes, exists, Dr. Bright doubts whether any mode of treatment will cure, or even much relieve the patient; where it is slight, and not firmly fixed, much may be effected.

In the early stages, and in sudden attacks of anasarca, arising from intemperance and exposure, bleeding and cupping on the loins, to restore the functions of the kidneys, and to guard against secondary inflammatory attacks. He is averse to the employment of mercury; he has remarked, that the urine is of less specific gravity than healthy urine; that it is deficient in some of the natural constituents; that the albumen on which depends the coagulable quality, is of the same nature as the serum in the blood.

In 1831 he brought out the second and third volumes of his Reports of Medical Cases, at the very moderate charge of £9. 9s. The accuracy of the drawing, the minute knowledge of the anatomist, and the skill of the draughtsman, are exhibited with great success. The second volume is occupied with the diseases of the brain and nervous system.

Delirium tremens he seems to think, and very properly, does not belong to purely inflammatory diseases, and recommends moderate stimulants and sedatives in the early stages. His views on erysipelas of head and face are now exploded. He gives cases illustrative of the effects of cerebral pressure from vascular turgescence: vascular congestion of the brain from narcotics. He also well describes another source of pressure of the brain, from obstructed circulation through the lungs; but which now is considered to belong to imperfectly oxygenized or arterialized blood;—in such cases he bleeds and gives calomel and ipecacuanha. He gives interesting cases of pressure from effusion on the surface, and those in which it occurred in the substance of the brain. In apoplexy he denounces small bleedings. After bleeding, the pulse must be watched; if it increase in rapidity, still maintaining considerable force, we must bleed again; but, when after taking forty or fifty ounces, we must be careful not to expend the vital fluid. Too long continued cold to the head he does not recommend. Purgatives, with calomel and diuretics, are his great means of cure. When the time arrives, he administers tonics and recommends cheerful society. His remarks on hydrocephalus are very good

He is an advocate for rubbing the head with mercurial ointment. He mentions a case where the circumference of the head was thirty-two inches; the cavity of the skull, when cleared of its contents, would hold ten pints of water.

The fourth, fifth, and sixth part of the Guy's Hospital Reports, contain several interesting papers from Dr. Bright, from which we can perceive that the doctor is a close observer, if we are not struck with any very original or masterly views on disease. He has marked out, or rather mapped, the abdomen into regions, in order to facilitate a knowledge of the position of the organs, and the size of the tumours that may form there. He has a figure of the outline of the abdomen, which can be used as in the mode of stencilling, and thus in a few seconds give a faithful representation of the position of any abdominal tumour. He has very many plates to shew the utility of this plan, which only exists in the imagination of the draughtsman. He has exerted himself in the sphere assigned him with most laudable zeal to acquire information, to throw light upon disease, and his exertions have been communicated to the world in the most unreserved and liberal manner. He was appointed one of the physicians extraordinary to William IV, a very empty and barren title. The disease with which he is inseparably connected, is remarkable for its fatality. It is supposed that not less than six or seven hundred die annually of it in London alone. It is another instance of the fact that a man of respectable, if not pre-eminent talent, may by industry and observation lay claim to originality, and by his discovery and description of a disease hitherto unknown, may transmit his name to posterity. In the Roman Republic, he who saved the life of a fellow-citizen received the civic crown. He who points out a means of safety to afflicted thousands, ought to command the highest honours of the State. Such men as Davy, Wollaston, Young, Black, Priestley, and others, have changed the destinies of the world. The triumphs of such men as Harvey, Jenner, adding so much to human happiness, and preserving in one year more lives than were destroyed in all the battles of Napoleon and Wellington, and ensuring safety to myriads yet unborn, yet they would not in our "blessed constitution" be admitted to honours accessible for such services as betraying principles and constituents, and turning sycophants and courtiers at the bidding of the minister of the day. It is well known that many a dishonest vote, many a disgraceful act, that dare not meet the day, have made many a peer. The picture of the poet so well described is too often realized.

> The point obtained, the dirty business done,
> Corruption hails him as her darling son,
> Whispers his merit in his sovereign's ear,
> And dubs him placeman, pensioner, and peer.

On the other hand, the greatest discoveries in the most useful of all the professions, have never procured a seat in the supreme branch of the legislature. Even the baronetcy was only recently conceded: Sir Hans Sloane was the first English physician raised to it. He bequeathed his immense library and cabinet of curiosities to the public, on the condition that Parliament would grant to his family the sum of £20,000. The library consisted of more than 50,000 volumes: the act for the purchase of Sir H. Sloane's library and museum passed in 1753: Montague House was purchased for their reception,—and thus originated that noble institution, the British Museum.

A science which employs the noblest faculties of the human mind, and exerts in its practice all the cardinal virtues of the head and heart—that holds in its hands the seals of life and death; a science that is not to this or that continent confined, but is what Rome professed to be, universal in its application, and has the whole habitable globe for its range; that invests its professors with the attributes of Providence itself,—demands a different and more befitting reward.

One would wish to ask the ignorant and narrow-minded—that would seek to justify such stupid policy—what sense of service does he feel to the fortunate general who surprised a castle, or made a gallant charge in our wars, to separate some petty province from France in years gone by, or what benefit he derives from the fact that some thousands were lost in this or that battle? He would be obliged to acknowledge just as much as the next generation will feel about the elevation of General Keane to the peerage, for the

alleged capture of Ghuznee, or of the elevation of some one of the many masters of fence, of finesse, and of figures, who furnish their party on demand with a varied wardrobe of words, an unlimited number of teetotal sentences. We would not refuse the officer, who falls in the service of his country, the marble statue or niche of glory in the architectural records of his country. But, we have known the medical man peril his life to save others—to expose himself to contagion of the most deadly character—and how many have died in the attempt to investigate and to deprive typhus of its terrors! yet, in many instances, the poor testimony of public gratitude was withheld, if the announcement of his obituary could not be defrayed by some of his surrounding friends!

The mission of the medical man is noble, is exalted, but his is often a hard one. He who destroys life—he who invents means—infernal machines, for the destruction of his species, is better, and more certain of his remuneration than he who wastes his frame in devising means for its preservation. The greatest proof that we are yet distant many years from civilization, from true enlightenment, is the simple fact, that the man who is successful in the field of slaughter, is rewarded with the highest titles and privileges which the state can bestow, while he who has made the present and the future generations largely his debtor, by the incalculable benefits he confers by his discoveries, is by the Vandal, the savage, the barbarous policy of our aristocratic legislators, debarred from those rewards which every other enlightened country feels an honor in having an opportunity of bestowing upon their benefactors.

To satisfy ourselves that men are ever forming the most erroneous estimates of the comparative importance of objects in this world, let us present for their reflection such interrogatories as these:—What influence has the battle of Fontenoy on the destinies of mankind? What will the battle of Marengo, or Waterloo, a thousand years hence? Of what importance is it, now, whether Mark Antony or Augustus Cæsar held the imperial sceptre? And will it matter, five centuries hence, whether, in this century or generation, the Dutch, or the English, or the French, swept the seas with their fleets? But all mankind, every nation, are equally interested in the great truths deducible from science, and the mighty effects they produce on the happiness of all our fellow-creatures. The discovery of Jenner will be as fraught with salvation a thousand years hence, as it is at the present day. For ever honoured and esteemed, exalted above the petty prejudices of her age, will be the crowned head who has mind and magnanimity to triumph, to trample, over this injustice, and to reward her greatest benefactors with the highest honours. It will reflect more solid lustre on her reign than victories by flood or field. Meanwhile, those who hold the patent of distinction from a higher source, from the Ruler of Kings and Queens, whose intellect stamps them as indeed the noble of the earth, Nature's aristocracy, and the favoured of Heaven, for intellect is the emanation of Divinity itself, the *vera atque sola nobilitas*—must content themselves with the future, with posthumous fame, and learn to despise the pomps and vanities of this world, to despise the crowd which pays more homage to the tenth transmitter of a foolish face, for the broad acres and great territorial possessions which the contingency of birth entails, than to the philosopher, whose triumphs in science will promote the good of mankind to ages far remote.

We regret to hear, that Bright has been seriously indisposed, and with the complaint which he has so ably described, we may say, discovered. We hope he is not of the class of clever men who possess a temperament which rarely ensures long life. The life of many of our most gifted medical men is no exception to the observation, that the track of eminent men is often like a meteor, brilliant, but unfortunately as transient as it is brilliant. The toil and study, the exhaustion of mind and body, are hardly compensated by the honors which are awarded to him who labors for science; he frequently earns for himself only an early and forgotten grave.

He who has such strong claims upon the gratitude of the world, rarely receives it at its hands, and while he consumes the lamp of life for the benefit of others, is laying the foundation of a malady that will be fatal to himself. It is a fearful penalty to pay! We hope that our forbodings will not be realised, and that unlike the illustrious Laennec, or Hope, or Davis, who died of the diseases they had so well elucidated, that a long career of usefulness and reward is before him.

We regret to find, that the malady to which we referred, has compelled this industrious and accomplished physician to withdraw from Guy's Hospital. His resignation was very reluctantly received. The professor, the public, and the students, have sustained an irreparable loss. As a consulting physician, he was mild, amiable, and unassuming. He was frequently called on by physicians in cases supposed to be complicated with renal affections. His conduct was such as to win the esteem of all parties.

Like some other great men, it would appear that he has written himself into the very complaint he has so ably described. It is to be hoped, that he will be able, by judicious treatment and repose, to escape its fatality.

Dr. Bright has been twice married,—first, to Martha, youngest daughter of the late Dr. Babington, and secondly, to his present wife, the youngest daughter of Benjamin Follett, Esq., of Topsham, near Exeter, and sister to Sir Wm. Follett.

PROBE.

PHARMACEUTICAL SOCIETY.—Nov. 8.

MR. PAYNE IN THE CHAIR.

A paper on the presence of hydrocyanic acid in the Spiritus ætheris nitrici, by Mr. William Bastieke, was read, from which it appeared that in Germany, sugar or starch is used in the preparation of the sweet spirits of nitre in accordance with the recommendation of Liebig, and that during the reaction that takes place between the sugar or starch, alcohol, and nitric acid, hydrocyanic acid is generated. An apothecary at Berlin first suspected its presence from the peculiar smell of the spirit, and the experiments performed by Mr. Bastieke have since settled the question. His quantitative analysis gave one grain of cyanuret of silver, equal to 1-5th of a grain of anhydrous cyanic acid, in every hundred grains of the spirit. He attempted to produce hydrocyanic acid by substituting oil of turpentine for the alcohol, but did not succeed, neither did he discover any hydrocyanic acid in the spirit prepared according to the directions of the London Pharmacopœia.

Mr. Redwood observed that the nitric ether which was obtained as a secondary product from fulminating mercury contained a volatile quantity of hydrocyanic acid, so much so that a large manufacturer had ceased to make it in that way, from the almost utter impossibility of obtaining it free from contamination.

Some observations on the sodæ carbonas exsiccata and other dried salts, by Mr. Ince were afterwards read, the gist of which was to point out the difficulty of dissolving these salts, when entirely deprived of crystallization. Mr. Ince further remarked that if the efflorescent salts were carefully dried at a heat of 150 deg. a more equal preparation would be obtained, containing about five per cent. of water. The exsiccated soda prepared according to the directions given in the pharmacopœia from its insolubility was almost useless as a medicine, and was but rarely employed.

Mr. Payne observed that it might appear singular, that the great heat employed (red heat) did not drive off the carbonic acid, which however was not the case—Dr. Beddoes by whom the preparation was introduced, had anticipated such a result, and had consequently directed it to be dried before the fire.

A communication on the solubility and some other properties of the sulphate of potass, by Mr. Redwood was afterwards read, in the course of which the author detailed a series of experiments he had instituted to settle certain doubtful points regarding the solubility of this salt, about which authors differ greatly. Turner and Phillips consider it to be soluble in 16 parts of water at 60 deg; Brande, in 16 parts of cold water; Murray, in 17 parts of water, at 60 deg.; and Gay-Lussac in 9 of water, at 60 deg. Another point which had been raised at the last meeting of the Pharmaceutical Society, was that its solubility was materially aided by the addition of sesquicarbonate of soda, which acted by causing a double decomposition. In a recent No. of the *Medical Gazette*, this statement was altogether denied by Mr. Mowbray, but Mr. Redwood found by his experiments that sulphate of potass was soluble in eleven and a half parts of water, that the sesquicarbonate of soda aided its solubility materially, which he attributed to a double decomposition, and that the bicarbonate of potash did not assist the solution of the sulphate of the same alcali. The specimens of salts were all previously tested, and their respective purity ascertained. The fact of the decomposition of the sulphate of potash by the sesquicarbonate of soda, Mr. Redwood did not consider very surprising, as it could be partially decomposed by nitric acid with heat, and even by hydrochloric and tartaric acids. Sixty grains of the sulphate were found to be soluble in 658 grains of distilled water, but if thirty grains of the sesquicarbonate of soda were added, only 528 grains of water were needed. The addition of the same quantity of the bicarbonate of potash required 805 grains of distilled water. The quantity of soda used was found to be soluble in 352 grains of water, and the bicarbonate of potash in 105 grains. The addition of the sesquicarbonate of soda causes the formation of a sulphate of soda and carbonate of potash, which are held in solution in addition to the sulphate of potash.

Mr. Waugh did not consider that the carbonate of soda rendered the sulphate of potash more soluble, but by decomposing it, produced other salts which were more readily dissolved. Medically speaking therefore, the process was a failure, as the physician, instead of giving sulphate of potass, would be using a compound of sulphate of soda and potass.

Dr. Thomson thought the medical influence would not be affected by the combination. The bitartrate of potash was rendered more soluble by combination with boracic acid, and as such was constantly used in France under the name of soluble tartar. He thought Mr. Redwood's paper a very important one, but wished he had carried it a little further, and ascertained more precisely the nature of the salts which were formed.

It would be difficult to define the medical properties of the sulphates of potass and soda, further than that they both acted on the intestinal canal. In some books it was stated that the salt of potash acted on the hepatic apparatus, but he had not found it to be the case in the course of his practice. He was of opinion that its poisonous properties depended on the largeness of the dose, and the production of its peculiar effects in excess, and illustrated his position by the injurious effects of gluttony, which he described as a species of poisoning. The great value of the sulphate of potass depended on its being an anhydrous flinty salt, capable of tearing and bruising the vegetable drugs with which it was combined. He did not consider its being used in the Dover's powder, instead of nitre, as an improvement. The old formula he thought the best.

Mr. Payne enquired of the members present, if they had found medical men in the habit of prescribing the sulphate of potass by itself, and receiving an answer in the negative, added that retail druggists then should be exceedingly cautious in dispensing it at all, as medical men did not so use it. The old combination of sal polychrest and rhubarb every one was familiar with, from their youth upwards.

A letter from Dr. Houlton on the ceratum saponis was afterwards read, stating that there were two kinds sold, one hard and adhesive, and the other soft and wanting in adhesive properties, and requesting information on the subject.

Several members observed that all that was requisite was, the use of common vinegar, not acetic acid, and sufficiently boiling.

The following formulæ for its preparation were read:—

One gallon of black vinegar,
(bottoms of vinegar after distillation)
Yellow wax, 2½ lb.
Litharge in powder, 4 lb.
Castile soap, 2 lbs.
Olive oil, 4 lbs.

The soap is dissolved in the vinegar, and the litharge gradually added, the mixture being continually stirred, until it is dissolved. The wax and oil are melted together, added to the other ingredients, and the whole boiled to a proper consistence.

Solution of acetate of lead, 18 lbs.
(evaporated to seven)
Olive oil 4 lbs.
Yellow wax 5 lbs.
Castile soap 2 lbs.
make a plaster.

WESTMINSTER MEDICAL SOCIETY.

November 11.

Mr. Fisher in the Chair.

The general business of the Society having occupied the council until a late hour this evening, the chair was not taken until nine o'clock.

Dr. Chowne brought before the society a case of great importance in every point of view, but more especially as illustrative of forensic medicine. The case was that of a young woman about twenty years of age, who had been recently under his care, and who fell into a condition in which she presented all the symptoms of a recent confinement, such as are recorded in works on medical jurisprudence, so as to justify any practitioner, after an examination, who knew not the previous history, in declaring she had been recently delivered.

After the cessation of the menses for five or six months, the girl had been delivered of an immense mass of uterine hydatids, which was followed by the appearance of milk in the breasts, which were large, with the brown areola, elongated papillæ, and, on one breast, the lineæ albicantes: the dilated and flaccid external parts, the vagina presenting the appearance of having been recently much distended, the os and cervix uteri open and flaccid, the discharge of coagula and muco-sanguineous fluid during the first four or five days, and the usual pallor of countenance which attends a recent delivery. There were not any lineæ albicantes on the abdomen, but as they sometimes exist where the abdomen has been distended from other causes, as dropsy, so are there instances where they are absent in women who have had a family. Dr. Chowne had had an opportunity to ascertain this condition of the woman, about 48 hours after the hydatids had been expelled, because the gentleman in attendance entertained doubts whether the entire contents of the uterus were removed, and requested his assistance. The hydatids were thrown off on the 16th of September last; the secretion of milk still continues. In fact, the circumstances of the case were such, that Dr. Chowne would have felt himself warranted in stating, were it not for the reserve experience had taught him, that the woman had been recently a mother.

Dr. Chowne then supposed a case; the dead body of a child is found in a place of concealment—say a cesspool, with evidence of having been thrown in alive, some of the fœces being found in the trachea—a judicial enquiry is made; they learn that a young woman, who had had an enlarged abdomen some time, is very ill and confined to her bed—a medical man is sent for, who makes an examination, and finds the general signs of a recent delivery. An innocent woman might, under such circumstances, be wrongfully condemned. Dr. Chowne thought that the occurrence of the case he had narrated is an extra cause for great caution in giving an opinion.

The woman presented previously to the expulsion of the hydatids, all the indications of pregnancy, as she did afterwards, all the signs of delivery. The mass of hydatids which she parted with, was carefully examined, but no ovum nor any thing like an embryo could be discovered. There was an immense quantity of coagulated blood, and a decidnous membrane enveloping the whole mass. Dr. Chowne concluded by remarking that the instructions respecting recent delivery, contained in works on medical jurisprudence, were rather loose.

Dr. Reid considered that this was a case of exceeding importance, and highly deserving to be recorded. He considered the enlargement of the follicles and appearance of the lineæ albicantes as a point of great importance, as they are regarded as certain signs of pregnancy. He had read a paper a few years since before the society to shew that they might occur under other circumstances. He thought that no medical man, after he had read Dr. Chowne's case, would like to swear that delivery had recently taken place, from the symptoms that had been detailed.

Mr. Hancock thonght the case was one that had occurred in the Charing Cross Hospital, and if so his attention had been drawn to it by Dr. Chowne, the accuracy of whose description, in every respect, he could confirm, if it were needed. The case had presented all the appearances that had been mentioned.

Dr. F. Bird, after enquiring how long the symptoms of delivery had continued, and whether the milk was a really healthy secretion, mentioned a case that had occurred in the Westminster Hospital, of a woman laboring under uterine tumor who had milk in both breasts.

Dr. Chowne stated that the lochia had continued to the eighth or ninth day; the flaccidity of the parts still remained, but was less evident. The milk was white, and looked very rich, and was so plentiful as to become an inconvenience, requiring the breasts to be drawn. It was not examined under the microscope, nor were any chemical tests applied. It now presents the appearance of milky serum; it was decidedly milk. Cases of milk secreted by the breasts, where no pregnancy existed, are not uncommon. A married woman was admitted into the hospital, very badly burnt, and was there consequently a long time, so long that there could not be any suspicion of pregnancy. After a time, milk was secreted by her breasts; and in her instance it was evidently connected with uterine irritation, for she soon after had an attack of furor uterinus.

Dr. Reid enquired if any member had ever prescribed the sulphate of potass as a purgative during pregnancy, and whether any injurious results had taken place from the dose. He asked the question, as well from recent events, as from his having ordered about fifteen or twenty grains of the salt a few years ago, for a lady who was pregnant, and who aborted soon after. She always ascribed her miscarriage to the purgative salt, and with more triumph now than formerly, since the occurrence of a recent criminal case. Dr. R. observed, that he could not now venture to prescribe the sulphate of potass to ladies who were pregnant.

Mr. Streeter enquired the date of the pregnancy, and whether Dr. Reid had examined the ovum?

Dr. Reid in reply, stated that the occurrence took place so far back, he had not any recollection of these matters.

Mr. Fisher suggested, as an explanation, the action of the salt as a drastic purgative, without there existing any necessity for supposing it to possess any specific action on the womb.

Dr. Chowne could not agree with the lady, that the sulphate of potass had caused the abortion, nor could he suppose that Dr. Reid believed it. The causes productive of abortion are not always to be discovered, but he should be sorry to think, that fifteen grains of the sulphate of potass could produce such an effect. He regarded it as a very useful medicine, when combined with rhubarb, and it had been given to thousands in a state of pregnancy, without producing any such results.

Dr. Reid would not assert, that the dose of the salt he had given had absolutely caused the miscarriage, but from that case, and what had occurred on a recent occasion, he would hesitate to order it again under such circumstances, and would rather have recourse to something else.

Mr. Streeter had examined a great many ova, the fruits of abortion, which he had met with in his own practice, or had been supplied to him by other practitioners, and from these examinations he is convinced that the causes of miscarriage assigned by females are not correct ones. He believed that there were very few medicines, which could produce miscarriage at an early period, but at the same time he thought that a medicine which would create very great irritation in the rectum or bladder, might by an extension thereof to the womb, cause an extravasation of blood, and thus ultimately cause the ovum to be thrown off.

Mr. Chowne did not consider the exceptions alluded to by Mr. Streeter to be very efficacious, as he had known two scruples of one of them given three times a day for a week, without effect.

A member enquired respecting a plant which is grown in gardens in different parts of the country, where it is regarded as a certain cause of abortion, and the gardeners consequently are very unwilling to allow any one to have it, even for medical uses.

Mr. Streeter had not had any experience of the plant in question.

Dr. Chowne thought it best that the truth respecting these matters should be known to the world, that no medicine can cause abortion, without producing a frightful risk of the parent's life, or else much constitutional mischief. The plant which had been spoken of, was certainly powerful in its action, but its influence was very distressing. It could not

produce the intended effect without causing tremendous distress, and very often killing the patient.

MEDICAL SOCIETY OF LONDON, Nov. 13.

Mr. Pilcher in the Chair.

The discussion on Mr. Crisp's case of uterine tumour was renewed this evening by Dr. Lever, who stated that he coincided with Mr. Crisp, as to his opinion respecting the period of the formation of the tumour in question, which he considered dated from the period of the first miscarriage, of which he regarded it to be the cause, and it afterwards, he believed, increased in size as the uterus in the subsequent pregnancy enlarged. The diagnosis would be extremely difficult, and the treatment he was disposed to recommend, under similar circumstances, was the application of a ligature round the pedicle, and the subsequent excision of the mass.

Mr. Crisp was of opinion, that the ligature might certainly have been applied, but he thought that even if it had been done, his patient would have died. He then entered into a rather full account of polypi, distinguishing their several characteristics to shew that the diseased growth, which had destroyed the life of his patient, was really of a polypoid nature, and quoted cases to illustrate the danger of interfering with the larger kinds of uterine polypi. He also mentioned a case which had occurred in Germany, where a large tumour had been mistaken for a fœtal head, the forceps applied, and the entire uterus and its appendages torn away; the woman recovered. He concluded by describing the appearances presented by the polypus in his patient, of which a section had been made. He observed that the tissue of the tumour, which was soft, differed materially from that of the uterus; that of the latter had fibres which were not at all longitudinal, but ran in all directions, crossing each other, while those of the tumour were longitudinal, and presented several cells, or openings, more like the cells of the placenta. There were very few transverse fibres in it; there was not any soft substance in the cells, as the preparation had been a long time in spirits, and subsequently in a solution of corrosive sublimate, by which its structure was hardened.

Mr. Headland observed that the case which formed the subject of discussion, was one of not very common occurrence: indeed, he was inclined to believe it was unique; he had never met with its parallel in the course of his reading. It was a case, in his opinion, requiring the performance of an operation for its relief, on account of the great pressure it exerted on the vagina, bladder, and contiguous parts, and because of the continued expulsive efforts of the uterus to get rid of it. He could not advise the application of a ligature, because he had not any knowledge of a case where a ligature had been successfully applied round so large a pedicle; nor did he think the patient's constitutional powers were such as would have enabled her to support it. He also reiterated his belief that, as the tumour distended the vagina so that the catheter could not be passed, neither could the cannula. He was inclined to think that the removal by the knife would be more applicable, on account of the great size of the tumour, and of the recent emptying of the womb by the process of parturition, and he was doubtful whether there would be such danger of hæmorrhage as was anticipated. He thought such a result less likely than if the tumour were cut through, the uterus not having been recently impregnated, as in the latter case the viscus would contract, and prevent the loss of blood. If, however, hæmorrhage were to occur, he would have recourse to plugging the vagina, by which he conceived the woman's life would be saved. The question, however, offered itself whether, in the long run, by any proceeding the life of the woman could be preserved. He did not look upon the tumour as a simple or ordinary polypus; it possessed many essential differences of character, and from its complexity of structure and irregularity of surface, he thought it doubtful whether its removal would prevent its return. It ought to be remembered as an unique case, and he thought that the size of the tumour, the enormous size of the pedicle, and the pressure on the bladder, with other concomitant circumstances, would warrant an operation for its removal. But the question was, how should the removal be effected? He would advise the insertion of a hook through the body of the tumour, and drawing it down until the neck was exposed, and then divided. Were the polypus attached to the fundus, there would be a risk of causing the inversion of the uterus, but he did not think there was much probability of such an occurrence in this case, as the attachment was to the cervix.

If the operation were at all justifiable in such a case, he thought it would prove to be capable of removal more easily than was supposed, on account of the condition of the uterus.

Dr. Lever agreed with Mr. Headland in the opinion that the case narrated by Mr. Crisp was unique, at all events in many respects, but not as regarded the different attachments to the parietes of the womb, many such cases having been published by Levret and others. He considered that these adhesions were the cause of the tumor not having obstructed the progress of the labor. The peculiarity in this instance was the continuance of the expulsive efforts of the womb to get rid of the tumor, until death occurred. He had not met with such a symptom, in any instance, of polypus complicated with pregnancy. Should such a case occur again, he should be inclined to attempt the removal of the diseased growth, by applying a ligature, and by the excision of the mass below it. He should certainly expect considerable hæmorrhage if the ligature were not previously applied. Mr. Headland had talked of using the plug, but he should be afraid of it so soon after delivery, as while it prevented the effusion of blood externally, the hæmorhage would proceed within the uterus, which would gradually enlarge, and the patient be placed in considerable danger. On this account, he considered it far safer to apply a ligature, previously to the removal of tumor by the knife.

Mr. Dendy supported Mr. Headland's views, and expressed his dissent from Dr. Lever; as regards the use of the plug, which he thought would be quite capable of controlling uterine hæmorrhage, if at the same time time external pressure were kept up on the fundus uteri, to prevent the enlarging of the womb. He added that he would defy the uterus, if properly compressed, which might be easily done, to pour out blood.

Mr Pilcher could not agree with those members who thought it a matter of no importance to settle the character and the structure of the tumour in question. If medical men were more precise in these matters, it would be better for science. This tumour, he thought, was not a polypus in the strict sense of the word; that is, it did not arise by many feet from one surface, uniting to form one mass; but still he believed it to be a polypus in the ordinary acceptation of the term. It would be best, therefore, to call it polypoid, which left the matter still sub judice. Polypi have their origin, not from the mucous membrane, nor from the structure of the organ, but from the submucous cellular tissue. They may attain an unlimited size, so as to become much longer than the organ itself. They may be described as consisting of an hypertrophied condition of the submucous cellular membrane, the cells of which are much enlarged, and the bands well marked, giving rise to the fibrous or reticulated character of the tumour. Polypi are described by some writers as the growth of mucous follicles. It might be the case with small ones, but not with polypi of such a size as this.

Mr. Pilcher referred to the case of Hoo Loo, who was operated on some years since, and described the disease as very similar in structure to the case under question, but being very vascular, from the great enlargement of the veins, which had become sinuses, there ensued great hæmorrhage, which was the cause of death. He remarked, that he was in the habit of seeing daily numerous cases of polypus of the tympanum—the gelatinous polypus of Sir Astley Cooper—which sprung from granulations, and were not vascular, but it was surprising how much blood was lost when they were removed.

With respect to the manner in which the tumour in Mr. Crisp's case should be removed, according to some, it would prove a matter of difficulty to throw a ligature around it; but Dr. Chowne had informed him, that there was room in the vagina, by pressing the tumour to one side, to pass the hand up beside it. It is possible, therefore, that the tumour being soft and compressible, a ligature might have been applied, but it is doubtful whether the patient would not have died while it was being effected, so greatly was she exhausted. If it had been excised without the previous application of a ligature, he feared the hæmorrhage would have been so great, that instead of surviving three or four days, he did not think she would have lived as many hours. He thought it barely possible, if a ligature had been applied, and then the tumour excised, that the patient might have recovered, but it was a matter of great uncertainty.

As regarded the growth of the tumour, he was of opinion, that it grew with the growth of the uterus, that is, as the uterus enlarged in size during pregnancy, so did the polypus. At the period of the first miscarriage, it was very small, and had the patient struggled through, it was not unlikely, as the uterus diminished in size, that the tumour would shrink, and become atrophied, for want of the necessary support, and then be successfully operated on.

Some further observations were made by several members relative to cases where the uterus had been extirpated, or torn away, the patient surviving, and one instance was mentioned in which the entire organ was destroyed by cancerous ulceration, the sufferer living twenty years afterwards.

ROYAL COLLEGE OF SURGEONS LONDON.

List of gentlemen admitted members on Friday, November 10, 1843:—

W. D. Wheeler, J. F. Adcock, G. C. H. Wigan, J. B. Bramwell, J. S. Steel, W. Fergus, C. Heatley, P. Royle, W. H. Michael, T. Collingwood.

PERISCOPE OF THE WEEK.

(Annales de Chimie et de Physique; Lancet: Oesterr. Medicinisch, Wochenschrift; London and Edinburgh Journal of Medical Science.

Solubility of Salts in Water.—The solubility of salts in water appears to be, says M. Poggiale, in direct ratio with the chemical affinity they exercise for water, and in an inverse ratio to their cohesion. It is the result of the double action of water and calorie. The action of calorie on the salts must vary, because they are not equally dilated by it; and because they become liquid at different degrees of temperature. The solution of salts in water is a perfect combination, which may be represented by an atomic formula. The water sometimes plays the part of base, sometimes that of acid. It may be remarked, however, that water does not neutralize the salts which have an acid or alcaline reaction, and consequently saline solutions are not chemical compounds, which may be compared with salts. Two kinds of saturation may be distinguished; the first is the equilibrium or neutralization of the antagonist properties of two bodies; the second is the term of chemical action that one body exerts on another, without the characteristic properties of the two bodies being destroyed Saline solutions belong to the second kind of saturation. M. Poggiale observes further that although the solubility of salts is increased as the temperature becomes elevated, it does not progress equally. Thus the solubility of the chloruret of potassium, the chloruret of barium, the anhydrous sulphate of magnesia, the sulphates of potass and zinc, the sesquicarbonate of potass and soda, and the bicarbonate of potass and soda, is proportional to the temperature, and may be represented by a straight line. The solubility of other salts, having a more or less rapid progress, forms on the contrary a curved line. We may say generally that the solubility of salts forms a straight line when they are but slightly soluble, and a curved line when they are very soluble, especially at an elevated temperature, like the nitrate of potass and alum. Three salts, the sulphate and seleniate of soda and the sulphate of lime, are more soluble at the ordinary temperature, than at 212 degs. Fah. The solubility of the sulphates of soda and lime increases up to 33 degs. for the former, and to 30 degs. for the latter, and then gradually diminishes up to boiling point. The seleniate of soda resembles the sulphate in the singular variations exhibited by its solubility.

Analysis of Pechblende.—M. Ebelmen has analysed specimens of pechblende obtained from the mines of Joachimsthal in Bohemia, and has ascertained that it consists of black oxyde of uranium 75,23, sulphuret of lead 4,82, silica 3,48, lime 5,24, magnesia 2,07, soda 0,25, protoxide of iron 3,10, protoxide of manganese 0,82, carbonic acid 3,32, water 1,85. The quantity of oxygen required by a given quantity of the oxide of uranium to be converted into uranic acid, was only 2 gr. 425. If the pechblende contained the green oxide, it would have absorbed, to be changed into uranic acid, only 1 gr. 443 of oxygen. If the oxyde of the pechblende was the protoxide (the old uranium) the quantity of oxygen absorbed ought to have been 4 grs, 329. The proportion of oxygen given by the experiment approaches to that which would correspond to a saline oxyde, having the formula $U^2 O + {}_2U O$, which would absorb 2 gr, 165 of oxygen. The oxyde $U^2 O^3 + {}_3U O$ would require 2 grs. 896 of oxygen.

The mineral occurs in amorphous masses, with conchoid fracture, of a shining black color, and is formed essentially of an oxyde of uranium. When reduced to a very fine powder, it preserves its deep black color. It does not lose it when heated in a current of nitrogen gas, but if made red hot in the open air, it immediately becomes of an olive green color. The proportion of carbonic acid it contains is not sufficient to form neutral carbonates with all the bases beside the oxyde of uranium; part of these therefore are combined with the silica.

Lumbar and Psoas Abscess.—What is to be done with the abscess, is a question asked by Mr. Liston in a recent lecture on diseases of the bones. Many surgeons, he says, are averse to meddling with them, and would leave them to take their own course, opening ultimately by ulceration, but this plan he objects to, because the larger the cavity is, the more profuse and tedious will be the suppuration, and the longer will the cyst of the abscess be in contracting and becoming obliterated. He considers that the best course is to provide a free exit for the pus when once it is fully formed. Abernethy's plan of opening the abscess with a lancet, pushing it in obliquely, so as to make a valvular aperture and allowing it to close up as soon as a certain portion of the fluid has escaped, which is recommended, because it is thought that by its adoption the cyst will contract gradually, whilst the entrance of air is prevented, and because it is less likely to produce depression of the vital powers, than when the whole is evacuated, he does not consider advisable to adopt, because he has frequently seen severe irritative fever, and the worst of consequences (a very vague expression by the bye) follow its employment. He recommends the surgeon at once to make a free and depending opening, and allow as much pus to escape as will flow out without pressure. The opening if made sufficiently freely, need not be plugged with lint, as is usually the practice. A poultice may be applied at first, and then water dressing will be sufficient. The discharge thus gradually subsides, and the cyst contracts upon its contents, as in the case of other abscesses. The absolute cure of the abscess depends on the removal of the original disease, by which it was produced.

Singular Malformation of the Sexual Organs.—A singular case of malformation of sexual organs is recorded by Dr. Smith of Birmingham, which at first glance gives the idea of an arrest of development of the male apparatus, but which ultimately proves to be a malformation of the female. The child was born in September last. The perinæum was about an inch and a half in length, having the precise characters of that part in the male. At its anterior termination, and within five lines of the arch of the pubes, was a triangular shaped opening, the apex being above and in front. Through that opening the urine was emitted; and along the canal terminating there, a bent probe could be easily passed into the bladder. There could, consequently, be no doubt of its being the urethra. In front of the pubes was an elongated cylindrical body, having the precise characters in position, form, and resistance, of a penis with the prepuce withdrawn. A substance, perfectly similar to the glans penis, was very evident, having in its centre an elongated fissure at the point where the urethra usually terminates, but no opening of the urethra could be detected in it. This penis was nearly one inch in length, and was curved downwards, being connected by its frænum preputii with the central line of the perinæum. This connection was immediately above the urethral opening, and with this opening the fissure in the glans penis would have been continuous, were it not for the connecting band above mentioned. On either side of this penis, an oval, flattened, sac-like body was placed, measuring twelve lines in length, and eight in breadth. In form and position, this body, as well as in the color, and striated appearance of the integument by which it was covered, very much resembled the scrotum. It differed from that organ however in the two sides being separate and distinct. In the space between these two sides of a scrotum the penis was situated. Neither testes nor spermatic cord could be felt.

Doubt being entertained as to the sex of the child, other advice was sought, and it was unhesitatingly pronounced to be a male.

The child dying in a few weeks' time, an examination of the body was instituted, when the following unexpected appearances presented themselves. There was a normal and well developed uterus with its Fallopian tubes and ovaries: the canal leading from the external opening was the vagina, about two lines in diameter, perfectly cylindrical and patent. There was not any urethra, but the neck of the bladder was inserted into the vagina. That this canal was the vagina, although not perfectly normal, is proved from these circumstances,—first, the direct course of the canal was to the uterus, the bladder being connected with it at an obtuse angle. Secondly, the structure of its walls was that of the vagina, consisting of a mucous membrane, a dense layer of colored fibrous tissue, and some condensed cellular membrane. This structure was continued beyond the insertion of the bladder into the vagina, even to the neck of the uterus. The abnormal condition of this vagina was its not terminating by a cylindrical opening, around which a fibrous layer might be located. The above-mentioned structure, also, did not proceed to the termination of the canal, but only its more internal part, about twelve lines. The more external eight lines were composed of mucous membrane and cellular structure only; but although the lower part of this canal bore some resemblance to the urethra, yet the circumstances above mentioned will probably prove it to be the vagina. Neither testes nor spermatic cord could be discovered. The labia consisted of a portion of integument and cellular tissue folded upon itself, the two layers being very readily separated from each other.

There are three points of interest in this case;—first, the great similarity of the external parts to the male organs of generation, which was much greater than usual, secondly, the canal consisting of vaginal tissue with an urethral termination, the external opening also being abnormal; and more especially from the direct insertion of the bladder into the vagina, causing the absence of the urethra, or more probably the blending together of the two canals: and lastly, it is illustrative of the remark made by Geoffory de St. Hilaire, that the organs of both sexes are originally formed on the same plan.

Anchylosis of the Ancle.—Complete immobility, (true anchylosis), of the ancle is uncommon. If the foot, although immoveable, be flexed to a right angle, so that the entire sole is applied to the ground, locomotion may be readily effected, and the assistance of art be unnecessary. Inconvenience is, however, sometimes experienced from the entire weight of the body being borne by the heel, and consequent transmission of shocks through the necessarily extended knee to the spinal column and its contents This may be obviated by recommending the patient to wear a shoe with the heel sufficiently elevated, to produce a small amount of flexion of the knee, and thus interrupt the continuous straight line through which the shock is communicated to the frame.

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ON THE PHYSIOLOGY OF HEALTH AND DISEASE,

AS APPLIED TO VEGETABLES AND ANIMALS, BUT MORE ESPECIALLY TO MAN.

By M. RASPAIL.

LECTURE XXI.

Organic substances which, without offering the least trace of acidity or of alkalinity, yet act after the manner of caustics.

In this class, we embrace all substances derived from carburet of hydrogen, Alcohol, Ether, Empyreumatic and Essential Oils. Some of these substances act essentially by their avidity for water, others by converting into a soapy compound the ammonia, which serves as a vehicle to the nutritive liquids. They thus coagulate the blood and the other liquids, they harden and contract the tissues, rendering them dry and liable to crack, and leaving everywhere, throughout their passage, the impression of heat, which is produced by all violent combinations. Besides this principal action, which depends on their intimate nature, each of these substances may acquire accessory properties, from the salts which it may have dissolved while in the vessels of the plants from which it is obtained, or with which it has combined during the different phases of its chemical extraction ; and the difference of their characters appears to me to arise only from these accessory ingredients. I will add, lastly, that they may also paralyse, by their presence, the digestive fermentation, and consequently suspend the play of all the dependant functions. We may then remark that their action is asphyxiating ; for they arrest the digestion, while encouraging the distention consequent on fermentation, and thus cause a state of oppression and an interference with the action of the lungs ; they coagulate the blood, and consequently prevent it from undergoing its due changes in the act of respiration ; they give rise to congestion of the brain, and so become the mechanical and occasional causes of a host of disorders, affecting the intelligence and the sensibility, and which assume different names, according to the region in which the congestion is seated, as also according to the extent to which the vessels are distended : idiotism, folly, mental aberration, hallucinations, delirium and furor, profound coma, or tetanic convulsions ; all effects of the same cause, according to the degree to which this vascular distention is carried. But these volatile substances have merely a transient action, which does not outlast their volatilization; if the asphyxia is not immediately mortal, the tissues regain their functions, and the liquids their circulation, as soon as the cause is dissipated ; the strength returns, when the losses occasioned by the forced repose of the organs are repaired. We meet with no poisons in this class which leave traces behind them ; no medicines which cure an acute disease, to give rise to some chronic malady. It is from this list of substances that the ancients derived what they termed their *heroic* remedies ; and the more modern alchemists, and especially Paracelsus, have given very bad advice, when counselling us to reject them from practice. The more analogy a medicine has with our aliment, the more conformable is its administration with nature, which has placed, with so much harmony, often in the same plant, the nutritive substance beside the condiment, the balsam along with the fecula.

In excess, then, all essential oils are violent poisons, the essence of *roses*, as much as the essential oil of *turpentine* ; in proper quantity, they are valuable and efficient medicines. The difference of their effects is, I repeat it, dependant on the variations of their mixtures, variations which, manifesting themselves by the smell*, render them agreeable or disagreeable, according to the nervous disposition of the subject : but these considerations belong to a totally different branch of the subject. In a word, in our system of treatment, we make not the least systematic distinction, between the different species of this class of substances ; we appear to employ them indiscriminately, and the one with as much success as the other ; and if habitually, we have given the preference to any one of them more particularly, it is by reason of the physical characters which it preserves, at the ordinary temperature, rather than on account of its special therapeutic properties.

Camphor.—Camphor is an essential oil, solid at the ordinary temperature, though still volatile and capable of evaporation. In the cells of the *laurus camphora* whence it is extracted, it necessarily exists in the liquid state, and free from all admixture ; but its extraction by ebullition must of necessity associate it with the resins which are elaborated in every plant, and with the gums and other substances, which do not naturally enter into solution with it. The camphor, which collects on the surface of the water, is then but an impure amalgam, the properties of which, in this state, must necessarily be of a compound and heterogeneous character. It is to be purified by sublimation, at a gentle heat. But after the first distillation, it still preserves a considerable quantity of the fluid oil, which gave to it its liquidity in the plant, and which communicates to it, after its extraction, a disagreeable odour like that of turpentine. It is only by two successive purifications that it acquires the whiteness and odour peculiar to it, and that it becomes deprived of its oleaginous and fatty appearance. Not that, under this form, we ought to consider it as a simple substance and of uniform composition ; for, when exposed to the air, the surface of the lump becomes pulverulent, by absorbing oxygen and even carbonic acid, whilst the subjacent portion remains limpid and compact†, until it also becomes exposed, by the rubbing off or displacement of the powdery surface. This compact portion is so clear that it may be cut into the form of a lens, and employed after the manner of a magnifying glass, especially if it be covered with a layer of varnish ; the pulverulent portion, on the other hand, on being rubbed beneath the fingers, may be reduced to a form as fine as that obtained, by its precipitation, by distilled water, from camphorated spirits. In burning, camphor offers two principal phases ; the first, during which it gives forth a thick and fuliginous smoke, the second, during which it burns almost without smoke ; and afterwards we find upon the glass plate, a dry and glossy residue, which is totally incapable of ignition. Camphor burns on water, upon the surface of which its specific lightness maintains it ; but it does not burn under water nor in water, as some persons have asserted, in describing the greek-fire, the base of which is formed by camphor. The flame in this case seems to be horizontal, because the current of air which feeds it, at the same time presses it down, inasmuch as it can only arrive at it from above.

A lump of camphor, when placed upon water, revolves within it, with a rapidity and variations of direction which seem at first sight to have nothing automatical within them, but which are readily explained, if we consider the mode of its volatilization. In fact, volatilization necessarily acts after the manner of vapours, by repelling the body from which it emanates, if such body be moveable in air or under water. The lump of camphor must then be put into motion by the effect of its volatilization; and the direction of its movement must be gyratory, since evaporation takes place from its whole circumference at the same time. These gyratory movements are so much more rapid, as the broken surface of the camphor is more recent, and in proportion as it has been less exposed to the air.

Camphor comes to us from the islands of Bornéo, Java, Sumatra, &c. The *laurus camphora* is indigenous to that archipelago; but we find strong traces of it in our odoriferous plants, in some of the gramineæ, and I would even say in some species of mouldiness; if you chew some cooked meat, after having placed a small piece of camphor in the mouth, you will hardly be able to distinguish the taste from that of mouldy bread. Lastly, every essential oil acquires the physical characters of camphor, on adding to it a little hydrochloric acid. Camphor partakes of the antiseptic and antifermentescible property, possessed by all essential oils; but its concrete quality seems to increase this valuable property. In fact, the constancy of volatilization of the essential oils forms, around fermentescible substances, an isolating atmosphere, which will of itself be sufficient to intercept the atmospheric air, that necessary aliment of every species of fermentation, when even to this primitive faculty, an essential oil shall not add that of assimilating to itself oxygen and carbonic acid, as well as ammoniacal gases. Hence the fact that we have merely to drop a few pieces of camphor into the water, to preserve, even for a year, meat or anatomical preparations, in an unstoppered bottle: we have only to renew the pieces of camphor, in proportion as they become evaporated. I have in this manner preserved, for a whole twelvemonth, birds with their feathers, and young fœtuses with all their organs. When I first published the result of my observations, and the success which I had met with in the employment of essential oils, and especially of camphor, a great outcry was raised against these strange sounding truths. Camphor being heating, how pretend to cure, by its means, gastritis and intestinal or other inflammations? Camphor being a dangerous poison, why recommend its internal and external administration, in a host of diseases? But these clamours were silenced by direct experiments and positive observation, and what appeared as an innovation in science, is now received as an es-

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* Every essential oil is odorous in consequence of its volatility ; it is bitter as a result of its causticity. This fact did not escape the observation of Pliny the naturalist : Odorato sapor rarò ulli non amarus ; é contrario dulcia raró odorata. (Plin. 21, cap. 7.)

† From time immemorial, the drug-venders have been in the habit of covering with linseed, the camphor which they kept in open bottles ; by this precaution, they preserved it from volatilization and from pulverization ; this no doubt depends on the fact that these seeds, being in a latent state of germination, absorb the oxygen and carbonic acid of the atmospheric air, and form around the camphor a species of vacuum, but still a compressing vacuum, if I may so express myself. This substance is mentioned, as being employed by the apothecaries of Denmark, in the *Actes de Copenhague*, ann. 1671—1672.

tablished principle. I have here, however, to consider camphor, not as a medicine (that I shall do in its proper place), but as a poison; and the following is the result of my observation:—Camphor in an excessive dose, when taken internally by either extremity of the alimentary canal, is apt to induce a serious disturbance in the functions, by reason especially of its antifermentescible, and consequently its anti-digestive property, which consists merely in a power of absorbing and appropriating to itself the oxygen and carbonic acid destined to the aspiration of the tissues. Still its concrete condition places it, in this respect, the last upon the list of essential oils; *medicamenta enim non agunt nisi soluta;* the essential oils act then in proportion to their fluidity. Without being narcotic and stupifying, camphor may lead to vertigo,by suspending the alimentary operation,as well as the absorption of the liquids which become converted into blood, and consequently determining congestions in the cerebral organ. Still I should add, that we know of but few serious cases of this description; for either vomiting or the alvine evacuations quickly free the alimentary canal from a cause of disorder which, remaining concrete, passes into the organs in very small quantity, and which afterwards leaves no trace behind it. I have pushed to a great extent, upon myself, the employment of this medicine, but I have never experienced anything beyond a sensation of weight and constriction at the stomach, which was eventually transmitted to the brain.

During the last five years, I have been in the habit of smoking and inhaling camphor, under the form of a cigar, both day and night; I have also placed every night, under my bolster, a certain quantity of purified camphor. My nights, instead of being agitated, have been passed in a calm and uninterrupted sleep. Indifferent dreams, recalling but the ordinary scenes of life, have succeeded to terrific nightmares, which used to torment me, almost every night, for at least a quarter of an hour. Whenever I awake, I chew from fifteen to twenty *centigrammes* (3 to 4 grains) at least of camphor, which I afterwards swallow, along with a small quantity of water; this sometimes amounts, in the course of the night, to as much as sixty *centigrammes* (12 grains) of camphor, which I have accustomed myself to swallowing; in the day-time, I often take a dose of similar strength; as an hygienic precaution, I also use frictions of camphorated spirits, when rising and going to bed, and whenever I perceive the least lassitude of spirit, or the slightest exhaustion of body. And with this inflammatory treatment according to the Brownian, the Rasorian, and physiological doctrines, I never was better in my life, nor, in fact, so well for so long a time together; I have entered on a new kind of existence; I have, so to speak, shed the old skin of disease; I have grown young again in physical and in moral strength; I am more disposed to labour, and am less inconvenienced than ever by it. I, therefore, consider myself justified in recommending others to partake of the benefits derived from this long and conclusive trial. My own family, as well as numerous patients, can bear out my testimony as to the immense advantages they have derived, from this medicinal agent. I should add that constipation is, generally speaking, produced by medicines of this class; this constitutes the reverse to their good effects, to the activity which they excite in the digestive organs, and the appetite to which they give rise. This inconvenience is to be corrected by the employment of any of the following substances:—

Various Resins and Balsams.—These substances being merely essential oils in a more perfect state of oxygenation, and consequently more concrete; more mixed, and therefore more fixed than essential oils; all that we have said of these latter will directly apply to the former. Their drastic property forms the antidote to their privative and antifermentescible action; and where, from their nature, they might seem injurious, they seldom remain so for a long time; the poison is its own antidote.

Third Species.—*Causes which act externally, and by the vehicle of the cutaneous absorption.*

If a mucous surface be exposed, in a continuous manner, to the contact of the wind and the air, its outer layer of cells will become transformed into an epidermis, by the wasting away of the cells, the rapid evaporation of their juices, and the gradual desiccation of their walls. So, on the other hand, if any portion of the skin be denuded of its epidermis, the denuded part will enjoy all the properties of mucous membranes, until the contact of the wind and the air shall have deprived the most external layer of cells, of their juices, and shall have agglutinated their surfaces, one with another. The epidermis thus forms a protecting coat to the dermic mucous membrane; an organized coat, which is detached by *laminæ* or scales, with a regularity, which enables the system, by a sort of under-action, to replace the worn out surface by a new covering, which is also destined to fall off and be replaced in its turn. Now, as the faculty of absorption and of assimilation in tissues, is proportioned to the solubility of the absorbable substances, it follows that the epidermis, being a dried up and as it were horny tissue, presents, even to the absorption of liquids, an absence of affinity, which protects the subjacent tissues, from the invasion of every thing that is not directly carried to them, through the vehicle of the normal circulation. And if the duration of contact, as well as the energy of the liquid which bathes it, succeed in overcoming the obstacle which the epidermis presents to absorption; even in this case, this varnish or coat, hitherto impermeable in consequence of its state of desiccation, opens its pores to the liquid which moistens it, only after the manner of a sieve, and cannot be said to absorb it; it transmits it to the subjacent tissues, in a semi-neutralized state, either by the substance itself, or else by a species of straining and a faculty of election. In this manner, the poison when absorbed by the dermis may arrive at the tissues, in a state as harmless as that of any simply indifferent substance.

In speaking of denudations of the skin, we must not confound them with excoriations; experiments, by this method, are so contradictory only because the operator has confounded the one condition with the other. The denudation removes the epidermis, in the shape of a pellicle, and exposes the subjacent layer of dermic cells, without destroying their texture, by any solution of continuity. The excoriation, on the contrary, is a wound which encroaches on the integrity of the vessels, and especially on that of the capillaries, that net-work of communication between the arteries and the veins, the afferent and the deferent vessels; it places the open mouths of the ruptured vessels in contact with the poisonous substance, which thus becomes introduced into the currentof the circulation,without any intermediate filtration or neutralization. Now, when introduced into the system by this latter method, which can only be described as a *traumatic poisoning*, the most inoffensive substances may become violent poisons. A little very weak acetic acid, a bubble of air, a simple solution of bread or flour, will strike the most powerful animal instantaneously dead. Experimental physiologists have thus, within the last thirty years, fallen into the most illogical deductions, when attempting to trace the poisonous action of any given substance, introduced after this manner into the system. A poison is such only when it acts, in spite of the integrity of our organs, by the normal vehicle of absorption; it is well known that we may swallow and digest with impunity the poison of the scorpion, the bee, the salamander, the viper, and even of the rattlesnake, &c., the smallest quantity of which produces death, when it is introduced, even by means of a simple puncture, into our tissues. We may then conceive that the handling of poisons is more or less dangerous, according as the epidermis may be partially destroyed, or as it may be hardened, and rendered callous by mechanical labour. Do we not see workmen who can carry with impunity the fuming *aqua-fortis* in the palm of the hand? Making allowance for the difference, in respect to absorption and elaboration, between the epidermic covering and the respiratory and digestive membranes, we might arrange the poisons capable of acting on the skin, under almost the same divisions as those previously adopted:—narcotic, acid, and basic substances, and essential oils. The skin is permeable to whatever can traverse a membrane; but this permeability, feeble in its nature, renders almost insensible the effects of every poison, which does not act by producing disorganization; even caustics are limited to the surface, although the results of their action may extend much deeper.

In the foregoing observations, I have carefully avoided employing the terms *spasmodics*, *antispasmodics*, poisons acting upon the *nervous system*, *&c.;* and for the following reasons: the nervous system sends forth its innumerable branches and anastomoses into all regions; there is not the smallest point of our organs, in which these nervous papillæ are not developed; and where the scalpel can no longer follow the traces of this network, its branches are still too large to be reducible to microscopic observation. Undoubtedly, the vitality of the functions is inseparable from nervous influx; these are but two terms having an identical meaning; and all vitality ceases, where the nervous circulation, if I may so express myself, or the electric current is totally intercepted, whether by ligature, or by solution of continuity. Without doubt also, a poisonous substance may intercept the communication of the organ, with the grand reservoir of nervous influence,—the brain. But this substance acts upon the nerves only as upon the muscles; it disorganizes them, a condition which is equivalent to a solution of continuity; it asphyxiates them, so to speak, by decomposing the circulatory liquids which contribute to their special elaboration. Now, we have no proof of the existence of substances, which direct their action exclusively upon the nerves, at the same time avoiding all the other systems, which enter into the animal or vegetable organization. This theory has been maintained, but no facts have been adduced in its support. To prove that a poison is exclusively nervous in its action, it ought to be demonstrated by conclusive and well-conducted experiments, that on placing it in contact with a nervous *fibrila* perfectly isolated from every other tissue, the poison will paralyze the nervous action, without altering the texture of its tissue; now this has never been done. For, in all experiments of this kind, the whole tissues have been included at the same time, and especially the circulatory system, that powerful and rapid vehicle of life and of death; now, it is through this medium that general poisoning takes place; without it the effects will be merely local. Again, the external nervous papillæ, those advanced sentinels of life, complicated, though microscopic organs, are charged with transmitting to the brain, and conveying the impressions received by contact with external bodies; but the nervous trunk, the stem, the branches and ramifications, are in themselves endowed only with an obscure sensibility; they are, in fact, conductors, but not organs. As to the internal nervous papillæ, they are reflex organs, organs which, in exchange for the impression received, carry back to the muscular tissue the movement of volition. Should either of these kinds of papillæ be brought into contact with a disorganizing agent, they will transmit a feeling of pain; they will give a warning of the impending disorganization of the tissues; the poison will be called *irritating*. But if the action of the poison be directed, from its chemical nature, entirely upon the blood, producing its decomposition, and thus suspending the course of the circulation or vital current, then all the functions become silenced; for the nutrition of the organs is suspended or interrupted for want of alimentation. The nerve loses its faculty of sensation, by ceasing to elaborate and assimilate to itself the liquids; that is to say, it ceases to be a nerve, by becoming an inert tissue. The muscle loses its contractility, as the nerve its sensibility. But the poison cannot, therefore, be said to act more on the nervous than on the muscular system; it is but an *asphyxiant* through the circulation, as asphyxiating gases, properly so called, may be taken for *nervous agents*, acting on the pulmonary inspiration. Yet it is on such false grounds that the whole edifice of medical science is based.

EXTRACTS FROM FOREIGN JOURNALS.

(Translated from the 'Berlin Medicinische Zeitung,' for the 'Medical Times.')

Exit of a Lumbricus through the Abdominal Parietes, by Dr. A. Muller.—A hitherto healthy, but not very strong man, æt. 25, by trade a shoemaker, in the latter end of Jan. 1840, felt a pain with swelling on the left side of the abdomen, beneath the umbilicus, which moved itself by degrees to the right side. When I visited him Feb. 12, the swelling was on the right side below the navel, about an inch nearer than to the symphysis pubis; it was about the size of one's fist, soft and elastic. Above, near to the liver, was felt a hard cord. The skin was only a little reddened, the pain considerable. The patient was weak and emaciated, the pulse weak, and rather frequent; appetite and evacuations tolerably good; no thirst present. I opened the tumour, from which flowed about a pint of greenish brown matter mixed with blood, with the usual smell as when the cavity of the abdomen is opened. I ordered a cataplasm of linseed, and, internally, mild aperient pills. Notwithstanding a great discharge from the opening, a second tumour formed itself with considerable pain, farther to the left and lower, in the middle of the cross diameter of the abdomen, about two inches from the pubis, which I opened Feb. 19, from which flowed out a considerable quantity of matter like the above-mentioned. I ordered ung. hydrarg. ʒij. to be rubbed in around the tumour, and a warm linseed cataplasm to be applied. About eight days after, a living lumbricus came forth from the lower opening. The patient found himself better. A week after, a considerable colic pain occurred with frequent vomiting; both disappeared of themselves in 24 hours. On the 27th March, the patient presented himself to me, he found himself quite well, and had a healthy appearance as before. The first opening was closed, the second about to close.

Exit of a Tape Worm from the Navel, together with the Movements of Intestinal Worms, by Dr. Th. Von Siebold.—Formerly the Lumbrici were often accused of penetrating the parietes of the bowels. A number of examples of this kind Voigtel has collected from old medical literature; in many of these cases, the accusations made against the lumbrici were certainly exaggerated, and, therefore, it may also be that Rudolphi and Bremser generally denied that the ascaris lumbricoides were capable of penetrating the parietes of the intestines. In all such cases, in which lumbrici were found free in the cavity of the abdomen, or came forth from abscesses in the abdominal parietes, these renowned helminthologists sought to explain this phemenonon, by saying, that "the lumbrici came into the cavity of the abdomen in consequence of and through a perforation of the bowels, arising from sphacelus, or from strangulated hernia, producing a fœcal fistula, through which they might pass." But we cannot acquiesce in this explanation, for it appears from many cases that lumbrici have been evacuated from abscesses in the abdominal parietes with pus alone, without any trace of fœcal matters or chylous fluid, and, therefore, a fœcal fistula was out of the question. Such cases, in later times particularly, have been frequently made known and hence the question proposed by the Society of Natural History of Brunswick, "whether the alimentary canal can be penetrated by worms," has been answered by many physicians in the affirmative.—The French physician Mondiere, has devoted great attention to this circumstance, and put together his own experience, with the observations of others, in a pamphlet highly worthy of attention. From many enquiries, carried out with circumspection, he obtained the following results:—All the worm tumours appearing in the parietes of the abdomen, fall into two kinds. In the first kind, the lumbrici truly work themselves a way through the coats of the bowel, but not by eating and eroding through them, but by dividing asunder and pressing through the fibres of their elastic layers. These close themselves again by their contractility, by which means all those dangerous symptoms arising from a true perforation of the bowels are wanting. Such lumbrici slipped into the abdominal cavity, may now give occasion to the formation of worm abscesses, in the various parts of the abdominal covering; after this outbreak, fœcal matters or chyle cannot at all pass. In the second kind of worm abscesses, a knot of worms will distend some part of the bowel and cause inflammation; this extends itself over the neighbouring texture, and occasions, at last, an abscess opening itself outward, in consequence forming a true fœcal fistula.

The first kind of worm abscesses may allow the passing out of those other worms which have often been mentioned in modern times. Thus, the various species, which inhabit the substance of the liver, the generative and other organs of the water-snail, at certain times work themselves through the parenchyma of the organs, in which they have developed themselves, in order to seek a new abode exterior to the snail. Bremser has observed, in a gold fish, that an echinorrhyneus claviceps penetrated through not only the intestines, but also the muscles and skin. I have myself lately seen between the folds of the mesentery of the cyprinus brama, a number of young individuals of the echinorrhyneus proteus adhering, which could only come from the intestine, which contained a multitude of these creatures. The observation of Miescher is most interesting, who, in many sea-fish, had, in the cavity of their abdomen, met with tetrarhynei, developing themselves from the passage through. He also found a mass of these worms, collected within the cavity of the thorax, behind the cutieular wall of the gill cavity; these worms were, apparently in the act of leaving the fish. Miescher was able distinctly to observe with what facility their hooked proboscis bored into and buried them in the different viscera of the fish, without leaving behind a wound. It may be objected that the probosces of the echinorrhynchi and tetrarynchi, are provided with hooks, and are suited to their creeping forth, while the ascaris lumbricoides want such helping organs. But there are many other "unarmed" worms, in which this migration has been observed. The head of the gordius aquaticus is completely unarmed, and with it the thread worm, which inhabits the abdominal cavity of various insects, and notwithstanding, they break forth by preternatural openings in the sides of the abdomen of the insects. The unarmed filaria medinensis also creeps forward under the skin and changes its place, and the living breeding females of this terrible parasite bore through the skin, that they may deposit exteriorly their young. Apparently, in this filaria. as in most other thread worms, the opening of the female organ of generation is close beneath the mouth. The gravid filaria, therefore, only projects its head through the opening in the skin, and so brings forth its young. These in dry weather, falling upon the earth, continue alive during the rainy season, until an opportunity offers to fasten upon mankind, and insinuate themselves into the skin.

Here is a rare case of a tænia solium, migrating from a human being, for which I am indebted to the kindness of Dr. Kerz, assistant physician to the Chirurgie Clinique of this place.

George Fischer, a farmer's son, æt. 22, from Reuth by Kloster Heilsbron in Middle Franconia, was brought into the Chirurgie Clinique. The son of healthy parents, and without having lived in needy circumstances, the patient had suffered from his earliest youth from a great variety of scrophulous maladies. For many years scrophulous abscesses had shewn themselves in all the various parts of the body; first as swellings, formation of pus, &c. At first the abscesses felt firm and were not painful, without pressure of the skin; after months they became softer, the skin inflamed, and the tumours burst. They emptied partly good matter, in part ichorous fluid, and in part, the well-known cheesy scrophulous matter. They gave out matter a longer or shorter time, and healed, while others again broke out in other places. Smaller abscesses sometimes formed themselves from the swellings, in which their walls became thickened and hollow, and only a few drops of ichorous fluid were secreted. All these forms, from the largest abscesses to the small ulcers, were present with the improved health of the patient. One such ulcerous surface was immediately upon the navel which had completely the appearance of that of a new-born child. Somewhat above the navel was present a deposit not yet opened of scrophulous matter of moderate circumference. The patient had taken, with other medicines the decoctum zittmanni. Some days after he had taken perhaps about ℥xij of the decoct. Dr. Kerz was called to him about mid-day, because something living had come out at his navel. Dr. Kerz found, to his astonishment, a *loop* of tænia solium, about 6 inches long, hanging from the navel. This loop moved itself very vivaciously, it was a cleanly white, without *fæces*, *chyle*, or the like. The patient was quite free from pain. This loop of the worm was carefully drawn out, by which a tolerable portion of the animal was extricated, and its lively motions still continued. The loop grew gradually thinner, and at its end came at last forth the uninjured and well-preserved head of the tænia; upon this the other end of the worm, yet in the abdomen, was drawn out without difficulty. It was many ells in length, and moved itself, placed in lukewarm water, many minutes briskly. It was smooth and clean, and there was not to be perceived upon it any trace of coloured or discoloured matter, (fœces, gall, chyle, &c.) Finally, neither matter, nor air passed out from the opening at the navel. The patient discontinued the decoct. took thin mucilaginous drinks, and observed the strictest rest. Nothing unpleasant occurred, except that at midnight he complained of pain in the bowels, which was removed by an enema of oil and water. After a few days he returned to his usual diet. He related, that he had years before passed a tape worm per anum. After some time he was dismissed as incurable, and in the course of a year he died at home from phthisis. The section was not performed. After the exit of the worm, attempts were made to pass a sound; the common fine silver one could not be passed deeper than half an inch.

Hitherto only two cases were known, in which the exit of a tape worm through the abdominal integuments was clearly observed; the one mentioned by Mouleng, and which was clearly combined with a fœcal fistula; the other case, communicated by Spöring, in which a fœcal fistula appears to have been present, as from the abscess in the right side of the abdomen after the exit of the tape worm, a dark yellowish moisture (fœces?) came forth for a long time.

Suppuration of the Spleen, and Breaking of the Abscess into the Cavity of the Thorax, by Dr. Merrom.—A female, æt. 55, who had complained for some years of fulness at the pit of the stomach, loss of appetite, deficient evacuations from the bowels, with, from time to time, violent cramps of the stomach, and who had been treated for gall-stones, was suddenly, after a short journey, in which she had been exposed to cold, attacked towards evening with violent fever, with stabbing pains in the left hypochrondrium. This extended itself from thence over the region of the stomach into the right hypochondrium and the back up to the shoulder, but remained strongest in the region of the spleen, and radiating, as it were, to the other parts. Both hypochondria were tumefied, and the pain there, as well as in the region of the stomach, was increased by pressure. The complexion was yellowish, the cheeks dirty red, the tongue a little furred, no appetite, little thirst, bowels confined, urine fiery red, skin dry, the pulse very quick, full and hard. After a bleeding of 15 oz. repeated applications of cupping-glasses and leeches to both hypochrondria, cooling purgatives &c. moderated the violence of the fever. The pain returned only at times, and was less violent. The urine was clearer, nearly normal, and also in the further course of the disease shewed no sediment. From a blister, that was laid upon the region of the spleen, and kept open, the pains were entirely removed, the fever towards the seventh day of the disease passed into an irregular "intermittent." At first beginning barely with the feet becoming cold, later with distinct shiverings, and the nails becoming blue, and ending with heat and slight perspiration. By the use of ammoni, tart. stibiat. in small doses, ext. trifol. fibrin, &c. the intermissions appeared to become more regular, and the strength yet remained tolerably good; but, on the 14th day, suddenly on going to stool, a gall con-

cretion was evacuated, which had a crystallized nucleus of the size and form of an almond, and burnt with a clear resin-like flame. General collapse of the powers came on with pale lead coloured countenance, short, very quick and anguished breathing, small interrupted pulse, and the patient died on the 17th day of the disease.

Section.—No effusion in the abdominal cavity; stomach and bowels distended with air; liver of pretty normal colour, but enlarged, at least by half, and in many places indurated; the anterior sharp border reached to the spleen, and strongly adhered to it; even so with the diaphragm, the stomach, duodenum, colon transversum, and the abdonal muscles in great extent, which were so strongly adhering, that they could not be separated without laceration. There was found neither gallstone nor gall. The spleen was fast adherent to the liver, also to the stomach, and the diaphragm. The surrounding membrane was collapsed and formed a purulent sac; scarcely the fourth part of the substance of the spleen was left. The left thoracic cavity contained half a quart of thin whitish pus. The left lung was decayed and collapsed to the fifth part of its usual volume; it nowhere crepitated, contained neither tubercles, nor tubercular cavities. In the diaphragm was found, where the adhesion was most intimate with the spleen, an opening which communicated with the splenic abscess, and was so wide that one might have passed the index finger through. The heart and right lung, as well as the other viscera of the chest and abdomen, presented nothing abnormal.

Poison Sumach in Rheumatic Neurosis, by Dr. Runde (Alt Landsberg).—In two violent cases of coxalgia, I employed the folia rhois toxicodendri in combination with ext. guaiac in the form of pills, and so that the patient within three days took three grains fol. rhois toxicodend, with the most fortunate result, for on the 4th day the eruption which is usually caused by the rhus, appeared on the patient's back, and the pain abated much in its violence. The remaining pain disappeared after the application of a blister, with a rubbing which I caused to be made along the course of the ischiatic nerve, with mistura acidæ sulphuric, ℥i, and tinct. opii, ʒi, of which I caused to be rubbed one tea-spoonful twice a day, so that the course of the disease terminated in one case within 12, the other within 21 days.

PARISIAN INTELLIGENCE.

(FROM OUR OWN CORRESPONDENT.)

Paris, November, 16th, 1843.

Poisoning with Verdigris.—Dr. Guillo, senior, of Prades, published the following case:—Mrs. B. in a fit of despair, occasioned by a quarrel with her husband, swallowed a considerable quantity of verdigris. Immediately after, she was seized with vomiting, violent colics, tympanites, acrid heat in the fauces; extremities cold, with acute cramps; pulse weak, easily depressed; face florid; other symptoms followed—such as the neck hard and swoln; deglutition difficult; abdomen painful; coma; mucous membrane of the mouth disorganized in various parts, especially in the portion corresponding to the lower incisive and canine teeth; eyes prominent; inflammation of the rectum; salivation; petechiæ on the neck and arms; abnormal and painful contraction of the intestinal canal; urine, at first limpid, but shortly after turbid, with a brick red sediment. Two months after, the only inconvenience she experienced, was a slight degree of sensibility of the epigastrium, which disappeared shortly after. At first emetics were employed, which, not producing the ordinary effect, were discontinued, and a solution of albumen in cold water substituted, with, from time to time, a dose of almond oil; general and local bleedings; emollient enemas; mustard poultices to the feet; frictions on the abdomen, with a camphorated liniment; mixture composed of pulv. gum arabic, syrup. rosæ, a.a, ℥i, aq. distil. flor. aurant, ℥ss, decoct. rad. althææ off. lbss, tinct. moschi, gtt. xxv—a tea-spoonful every half hour, to combat the nervous symptoms. Subsequently, to this mixture was added subnitrat. bismuth. grs. xxvi, nitrat. potass. grs. viij. Dr. G. has often administered with advantage the bismuthi subnitras in cases of chronic dysenteria. The liquid thrown up was filtered and examined; the solid part, when evaporated, presented crystals of acetate of lead; the liquid portion, on the addition of ammonia, gave an abundant green precipitate, so much so, that had not medical aid been administered in the early stages, death must have been the result.

Antidotes.—Messrs. Bouchardat and Sandras, from their experiments, consigned in the *Bulletin General de Therapeutique*, conclude that the antidotes *to corrosive sublimate*, are, a mixture of the powder of zinc and iron; the persulphuret of the hydrated peroxide of iron; *to copper*, powders of zinc and iron mixed; porphyrised iron; zinc filings; persulphuret of hydrated peroxide of iron; *to lead*, persulphuret of hydrated peroxide of iron; *to arsenious acid*, humid and dry hydrated peroxide of iron; humid persulphuret of hydrated peroxide of iron. This last named substance may be administered in cases where the exact nature of the poisons is not known. As to the *modus administrandi*; the powders of zinc and iron may be given in an electuary, and the peroxide of iron, and the persulphuret, in the form of a jelly, in which they may be kept in the apothecaries' shop. The doses —ʒij. of the powders of zinc and iron are sufficient for ℈j. of acetate of copper; ℥ij. of the magma of the persulphuret for ℈j. of acetate of copper, and grs. vj. of arsenious acid; ℥iv. of the magma of the humid hydrated peroxide of iron, or ʒxxj. of dry hydrated peroxide of iron for grs. vj. of arsenious acid. Several glasses of tepid water must be given soon after their administration, and other means employed to produce vomiting. The sooner the antidote is given the greater the chance of success; from the effects of the acetate of copper the patient may recover, even should forty minutes elapse before its administration, but arsenic acid is absorbed much more rapidly.

Cure of Hernia in Children.—Dr. de Balestrier, of Saint Andeol (Ardèche) has published in the *Bulletin de Therapeutique* an article on the Treatment of Hernia in Children. During childhood, the disease being recent and the parts supple, hernia may easily be cured by compression employed during several months (condition *sine quâ non*) in such a manner as to prevent the egress of the intestine. The apparatus differs according to the species; thus, in *exomphalos*, the following is applied:—the parts being reduced, a bit of wax of about two-thirds of an inch in diameter is placed on the umbilicus, and kept motionless by several strips of sticking plaister; finally, a band of the same is placed over the whole of sufficient length to go twice or three times round the body. Two cases, one a little girl seven months old, and the other of a boy a year old, were cured by these means; the former in a month, the latter in six weeks,—in both one apparatus was sufficient. In *bubonocele*, a slight modification is necessary; thus, after reducing the parts, the bit of wax is placed on the inguinal ring and over it several strips of sticking plaister, some vertically, others horizontally, so as to cross each other on the wax; the whole to be kept in place by a band of diachylum, so put on as to form the figure of eight round the thigh and pelvis. A case in a child of two months old was cured in six weeks. In *oscheocele* the same is all that is necessary: in a case of an infant two and a half months old, the cure was obtained in four months—two bandages were applied. In the two last species it is necessary, for cleanliness, to put over the plaister a common band, which must be changed every day. The apparatus after remaining a month ought always to be changed, but before removing it another must be prepared, so as to lose no time in reapplying it, should it be needful. From these and numerous other facts in his possession, the author concludes:—1st, that exomphalos and bubonocele may be cured in childhood without having recourse to an operation; 2d, that they yield to the means employed sooner when the child is very young and the disease of recent formation; 3d, that an essential condition is the use of a bandage, which effectually prevents the egress of the intestine, and by the pressure it exercises on the aponeurotic ring, produces its obliteration or diminution; 4th, that the diachylum bandage offers the necessary conditions.

Clinical Review of the Hospital of Val de Grace.—M. Baudens, chief surgeon of this hospital, in his introductory lecture, passes in review the different cases which occurred during the past year. After impressing on the minds of his hearers, that it is only by the bedside of the patient that the true practitioner can be formed, the professor continues,—"It is heresy in medicine to suppose, that once the disease is known, the treatment of it is no enigma. This opinion has given rise to exclusive methods of treatment, by purgatives, bleedings, tonics, &c., so fatal to mankind, and produced the revolutions so often witnessed in medicine. On the contrary, the treatment must not be employed systematically, but modified according to the constitution and age of the patient, its causes, the state of the atmosphere, the climate, the season, &c. Seven hundred patients have been, during this last year, received into our clinical wards, and though several were dangerous, only seven deaths took place. Of these seven hundred, twenty-five were affected with hydrocele, several complicated by orchitis, two occupying both sides of the scrotum; cure obtained, on an average, in seventeen days; no consecutive accidents; two relapses caused by diseased testicle; twelve fractures of the leg; three of the thigh: all cured. Two cases of neuralgia faciei cured by excision of a portion of the infra-orbital nerve; two of blepharo-plasty—in one, both eyelids were restored; one of cancer of the face—the operation was long and tedious, it being necessary to remove part of the parotid, the sublingual and several cervical glands; the loss of the teguments of the cheek was replaced by a portion taken from under the chin. Cicatrization was complete on the 10th day, and the patient appeared very well, when all at once from twenty to thirty abscesses appeared in various parts of the body; when opened, they caused an abundant suppuration, followed by purulent absorption, and death. Several cases of stricture of the urethra; to prevent a relapse, the patient ought to make use of a good sized bougie, morning and evening, leaving it in the canal for about five minutes each time; this plan must be persevered in from six to twelve months. One of lithontripsy. Eight amputations—one of two fingers; one of the indicator, medius, and annularis; five of the leg, three just below the knee, one immediately above the ankle, and one in the tarso-tibial articulation; finally, one of the arm: two deaths. In amputations of the leg, when possible, the operation ought to be performed just above the ankle, in preference to below the knee."

Chronic Arthritis, Ankylosis, and Endocarditis.—The following case occurred in the wards of the same surgeon and the cure was effected by the hydropathic system. D.—aged 38, of a lymphatico-sanguineous temperament was affected with smart, erratic pains in the joints, especially the shoulders and knees, stiffness and commencement of ankylosis of several articulations, particularly of the fingers; impossibility of carrying the hand to the mouth: progression impossible without a crutch; endocarditis; œdema of the feet and ankles; pulse frequent, strong; anorexia; insomnia. The ordinary mode of treatment having failed the following was adopted; wet band round the waist, 6 glasses of cold water before breakfast, several during the day, gentle exercise, nourishing diet, three lotions per diem over the whole body subsequently were added. Two hip baths a day of ten minutes each, afterwards the wet blanket to create profuse perspiration; finally cold water douches. The treatment lasted from the 25th June to the 30th. September.

Polypus Uteri.—Professor A. Berard made the following practical remarks on a case of polypus uteri now in his wards. The patient, aged 36; of a strong constitution; mother of four children which were born without any accident occurring; menstruation regular until a twelvemonth ago, when it became more copious, no pains similar to those of labour. The finger, introduced into the vagina recognised the presence of a tumour of the size of a small egg, the large extremity directed downwards, of an uneven surface, not painful

when pressed upon, pedicle adherent to the anterior wall of the cervix uteri. The polypus when the woman was erect descended as low as the labia pudendi. After passing in review the different diseases for which it might have been taken, professor B. concluded that it was a polypus of a fibrous character. As to the treatment he rejected *ftwisting*, because of the pedicle not being friable; *crushing* because the polypus was not soft; *cauterization* because too voluminous; *dragging it forcibly away*, because the precise spot of the insertion of the pedicle was unknown. The only two means that could be employed were the ligature and excision, and to the latter the professor had recourse; the polypus was drawn down gently, and the pedicle divided with a strong pair of scissors; little or no blood followed the operation.

Sea-water.—Dr. Guastalla, of Trieste, has just published an article on this subject. He concludes that the internal use of sea-water is beneficial only when persevered in for several months; that it never gives rise to serious accidents—that to be useful, it is not necessary that it should act as a purgative, on the contrary, such an effect had better be wanting in disorders accompanied with prostration and weakness—that the practitioners must not rely on its purgative, but on its antiphlogistic and discutient properties—that it is useful in glandular swellings—that the best mode of administering it is *in naturâ*, and, at the ambient temperature—that the dose for children is from ℥ivss. to ℥vj., in two doses per diem, gradually increased to ℥xij., and for adults from ℥xij. to ℥xxiv. or ℥xxxvj. per diem, in two or three doses.

Preparatory School of Medicine at Lyons.—The following gentlemen are named joint-professors of the Preparatory School of Medicine and Pharmacy, Lyons:—Messrs. Petrequin, surgeon of the Hotel-Dieu; Colrat, surgeon of the Charité; Bouchacourt, D. M., and Devallon.

Medical Law Suit.—In a preceding letter I mentioned that M. Guerin had actioned MM. Malgaigne, Vidal de Cassis, and Henroz, for slander. The trial came on yesterday, but is not yet ended; in my next I will give the result.

New Apparatus for Fractures.—In order to overcome the difficulties presented by certain fractures, M. Malgaigne proposes the following method. When ordinary means are unavailable, small steel hooks or points must be used, which after penetrating the skin and periosteum, are fixed in the bone, and kept in place by an appropriate apparatus. Two successful cases seem to authorize this opinion; first, a transverse fracture of the patella; second, an oblique fracture of the leg. In this latter, the patient, aged 52, broke his leg, and was brought to the Hospital de la Clinique two days after. The parts were considerably swoln, foot turned outwards, ecchymosis, small wound two inches above the ankle produced by the upper fragment, both bones broken, tibia very obliquely from below upwards, from before backwards, and from within outwards; the upper fragment was pushed forwards and inwards. The projection formed by the tibia resisting the ordinary apparatus, M. Malgaigne applied on the fifth day the following one. An are, made of thin iron plate, was placed over the tibia, so as not to touch it, and was fastened above and below the fracture by straps, passed in mortises: opposite the projecting parts, was a vice with a very sharp point, so that in turning the screw, it pierced the skin and periosteum, and fixed itself on the anterior surface of the tibia, pushing it back into its natural position. On the thirty-third day it was removed; the wound made by the point of the screw healed kindly, without suppurating, and the patient left the hospital cured on the ninety-sixth day. The only accident that occurred was a small eschar on the heel; no œdema, nor pain.

Candidates for the Vacancies at the Academy of Medicine.—The Commission has decided that the candidates shall be presented to the choice of the Academy in the following order. MM. Prus, Gibert, Requin, Briquet, Martinet, and Nonat.

Academy of Sciences; Sitting of the 13th Nov.—Professor Dumas in the Chair.—*Oxide of Antimony a Substitute for Cerussa.*—M. Ruolz read an account of his researches for a substitute for white lead. The number of persons affected with saturnine affections admitted into the Hospital de Charité during six years, was 1163; of these, 406 were workmen employed in white lead manufactories, and 385 painters. In 1841, the department of the Seine furnished 302 patients—69 painters, 233 workmen in white lead manufactories; 12 deaths, 1 case of insanity. Of the 233 workmen, 161 came from the establishment at Clichy, near Paris, the only one in which it is manufactured in large quantities. None of the hopes founded on peculiar processes of fabrication, have been realized; the only certain method by which so numerous a class of workmen (Paris alone reckons nearly 8000) may be preserved, is to employ, instead of cerussa, a compound containing no lead. Of the numerous substances tried, two only appear to possess the necessary conditions—utility, economy, and salubrity. The one, an arsenical compound, was rejected, because, though inoffensive in itself, it might easily be rendered dangerous in criminal hands. The other, the white oxide of antimony, was chosen after numerous trials, for it offers all the qualities of cerussa; is obtained by an easy process from the native sulphuret of antimony; is one-third cheaper than cerussa; mixes easily with oil; is not injurious to the workmen who prepare it, nor the painters who make use of it; finally, if adopted, will give a stimulus to the working of the neglected mines of antimony, which abound in France.

Indigenous Opium.—M. Payen, in answer to the letter addressed by M. Caventou in the last Sitting, said, had it been his intention to mention persons who had cultivated or analysed opium, he would have quoted the following:—in 1817, the British Society for Promoting Agricultural Pursuits, gave Mr. John Young a gold medal for the ameliorations introduced by him in the culture of the *papaver somniferum*, and the preparation of opium. In 1818, Vauquelin shewed, that morphia existed in the capsules of the *papaver somniferum*. In 1826, M. Petit, of Corbeil, obtained from 16 to 18 per cent. in weight from opium collected in Dijon. On the 15th July, 1826, and the 27th May, 1827, M. Dublanc informed the Academy of Medicine, that the analysis of six samples of opium, collected by M. Caffin d'Orsigny, in the department of Seine and Oise, gave, on an average, 2 per cent. of morphia, whilst Smyrna opium gave him 8 per cent., and that the opium gathered near Toulouse gave 4 per cent. M. Pelletier (Journal de Pharmacie, vol. 21,) says, i lb. of indigenous opium gave 1.799 oz. of morphia, or 10.2 per cent., and i lb. of Smyrna opium from 1.412 oz. to 1.588 oz. of morphia, or from 8 to 9 per cent. M. Texier addressed a few remarks on the same subject, to the effect, that the variations in the quality of opium ought not to be attributed to the juice of the poppy only, but likewise to the state of the atmosphere during the harvest; that it will be of an inferior quality if there be rain, fogs, or heavy dews in harvest time, and all will be lost if a shower of some hours takes place; that a very hot climate is not necessary, but one where no rain falls from the time the poppy flowers, to that in which the opium is collected, and that the reason why Asia Minor opium is of an inferior quality is, because it is sophisticated with bolus armeniæ and other earths.

New Species of Hematozoaria.—Dr. Gruby presented a memoir, "Researches and observations on a new species of hematozoaria," called by him trypanosoma sanguinis. It is of great importance, should the blood, like the intestines, contain several kinds of worms, to prove whether their presence ought to be attributed to a physiological or pathological state. After numerous experiments on the blood of animals, he discovered in that of frogs, during spring and summer, a new species. Both its cephalic and caudal extremities end in a point; its body smooth on one side, presents on the other teeth, like a saw; its length from the fortieth to the eightieth thousandth part of a millemetre, its breadth is from the fifth to the tenth thousandth; it is of a spiral form, like a cork-screw. Locomotion takes place by means of a circular movement round its axis, and four in a second, or fourteen thousand four hundred in an hour can be reckoned. In a hundred frogs, they were only to be found in two or three, and in these each drop of blood contained two or three trypanosomas. They are met with more frequently in the blood of the females than in that of the males, and chiefly in adults. The organs of these animals carefully examined offer no pathological alterations, and therefore it is natural to conclude that their presence is owing to some physiological state of the blood.

New Remedy.—M. Ackerman writes to the Academy that he has frequently administered advantageously the cachaulagua of Chili, family of the gentianæ, in infusion against cephalalgia, and in an epidemic of eczema and ecthyma. It is generally employed in Chili in menorrhagia and where cerebral congestion is imminent.

M. Gondret sent a memoir on atmospheric pressure as a cure in different disorders. The author states, having cured metrorrhagia by applying cupping glasses on the mammæ, or the back between the scapulæ;—the other diseases in which he recommends them are cerebral congestions and commotions, asphyxia, sciatica, &c.

Academy of Medicine; Sitting of the 14th Nov.—(Professor Dubois in the chair.)—M. Villeneuve read two reports:—1st. On an instrument presented by M. Baudeloeque, called by the author, *cephalotribe*.—2. On an obstetrical observation presented by M. C. Bernard. The child placed crossways, the abdomen looking towards the pubis, was turned so that the back was directed forwards and the abdomen backwards. M. Capuron remarked, that such a manœuvre was impossible when the uterus had contracted on the fœtus; the only cases in which it might be done was before the rupture of the membranes, or the instant that took place.

Cure of Hydrocystis and Encysted Tumours.—Professor A. Berard read a report on a memoir of M. Bonfils of Nancy, correspondent of the Academy, on the radical cure of hydrocystis and encysted tumours. The method recommended by the author, is to evacuate the liquid by means of a trocar, or an incision made with a lancet, and to prevent the healing of the wound by the introduction of a piece of lint, or the blades of a pair of scissors, which, while being withdrawn, are to be opened so as to cause the back of the blades to press against the angles of the wound. The suppuration thus produced, caused the obliteration of the cavity. The disorders in which the author says it can be employed advantageously, are, encysted bronchocele, cysts of the mammæ, hydrocele, hydrocystis ovarii. The reporter then draws attention to the two following cases:—1st. *Dropsy of the Sinus Maxillaris.*—The cure was obtained by piercing the alveolus after extracting the first molar tooth, and the cheek, instead of being swoln, offered a depression.— 2d. *Hydrocystis Ovarii,*—A lady, the mother of two children, after her last confinement, perceived that her abdomen increased in size, and at length to such an extent as to incommode her. She consulted M. Bonfils, who recommended tapping, which was refused. Some time after, the patient experienced all at once a violent pain in the tumour, accompanied with vomitings, lypothimia, syncope; on examination, it was evident that the cyst had burst and that an ascites had succeeded to hydrocystis. Abstinence, emollient applications and other remedies to prevent the development of peritonitis were ordered, and the liquid was quickly absorbed. The abdomen soon after began to increase in size again, and the cyst burst a second time; the liquid was absorbed with greater rapidity, probably because it was less turbid. The cyst filled and burst subsequently several times, the intervals between each increasing in length, and the patient ultimately recovered. This method said the reporter, in conclusion, cannot be considered as a cure by tapping, as suppuration took place, and in my opinion professor Velpeau's method (tapping and iodine injections) is preferable.—M. Lagneau remarked that he had observed a case similar to the last mentioned by Professor A. Bernard, the liquid was absorbed and the patient recovered.—Professor Moreau asked in what way the liquid was eliminated from the system, whether by the skin, kidneys, or intestinal canal, and if on the death of the person, the autopsy was performed, so as to discover the precise spot of the rupture?—M. Lagneau replied that the patient had experienced copious per-

spirations; and that the autopsy was not performed.

Quarantine against the Plague.—M. Londe read a report on a memoir of M. Aubert, on the reform of the sanitary measures employed against the plague. During 124 years, from 1717 to 1841, only 64 ships were affected, and of these only 26 offered fresh cases after their arrival. No vessel had ever been infected after its arrival if it had not had a case of plague during the passage; none of the persons employed in the lazar house in unpacking goods were affected; if 8 days elapsed after sailing without the appearance of the disorder on board, it never took place. The author therefore concludes that every ship may be admitted when 9 days have elapsed since the disappearance of the plague, and that no danger of inspection need be apprehended from merchandize.—Conclusions,—Thanks to the author, and that a copy of the report should be sent to the *Ministre du Commerce.*

Hypertrophy of the Spleen in Intermittent Fever.—Dr. Cornay, or Roehford, read a memoir on this subject. The author concludes:—1st. That the word *tourteau*, given by the peasants of the *Charente-Inferieure* to the hypertrophy of the spleen, from its resemblance to a cake thus called, may be employed to designate this disease.—2dn. That acute intermittent fevers, with regular paroxysms may become chronic, i.e., without any paroxysms or intermittences, sometimes with irregular exacerbations.—3rd. That the disorder may be chronic from the beginning, without passing through the acute form.—4th. That simple hypertrophy of the spleen is one of the symptoms of acute or chronic splenic intermittent fever.—5th. That the hypertrophy is never produced nor complicated by splenitis.—6th. That hypertrophy of the spleen in paroxysmal fevers cannot be considered as the cause of the fever.—7th. That it is as easy to distinguish this hypertrophy from all other tumours met with in the left hypochondrium.—8th. That this hypertrophy yields easily.—9th. That the salts of quinine easily cure both the fever and the hypertrophy.—10th. That bleeding is sometimes useful in chronic splenic intermittent fever to empty the vessels, and thus render the circulation more free: again, it modifies, sometimes, advantageously the hypertrophy.—11th. That bleeding is of no use in most acute intermittent fevers; on the contrary, they yielded sooner when the patient is not bled.—12th. That a generous diet and tonics ought to be given in acute and chronic intermittent fevers, and especially in the chronic splenic form.—13th. That the acid salts of quinine are the best and surest remedies.—14th. That when the sulphate of quinine and other febrifuge remedies fail, a change of residence is the most efficacious means to be employed. 15th. That a great difference exists between intermittent fevers observed in Paris, and those where paludian miasma is in full force. 16th. That long before the discovery of the sulphate of quinine, our predecessors cured hypertrophy of the spleen and intermittent fever, by local or revulsive bleedings.

Anencephalus.—M. Colombat de l'Isere presented an anencephalus. The mother, 7½ months gone with child, was seized with labour pains. On the rupture of the membranes, an immense quantity of the amniotic liquid escaped, and the fœtus presented the right shoulder. Version was performed, and the child speedily extracted.

GARLAND DE BEAUMONT, D.M.P., B.L., &c.,
Honorary Physician to the Spanish Embassy.

ERRATA.—In No. 216, p. 78, line 43, instead of "*M. Segalas answered, that he thought lithotomy,*" read, "*M. Segalas answered, that he thought lithotrity,*" &c.

NAPHTHA, FOR CONSUMPTION.

(To the Editor of the "Medical Times.")

"Charles Perry, aged 24, by trade a carrier, was born and always resided at Wickham Bishops, in Essex. His parents were long-lived and healthy; his hair red, complexion florid; and skin fine and clear. His general health was good until last February, when he sought relief for an attack of acute bronchitis. The prominent symptoms were then severe cough, frothy expectoration, difficulty of breathing, and considerable fever. This state of things soon subsided, but the difficulty of breathing and cough recurred, accompanied with expectoration of a well marked purulent character and nocturnal perspirations, and followed by great emaciation and consequent debility. On applying the ear to the right side of the chest anteriorly, pectoriloquy, and a gurgling râle were perceptible. Various treatments were pursued until April, when, as improvement had not manifested itself, he withdrew from my care and placed himself under Dr. Baker of Maldon, who endeavoured to gain admission for him into Colchester Hospital, but failed in consequence of his disease being pulmonary consumption in the last stage. Dr. Baker treated him for consumption until an attack of hœmoptysis in July lead him again to consult me. His condition was now more feeble than at his former visit. Under the use of the acetate of lead and opium, the spitting of blood shortly disappeared, leaving all the previous symptoms of pulmonary consumption unmitigated. Being unacquainted with any treatment posessing the power of stopping the ravages of this disease, I determined to try naphtha, not with any expectation that a beneficial result would ensue, for I must add I had not the slightest faith in its (*alleged*) powers in this formidable malady. On the third of August then, I prescribed the following:—

℞. Naphth. rect.
Liq. op. sed.—M. fiat gutt.

of which he took fifteen drops three times a day in a little water. The naphtha was persevered in for about two months, when he reported himself well, and resumed his employment of carrier between Witham and London, having gained about two stone in weight during the treatment. The first remarkable change was a disappearance of the nocturnal perspiration, which never returned after taking a few doses of naphtha. The cough and expectoration gradually yielded and the only difference between his present and previous condition before the attack in February was, that his breath was short after considerable bodily exertion.

A. G. PROCTOR,
Surgeon.

Witham, Essex.
Oct., 21st, 1843

We have received a letter from Drs. Williams and Chambers of the Essex and Colchester Hospital, assuring us that they never heard till this week of this case—and implying that the patient consequently could not have been rejected at the hospital as consumptive. Dr. Baker will find it easy to reconceive with truth both statements we should think.—ED.

ARREST OF UTERINE HÆMORRHAGE.

(To the Editor of "The Medical Times.")

SIR,—If you consider the following case of sufficient interest, I beg you will give it a place in your widely circulated journal.

I am sir, yours, &c.,
R. PINCOTT,
Surgeon, Chipping Ongar, Essex,
Late House Physician
To King's College Hospital, London.

1843, October, 26th.

I was called at 3 P.M. to attend Mrs. A., residing in a village 6 miles distant, in labour of her third child. My patient is of delicate habit, and her general aspect is that of a debilitated subject. On my arrival, 4 P.M., I learned from the attendants that she had been in labour since 8 A.M., but that the pains had been lingering and not forcing in character. On examination, I found the os uteri fully dilated. membranes ruptured and the head presenting naturally, and descending into the cavity of the pelvis. The pains now recurred every ten minutes, but did not propel the head naturally.

6 P.M.: during my absence from the room for a few minutes she was allowed by her attendants to sit upon then ight-chair; a violently forcing pain immediately came on, and as soon as she was replaced in bed, the head of the child was expelled; a second pain recurring, the child was wholly expelled. A gush of blood followed the expulsion of the fœtus which induced me to be more than ordinarily attentive to the state of the uterus.

On placing my hand upon the hypogastrium, the uterus was felt large, and not presenting the usual firm character of the actively contracting organ. By grasping and kneading the uterus and occasional gentle traction at the funis, the placenta was expelled entire accompanied by a few coagula and a gush of blood. This induced me to continue my hand grasping the uterus for some time previously to the application of the binder, which I took care to have accurately adjusted fearing the liability to hæmorrhage. My patient now expressed herself comfortable. On my return to the room in about ten minutes she complained of feebleness; face pallid, lips blanched, pulse feeble; on applying my hand to the hypogastrium, I was startled to find the uterus distended and reaching nearly to the umbilicus. Warm brandy and water was administered and the head laid low. Cloths dipped in cold water were laid over the hypogastrium and the uterine tumour kneaded by the hand. After continuing this plan for some minutes, a coagulum was expelled, followed by a copious gush of blood. Cold was still applied and the kneading continued. On the least intermission of these efforts the uterus again dilated. I now dashed cold water upon the denuded abdomen. The uterus responded to this treatment but tardily, and a gush of blood followed. My patient was now suffering alarmingly from exhaustion; sighing frequently, throwing about the arms, and complaining of sickness. I now determined upon introducing my hand into the uterus, supposing some coagula were adherent to the lining membrane of the uterus, and thus prevented its complete contraction; on introducing my hand I found my supposition confirmed. I at once removed a few fibrous clots, and irritated the uterus by pressing my knuckles against its walls. compressing the hypogastrium with the opposite hand; I was no less astonished than alarmed to find that the uterus obeyed this almost infallible plan of treatment but feebly. I now ordered the infant to be applied to the breast; immediately the infant took the nipple the uterus contracted forcibly and expelled my hand into the vagina, and I was much gratified to find all tendency to hæmorrhage ceased.

I am induced to give publicity to the above case as a confirmation of the plan of treatment recommended by Dr. Rigby, and from a conviction that it is one of the most powerful means we possess for arresting uterine hæmorrhage.

ROYAL COLLEGE OF SURGEONS LONDON.

List of gentlemen admitted members on Friday, November 17, 1843:—

Messrs. J. Hanks, F. Mehcux, L. Powell, H. Daubeny, L. Bland, F. A. Oldaker, H. M. Webb. W. D. Headly, E. Thomas.

PERISCOPE OF THE WEEK.

(Annales de Chimie et de Physique; Lancet: Oesterr. Medicinisch, Wochenschrift; London and Edinburgh Journal of Medical Science.

Tests for Arsenic.—Mr. Ellis, of University College, has published a very long communication on a method of testing for arsenic, upon which he has been engaged for several months. He has so modified Marsh's apparatus, as to be enabled to get a continuous stream of arseniuretted hydrogen gas; in fact, until all the arsenic in the fluid under examination is exhausted. He removes the brass cock, which is objectionable on account of its being readily contaminated after one experiment with the gas, and its being also very difficult, if not impossible, ever to clean it thoroughly, and substitutes for it a glass one, ground into a tube bent like a syphon, and having three hollow globes on its long leg, and three of equal size on the shorter. The additional balls have the effect of enlarging the gas-room of the apparatus, without materially increasing its bulk. By passing this gas in a continued stream over slips of copper, it will deposit its arsenic upon them. The process is as follows:—Several pieces of clean brightly polished copper wire, of about an eighth of an inch in diameter, or some slips of thin copper ribbon, (the latter are the more convenient) are to be introduced into a tube of either German or English glass—it does not matter which, as no great heat is used in the process—which may be bent into an elbow at one end, and fitted with a perforated cork, if no better instrument be at hand, to a Florence flask at that end, the other being drawn out, after the introduction of the copper into the tube, to a capillary size. Some of the suspected matter, fluid or solid, with some pure zinc, pure sulphuric acid, and a little water, (these latter must all be tested as to their freedom from arsenic previously) is then put into the flask, so as to generate the arseniuretted hydrogen; the gas then passes over the surface of the copper-wire, and may be burnt and tested in that way by the arsenical stain at the capillary extremity. A small spirit lamp must, while the gas comes pouring over the copper, be held underneath it, so as to warm it for a few seconds, and almost instantly. if the arsenic be pretty abundant in the gas, the copper is seen to be frosted over with a coating of metallic arsenic, the deposit beginning at the end next the flask, and gradually extending until the whole surface is covered; the heat may be continued for a few minutes longer, and then withdrawn. If, however, the arsenic in the tested fluid be small in quantity, then a minute or so may elapse before any indication of its presence is decisively given by the copper, but rarely longer. If a thick coat on the metal be desired, the heat must be continued for four or five minutes longer; but, if kept up after this, as no more copper remains exposed to the gas, and as probably the tube has become red-hot, then the arsenic begins to be deposited on the sides of the glass-tube. It is rather singular that as long as any portion of the copper remains uncovered by this deposit, so long will the sides of the tube be perfectly clean and unstained. The copper, when withdrawn, will be found to be coated over with a beautiful silvery crust of arsenic; this soon loses its lustre, and the wire appears as if it had been transformed into zinc or lead. Every portion of its surface, both that exposed to the gas, and that next the tubing, is covered with the crust.

If antimony were present, instead of arsenic, the wire would be blue, often irideseent, and only coated on the parts directly exposed to contact with the gas; a much more intense heat is requisite to get a deposit at all, and the sides of the tube are invariably stained, owing to this increase in the temperature. In other words, antimony requires more heat to decompose it than arsenic, when in combination with hydrogen gas, this being no unimportant feature in distinguishing the one from the other.

The copper wire or ribbon is to be cut into small pieces, a sixth or a fourth of an inch in length, put into a tube, drawn out at one end fine, so as to prevent their slipping through, and heated gently over a small flame, until the chips are nearly of a cherry-red heat. If the deposit be arsenic, brilliant, glistening, transparent, little crystals of arsenious acid are obtained, in a ring, presenting a sharply defined margin towards the copper-chips, and shading gradually off towards the open larger end of the tube. Under a stanhope lens, these are found to be octahedral or tetrahedral crystals. If the deposit be antimony, a greater amount of heat will be required for its oxydation, and instead of the crystalline ring, a film of a white, amorphous, unerystallised powder is obtained, sometimes forming a distinct ring, never having so sharp a margin as the arsenical, and sometimes left like a delicate white dust along the length of the tube; altogether the result of the process is as remarkably indefinite and uncertain in this case as in the former it is definite and decisive.

Rupture of the Heart.—M. Taylor, of Guildford, narrates the particulars of a case of sudden death from rupture of the heart, and furnishes the following account of the condition of the viseus at the autopsy. The pericardium was quite flaccid, and not at all encumbered with fat; the heart was found occupying its normal position, but obviously enlarged. The right ventricle was collapsed; and on the middle of its anterior surface, close to the septum, there was a depression which proved to be a perforation into its cavity, large enough to admit a goose quill. About an ounce and a half of fluid blood was effused into the pericardium: the inner surface of the membrane being marked by two white patches of lymph anteriorly, but otherwise healthy. The weight of the heart was eleven ounces. The right ventricle was rather dilated, and its walls much thinned, so that near the point of rupture, their thickness did not exceed half a line, and there the accumulation of fat, which was very much about the viscus, was greatest. The opening was of irregular shape, with a torn edge, and its greatest diameter transverse; it was situated two lines from the septum. The endocardium and the valves were not diseased. The left ventricle was ten lines thick in the middle of its walls; the lining membrane of the aorta at its commencement was dyed of a bright red color, and marked with numerous white spots. The aortic valves presented a similar appearance.

Dosage of Manganese.—In analytical experiments manganese is generally dosed to the state of red oxyde, which has the property of absorbing a certain quantity of oxygen on cooling, and of passing to the state of sesqui-oxyde, a circumstance which may occasion some inconvenience. M. Ebelmen considers it preferable to dose the manganese at the state of protoxide, reducing the superior oxydes by hydrogen. In order to effect this experiment conveniently, he employs a platina crucible, the lid of which has a tube in the centre, through which a current of pure dry hydrogen gas is passed into the crucible down a green glass tube, the apparatus being heated with a spirit lamp. The reduction is completed in a few minutes, and the crucible is set to cool, the stream of gas being kept up. The oxyde of manganese thus obtained, dissolves in hydrochlorie acid without blackening it and without disengaging chlorine.

Double Brain.—Mr. Barker of Northwick delivered a woman of a child which, at birth, was found to have a tumour attached to the occipital bone, of the size of a large orange, of a soft nature, and totally devoid of hair, although hair was plentiful upon the head. There was also spina bifida of the third, fourth, and fifth dorsal vertebræ, and the right foot was clubbed. The child died in convulsions. The tumour on the head, when opened, was found to contain a perfectly-developed brain, surrounded by its ordinary membranes, and connected with the posterior part of the cerebrum within the skull, through a circular opening of about an inch in diameter, just above the occipital protuberance, and having also a distinct connection with the spinal cord, the nerves being given off in the usual manner.

Bilocular Uterus.—The subject of this malformation was a woman, thirty years of age, who was a patient at a lying-in charity. Externally she was well shaped, and robust; on making an examination, the vagina, at the depth of about two inches, was found to be divided into a double passage by a dense fibrous septum stretching across it. The posterior chamber was penetrable by the finger for about an inch and a half higher, when it was found to end in a small blind sac. The anterior passage was so long that the os uteri could not be reached by the finger. This septum was ruptured during labor, and a living child expelled, but the mother died from peritonitis. On opening the body, the cavity of the uterus, as far as the os internum, was seen to be separated into two chambers by a vertical septum. The fœtus had lodged in the left of these divisions, but the right cavity had also been dilated, and lined with decidua during pregnancy.

Bleeding in Concussion.—Dr Lawrie says, convulsions appear to be occasionally superinduced by uncalled for venesection. Indeed the effects of loss of blood in cases of cerebral venous congestion from other causes would lead us to imagine that convulsions would follow venesection in cases of extravasation, more frequently than they appear to be observed in practice. The effect of venesection on the pupils does not appear to be uniform, but would leave us to believe that if dilatation follows, it indicates over-depletion. The same remarks apply, but of course with less force, to the application of leeches and cupping-glasses, as to the use of the lancet. They are less dangerous but nevertheless, ought not to be used, unless the application be indicated by the symptoms.

Sulphate of Quinine in the Urine.—M. Bouchardat having discovered that the ioduretted ioduret of potassium is a test for sulphate of quinine, M. Robert has recently applied it to the discovery of that salt in the urine of persons to whom it had been administered. The iodine preparation which he used, consisted of four parts of the ioduret of potassium, one part of iodine, and ten of water. The precipitate obtained by the use of this test, is very insoluble in water, insoluble in an excess of the re-agent, and soluble in alcohol; its colour is a yellowish brown, much clearer when the precipitate is thrown down in a colourless watery solution, than in urine. The colour however of the precipitate in urine is very distinct from that afforded by that fluid, when it does not contain the sulphate of quinine. With the aid of this re-agent, M. Robert succeeded in obtaining a full precipitate from urine passed eight hours, (not earlier) after the dose of the alkaloid had been exhibited. The urine passed twenty-four hours afterwards, was

seareely affected by the ioduret, that which had been seereted in the interval affording more or less proof of the presenee of quina, as it was nearer or more removed from the date at whieh the dose was taken. Not eontented with the result of these experiments, whieh were repeated several times, and always with the same results, M. Robert sought by a chemieal proeess, to reeover the quina eontained in the urine, in whieh he sueeeeded as follows. The urine was treated with the ioduretted ioduret of potassium, and the precipitate was eolleeted on a filter, washed with distilled water, and treated with diluted sulphurie aeid, to deeompose the double ioduret of potassium and quinine, the sulphates of potasss and quinine being formed, and the iodine preeipitated. The filtered liquid was then treated with ammonia, by which the quina was preeipitated, and this latter having been taken up by a very dilute sulphurie acid, whieh was added until the liquid had a slightly aeid reaetion, the solution was decolorized by eharcoal, and evaporated at a gentle heat. Superb erystals of the sulphate of quinine were thus obtained. Another proeess is given by M. Robert, but he declares this to be the more satisfaetory. We presume M. Robert antieipates a dearth of quinine, and is providing accordingly.

TO CORRESPONDENTS.

A Correspondent *informs us that the vaeancy made by the retirement of Mr. Guthrie*, fils, *in the assistant-surgeonship of Westminster Hospital, is likely to be filled by Mr. Phillips, the able lecturer on surgery at the Westminster Medical School.*

A. M.—*We hope to conclude our notice and extracts from Mr. Owen's Lectures in an early number.*

Dr. A. Lane's *paper will be noticed in our next.*

Dr. Wark's *cases of glanders in the human subject, will be acceptable, if given in a terse form.*

Medicus *will find all he wishes in our lectures of that physician, published in vol. 7.*

Mr. Lang's *index and title-page did not reach him from a mistake of his address. They are now sent again.*

A Constant Reader.—*A member of the College of Surgeons, London, or a licentiate of the College of Surgeons, Edinburgh, can dispense medicines* in surgical cases *without infringing the Apothecaries' Act. In what would be called a purely medical case, we think they cannot.*

Dr. Renning's *interesting case of "long-continued spasm," in our next.*

A Constant Reader (Liverpool.)—*We are sorry we cannot oblige our worthy Correspondent with remedies for his fat friend, or advice gratis on the best way of preventing the absorption of chyle. It is against our rule. A neighbouring practitioner, if* duly *consulted, would, doubtless, be found very useful; if he do not succeed, let him take an attorney's advice, and go to law. If that fail him, let him "live on sixpence a day, and earn it."*

Singleton's Eye-Salve.—*Different recipes have been sent us for this salve, or golden ointment, as it has been called. One correspondent, who refers to Thompson and Paris, is certain that one part of red precipitate to seven of butter, is the complete formula.*

We must postpone much correspondence till next week.

The "MEDICAL TIMES ALMANACK" *will be published a few days before January* 1, 1843. *It will contain, with all the customary information of a Medical Almanack, important matter, to be found in no other, and will present twenty-four quarto columns more than our last year's publication, i.e., 96 quarto columns. The price will be but fivepence plain, sixpence stamped.—Advertisements should be sent in early.*

A HANDSOME PORTFOLIO, *on a novel plan, for preserving the current numbers for twelve months clean, and easily to be referred to as a volume, has been manufactured for the* MEDICAL TIMES, *and may be had at the Office, or by order of any Bookseller in town or country, price 5s.; second quality, 3s. 9d.*

THE MEDICAL TIMES.

SATURDAY, NOV. 25, 1843.

"Tom's a-cold."—LEAR.

A CERTIFICATE of good character to the British Form of Government would declare it—as our last Number but one admitted it—the most perfect, philosopher has sehemed, or historian panegyrized. A fair estimate of the nation possessing it, would similarly announee it the riehest, and most powerful, our globe has yet had the honour of introducing to the envy or admiration of its neighbour planets. Individually, we are not unworthy of our loeal destiny. In eivilization, in religion, in morals, we are, eompared with foreigners, as Prinees to their subjeets. Speaking for *our* friends, we ean eonseientiously affirm them, on their own authority, to be all but faultless; and the longer, the fuller, their experience of themselves, the more perfeet do they feel themselves. Their charity, how boundless! Language has no meaning if the headaehe of a friend is not their heartaehe—his misadventure not their calamity. Even a rieh kinswoman's illness they hear not of without a sympathy that warms them to eloquence; and, despite the reluetanee of their virtue to publieity, the best patronized and most advertised of public charities will yet not want their *names* in eleemosynary aid. Happily, benevolenee and its means are equal. Sold and distributed, the property of a deeade of their number would feed an army for years. And then, in what tropieal exuberance and height shoots out the rieh vegetation of their religion! Aught unworthy the Christian, aught assimilating with the unbelievers without a deity save self, without a religion save interest—would be stigmatized as a disgrace, and repelled as an insult. Yes! we may congratulate ourselves: we are, beyond all reeord's parallel, a well-governed, a wondrously-rieh, a sensitively-eharitable, a sincerely-Christian people—and yearly do hundreds amongst us, of our own country, with our own flesh and blood within them, testify to the eertitude of these high characteristics, and put an ineffaceable seal to their validity, by dying of STARVATION! The sentenee sounds like a paradox: perhaps a nearer examination would bring the two opposing facts together as cause and effect.

Now, what is it, this death by starvation? It is the death of soeiety's eonviet, found guilty of misfortune, and exeeuted slowly, and in privacy, by (strange perversion!) the ensanguined hand of Nature herself. Wealth and luxuries within a stone's throw of him to make a myriad happy, within his eall there is not a erumb of coarsest food. Thousands within hearing, eheerful, mutually sympathizing, busy: he alone, none to soothe or help! Without, bleak desolation—within, a frame torturing him with its ceaseless and augmenting wants—his nerves, museles, veins, importunately demanding, with their voiees of pain, what Nature produeed for them, but whieh he has not—feeding on themselves and the relics of his life—destroying him *gradatim* from within—slowly and eertainly measuring, with the chronometrieal tortures of inanition, the approaehing hour of his dread yet welcome dissolution: and thus, in utter, hopeless, despairing prostration of all his God-given powers of body and mind, does this wreteh, smitten by doom, but possessed of an immortal soul, die erimeless his multiple death—the exeeution seene, re-enaeted each instant of the life that remains to him: death's agony spun out through days, eaeh instant of which there stands the mysterious plunge into another phase of being more and more palpable before his awe-struek mind! And this is that not uneommon speetaele—which English juries and coroners often eall, "*Natural* death,"—Englishmen's death by starvation!

Another picture. In a well-lighted, well-garnished chamber, reposes a man as near a prematurc end as our vietim of poverty. The table beside him is laden with all that ean provoke appetite or satiate capriee. While fine ladies are anticipating his animal wants, chureh dignitaries are shewing polite attention to his needs of soul: he is attended as many a prinee, in these days of prince rejeetions, is not,—is a man of note,—the recipient of the courtesies and respects of the affluent and titled,—the observed of all observers,—the possessor of a month's *fame*. What are his merits? He murdered his master!

We wish not to war against indulgeneies to condemned criminals; there may be reason—or, at all events, there may be eharity—in them: but in the ratio in which they are justified, nay, with tenfold inerease, eomes the obligation of attending to those who innocent suffer from fortune, rigours the law is too mereiful to award against its violaters.

The leaves are now fallen: we are on the threshold of that season, when ill-elad, ill-fed poverty is doomed to the very ernelties she is least eapable of combatting, and we have given expression to the refleetions hence pressing on us, in the hope of urging on each member of soeiety to take measures that this winter shall not be marked by horrid deaths like those with whose records our daily and weekly journals were, this time twelvemonth, so often stained. We will not talk of the commentary whieh such afflieting incidents offer on our nation's civilization: of the terrible lie it fixes on our boasts of good Government; or the hypocritie guise in which it presents ourselves before Europe: we have said enough to operate on all that read us, if they are to be moved at all, when, interpreting Nature's voiee in eaeh man's bosom, we affirm that the possibility, and much more the oecurrenee, of such tragedies in a state of eivil life, is, while a stigma on universal humanity, a damning and unpardonable

spot in all minds that could, and have not, precluded—in all hearts that could, and have not, arrested—the horrid sacrifice.

We hear an objection, and readily grant, that, as general members of society, our powers, in the way of remedy, *may* be small, and the use of even these, limited by the exigencies of our profession. But none will contest, that we can so far avail society, and so far do our duty to ourselves, as to put our own profession beyond the pale of such catastrophes. At present, with our body rapidly increasing, and not more slowly impoverishing, our provision for the more unfortunate of our brethren and their families, is singularly meagre, inadequate, and—were it not more a matter of grief—contemptible. As a *mere* member of our profession fallen into the decay and want with which overflowing competition threatens so many, there is no one fund to which a ruined practitioner can apply with any reasonable prospect of success. We are not unaware that there is a Medical Benevolent Society in London, and that the Provincial Association was founded partly with some view to some such object; but the funds of the former, it is well known, are comparatively little else than nominal, while the directors of the latter have found it necessary to confine their benevolence to such chance sums as they may receive beyond their regular subscriptions,—a well-meant procedure, but not the less vividly exhibiting the hopelessness of expectation! In Scotland and in Ireland, despite the eminent labours of Dr. Kingsley in the latter country, benevolent funds are much in similar positions. Need we say, then, that this is not as it should be? We may own that if these societies are thus defective, the fault is theirs by whose will they exist, or through whose indifference they fail, and that in this path of practical goodness, much more, even in reference to these bodies, might be done. But why should so essential a part of the duty which every professional man owes to his calling and brethren, be left to such varying and inadequate machinery? Have we not Colleges of Physicians receiving large fees for diplomas, and in possession of extensive estates? Why shall they not provide for their ruined members and families, even if Censors and Elects receive smaller emoluments? Have we not Colleges of Surgeons? Why may not their large incomes, which now purvey such costly dinners, or give Examiners and Councillors such unneeded gratuities, be taught economy in behalf of their helpless members? Why, again, shall such dark Maelstroms of fees as that in Puddledock, ever receiving, never disgorging, not be *invited* to a retrogressive movement in behalf of its many unfortunate licentiates?

For ourselves, we know of no reason by which, invited or uninvited, the rulers of these institutions can justify to themselves or the public the longer absence of this inestimable provision. Such a vital matter offers a touchstone for the true man. On questions referring merely to Governmental form, we can imagine a good man honestly differing with the impartial arbitrator, from false notions as to consequences: but on this subject, where nothing comes in discussion but whether a man shall, at a small self-sacrifice, yield to the purest and highest impulses of his heart in favour of an unfortunate brother or his family, there is nothing open to contestation or party display: it is a mere matter of action—an arena for the sole display of character—a palpable affair of vice and virtue, in which the whole work is a choice between them, and in which, if we can tolerate, while we stigmatize, an iniquitous diversity of conduct, we have no patience for a hypocritic diversity of opinion. The thing in question is, the first and most obligatory of our duties, the surest, clearest, greatest, and most practical of services an institution can render humanity: and all reasonings against it are but the disguises of a sordid and vicious nature shuffling into small profits at the peril of, who shall say, how many beings' agony? Let us hope that the men now commanding the Professsion's funds deserve not, with all their faults, so shameful an imputation, an imputation which, we may tell them, *en passant*, may be as well earned by impassivenesss to the wrong, as opposition to the right. Their vindication or conviction lies in their own hands: the winter cannot expire without demonstrating which they have chosen.

PENCILLINGS OF EMINENT MEDICAL MEN.

MR. CALLOWAY—DR. THOS. ADDISON—DR. BABINGTON—DR. BARLOW—MR. COCK.

Mr. Calloway is one of the surgeons of Guy's. He was a favourite pupil of Sir Astley, to whom it was thought he bore some resemblance, which circumstance slander connected into a whisper that he was his son, by one of those attachments that despise the cold observance of Hymeneal formalities. Even by many who disbelieve the wicked insinuation, it is affirmed that he is a little Sir Astley—a Sir Astley cut short. We have sought in vain for the likeness; even this we find is just as correct as the rumour. He certainly imitates the great lion of Guy's, but only succeeds in his affability, suavity of manner, and disposition to conciliate. The lordly bearing, the prestige of personal beauty, the sparkling, the speaking eye radiant and lustrous with that unpronounced but fascinating eloquence that wins your esteem and prepossesses by a glance, that mesmerises you by a look that wins as it wanders, dazzles - were it dwells, the open, the noble countenance, the majesty of mien, are not there. Mr. Calloway is many inches shorter, with a short neck and rather burly person, with a pleasing and good-natured, rather than a commanding, captivating countenance; small, dark, intelligent, twinkling eyes, and visage round and chubby. He is particularly natty in his attire. It denotes certainly an uniformity of taste, for, during all prevailing fashions, he wears a peculiar low collared coat, something of the Newmarket style, which fits his figure, and would lead you very unjustly to suppose that he had not yet dismissed his Lothario recollections. His head is bald for a man of his years—remarkably so—with the forehead marked and overlapping the parietal bones; so that its anterior convexity and defined circumference gives you the idea of the shape of a large cockle-shell, beneath the base of which two bright small eyes gleam out like wakeful sentinels at the foot of a large moat.

His grandfather was steward, or secretary, to the hospital; his interest macadamized the road for his advancement; he had not the trouble to learn,—

> What rugged places lie between
> Adventurous virtues, early toils,
> And her triumphal throne.

It has been said that a man to make any figure in the world must be his own Mæcenas, and patronize himself. How many follow this recipe? Calloway is not one of them. He takes the world very easy. Every thing is plain sailing with him, and so he has continued, and will continue, to the end of the chapter. He boasts of no original *views*—he indulges in no crude speculations—he advances no *jejeune* or ill-digested opinions—he has no ambition to play the orator—he treats us to no decorative phraseology—he aims not at lofty *talk*—he builds not a pyramid of books to advertise or exalt his name.

He once in his life allowed his judgment to be warped by the flattery of his friends, and essayed an oration at the College. Timidity prevented him even reading the manuscript, and good sense suggested to obliterate every trace of this one injudicious act. He has never devoted an hour to composition. In vain you search the archives of medicine for an article or an essay; periodicals, quarterlies, or annuals, know him not.

In Guy's Hospital Reports, which is the log-book, in which every incident, trivial or important, is treasured up, in which many busy, bustling, and fussy men, figure away, and where he, as an officer of the favoured institution, was certain to be taken by the hand, and introduced with a flourish of trumpets to its readers, not one article from this unobtrusive gentleman is to be found. Do not suppose, therefore, that he is indolent; there is no man connected with the institution more diligent in the pursuit of science—no man more active in the acquirement of knowledge—no man more capable of accurate observation—no man has, with greater safety to the patient, or more credit to himself, performed all the capital operations of surgery. No man, with the exception of Key, whose dexterity he does not profess to emulate, enjoys a larger share of public as well as professional patronage.

His ambition is to be considered a good consulting surgeon; to use his own unpretending phraseology, a good *medical* surgeon, and such *he is*. There was a time when such a declaration would have raised all the old ladies west of Temple Bar, to wreak their vengeance upon this invader of prerogative,—*tempora mutantur*.

He is a safe councillor in the hour of danger. He is called in very much by the medical men of the Borough. There is none of the affectation or arrogance and tom-foolery of the conceited physician—no airs, no assumption; on the contrary, they find an unassuming friend, one who will not attempt to lower them in the estimation of the patient or friends—one who will not, by shrug or insinuation, smile away their reputation, or allure them away by excessive attention, by purposely stepping in in their absence, or before the hour of appointment, and expressing his regret that this or that had been neglected. These low arts he has not yet graduated in, and for this they appreciate him. It is another instance of the truth of the old maxim "honesty is the best policy."

The only means we have of making ourselves acquainted with his views upon the treatment of disease, is by perusing the opinions which he occasionally expressed at the meetings of the London Medical Society. We have met him frequently in consultation, we invariably left with the impression that he was a man of deep reflection, of sound mind, and great observation. We have conversed with many who had better opportunities of witnessing his career; all were agreed that he well deserved the support and high esteem of the profession.

He is a follower of the Epicurean School of Philosophy—he is as plump as a partridge, and could play Friar Tuck without stuffing. That he has a keen appreciation of the good things of this life, and is very fond of attending the turtle feasts at the Mansion House, we know. He thinks with Tully,—"*Quid est quod in hoc tam brevi tantis nos*

in laboribus exerccamus," and acts on the principle, "*Dum vivimus vivamus.*"

Dr. Thomas Addison, another of the physicians of Guy's, is a North of England man. He is a fine, dashing, big, burly, bustling man; proud and pompous as a parish beadle in his robes of office. He marches about the hospital, feeling that it is a great condeseension for a man of his parts to be found in such an unaristocratic region. Dark and sallow complexion, an intelligent countenance, and noble forehead, he is what the ladies would pronounce a *fine* man; he has mentally and physically a tall idea of himself. This is a pity, for very rarely a very great man ever thinks himself so, or if he does, he has not the weakness to let it be seen. In his style, too, he seems always to be on stilts, always anxious to exhibit his collegiate lore. All his soldiers are grenadiers. He does not think that a homely dress for one's thoughts are preferable to gaudy colours and meretricious ornament. His descriptions of a disease require a dictionary for their elucidation; every word is of Alexandrine measure—he has a pious horror of monosyllables: with these exceptions, we have little to find fault with him. He is most solicitous to instruct his followers, who are not few—he spares no pains in the investigation of disease—his information appears to me to be more varied than profound, his skill more imitative than inventive—he is not a dogmatist, on the contrary, he is speculative and experimental; he is fond, to a fault, of testing all new medicines, and imputing virtues to them which they never possessed, and which only exist in the minds of credulous or interested theorists. He is intimately acquainted with the opinions of his cotemporaries—he is, in this respect, a peripatetic encyclopædia, As a lecturer he is fluent, we would say eloquent, if he had a little more imagination. Big men it has been remarked have in general little fancy. He aims at the argumentative, a syllogistic mode of expression, and succeeds as far as the uncertainty of medical opinions, which are protean and ephemeral, will well permit.

His language bespeaks academic erudition. He does not run into the fault of long and elaborate quotations from the dead languages, as some of the present professors who happen to be masters of arts, and are bursting to parade their acquirements, presenting us with the picture which Boileau so well sketched.

> Un pedant enivre de la vaine science,
> Tout herisse de Grec, tout bouffe d'arrogance.

He prefers the graudiloquent; every sentence is polished, is powerful; if a trifle too stately for good taste, it is because taste or habit has imperceptibly fashioned his mind to that form or manner of thinking aloud, and because he considers it magisterial and impressive in a professor.

We listened to him with great attention, as we were told that his lectures constituted his chief distinction; we felt at once his superiority. He is a Bude-light in the wilderness that surrounds him. Slow and solemn are his opening sentences, —studied the regularity of his intonations. The minutest critic can detect no inaccuracies of action. The advantage of his tall and graceful person are artfully employed to add to the favorable impression; his attitudes, tones, and manners are studied and systematic. His subject is premeditated; his memory prodigious. This capability might not have been exhibited—this vein discovered,—if it had not been backed by the auspicious circumstances in which he was placed as instructor in a large institution like Guy's.

His illustrious and distinguished namesake truly observes that the human mind is like marble in a quarry, which shows none of its inherent beauties till the skill of the polisher fetches out the colours and makes the surface shine, and discovers every ornamental spot and vein that runs through the body of it.

This has been Dr. Addison's case: he gave no indications of this power for some time after his appointment, and his improvement was slow and progressive, or, it may be, that his merit in this particular was only tardily acknowledged. Some now aver that this is his only merit. We agree with the great poet, that this alone is evidence of mental excellence. He says, with justice: "Non ex quovis ligno, fit Mercurius." It is only depreciated by those who do not possess it. In this world of ours there are many who need no other provocation to enmity than that they find themselves surpassed.

If he had lived in the last generation this ability alone would have given him first rank; now, science is so general, he has a thousand rivals but few equals. It has, in consequence, become the order of the day to praise the past, and to slight the present men. By living merit we think ourselves injured or eclipsed, and to appear very generous and sincere, we affect to pay reverence to the departed on the old principle which Horace noticed in his day:

> Though living merit we despise,
> When dead we praise it to the skies.

Dr. Addison as an essayist does not shine; he does not take first rank. There is a plainness, a poverty, a nakedness, a want of finish about his periods which we would not be led to expect from the style of his education. In the first volume of Guy's Hospital Reports he has a short paper on the Fatty Degeneration of the Liver. In the second volume an article on the Influence of Electricity in certain Convulsive and Spasmodic Diseases. After wading through a very useless and unnecessary detail of what had been known a quarter of a century ago, he informs us that it affords occasional benefit, which might with equal safety be affirmed of any other agent he might employ,—that such disorders are in a large majority of instances connected with some irregularity of menstruation. He, in the same number, makes some equally valuable and original observations on pneumonia.

In conjunction with Dr. Bright, he edited a very good work on the Practice of Physic. In 1837, he succeeded Dr. Cholmondeley as physician, and Dr. Babington was appointed assistant physician in his place.

In 1841, he brought before the Royal Medical and Chirurgical Society, Observations on the Anatomy of the Lungs, which, as far as his dissections went, appears to demonstrate the situation and course of the minute pulmonary veins. He contended that the lung is made up essentially of a vast expanse of membrane, the interior of which is unceasingly exposed to the influence of atmospheric air, and upon the surface, or in the substance of which are spread out the capillary ramifications of the pulmonary artery; these arterial capillaries passing from thence to the exterior of the membrane, to form the pulmonary vein, which throughout its whole course is found to be situated on the exterior of the aerial cellular structure of the organs. The preparations were injected, andexhibited the larger, as well as smaller branches of the pulmonary vessels.

Like all his colleagues, he, too, treats us to an essay on Disorders of the Brain, connected with albuminous urine!

Dr. Babington is a tall thin, dark, swarthy man, of about 40 years of age. He has the bronzed appearance of a man of travel, who had visited the eastern ground, and felt the direct and burning rays of the sun. He is the son of the justly celebrated Dr. Babington, who was an Irishman of great wit and goodness of heart, and who was so much respected, that the public placed a noble statue of him in St. Paul's. Dr. Bright thus eloquently speaks, and all admit the justness of the panegyric,—"No man ever passed more hours in the conscientious discharge of his duties; no man of his professional exertions did more good; no man ever acted less under the immediate impressions of self-interest. The comeliness of his virtue will ever be felt and acknowledged by all whose estimation is worth a good man's desire."

Bransby Cooper, speaking of his ability, says, "Perhaps no kind of superiority is more flattering than that which is conferred by the powers of conversation, by extemporaneous sprightliness, copiousness of language, and fertility of sentiment. His colloquial art was great, and he abounded in amusing anecdotes."

No man was ever more extensively beloved; no man's example had more weight: to no one are we more indebted for supporting and exciting amongst us a high tone and moral feeling. Such was the man, whom the good delighted to praise; such the physician, whom the wise consented to honor. As long as the record of our profession lasts, so long will his name be handed, as a bright glory on its pages. Some assert, that he was not a *scientific practitioner*.

Virtues, in some families, are hereditary; the kindness and amiability of the parent is transmitted to his offspring. The present Babington possesses all the solid and sterling talent, if not the showy and sparkling qualities of the father. He, too, enjoys the confidence of the profession, and is every day rising in general estimation. His worth disarms malice or envy, while his modesty wins esteem, and his acquirements command confidence and respect. He is not of the character of those bustling energetic men who would fight their way, and trample down all impediments to eminence; but once there, he is able to maintain his position. He has not the *purpureum lumen* of the sire, but he has that quiet enduring merit that passeth show, and grows upon you in acquaintance. He seems to have lost the vivacity of his Irish origin, and acquired the more sober character of the Englishman. He seems less impulsive, but more reflective, than his father; he has, and is, quietly working himself through that probation which precedes distinction. He may not arrive there as soon as some men; he is slow, but he is sure of success. He lives in George Street, Hanover Square, and is in good practice. In 1836, he wrote a paper on Cases of Small-Pox, which occurred in the Asylum for the Deaf and Dumb, with an account of the re-vaccination of all the children in that establishment. In the 2d volume of the reports, we have from him a long article on Albuminous Fluids; also, on the Action of Neutral Salts on Pus. This may be observed by mixing a solution of common salt with pus. In the 6th volume, he has an article on Epilepsy; in his conclusion, he says, it is a law with respect to every modification of nervous manner; that it is liable to a sudden suspension of function, and susceptible, if not an equally sudden, at least of a rapid and perfect restoration of that function. He regards epilepsy, then, but as another example of the suspension of the nervous function, not necessarily or proximately depending on organic lesion. He left this subject where he found it. Want of space obliges us to abridge our review, and to pass his experiments on the blood.

George Hilaro Barlow is a dapper little man, of great activity and industry. No bashaw ever felt greater pride "when he gave his horse-hair to the wind," than Barlow when he appended those much-prized letters to his name, A.M. M.D. He never publishes without them; they are never forgotten. If some prying pathologist should ever make a pathological examination, they will be found engraven on his heart. He is physician, lecturer, editor, compiler, rhetor, grammaticus, &c., and does, to use the language of the press, the flimsey for the reports. He is like some versatile performers, who take all parts to themselves, but of him it cannot be said he makes nothing of them. He very creditably acquits himself in his numerous and multifarious undertakings. He is not pre-eminent in any, but he is respectable in all. In 1836, he commenced his editorial labours with a very heavy article on Recorded Experience in Medical Science.

In April last he published, in conjunction with Dr. Bright, Observations on Patients whose Urine was Albuminous, in which various remedies were tried with indifferent success. The words *sectiocadaveris* at the end of each case reveal the issue. We have, in the same work, all the doctor's writing on albuminous urine. It forcibly reminds us of Henry the Fourth's supper,—poulets a la broche, poulets en ragout, poulets en fricassées. All seem desirous to cover their nakedness, or want of originality, with a shred of Elijah's mantle, with a portion of his honor, to illumine their lucubrations with even an oblique ray of the genius or the discovery of their colleague.

In some cases of affection of the kidneys, where mercury was given just to affect the gums, more benefit seems to have been derived; in others, antimonials and tonics, when complicated in the

bronchitis. Elaterium, chalybeates, mineral acids seem to afford questionable benefit. In the accompanying diagrams the granular state of the kidneys are well delineated. We regard this disease, morbus brightii, as arising from a deviation in the blood from its natural standard. Excess of water is another derangement in the circulation, giving rise to the elimination of albumen into the urine. The kidney is a filtering machine in which the morbid constituents of the blood seek to discharge themselves, producing congestion, and the only rationale of treatment is a chemical alteration of the component parts of the blood. This view is confirmed by the great diminution in the proportion of the colouring matter observed in the blood of patients affected with the advanced stage of the disease.

In these cases they are tediously minute. The reports degenerate into a prolix case-book of Guy's.

We must make allowance for the difficulty of his situation. When men high in authority send Dr. Barlow any of their dull elaborations, he must insert them or offend; they have a kind of joint-stock interest in the work, and they publish as a matter of right; he has little discretion in the matter. The wretched compilations which are read in it from the pen of men of note, would be contumeliously rejected by every one of the scientific periodicals of the day; this linked dulness, long drawn out, is sold at a price that puts it out of the reach of the profession: this is no loss—it would be dear at any price.

The *Lancet* last week, in lack of better matter, has just published an introductory lecture of this gentleman, as full of the usual complement of sense and nonsense as such orations generally are. It is in the admonitory style to the student, and amid much unconnected and miscellaneous advice, gives a recipe for forming a logical mind! which—the unmethodical, multifarious, and irrelative contents of this elaborate performance must convince the merest tyro, implies a labour that the Dr. has yet to undergo, and which we fear he will not acquire by any artificial means his ingenuity can devise.

Mr. Cock is another of the innumerable relations of Sir Astley, who, like parasites, hang on and quarter themselves upon this institution. He is the baronet's nephew—what a good thing it is to have a clever man in a family!—he is assistant-surgeon, and lecturer on anatomy, and has added another to the thousand and one volumes on that subject. As soon as they become attached, they think they must publish—a resolution more beneficial to the printer than to the profession. Not one of the many books manufactured at this literary smithy are worth the calf-skin in which they are incased; there are not two original lines in all the voluminous foolscap consumed. Mr. Cock is a very good, they say the best, anatomist in the establishment, an excellent physiologist, and an expert surgeon. When we first enquired after this appendage to the surgical staff, when he was pointed out to us, we were reminded of Byron's description of Wilkes in the Vision of Judgment.

> A merry, *cock*-eyed, curious looking sprite,
> Upon the instant, started from the throng,
> Drest in a fashion now forgotten quite.

He is of thin, slim, stature, countenance sallow, long Jewish-looking nose, on which a large pair of spectacles are straddled. His gait is most ungainly; he waddles along the wards like a bandy-legged man. The eccentricity of his manner, his youthful appearance, so unlike a staid son of Esculapius, do not make a favourable first impression. Here the old maxim *ne nimium crede colori* is true; he is a well-informed, industrious, talented, and unassuming young man, and we think in time will go ahead. There is an article in Guy's on two cases of injury to the head, followed by symptoms of compression, with formation of pus relieved by operation:—it alone bespeak him a man of judgment.

PROBE.

Imperforate Hymen.—Mr. Swinnerton of Market Drayton has added another to the list of cases in which retention of the menses by an imperforate hymen has caused serious and distressing symptoms, which were relieved by the division of the membrane.

LECTURES ON SURGERY.

By Sir B. C. BRODIE, Bart., Serjeant Surgeon to her Majesty,

On Diseases of the Nostril Simulating Polypus, and on Diseases of the Tongue.

Delivered in the Theatre of St. George's Hospital, Wednesday, November 22, 1843.

Gentlemen,—I am about to make some remarks on those diseases of the nostrils, which are sometimes mistaken for polypi. The first to which I shall draw your attention, is far from being uncommon; a delicate child with dilated pupils, fair complexion and a thin skin, experiences a difficulty of breathing through the nostrils; there is, perhaps, rather more secretion than is usual, and the Schneiderian membrane is very turgid and vascular, with a little tumour on the outside, which is sometimes mistaken for polypus. I say a little tumour, although it is sometimes rather a large one. I was puzzled myself the first time I saw it. It consists of a thickening of the mucous membrane of the nostrils at the anterior extremity of the inferior turbinated bone—not that I think there is more thickening of the membrane at that part, than at any other, but it is more evident on account of the projection of the bone. When the membrane is sufficiently thickened to obstruct respiration, a pair of probe-pointed and slightly curved scissors are to be introduced, and a portion of it snipped off. There is not any harm done by this, and it evidently gives great relief. Now you will dobutless suppose this to be a very simple operation, and so it is in fact; it is done in a moment, but some care is requisite to do it properly. It may be performed on the dead subject, and if sufficient is not removed the first time the scissors are applied, they can be used again, but in the living body the mucous membrane is full of vessels, and the cut must, therefore, be made but once. If a second were required, the great hæmorrhage would obscure the view of the parts, and prevent its being done effectually. With respect to the treatment, for it is only now and then that the thickened membrane requires to be snipped off, small doses of steel should be given for three weeks, intermitted for a fortnight, then resumed for another three weeks, again intermitted for a fortnight, and again resumed for another three weeks, the medicine being thus given for three or four years. The delicate children that are affected with this complaint, are always benefitted by steel. A disease may be cured by large doses of steel in a few weeks, but for the constitution to be rectified, small doses must be given for years. The local treatment may consist of a lotion containing two grains of the sulphate of zinc to the ounce of rose-water, thrown up the nostrils, or they may be painted on the inside with a very diluted nitrate of mercury ointment, laid on with a camel-hair brush. In some cases a small abscess forms in the interior of the tumour, from suppuration taking place, when, if it be possible, it will be as well to snip off the tumour and abscess together. It is like the formation of an abscess in a pile, which is always best treated by the removal of the pile.

Another disease which is occasionally mistaken for polypus, is connected with a morbid condition of the æthmoid bone. The patient experiences a difficulty of breathing through the nose, and also a pain in the forehead; he has occasion to blow his nose more frequently than usual, and at last blows out some hard dry scales, and then there arises an offensive fœtid smell, which is very evident to others, and sometimes to the patient himself. These symptoms indicate disease either in the æthmoid bone, or those more deeply seated. It is sometimes connected with syphilis, sometimes arises from the abuse of mercury, or from scrophula, or again may be dependant on a bad habit of body, called cachexia. I shall not enter into the history of the disease at present, but merely mention it now, that it may not be confounded with polypus, from which it may be distinguished by the pain in the forehead and the fœtid smell, and by looking into the nostrils, when a whitish tumour will be seen at the upper part, consisting of lymph effused upon the Schneiderian membrane. If any attempt be made to pull this away with the forceps, the membrane will come away with it.

Having finished with the subject of polypi, I shall now call your attention to the diseases of the tongue, and I do so the more readily because you will find in private practice, that you will be frequently consulted on the diseases of this organ, and you will not have any account of them in books worth knowing. I have turned over a great many books, journals, and pamphlets, but I have never found the diseases of the tongue described as I have met with them in practice. Even in the malignant diseases, the subject which is most noticed in works, you will find a great difference in the description which is given by authors, and in what you will perceive in practice.

In dyspeptic patients you will frequently meet with a swollen state of the tongue, which is cracked or fissured on the surface. This condition of the organ is very common in a slight degree, and may remain so for years, without any harm happening. A similar appearance of the tongue occurs in persons who have been long under the influence of mercury. When salivation takes place, the gums become inflamed, and the tongue inflamed and tumefied; in the very bad cases, where mercury is pushed very far, such as are now very rarely seen, although occasionally met with, the tongue becomes so swollen, as to hang out of the mouth, and it is always somewhat enlarged afterwards. The tongue has a long line of fissure down the middle, for in this respect it is unlike other parts. I remember a patient to whom mercury was given very largely, and the tongue remained swelled for a long time afterwards; the longitudinal fissure was so deep that it seemed to be divided, and a medical practitioner whom he consulted, thought it was about to separate, and advised bringing it together by a ligature.

No especial treatment is required in these cases. When dyspepsia exists, the indication is to restore the healthy tone of the system. When it arises from mercury. and the direct effect of the mineral has passed by, sarsaparilla, nitric acid, or whatever else is used to get rid of the effects of mercury, may be had recourse to.

Ulcer of the tongue is a very different affair. It may exist when the organ is enlarged and fissured, or it may be met with entirely independent of that state. These ulcers occur especially as one of the sequelæ of syphilis, and accompany the eruptions on the body—the syphilitic psoriasis—or the scabs on the scalp, though they are very frequently seen, unaccompanied by any other symptoms. I saw a gentleman not long since who contracted a chancre in the spring of the year a few years since, and in two or three months' time had secondary symptoms, such as lichen, and sore-throat. He was treated with mercury, but took it inadequately, and had a return of the secondary symptoms a few months afterwards in a slight degree. In about six months after that, or about a year and a half after the appearance of the chancre, he had ulcers on the tongue, and an eruption on the scalp, for which

he took a little mercury, when the tongue healed, and the eruption disappeared. After this he was subject every two or three months to ulcers on the tongue, which disappeared only after the exhibition of blue pill, so that the patient used to order it for himself. These ulcers were very troublesome, interfering with deglutition, and rendering the speech thick. I put him through a course of the grey powder for two months, when the ulcer healed, and has never since returned. These ulcers are seldom cured, except by the use of mercury, but not much is wanted. Large doses do more harm than good, and calomel and opium is too powerful; five grains of mercury with chalk, made into a pill, with a grain of Dover's powder, to prevent griping or purging, if requisite, is far preferable. It is astonishing how long these cases of ulcers on the tongue will continue; they will last several years, until the patient is put through a pretty long course of mercury in small doses. I have seen one case which continued twenty years; it yielded at last to grey powder, but with exceeding difficulty, and the tongue has been ever since disfigured with cicatrices. In some cases an infusion of sarsaparilla in lime water will be of service, but in those instances where mercury fails, I generally give two or three grains of the iodide of potassium much diluted twice or thrice a day. The grey powder is, however, most beneficial.

The ulcers of the tongue caused by dyspepsia, if left alone, will generally heal of themselves, or else are soon cured by touching them once with the nitrate of silver. I never found this to be the case with ulcers of a syphilitic origin. In some persons, the ulcers of the tongue will cause ulceration of the cheek, and I suspect it is produced by an eruption, which, being on a mucous membrane, is more apt to run into ulceration, than if it were on the skin.

Among the diseases of the tongue, there is one which is seen now and then, and is sometimes mistaken for cancer, although it is not malignant, and indeed is curable. It commences with an enlargement of the organ, attended with some pain, and on examination there is found a soft elastic swelling, not well-defined, nor having a distinct margin. It increases in size, and three or four other soft elastic tumours are next found in different parts of the organ. This constitutes the first stage.

In the second stage there is a small formation of matter in one of the tumours; the little abscess breaks externally, discharging two or three drops of matter, or perhaps a little more, but does not heal, and other abscesses form and increase the ulcer, which presents a particular appearance, not having a broad surface, but forming a very narrow streak. If a probe be introduced, it will pass obliquely into a sort of fistula, by which the tongue is undermined. The disease becomes more painful, and the ulceration may spread extensively and occupy a considerable portion of the organ; not on the surface, however, but burrow in its interior. The glands in the neck are not affected, nor is the general health, except from the difficulty of swallowing food. The patient speaks thick, or lisps, from the want of sufficient pliability, and from the swollen state of the organ. This very distressing stage may continue for several years. In some instances the disease is relieved by a course of sarsaparilla, with small doses of the bichloride of mercury, a pint of the strong decoction with a quarter or half a grain of the salt, daily. Previously, however, the state of the general health must be corrected, and the condition of the bowels and liver attended to. If the secretions of the digestive organs are out of order, a course of blue pill may be given; a pill at night, with a dose of senna and salts every other morning, and when they are restored to a healthy condition, then the other remedies may be prescribed.

Sarsaparilla, however, is not the best remedy that can be ordered; it is sometimes of service, but the solution of arsenic is preferable. Of this five minims, gradually increased to ten, may be given three times a day; for to have its beneficial influence, it must be administered in pretty full doses, so as to produce some of its poisonous effects on the system, such as a sense of heat and burning pain in the rectum, griping or sickness, or nervous tremblings. The patient, while taking this medicine, should be carefully watched; he should be seen at first every third day at least, and afterwards every day, and when the arsenic is acting as a poison, it should be omitted. The disease of the tongue then generally gets well. If the arsenic is left off pretty early, no harm is done.

If, after a time, you find that the disease has been relieved but is not entirely cured, you may try another course of arsenic, or you may use the sarsaparilla with the corrosive sublimate. Neither of these medicines can be given for a considerable time, and arsenic, indeed, for a limited period only.

The malignant diseases of the tongue are generally either cancer, or of the nature of fungus hæmatodes. Carcinoma generally begins by a schirrhous tubercle in the tongue, which may be felt externally, but I have found from my examination of this organ when diseased, that schirrhus never begins in one part of the tongue only, and that when it can be felt in one part, there are generally more spots of disease in other portions of the organ. The schirrhous tubercle increases in size, becomes attached to the skin, and, after a time, it ulcerates. It may commence in any part of the tongue, either at the apex, centre, sides, or base. This is the history of the disease, as given in books, and as often seen in practice, but it does not always begin in this manner. There are many cases of ulcer, where from want of pain, &c., no suspicion is excited, but which ultimately turn out to be malignant.

A gentleman had a little, round ulcer, the size of a sixpence, on his tongue, from which he did not experience any pain. This I touched with nitrate of silver, but it did not get well. I proposed to remove it by ligature, but he refused to accede to it, and went into the country. He returned in three-quarters of a year, having the ulcer greatly enlarged, the tongue much swollen, the glands in the neck partaking of the disease, and he ultimately died. On examination, there was a large tumour of fungus hæmatodes occupying the tongue and the parts in its vicinity, of which, when I first saw him, there was not any other external sign than the small, painless ulcer I have mentioned. I always look upon ulcers of the tongue with an eye of suspicion. I have seen a case of cancer of the penis, which began in the same way the malignant disease of this gentleman's tongue commenced. I was consulted by a gentleman who had a number of excrescences on his tongue, very much like warts, which I took them to be, and destroyed with the caustic potash. The patient came to me again some time afterwards, with a hard ulcer, presenting all the characters of cancer, situated where the warts had been. It spread and increased greatly in size, bleeding from time to time, and my patient at last sunk under it.

From what I have already said, you will easily understand the further progress of the disease. The ulcer extends itself, and eats away a good bit of the tongue, which becomes stiff and adherent to the neighbouring parts. The patient cannot swallow, he has a difficulty of speaking, and he complains of troublesome pain. The ulceration goes on; the general health suffers from the extension of the disease, and the want of nourishment, and the glands in the neck become affected. Indeed, I know not anything more miserable than a patient gradually dying from cancerous disease of the tongue.. After a time, hæmorhage takes place from the ulcerated surface, and when the raninar arteries are involved, will be very profuse, so that the patient may die from that cause, as we have no means of arresting it, save by the application of the actual cautery, which we are frequently not in time to use. In this way the hæmorrhage has often a fatal termination.

In the advanced stage of the disease, nothing can be done in the way of treatment. In the earlier stage, if the cancer be in the anterior part of the tongue, it can be drawn out, and excised, as the assistant can hold it out of the mouth long enough for that, and the arresting the hæmorrhage, but a much more simple way is by the application of a ligature. A large needle, armed with a double ligature, is passed through the middle of the tongue, and tied on either side, so as to include the diseased portion. If it be large, you must make a notch on either side of the tongue with a pair of scissors or a lancet, to secure the ligature from slipping. This operation will cause great pain, very intense pain, but if the ligature be drawn very tight indeed, the part included will be killed; it will turn first of a purple colour, and then of an ashy hue, and the pain will cease at the end of a few hours.

There is not any great difficulty in removing a diseased part of the tongue with a knife, except it be at the root, but I never saw any permanent good from the operation, because the schirrhus affects other parts of the organ, as well as that which is removed. If you had a patient with a schirrhous tumour of the breast, it would not answer any purpose to extirpate a portion only,—the whole breast must be removed, or, if a case of fungus hæmatodes of the tibia were to occur, no surgeon in his senses would think of amputation, unless it were done above the knee, even if he performed it in that part. The whole of the diseased organ must be removed. In a case of schirrhus of the tongue, we cannot remove the entire organ, but only that part which is apparently affected, and we leave an under current of disease continuing. It is better, therefore, to let it run its course, rather than subject the patient to the additional pain of an operation, and the still worse disappointment of want of success.

I cannot say that the ulcers I have before described never become malignant. A patient of mine, labouring under dyspepsia, with perhaps something of a syphilitic taint, had these ulcers of the tongue and cheek for many years, and at last one on the cheek, which had always been intractable, became cancerous, and the patient died. As I said before, ulcers of the tongue must always be regarded with suspicion. If there be one on the organ, and it is irritated or grated by a ragged tooth, the tooth must be extracted. I do not mean to say that it will cause the ulcer to become malignant, but we must not suffer any external cause of irritation to exist.

Another disease connected with the tongue is situated under it, and not in it. A patient comes to you with his tongue lifted up to the roof of the mouth, and on examination, you will find a tumor, which presents the characters of fluctuation, and when punctured, a quantity of transparent, viscid fluid is evacuated. It is caused by the closure of a salivary duct, which becomes dilated, and forms a tumor; it is called ranula. When it has been opened with the lancet, the contents are got rid of, and while the opening exists, and the saliva escapes, all is going well, and the patient is free from inconvenience; but when the aperture closes, the saliva collects again, and in a little while the tumor is reproduced. In fact, in this case, we want a permanent orifice, but it is very difficult to obtain one. I have tried various ways. I have applied caustic potash, and as long as I kept it applied, the orifice was open, and the saliva was discharged, but it healed up when the potash was left off. I have introduced a tenaculum, and cut away a large piece, making a considerable opening, which served the purpose better, as it was much longer in closing, but it at last contracted and healed. I have also employed a seton, and have used a silver ring as such for a long while. The seton often fails, but it sometimes effects a permanent cure; in fact, I know nothing that is better. It should be of a metallic substance, instead of silk, as it does not ulcerate so soon, will remain in longer, and does not become putrid in the mouth. By means of the seton, the edges of the opening may become covered with mucous membrane, as sometimes happens with the silk

seton in the nape of the neck, when the channel becomes lined with skin, and ceases to discharge.

These, gentlemen, are the remarks I intended to make to you respecting diseases of the tongue.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

NOVEMBER 14.

Mr. STANLEY in the Chair.

After some observations introductory to the session, and explanatory of the contents of the new volume by the President, the paper of which the following is an abstract, was read.

An account of two cases of rupture of the ureter, or pelvis of the kidney, from external violence, followed by large effusion of urine into the abdomen, by Edward Stanley, Esq., President, Surgeon to Saint Bartholomew's Hospital.

The first case was that of a boy, aged nine years, whose pelvis had been squeezed between the wheel of a cart and the curb-stone. Extensive suppuration ensued in the contused parts around the pelvis, and several ounces of matter were discharged by puncture near the left sacro-iliac symphisis. At the end of six weeks, an oblong swelling was observed in the right side of the abdomen, extending from the margin of the ribs downwards, to within a short distance of Poupart's ligament; reaching anteriorly to the linea alba, and posteriorly to the lumbar region. By pressure, deep fluctuation could be recognized, but there was not any pain. The urine passed naturally. A small puncture was made in the swelling, and a little clear yellow fluid escaped. Three weeks afterwards, as the swelling had become more tense and pointed, it was punctured midway between the last rib and the crista ilii, with a small trocar, when fifty-one ounces of a clear yellow fluid were discharged. After the lapse of eleven days, the swelling having again enlarged, fifty-eight ounces were removed in a similar manner; and, sixteen days afterwards, sixty-four ounces were discharged. The swelling now increased very slowly, on which account it was not interfered with for nearly three months, when it was again punctured, and seventy-two ounces of fluid, of the same characters as before, were removed. On being punctured three weeks afterwards, for the sixth and last time, only six ounces of fluid were obtained. After each operation, some pain in the abdomen was produced, which was relieved by leeches. To reduce the swelling, a large blister was at one time applied, and the ointment of iodide of potassium was used for a considerable time, but neither of these measures appeared to be of any service. The general health of the patient continued good. As the tumor ceased to enlarge, and did not perceptibly diminish in size, the boy was discharged from the hospital nine months after the occurrence of the accident. He has subsequently been seen by the writer of the paper in good health, the abdominal swelling being still distinct, although smaller, and with less evident fluctuation. The fluid, which was drawn off was analysed at various times by Mr. Edward Ormerod, and by Mr. Taylor; both of whom detected the presence of urea, and the other ordinary ingredients of urine.

The second case occurred also in St. Bartholomew's Hospital, under the care of Mr. Vincent. A woman was admitted immediately after having been knocked down by, and pushed some way before the wheel of a cart. Her left femur was fractured; and she was, besides, much hurt, especially in the right hypochondrium, where pressure gave considerable pain. For several days she had much febrile disorder, accompanied by severe pain and distension in the abdomen, requiring venesection, the application of leeches, and calomel and antimony in frequently repeated doses. When the general distension and pain in the abdomen had subsided, there remained a circumscribed and painful swelling in the right hypochondrium, which it was thought must be connected with the liver. For some days the swelling increased. and fluctuation could at length be recognized; the patient during this time complaining of general chilliness, and having paroxysms of pain and throbbing in the swelling. It being supposed that abscess connected with the liver had taken place, a puncture was made in the swelling with a small trocar, when between two and three pints of a straw-colored urinous smelling fluid were discharged. The urine had been throughout passed freely, and in full quantity. In about ten days, the swelling having increased so as to occasion much distress, it was again punctured, and six pints of a fluid, possessing the same characters as before, were drawn off. In a few days, the pain and swelling returned, and from this period the patient gradually sunk; she died in the tenth week from the receipt of the injury. The fluid obtained from the abdomen was found to be albuminous, and to contain a small quantity of urea.

Upon examination of the body, a large cyst was found on the right side of the abdomen, behind the peritoneum, extending upwards to the diaphragm, and downwards to the brim of the pelvis. A passage was found to extend from the upper part of this sac into the pelvis of the right kidney; the aperture being large and irregular, and such as might be expected to result from laceration of the membranous structure composing it. A preparation, exhibiting the appearances in this case was on the table of the society.

The author concluded by adducing several arguments in support of his opinion that either the ureter or the pelvis of the kidney had been ruptured in the first case, as was found by dissection to have happened in the second; and by adding practical remarks on the effusion of urine into the cellular membrane.

Mr. Cæsar Hawkins wished to refer Mr. Stanley to a case which had occurred to him, and which is published in one of the earlier volumes of the Medico-Chirurgical Transactions. A little boy seven years of age, had received a blow on the abdomen, and was brought to St. George's Hospital six weeks afterwards. He was suffering from a good deal of pain, and had a tumor on the right side, which, presenting indications of fluctuation, was punctured, and there was discharged about three pints of a clear fluid, holding scarcely any albumen, and not having a urinous smell. The child was partially relieved, but the tumor refilled, and was again punctured. The child died in a few weeks' time, and, on examination of the body, there was found an exceedingly large cyst with thin parietes, extending from below the liver far downwards, the ureter being almost obliterated by its pressure. There was a little portion of the kidney separated, which appeared as a supplementary organ, as does sometimes happen, but which was totally unconnected with the cyst. The fluid in the latter, from inflammation having been set up, contained a large quantity of albumen, and was turbid. No direct communication could be discovered between the cyst and the urinary apparatus; if there had been any such, it had become obliterated. In the report of the case, as published in the Transactions, this was called a large serous cyst, and Mr. Hawkins intimated it as his opinion that the same kind of cyst had existed in Mr. Stanley's first case which resembled his in every particular, and that in the second, the breach of continuity resulted from ulceration, and not from rupture.

Mr. Stanley observed, that the appearances after death, in the second case, were clear and decisive; there could not be a doubt that rupture had taken place. With regard to the first case, in which recovery took place, he felt great doubt as to its nature, until after the chemical examination of the fluid, which was very decisive, and characteristic of urinous origin. Urea was detected in it, as well as chloruret of soda, the alcaline carbonates, and the peculiar extractive matter of the urine. From this examination it was concluded that it was urine, and from the absence of mucus that it was derived from a rupture of some part of the ureter high up.

Mr. Bransby Cooper narrated a case which had occurred within the last six weeks. A man, to whom he was called in the Commercial Road, had returned home late one evening by the steam-boat, and, when preparing to land, had put his foot on a hole, and fallen back on his loins. He was taken home in a state of collapse, and Mr. Callaway sent for. Mr. Cooper, knowing something of the man, was also called in, and when he arrived, he found that the reaction had set in, the man had been bled, and had had some opium, to check any tendency to inflammation. He contented himself, therefore, with prescribing the administration of calomel and opium. The man suffered from immense pain in the loins, passed blood with his urine, and there was a large tumor in the right iliac region, which at first gave evidence of fluctuation, but after a time became solid and firm, and diminished in size. This was supposed to be an extravasation of blood. Feverish symptoms shewed themselves, and for five or six weeks the urine was more or less tinged with blood. The man ultimately recovered, and is now enabled to resume his usual avocations. This case was regarded by Mr. Callaway and Mr. Bransby Cooper as an instance of rupture of the kidney.

Mr. Arnott narrated the particulars of a case of injury to the pelvis, which at the time he believed to have been a rupture of the bladder, but from the result of the second case described by Mr. Stanley, he was now inclined to regard as a rupture of the pelvis of the kidney. A groom, who was riding a spirited horse, pulled up suddenly, and was thrown, the horse falling back upon him. He was carried to the hospital, suffering dreadful pain, and unable to pass water. The catheter was used, and a very little urine was drawn off. This was done for several days; the urine became clearer, and the patient ultimately recovered. Mr. Arnott remarked that he had given the man up, from the belief that cases of this kind always terminated fatally. The treatment that was adopted, consisted of the application of leeches, and the internal administration of mercury. The case was mentioned, merely to shew that such injuries have not always a fatal result.

Mr. Davies mentioned several cases of injury to the bladder and kidney by gun-shot wounds, in which recovery took place. In one of these a ball entered at the umbilicus, and passed through the kidney, as evidenced by the symptoms. The man survived the injury, and two or three years after, a swelling formed in the back, and a part of the dress, which had been carried in by the ball was extracted.

Mr. Stanley remarked that if it had not been for the circumstances attending the second case, confirmed as they were by the appearances presented by the post-mortem examination, he

should not have heen able to have given with confidence the opinion he had formed respecting the first case. He was obliged to Mr. Hawkins for exciting an enquiry respecting the disease, but he considered that there could scarcely be a doubt on the subject, respecting the nature of the injury in the first case, as it was so strongly supported by the facts narrated of the second.

Two cases of ulcer of the stomach, producing circumscribed abcesses in the peritoneum, by Edw. J. Seymour, M.D., F.R.S., Physician to St. George's Hospital, were then read.

The first of these two cases occurred in a female servant, aged 25, admitted into St. George's Hospital, Jan. 16, 1843. Two days previously to her admission, she had been attacked with sudden pain in the epigastrium and right hypochondrium, extending over the whole abdomen, accompanied by vomiting, which had however ceased. The countenance was sunken, and expressive of extreme distress, and there was pain over the whole abdomen, which was very tense, and extremely tender. Notwithstanding the exhausted state of the patient, the obvious presence of peritonitis and the recent nature of the attack indicated venesection; she was, therefore, bled to sixteen ounces, and ordered calomel and opium (grs. iii. and gr.i.) every four hours, and a turpentine injection. She afterwards had leeches applied, and fomentations, and on the 18th, expressed herself as "greatly relieved, and without any pain in the belly"; on the 19th, she suddenly complained of most acute pain in the epigastrium and left side, pulse quick and small, with excessive palpitation; the pills were again ordered, and a blister applied. The pains were greatly relieved, the dejections were now healthy, and the abdomen throughout could bear pressure, but the pain continued in the left hypochondrium, and extended to the chest, with occasional syncope and impossibility of breathing with the left lung. Aphthæ soon appeared in the mouth; the pills were omitted, and light nourishment given. For two days she appeared to be relieved;—without any increase of symptoms, however, she died almost instantaneously on the 27th, ten days after admission.

Post-Mortem Examination.—*Abdomen.*—The left part of the transverse colon and the anterior margin of the left lobe of the liver were united to the anterior parietes of the abdomen, so as to form a closed sac, which was filled with fœtid pus and some of the contents of the stomach. The left lobe of the liver was enlarged, and covered the greater part of the anterior surface of the stomach. On lifting up this portion, the contents of the stomach oozed out of a small aperture, communicating with an ulcer situated about an inch below the middle part of the lesser curvature. Its size was less than a shilling, and its shape oblong; the vascularity of the mucous membrane around it was but slightly increased. Another small ulcer was found at the lower part of the posterior wall, which had nearly destroyed the mucous membrane. The convolutions of the small intestines were glued together by recently effused lymph.—*Thorax.*—The lower part of the left lung united by lymph to the diaphragm; lung healthy; pericardium contained serum, mixed with recent lymph.

The second was also a female servant, aged 20, who had been ill for several months; was pale and emaciated, and complained of severe pains in the right hypochondrium, and around the umbilicus; pulse quick and weak, tongue red and glazed. Had taken much purgative medicine without relief. About ten days after her admission she was attacked suddenly with violent palpitation of the heart; the pulse was quick and weak, and the skin cold. For the first time she coughed and expectorated dirty purulent matter—very fœtid. The matter being spit up freely, the patient's state improved, and she asked occasionally for food. On the 1st of December (a fortnight after admission) without any increase of symptoms, and after having taken breakfast, she suddenly expired.

Post-Mortem Examination.—The transverse colon, liver, and stomach were glued together by old and firm adhesions, and in endeavouring to separate them, the parietes of the stomach gave way. On its posterior surface, towards the great curvature, was a large ulcer, which had destroyed all the coats, the deficiency being made up by the pancreas adhering to the circumference of the ulcer. The remaining part of the mucous membrane of the stomach was somewhat thickened, but otherwise healthy. The upper surface of the right lobe of the liver was partially adherent to the diaphragm; the adhesions formed the walls of an abscess the size of a child's head, bounded above by the diaphragm, below by the liver, and on either side by the union of the diaphragmatic and hepatic layers of peritoneum. The matter in this cavity had ulcerated through the diaphragm, and made its way into the substance of the right lung, communicating with several of the larger bronchial tubes. There was a small quantity of serum in the right sac of the pleura. The right lung, with the exception of the adhesions to the diaphragm, and the ulceration of the bronchial tubes, was quite healthy; in the left lung were several patches of grey hepatization.

The author remarks that there are many cases on record of the perforating ulcer of the stomach. Those now related are remarkable, both from the length of time which elapsed between perforation of the stomach and the death of the patient (almost every case on record where the perforation was complete, having proved fatal within 24 hours of the attack) and also from the entire absence of vomiting after the first few hours. He alludes to the prevalent opinion that these cases, if not peculiar to, are far more frequent in females than in males, but an examination of the cases on record, he says, proves that there is no foundation for such a conclusion, as they are nearly equally divided between the two sexes; in the ten recorded by Cruveilhier, nine occurred in men, and one only in a woman.

Dr. Webster differed in opinion with Dr. Seymour, in the statement that rupture of the stomach does not occur more frequently in women than in men. He spoke not from his own experience, but he cited ten cases which were recorded in the *Archives Generales de Medecine*, only one of which, published by Richter, occurred in a male patient. He enquired the nature of the food the girl had taken at breakfast, previously to her death, as in all those cases which occurred soon after a meal, it was found that some flatulent or indigestible food had been eaten. He thought it a question of some interest.

Mr. Shaw considered that the chief interest in these cases consisted in the occurrence of ulceration of the stomach, and the patient's surviving it a long while. While engaged in the dissecting rooms some few years since, he had found appearances in the stomach of a subject, which indicated that ulceration had taken place, and had healed. There was about four or five inches from the pylorus, a large ulcer, the size of a shilling, which had passed through all the coats, and adhesions had formed to the liver and intestines. The pancreas filled up the aperture, having still its granular appearance, but covered with a thin membrane. There was a cyst formed, containing about three ounces of a glairy, gelatinous secretion, like that in the stomach, between which and the cyst was a free connection.

A member narrated cases which he regarded as similar to those which Dr. Seymour had described. A young chlorotic girl, who had laboured under disease of the stomach for months, while carrying a pail of water up stairs one morning, became very faint, and had an attack of peritonitis, which ended fatally in a few hours. The peculiarity in this case was, that after the rupture had taken place, there was not any sickness. He then mentioned the case of a patient, in whom the perforation of the stomach was connected with abscess of the abdominal parietes. His patient was a man who had been dyspeptic for many years, with almost constant sickness, and some fulness and hardness at the epigastrium. At length the blood was mixed with the food when rejected. The skin of the epigastrium became red and tumefied, a circumscribed swelling formed, with fluctuation, and it was intended to open it, when profuse hæmatemesis took place, and the patient died. On examination of the body, the coats of the stomach were found to be perforated, and there was an abscess in the abdominal parietes, communicating with that viscus by an opening as large as the end of the finger, the cavity of the abscess containing pus, blood, and some food. Had the abscess, therefore, been opened during life, the contents of the stomach would have escaped, and much blame probably would have been incurred.

Mr. Bransby Cooper enquired if he had rightly understood, that when the rupture of the stomach had taken place, stimulating purgatives had been administered?

He was answered that a turpentine enema had been thrown up, when he remarked, that he had always believed it to be correct when rupture of the stomach or intestines occurred, to keep them as quiet as possible. In hot climates, where rupture of the intestines is not uncommon, constipation is an invariable attendant symptom, nature thus endeavouring to afford an opportunity for the healing of the injured part, by arresting the peristaltic action.

Strangulated Hernia.—Mr. Eves of the Cheltenham hospital, after the operation for strangulated hernia, administers slight stimulants, and avoids active aperients, when no inflammatory symptoms are present, the patient is advanced in years, and has the vital energies much depressed;—calomel and opium with fomentations being used to allay irritation, and to prevent the development of inflammatory action. He has found this plan of treatment very successful.

Cod Liver Oil.—M. Faure's process of clarification for this oil, is to boil it for about an hour, and then filter it, after which it possesses a deep yellow tinge, a fishy but not fetid smell, and an insipid taste. It is clear and transparent, and not repulsive.

Vascular Nævus.—Dr. Smith of Baltimore treats vascular nævus in the following manner:—He soaks a thread in a saturated solution of caustic potash, dries it by a fire, arms a needle with it, then transfixes the base of the tumour with it, drawing the thread afterwards quietly through the part. This is repeated in different parts of the tumour. Dr. Smith says that he has now under care a case treated by this plan, and the tumour is rapidly wasting, without any distressing symptoms having occurred.

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ON THE PHYSIOLOGY OF HEALTH AND DISEASE,

AS APPLIED TO VEGETABLES AND ANIMALS, BUT MORE ESPECIALLY TO MAN.

By M. RASPAIL.

LECTURE XXII.

Causes destructive of the form of the tissues, and which proceed by some solution of continuity.

1°. As soon as a cutting instrument has destroyed the continuity of the walls of a cell, the cell irrevocably perishes; for the assimilable materials arrive at its interior, in a raw state, and without having previously undergone the purification or election of aspiration and of absorption. If the perforating instrument be of such great tenuity, that it can form a passage through a natural pore of the cellular wall, and be again withdrawn without much enlarging the opening, the introduction of the foreign body will constitute a trifling accident, or at most a curable wound, and not a cause of death. It is otherwise, if the perforating instrument leave a gaping opening, or any opening whatever, of a larger size than the natural pore; the perforation, in this case, stands in the light of a solution of continuity. Now, the elementary cell of the organized tissue is so minute, that whether we search amongst our mechanical instruments, or amongst the perforating organs of the inferior animals, or even the prickles of vegetables, it is impossible to find one sufficiently small, if it be at all visible, to avoid injuring the cellular wall, by some perforation equivalent to a considerable loss of substance.

2°. But the death of an elementary cell does not, of necessity, lead to the destruction of the sound cells adjoining; and an entire layer of these elementary cells may be ruptured without the subjacent layer thereby at once ceasing its elaboration; life will be preserved in them without interruption, if the conditions of their existence become re-established immediately afterwards.

3°. The vegetable or animal elementary cells, being endowed with the power of aspiring gases and of absorbing liquids, derive, from this property, the faculty of uniting together, when they become so closely approximated that, in consequence of their reciprocal aspiration, an intermediate vacuum is engendered, by virtue of which they must in some measure, so to speak, attract and aspire one another; the respective portions of their surfaces, which remain free, sufficing to feed them by the afflux of nutritive liquids. If a third cell be formed, in front of the commissure and line of junction of the two former, and that in consequence of the mechanism of aspiration, it becomes agglutinated in its turn with the other two, there will be formed, between the three, a canalicular interstice, which the nutritive liquid will traverse through, and which will form a primary ramification to the muscular fibre, that ultimately results from the aggregation of a large number of cells. In the foregoing remarks, we have all the elements necessary for the appreciation or explanation of the results of wounds, which take place, in general, by some linear solution of continuity. In fact, if the solution of continuity be made in such a manner, that the two divided walls shall be brought together, and united with such great exactitude of relation, that the orifices of the vascular canal are brought into apposition, as it were regaining their axis and original place; in fine, that the cells, becoming approximated, shall be placed face to face; then, the wound will close almost immediately that it shall have been opened; cicatrization will consist merely in the approximation of the surfaces. But as the vessels are rarely placed in exact apposition, and as the layer of injured or torn cells is here and there interposed between the two layers of sound cells, it follows that decomposition of these cellular walls which have lost their vitality, as well as of the extravasated liquid, must take place; for every tissue which ceases to develop itself becomes disorganized; every liquid which is no longer aspired and elaborated becomes decomposed and subjected to another kind of fermentation.

4°. But if the lips of the wound remain gaping, this latter result will increase in intensity in proportion to the surface; for at first the wall of the elaborating cells, which shall be exposed, in this unaccustomed manner, to the external air, will become dried up, that is to say, will allow the liquid which each cell contains, to pass off by transpiration and evaporation; the deferent vessels or arteries will throw out, at this part, a quantity of the circulatory liquid, corresponding to the size of the cells which shall have been exposed by the solution of continuity; this liquid, stagnating upon the inert surfaces, will necessarily undergo a putrid fermentation, of which the products, being afterwards taken up by the open orifices of the afferent or venous vessels, will be carried, by this vehicle, into the current of the general circulation, the powers and movements of which may become infected and paralyzed by a single atom, which does not constitute one of its principles. But if, upon a denuded surface of this kind, there be formed an isolating layer, of whatever nature, and which intercepts the contact of the air, without imparting anything injurious to the liquid of the circulation, from this moment, by reason of the absence of air, every fermentation of an injurious nature becomes impossible; the isolating layer acting as an epidermis, the subjacent layers become organized as a dermis, so to speak, themselves to pass gradually, and by an organic progression, to the nature and consistence of the epidermis, of which they are subsequently destined to fulfil the place, previous to their total decay.

5°. The history of wounds by perforation differs from the preceding only in reference to their depth; still it is evident, from what we have previously said, that the cicatrization of these kinds of wounds will be so much more rapid as the diameter of the perforation shall approach nearer to that of the inoffensive species of penetration, spoken of above; for the narrower a wound shall be, the less deeply will the external air penetrate, and the less will arrive to support the disorganizing fermentation, for want of its being able to circulate freely in a space which will admit of but a single current, that is to say, which admits it but once, and does not renew it afterwards.

6°. Between these two sorts of wounds, may be ranged another class which seems to participate in the nature of the two others; I wish to speak of wounds by contusion properly so called, and without any rupture or solution of continuity. A contusing body, animated with a certain power of impulsion, must press back the layers of cells up to the point at which the movement meets with a certain resistance. If the resistance does not counterbalance the force of impulsion, the layer of cells will be entirely carried away, and the wound by contusion will become a wound by violent solution of continuity. Or else, the resistance will be such, that the force of impulsion will become weakened at this point; and then, the layer of cells being placed between two opposing forces, each cell will become drained, by the rupture of its walls, of a quantity of liquid, corresponding to the space, intervening between these surfaces; this quantity of liquid will be called extravasated. But as the epidermis, being of a more resisting and more elastic texture, will have been merely forced backwards, without undergoing any solution of continuity, it will follow, according to this hypothesis, that this extravasated and stagnant liquid, but which receives the atmospheric air only by an organic species of filtration through the epidermis, and which on the other hand is fed, not only by the gaping orifices of the small arteries which shall have been ruptured by the contusion, but also by the incessant transudation of the contiguous cells, which shall have escaped the action of the bruise; that this liquid will increase in volume, both by its incessant acquisitions, and by the intumescence resulting from the fermentation of the stagnant liquid. The epidermis which lies above will become distended, puffed up, and will project outwards; it will become of a blue colour, by reason of the alkaline modification of a mass of blood, which naturally becomes acidified, through the means of the pulmonary respiration. This will be an *ecchymosis*, which will cease, under the employment of a few remedies, if it does not extend to too great a depth, by becoming converted into a species of scab, before passing into the stage of purulent fermentation.

7°. To be enabled to appreciate the foregoing facts as well as those which we shall hereafter meet with, we must bear in mind that there does not exist in the animal or vegetable system, a single tissue the organized elements of which do not possess the cell as their original type; the adipose cell, or such as may become converted into it (*cellular tissue*); the elongated, contractile cell (*muscular cell*); and the elongated, non-contractile cell, but which is the vehicle of sensation and of impulsion (*nervous cell*); the *aponeurotic*, the *tendinous*, the *ligamentous*, and the *glandular* cells, being but modifications or transient forms of the preceding cells in their passage towards the *osseous organization*, the cells of which differ from the first only in the calcarious incrustation, which is formed upon the surface of each of them. The calcarious incrustation which covers each of these latter cells protects them, more effectually than is the case with others, against the abnormal influence of the air, and against all deviations from their especial elaboration. But in consequence of the solidity of the tissue, and of its mode of fracture, its solutions of continuity may become incessant causes of a host of diseases, in the soft parts which surround it. For, as an effect of the various muscular movements, each splinter performs the office of a cutting or perforating instrument, which will act internally, and will destroy that which the process of cicatrization has already repaired. When the solution of continuity is made in a clean manner, perpendicularly to the axis of the bone, the reparative process, which is nothing more than a continuous development, taking place towards the radii of the circumference, cicatrization is accomplished, with a regularity of form, which would seem, at first sight, to be rather the effect of organization, than that of reparation.

8°. Every tissue becomes united or grafted with one of its own species, if the surfaces of each are still endowed with vitality, and provided that one at least of the two portions be at the same time connected with the organical unit, and receive from it, by the circulation, the elaborable materials. The union or grafting of bone takes place by *callus*, that of the soft tissues by *cicatrix*.

9°. But the solution of continuity is not always

a simple loss of substance; physiology shews us that this accident, when induced in the organization, may be capable of acting as a new fecundation, and thus give rise to the creation of new tissues implanted, like the bud of the tree, upon the old tissue. We have described, in a previous lecture, the organical mechanism of the development of our tissues and the type of the symmetry of our organs, in the union of spires of a different name, from the decussation of which arises the germ, emanating as it were from this junction and interlacement. Now, suppose that the minute point of some instrument, penetrating into the interior of the organized cell, without producing any derangement in this focus of elaboration, shall merely give rise to the abnormal contact of bodies which ought not to meet there; there will necessarily be produced from this accidental junction a deviation from the typical and normal development, and consequently an altered form will be implanted on the part. But if this cause of abnormal creations continue to act in this manner, and to favour, between the spires, these unnatural connections, the forms which are engendered may acquire an unusual volume, and present configurations of a most extraordinary complication. Each perforation will be the beginning of a new creation; and the *larva* of a *cynips*, imprisoned in a cell of an oak-leaf, will in the course of time form it, by a continual moulding and by a series of punctures radiating around its centre of position, into a gall-nut possessing the colour, the form and the quality of some kinds of fruits, which are produced by the sexual generation of plants.

10°. We may then divide into two principal classes the mechanically destructive causes, and which operate by solution of continuity; viz., causes properly speaking destructive of the tissues, and causes creative of new tissues. The one class disorganizes, the other re-organizes; the one arrests ulterior development, the other diverts it from its natural progress; the one abruptly opens a new route to the air, which poisons whatever it comes into contact with suddenly, and without having passed through the natural straining or filtration, which modifies and prepares it, so to speak, for its vivifying action. The other merely opens the sides of the cell to abnormal or illegitimate generations, and introduces innumerable and promiscuous combinations, in the place of uniformity and regularity of successive generations and of hereditary transmission of type. As to the destructive causes properly so called, they may be defined in the following manner, according to their general principles. Cutting instruments *divide;* perforating instruments separate the *natural adhesions* of parts; contusing instruments *crush* the cells. The first cut into the organic unit, whether it be elementary or compound; the second separate the walls of two or more units which act together; the third, rupturing the cells, allow the escape of its products, which become spread through the surrounding parts, where they form a *non-elaborable* super-fœtation. To these three kinds of mechanical causes of solution of continuity we must add a fourth, *traction*, which drains the cells by dragging them backwards and forwards, separates them by elongating them, and ruptures them. The first of these actions is produced by the *saw;* the second by the *wedge;* the third by the *press* or *roller*. This is their chief mode of action, although each may participate, more or less, in the principle of action of the others, according to circumstances, the direction of the wound, and the resistance of the tissues. The solution of continuity takes the name of *fracture* in bones, and of *wound* in the elastic tissues.

11°. Wounds are superficial or deep; curable or incurable; fatal or otherwise. Superficial wounds may be mortal, and deep wounds may be curable.

12°. Every wound, however small it may be, may become mortal by poisoning; it requires but little to pervert the principle of sanguification; it requires but a small opening to introduce this poison into the circulatory current. The air itself, when introduced into a vein, asphyxiates after the manner of a vacuum; it strikes the being dead as by a stroke of apoplexy. How often have we not seen the patient die in this manner, under the hands of the surgeon, while undergoing some important operation! This frightful accident principally occurs in operations affecting the large veins, which are kept open in consequence of their connection with the bones, as is the case with the subclavian, in the disarticulation of the humerus. In other cases, the vein,—the medium through which the blood is conveyed back towards the centre of the circulation, becomes collapsed while emptying itself, in consequence of the progress of the blood towards the heart, and thence upon the lungs. The veins, as we have said, aspire the blood; they, like the arteries, give to it, by this aspiration, a movement which aids in promoting the circulation. When the last drops of blood cease to distend the walls of the vein, these walls must necessarily aspire themselves; they will thus become agglutinated together, and firmly closed against the admission of the external air. But if any obstacle of position oppose itself to this agglutination of the walls of the vessel, it is evident that the same force of aspiration which attracted the blood will draw in the air which, finding the orifice open, will become swallowed in, and thus push forward the air and the liquids, up to the heart and even to the lungs; inverting, as it were, the whole order of functions, drying up the walls which can only elaborate in a humid state, presenting to absorption the elements of aspiration, and *vice versâ*. A much less amount of disturbance than this is, however, sufficient to destroy in an instant the powers of life. Every gas and every liquid, which differs in nature from those normally elaborated by the cells, is a poison. Hence do we see why air, which vivifies by the respiration, becomes, by the veins, a poison as violent as prussic acid; it empties the vessels, it vitiates the blood, it dries up the vascular walls. It is useless to seek for it, after death, in the interior of the circulatory vessels: living and elaborating organs cannot be compared to a bladder; they do not preserve the air like a closed vessel; they absorb it; and you afterwards find in its place merely a frothy coagulum.

13°. Poisoning by the veins, which I shall call traumatic, may take place in three different ways: first, by asphyxia and by the introduction of air; secondly by infection, and in consequence of the decomposition of the wound itself; lastly, by poisoning, properly so called, which results from the introduction of some poisonous substance which is foreign to the body, that is to say, of a soluble but not assimilable substance.

14°. Passing by this subject of poisoning, we shall lay down, as a general axiom, that every wound is mortal which irretrievably destroys the unity from which life results; whatever destroys merely the appendices, or organs of superfœtation, is a cause of disease, but not in itself mortal; the vital unity is not inherent in the unity of form; it is even altogether independent of it. There are some living beings which may be mutilated without danger; others which are multiplied by dividing them; in such an animal, each fraction becomes in itself another animal; that is to say, in each of these parts divisible by our instruments, the vital unity is repeated in a perfect manner. In plants, and especially in such as have passed to the state of the ligneous trunk, the largest losses of substance do not lead to the death of the entire plant, but merely to the partial death of the portion immediately above and below the wound; for the vital unity here exists in an independent state in every slice of that immense ovary which we call stem, root, and trunk, and even in each horizontal layer of the slice.* The superior, or vertebrated animals, present a partial analogy, with these inferior organizations, inasmuch as we may curtail them of many of their parts, without destroying the vitality of those which remain; the appendices which are cut off do not maintain a separate life, although their suppression does not lead to the death of the remainder. These are sterile offshoots which may be detached from the parent-being; in the lower organizations, these offsets are endowed with fertility. Plants and animals resemble one another in the general type of development; the differences reside only in the specific modifications of form, and in the irregularities or deviations of the organs.

15°. Vital unity, reduced to its most simple meaning, may be expressed by two powers: aspiration which receives, vitality which elaborates: the respiratory system from which emanates the circulation, and the nervous system from which emanates assimilation, and the indefinite development of the organs; a development which is but a progressive series of elementary generations. In vertebrated animals, and especially in the mammifera, this unity occupies the whole trunk, or portion along which the vertebral column extends, comprising the head which is a terminal vertebra, and the coccyx which is an abortive head.† Every solution of continuity which affects the length of the vertebral system (cerebro-spinal) is mortal; the nervous current is broken by the interruption of communication. Every solution of continuity which renders impossible the arrival of the blood at the lungs, and its return towards the peripheral organs, is in like manner mortal. In the first case, the unity is destroyed for want of the vital impulsion; in the second, it perishes by famine and for want of aliment. If we divide either the ascending or descending aorta, (that grand canal of the revivified blood), or the superior or inferior vena cava (the great canal of the venous blood), these two lesions are *ipso facto* mortal, in the same manner as if we were to pluck out the heart, that double reservoir of the circulation, and resting-place of the pulmonary impulsion, that pump which both draws in and forces out the blood, by its muscular substance, which is set in play by the power of the respiration, and which in its turn feeds the respiratory function.

16°. Every solution of continuity which affects the alimentary canal, is mortal, principally because the series of aspiratory and nutritive functions, which feed the circulation, is interrupted; also, and in an accessory manner, because the alimentary matters, escaping upon the serous membranes, there produce a poisoning by infection.

17°. But a wound which does not destroy the continuity of the vital unity is curable and susceptible of cicatrization. Cicatrization is the visible and permanent sign of a loss of substance; for the layer of tissue which has been exposed by the wound, although it is converted into a dermic and epidermic covering, is yet a dermis and epidermis of more recent date, in relation to the adjacent parts; it is always a young tissue by the side of the old tissues; for it is always cut-run by the others, both in development and decay. The cicatrix is to the adjacent surfaces what the skin of the infant is to that of the man of mature age; the difference is a difference of age.

* Nouveau Systeme de Physiologie Vegetale, vol. i. page 387.

† Nouveau Systeme de Chimie Organique, vol iii., 3rd part, 1838.

COURSE OF LECTURES ON THE THEORY AND PRACTICE OF MEDICINE.

Delivered by C. J. B. WILLIAMS, M.D., F.R.S., Professor of the Practice of Medicine, and of Clinical Medicine, at University College.

Tuberculous Consolidation of the Lung.—Continuing the subject of the last lecture, I have said, that in those cases, where consolidations take place in the lung, the disease frequently terminates fatally, almost in the first stage. In this condition, we not unusually find a little cavity formed at the apex of the lung; but the fatal termination is dependant, not on the formation of cavities, but on the amount of destruction done to the lung, and the injury to the system itself, generally, from the continuance of the inflammation. The symptoms of pneumonia passing into phthisis, may be enumerated as follows:—the breath never regains its natural condition; the cough is not entirely subdued; there is a continuance of fever of the hectic kind; and all these symptoms persist until the patient sinks, perhaps in the course of a month, or three months from the first attack. There is another variety, in which the disease is not fatal in the first attack of the inflammation. The patient recovers, in some degree, the first attack, but the consolidation of the lung remains, and in the future attacks which may come on, perhaps at the end

of three months, perhaps not till the next winter, the disease proves fatal. But some portions of the lung may regain their original condition; there is a disposition to the disease becoming circumscribed; some parts being restored, while others remain unsound. Under these circumstances, the lung sometimes becomes invaded by groups or nodules of tubercles. In this case, the consolidation is diffused, and it constitutes what Läennec called the infiltrated tubercles; it has been named indifferently tuberculous infiltration, tuberculous consolidation, and tuberculous hepatization. Here we come to the difference between the two inflammatory diseases. The circumscribed consolidation is usually a fatal lesion, and we cannot fail to associate the products of this case with those of inflammation, being lymph, though in a more degenerated form. In some cases, the disease is slow in its progress, but it ultimately terminates in the same way—by consolidation. After repeated attacks of inflammation, portions of the lung remain in a consolidated state; these consolidations, in the process of time, become more and more dense, and often exhibit contractions in some parts, and excavations in others, which I shall presently describe, and in many cases present an emphysematous state of the structure.

Yellow Tuberculization.—Now, we have next to describe another condition, which I believe to be distinctly tuberculous. In the state of the lung that I have been describing, there are seen here and there patches, or spots of a lighter yellow colour, or of a more opaque, and yellowish-white tint. In some parts, where the lymph seems to prevail, more particularly in the lower portions, there is a more complete opacity than in other parts, and there is still more of the yellowish colour in the softened parts. In that form of tuberculous disease, occasionally seen, and which exhibits, most distinctly, what is called the yellow tubercle, blood is effused into the tissue of the lung. This is one of those accidents of phthisis which it is important to be aware of. Sometimes the yellow tubercles appear in the centre of the miliary tubercles, and sometimes in the masses of infiltrated tubercles, or infiltrated consolidation, and consequently the shade of grey passes gradually into the opaque white. Now, it appears, that the diffused consolidations at the base of the lung, tend to pass from the grey state into the opaque yellow state. This is the advanced stage, and it seems to correspond, where the malady is prolonged, with the second stage of the disease. The symptoms exhibited by patients in whom these changes take place, are symptoms of a cacheetic state, and somewhat analogous to those occurring in suppuration. There is generally a lowering of the vital properties of the parts; the pulse loses its strength; the fever becomes more subdued, and often partakes more of the hectic character; there are rigors and shiverings; the flesh becomes reduced, and the powers of the whole system are, more or less, impaired; there is a pallidity of the whole surface, particularly the face, accompanied, now and then, by a hectic flush—a patch of red on the cheeks; the circulation is altogether weak, and the extremities are apt to be cold. Such are the symptoms which more usually mark these changes from the grey consolidation to the yellow tuberculization. This appears to be a further degeneration of the matter deposited,—a step lower down,—a state of degeneration, connected with which there is a degradation of all the functions. These yellow masses, after death, are found to exhibit various states of hardness. In some cases, they are as firm as the grey masses from which they are formed; though they generally become softer and softer, until they are changed into a yellow semi-fluid matter, and form a sort of excavation. There are usually various excavations found, and some in which the tuberculous matter is left. These things are so familiar, that I need scarcely devote any time to dwell upon them. In some cases, where excavations have been found, there seems to be a mixture of the tuberculous with purulent matter, and, from the late researches of Gulliver, it appears to be quite of that kind. The pus-globules may be clearly defined, as, also, the circular globules, or particles of tubercle—masses of tubercle, almost devoid of anything like organized matter, mixed up with it; which, as the matter becomes softened, and communicates by ulceration with the bronchial cavities, form those peculiarities that constitute the third stage of consumption—or, as it is generally called, the last stage—in which the lung is not only invaded by the consolidated matter, not only degraded by the yellow conversion of the matter, but, still further, it is excavated, it loses its substance, and ulcers or vomicæ take place within. In one case that I met with, the greater part of the upper lobe of the lung was excavated, and occasionally it extends to the whole lung; these excavations are usually found in the advanced stages; though sometimes the patients are carried off in the first stage, or in the second, without these excavations existing at all, or where they are very inconsiderable. If the patient live long, and consolidation is extensive, these consolidated masses decay; the softening process invades them further and further, until the cavities become of considerable size.

Excavations of the Lung.—There are several varieties of this lesion that may be present, in consequence of the different origin of the phthisical disease. In the first form that I described, where the lungs are invaded by miliary tubercles, or by groups of them, the excavations are separate, and abound most towards the apex of the lung; they are scattered here and there, principally in the upper parts. They vary in size, and there may be intervening vesicular texture, more or less free from disease. On the other hand, where the excavations occur in the second form of the disease—that is, supervening on the inflammatory stage—you will find them begin in several parts at the same time, and if the patient lives longer, the whole becomes excavated; it is remarkable, in these cases, to what an extent the lung is hollowed out; sometimes it consists of one large cavity. Now, the more chronic the disease, the more liable are the cavities to be circumscribed; but where the disease originates from active inflammation, and from consolidation, the cavities may be very large. But, as I have said, where it commences by limited tuberculization, the disease is long continued and chronic, and then the cavities are usually small and circumscribed. There are some more interesting particulars connected with the formation of these cavities—these advanced lesions of phthisis—besides what I have mentioned. There is a free communication formed with the bronchial tubes; the bronchial tubes suffer ulceration and destruction, like any other tissues of the lung; but that is rather when there is a softening of the pulmonary tissue, when the ulcerative process takes place, and produces a communication with the tubes. It is different with respect to the blood-vessels. You see, in dissecting, cavities often containing blood-vessels undestroyed, unulcerated; but they are obliterated in their vascular sense; they are in a state of consolidation; and the tubes become converted into a solid cord, or else are pressed close together. In this way there is a difference between the action of the ulcerative process on the air-tubes, and on the blood-vessels: the air-vessels are eaten away as it were, whereas the blood-vessels are closed up, unable alike to give passage to the softened matter as to the blood. Erosion of the blood-vessels may, however, take place, and sometimes hæmorrhage may result accordingly; and that is a common accident arising in the course of phthisis,—the most usual course. An interesting fact, in connection with this subject, has been pointed out by a distinguished French physician—Chomel, who has shewn, that at the same time that the internal vessels of the lungs are obliterated, the capillary vessels form anastomoses with the new vessels, which extend themselves through the adhesions lying between the pulmonary and costal pleuræ, and, through this, anastomose with the blood-vessels in the walls of the chest; this sort of supplementary circulation takes place in proportion as the original vessels becomes obliterated: a circulation is formed by these new vessels through the adhesions between the pleura and the walls of the chest. There is, however, this interesting and remarkable difference:—the blood though so circulated, is not oxygenated by the lungs, but it returns by the branches of the vena innominata, thus forming a sort of limited circulation, and producing the return of a considerable part of the blood unchanged. This may account for the remarkable lividity of the countenance observed in these cases. When this anastomotic circulation is more extensive, it may gradually usurp the place of the natural circulation. At first, cavities are formed in part by the pressure of the denser portions of the interlobular texture, and consolidation, which I mentioned before as existing in the lung, is frequently found about these cavities, of a dark grey character. Sometimes the interior of the cavity is rough and irregular, sloughy, and containing patches of a bad sort of lymph—a loose lymph, which is every now and then broken down and mixed up with the purulent matter expectorated; the walls of the cavities continue to secrete more or less, and these matters are often mixed up with softened tubercle. But sometimes, and in the more chronic cases, there is a process of obliteration set up; the walls of the cavities secrete lymph, and this lymph becomes organized into a sort of mucous membrane, or a fibrous membrane, generally speaking, of a rather denser character. When the excavation approaches towards the surface of the lung, an inflammatory process is set up around the cavity, and as in the vesicular texture of the lung, this gives rise to a species of consolidation; so that, when it reaches the pleura, there is a patch of false membrane on its surface, and which thus forms a point of adhesion between the costal and the pulmonary pleura, and prevents the effusion of matter into the interior. In pneumo-thorax, this process is not complete, or it is injured by some accident, and ulceration takes place through the pleura; thus the air enters into the cavity of the chest, and pneumo-thorax is the result. As I have mentioned with regard to tubercles, so is it in reference to the formation of cavities. When the disease has gone on to this excavating stage, the cavities are most numerous and largest towards the apex of the lungs, and perhaps towards the posterior part of the apex; but where the disease arises from active inflammation, it is less confined to the superior parts. Cavities are then formed at the lower part of the lung, whereas the upper part is less invaded; you also meet with excavations in the lung as a result of the chronic form of inflammation, which are confined entirely to the lower parts. Besides the lesions I have now described, as occurring in different kinds of phthisis, there are some that are less essential, and may be merely accidental. Such is the erosion of blood-vessels, and the occurrence of bronchial hæmorrhage: the air-tubes are blocked up, and the vessels congested to a great degree; and in some instances it is found, that tuberculous matter has obstructed some great vessels, and bronchial hæmorrhage has taken place to a considerable amount, in consequence. On opening the bodies of persons who have died of phthisis, we find more or less traces of recent inflammation, in the parts of the lung invaded with tubercles. In fact, the immediate cause of death, in these cases, is frequently slight supervening inflammation. There are found on the pleura spots of lymph exhibiting a plastic character, opaque spots, though not always of the same distinct character. There are found, too, not only ulcerations of the bronchial tubes, but sometimes dilatations of these tubes. The tubes are very much enlarged, tending to the formation of cavities. Sometimes, again, obliteration of the tubes is met with, and other changes, as dilatation of the air cells, and an emphysematous state of the lungs, particularly in those parts affected by the tuberculization. There is, too, commonly found an enlargement of the bronchial glands. The disease is then not confined to the lungs, but it goes on in the system, and you find various proofs of disease in the other organs of the body. The heart sometimes is more or less diseased; sometimes it is hypertrophied, and is thicker than usual, and at other times the opposite state is induced, the walls being thinner than natural. The liver is not unfrequently diseased, and sometimes this viscus exhibits the fatty degeneration. The texture is of a paler colour: it is lighter than in the healthy state, and floats in water. This occurs not uncommonly as the attendant of phthisis. The stomach and

intestinal canal often exhibit signs of disease; the small intestines being inflamed, especially the follicles, which present patches of inflammation. This inflammation goes on to ulceration, sometimes of an extensive kind. In addition to the above-mentioned complications, we often find, that the kidney exhibits a granular degeneration. All these organs shew, that the disease does not only affect the lung, but the system generally. There is another affection to be noticed; sometimes the larynx exhibits traces of disease, and laryngitis very commonly accompanies phthisis in its advanced stage. This is by far the most common cause of ulceration of the larynx. It is exhibited not only in the larynx, but along the whole course of the bronchi, though sometimes more on one side than on the other; occasionally, there are tuberculous lesions of other parts. The ovaries, or the testicles, and in some few instances the spinal cord and its membranes, exhibit tuberculous disease. The bronchial and lymphatic glands are also very commonly loaded with tuberculous matter.

Pathology of the disease.—We now proceed to consider the pathology of the disease, previous to entering on the consideration of the signs. We see, from what we have said, that we may divide the lesions of the lungs into two heads: namely, deposits and destruction of the tissue; deposits increasing the density of the lung, and destruction of the tissue, constituting consumption. Deposits, again, are divided into two classes; the granular and the diffused; the grey or dark consolidation, and the opaque and light consolidation. Having already considered this subject in reference to general pathology, I shall now merely advert to the question with a view of ascertaining its cause. What do we learn from the history of the disease, as also from a minute examination of the appearances after death, that will assist us in determining the true nature of the malady? It has been, from time immemorial, the common impression that consumption originates in inflammation of the lung, and in cold; that colds, long neglected or persisting in spite of medicine, will cause consumption. This is the popular idea; and as you will find, popular ideas generally have a considerable proportion of truth in them. However, of late years these opinions have been more systematically followed out, both in this country and in France; and it has been observed, that where persons die of consumption, a lesion is found which does not occur in other cases of inflammation, this being of the tuberculous kind. Lænnec, who followed up this subject in an especial manner, states that consumption is always dependent on the formation of tubercuous matter. He considered the tubercle to be a species of accidental production, having a definite structure of its own, and that it is capable of growing, and going through certain changes, irrespective of the parts around. This view is the one usually adopted with regard to malignant disease. Laennec has applied it in like manner to tubercles, and considered them a part of the constitutional lesion; and he has given us to understand that the sudden change from the hard semi-transparent grey tubercle to the opaque tubercle, is not from the operation of any external causes on the adjoining texture, but from some spontaneous movement. This is a view which I do not think can be held. Louis considered that it was the grey stage which invariably preceded the yellow stage. Andral regarded the tubercle as the pathological result of some change in the nutrition; he considered the alteration from the grey to the opaque state as dependent on the modification of the nutritive process, and that all the changes take place in consequence of the morbid action going on in the blood-vessels. The induration, particularly the grey, he regarded as the result of chronic inflammation; and he explained the granular form of tubercles by the hypothesis, that they were constituted by individual vesicles affected with chronic inflammation; he thought this position illustrated by the fact of his having seen some few cases of lungs affected with acute inflammation, exhibiting this change in the circumscribed form, though, in these instances, the granulations were soft instead of hard. He considered this the prior stage, and that the miliary tubercles were owing to the softened state of these vesicles. The diffused consolidation he looked on as the result of chronic inflammation. Chomel and Louis agree that some of the depositions found in phthisis are the result of chronic inflammation, though they do not admit that the yellow, or the miliary tubercles are so. Dr. Carswell fixed his mind on the yellow tubercles, but he does not appear to have paid so much attention to the grey. He showed that they were decidedly wrong who supposed that the yellow tubercles are always preceded by the grey deposit. He pointed out that the yellow matter is often deposited at once, and on the surface of the various membranes, without any grey consolidations, and seeing that these yellow tubercles exist to a greater or less extent in the common cases, he considered this to be the essential matter. He regarded it as a secretion *sui generis*. Such is a statement of his ideas; and he explained that many of the phenomena which occur, arise from mechanical causes. He endeavoured to prove that the softening proceeded, not from any spontaneous change taking place, but from the secretion of purulent matter in the surrounding texture, and that the excavations that occur, arise from this matter exciting inflammation in the adjoing texture, which thus tends to suppuration. To-morrow, I shall say a little more on the pathology of tubercles, previous to considering the symptoms and signs of phthisis.

ROYAL WESTMINSTER OPHTHALMIC HOSPITAL, CHARING CROSS.

Clinical Lecture Delivered by Mr. Guthrie, Friday, Nov. 24, and Monday, Nov. 27, 1843.

You have seen, gentlemen, the termination of the prevalence of rheumatic inflammation of the eye; it has passed away, except as a disease of casual occurrence, and as your attention is no longer especially attracted to it, we may with great propriety sum up our observations on the subject, after the careful examination we have just made of many of the cases. There have been five persons treated in the hospital, four cases have occurred to me in private life, and twenty-seven have presented themselves as out-patients. Three of the four cases in private life have not had a relapse; most of the others have suffered more or less from its occurrence, and where the patients have been much exposed, it has occurred two, three, or more times, even after the eye was apparently well. All the cases have terminated, or are terminating, favourably, but not all without some defect, the patients complaining of a slight deterioration of sight, which in most instances has passed away. On examining the eye with the small telescope, you perceive it is the iris which has suffered, the pupillary edge becoming adherent by points or processes to the capsule of the lens behind, whilst the fibres of the iris also adhere to each other, so that although little defect may be observable to the naked eye, the irregularity of the edge of the pupil is well marked under the glass; and the portions of pigment which have been detached from the cornea, may be distinctly observed when the pupil has been dilated by belladonna. The defect of sight depends almost always on the number, extent, and situation of these portions, with respect to the centre of the pupil; and a part, if not the whole, of these spots, appear in many cases to be thinned or absorbed, and sometimes removed with time, so as not to impede the sight, and the patient gradually recovers his former power of vision. We have had no case in which both eyes have been affected at the same time, although the second, or other eye, had suffered from the same complaint at a former period, shewing the prevalence of a rheumatic diathesis in several of these persons, although certainly not in all, but which is more marked in others by the occurrence of rheumatism in the joints. I am not aware, however, of anything like true metastasis from any one part to the eye, nor has any distinct alternation of disease taken place from the eye to any other part; nor have I remarked this as an ordinary occurrence at other times, although rheumatic disease often exists in the eye and in other parts at the same time, and with a greater or less degree of severity. I have seen this most frequently in that complaint which is denominated gonorrheal rheumatism, but then the affection of the eye is not purely a rheumatic sclerotitis, or iritis, and is often attended by sub-conjunctival cellular inflammation, causing chemosis, and may also affect the conjunctiva, and be attended by a muco-purulent discharge. In one case of catarrho-rheumatic inflammation, both eyes were affected, and there is a peculiar case now in the hospital deserving your best attention:—

Robert Windover, aged 49, of 10, Church Street, St. Giles', has had weak eyes for some time, and attended at the beginning of this month, (Nov.,) for them, but staid away, in consequence of rheumatism, until the 22d, when he again presented himself with purulent inflammation in both eyes, the right being the worse. The complaint began the day before, by an itching of the lids, and a flow of hot tears, accompanied by a yellowish discharge, which glued the lids together during the night, the itchiness gradually increasing to violent pain, which prevented sleep, and caused the upper lid to swell. The next day, (Thursday,) the discharge was great and puriform, the eye-lid much swollen, and he complained of great pain. The chemosis was considerable, although it did not encroach on the cornea, the surface of which appeared to be slightly abraded. Countenance pale, pulse feeble; is accompanied by his wife, a healthy looking woman, and says he has lived badly of late, and has a slight discharge from the urethra, which he cannot account for, but which he has often had before. Has suffered from several attacks of rheumatism, two of which confined him to bed, and has noticed that whenever these rheumatic pains came on, they were soon followed, with one exception, by an urethral discharge. Can remember having had seven rheumatic attacks, six times followed by urethral discharges. Had a similar attack, he thinks, to the present, when at Chatham, and has had weak eyes ever since, but had not at that time any urethral discharge; has taken colchicum and turpentine in large doses for the cure of his rheumatism, and has been once salivated.

I ordered this man to be immediately admitted, because I was satisfied he would lose his eye if he remained an out-patient. I did not bleed him, because he appeared to be deficient in power, and that I thought the great local mischief might be arrested by local means. I, therefore, directed several drops of a solution of sixty grains of the argentum nitratum, lately dissolved in one ounce of distilled water, to be poured into the right or worse eye at 2 o'clock, and to be repeated at night, and of thirty grains to the ounce into the left eye; four grains of calomel, and six grains of coloeynth, to be given immediately, followed by a black dose in the morning. To be put to bed, and the eyelids cleansed every hour with a solution of alum, 3j. to the pint of water, when awake.

Nov. 23.—Says he is much better this morning, and slept tolerably well; that the application of the solution gave him great pain, which subsided in about an hour, leaving him much easier; that the application in the evening had the same effect; that he is now free from pain, and the eyes less gritty; the swelling of the lid has diminished, and the chemosis has nearly disappeared, the discharge less; the amendment on the whole considerable. The purgative medicine has operated well. Full diet, and half a pint of porter. The solution, &c. to be continued, and fifteen grains of pulv. cinchonæ with six grains of sesquicarb. of soda three times a day.

Nov. 24.—Gradually improving. Diet and remedies as before, with calomel and colocynth at night, and an aperient draught in the morning.

Nov. 25.—Improving. The solution to be applied only once, and in the morning, and the alum lotion, to be used with a syringe; the edges of the lids to be kept greased with ung. cetacei; slept well.

Nov. 26.—The strength of the solution to be diminished to ten grains to the ounce to both eyes. The discharge from the left eye has nearly ceased, that from the right is much less; the chemosis has entirely gone, and the conjunctiva of the ball much whiter; cornea clear, iris natural, the conjunctiva of the lids is thickened from old disease, and is

very red, and from this part the discharge proceeds.

Nov. 27.—This man is cured of the severe attack, which would have cost him under any other mode of treatment one eye, in all probability, and perhaps both.

You may call this,gentlemen, a case of rheumatic inflammation, of gonorrheal inflammation, or of gonorrheal rheumatism, or any thing else you please; only, gentlemen, do me the favour to remember that I teach you what is of more consequence, viz., how to cure it, and you could not have a more instructive case for observation, in a debilitated habit.

Of the thirty-six cases, twenty-one were in males, fifteen in females. There were none below twenty years of age, and two only above fifty; and of various trades and occupations, the tailors preponderated. Eighteen of the thirty-six were recent attacks, and eighteen were cases of several days' duration, or in which relapses had taken place, before they applied here for advice. In one case the paroxysms of pain came on in the morning, and not at night. In two cases the vessels of the sclerotica, which penetrate to the choroid coat, remain enlarged, ready for evil on the application of any exciting cause. In Mrs. Bridges, who is in the hospital, this is well seen, and if the case is neglected, it will end first in a change in the form of the eye, by which it will become more conical, and ultimately terminate in a varicose state of the vessels, and glaucoma. This will be prevented by great personal care to avoid exposure, and the improvement of the general health by tonics, counter irritation, slight local depletion when necessary, and the occasional use of colchicum, aconite, and opium.

In some of the recent cases the cure has been accomplished in from three to five days, by means of cupping, by a dose of calomel and colocynth, and an infusion of senna and salts, colchicum and aconite, combined with opium when they began to act too sharply on the bowels. In the cases of longer duration, bark and soda have been added with advantage, after the other remedies had diminished the powers of the individual, although their effects required to be continued for some days in a more moderate dose. In five old cases calomel and opium were added to the colchicum and aconite, until they affected the gums, before the desired relief was obtained.

I have punctured the cornea in five cases. In the first case, of P. Dudy, to which I alluded in my last lecture, and whose case is complicated with cataract, it gave relief, and has been repeated with advantage. In two other cases of medium standing it rendered no service, whilst in two others of commencing relapse, it was of use, and will always, I believe, be found of use in all affections of the vessels of the sclerotica, in which slight inflammatory attacks recur on any moderate exposure to cold and moisture, or indeed apparently without it. It acts I presume, by relieving the vessels which secrete the aqueous humour; it is an operation, however, which alarms people, and they do not readily submit to it in private life, and, as an accident may happen to the capsule of the lens if the pointed instrument is kept in the anterior chamber until all the fluid is evacuated, I introduce a small blunt probe until it has all escaped, for if a part only is let out, very little good follows the operation; it may even do harm, from the irritation excited in fixing the eye.

I have only casually mentioned the use of the belladonna, as I wished to reserve the observations I had to make upon it until the nature of the disease was more completely developed. You have seen, and may see in several cases, that although all other traces of disease have been removed, some defect remains in the appearance of the pupillary edge of the iris, in the motion of this part, and on the surface of the capsule of the lens. It brings home to you then with irresistible force the fact that this complaint is not alone a rheumatic inflammation of the sclerotica, but also of the iris. It is not the formidable disease so graphically depicted in books as rheumatic iritis, which you will very rarely see, but it is the disease you will often see,and the more important points of which you ought to be well acquainted with; and the most important of all is the peculiar kind of inflammation of the iris, which, although little noticed by a careless or casual observer, is not the less dangerous, as tending always to impair, if not eventually to destroy, the sight.

Belladonna, from the power it exerts when applied externally of dilating the pupil, is an important remedy, and if it could be applied in time, would generally so far dilate the pupil as to cause it to remain in its ordinary state of dilation, when not under the influence of a strong light. It should, therefore, be applied to the forehead and brow morning and evening, on the first appearance of this complaint, and when this is subdued by the vigorous measures recommended, and the use of the belladonna is omitted, the pupil which has nevertheless formed some adhesions whilst in its temporary and partly dilated state, will return to its usual and ordinary size, and vision will not be impaired. When, however, the inflammation runs high, and has been fairly established, the belladonna is not capable of exerting a dilating influence upon the iris, not even for several days, and I have often thought it has augmented the disease, by dragging on the inflamed part, the patient complaining so much of an increase of pain after each application as to object to its continuance. It should, therefore, be applied shortly after the commencement of the attack, or only after the intensity of the inflammation has been subdued by vigorous treatment. It may be dissolved in tincture of opium, or applied with powdered opium and mercurial ointment.

The relapses are the most inconvenient to the patient, and are often difficult to treat. On the first occurrence of the disease the sufferer is usually in tolerable health, and possesses considerable power, so that he will bear moderate general or local bleeding well, and is for the most part greatly relieved by a suitable abstraction of blood, accompanied by a brisk mercurial aperient, followed by a draught of senna, manna, and salts. In the first attack I usually give the colchicum and aconite in water, or in a saline draught, and a dose of opium, morphia, or the pulv. ipecac. comp. at night, attending carefully to the state of the skin, and to the secretions generally. The patient should be kept in an equable temperature, and the diet should be as mild and as simple as possible, without meat, or anything stimulating. After a relapse, when the powers of the individual are diminished, I add bark or quinine and soda, to the treatment, and sometimes rhubarb, if the bowels are confined; and if colchicum and aconite should still be necessary, they are then to be given with opium, to prevent their acting on the bowels. In a first attack there is often a good deal of fever and constitutional derangement; after a relapse or two, the constitution is often but little implicated, and the complaint would seem to be comparatively local, when a reasonably generous diet will often expedite the cure, whilst it appears also to be useful in preventing a return of the complaint, in which it will be assisted by sarsaparilla, with the iodide of potass, and the various preparations of iron. The bad effects of the disease on the iris are not so rapidly induced in a relapse, although the external appearance of redness may be as great as in a first attack of the complaint. Two days ago, Mr. Boyd, who is in the hospital, was well. Yesterday he suffered a relapse, and the eye had a more dusky red appearance than ever; pulse 76, not strong; he has the pupil sufficiently dilated by the belladonna; and has taken colchicum and aconite three times a day. I have ordered him bark to-day, and he is better.

One case only of abscess of the cornea with onyx has presented itself since I gave the lecture on that subject. I desired the man to be admitted immediately, viz., on the 20th, and divided the cornea by a perpendicular incision, in the manner I have directed, and which entirely removed the pain; he took calomel and colocynth at night; salts in the morning.—21. Free from pain, although has some feeling of sand in the eye; anterior chamber empty; wound gapes a little, and the matter adheres to the edges. The eyes to be bathed with warm water occasionally, and the pad to be continued; upon middle diet.—Nov. 24. Anterior chamber filling, ulceration of the surface diminishing, conjunctiva still red; two grains of calomel and two of quinine every six hours.—27. Calomel to be omitted; anterior chamber full, and is well, as regards the abscess and the onyx.

J. F.

PARISIAN INTELLIGENCE.

(FROM OUR OWN CORRESPONDENT.)

Paris, Nov. 23, 1843.

PROFESSOR ROUX'S INTRODUCTORY LECTURE.—"Last year on a similar occasion I drew your attention to the errors that might be committed in the diagnostic of surgical diseases, to-day it is my intention to describe *the accidents that complicate surgical operations*. First, what is to be understood by the term *accidents?* Like many others it is easier comprehended than defined. In my opinion, the best definition is "every circumstance, every mischance which does not form part of the operation, yet influences more or less the consecutive symptoms, or the object to be attained." These accidents may be divided into, 1st, *primitive, or instantaneous, occurring during the operation;* 2nd, *consecutive, coming on shortly after the operation;* 3rd, *distant, taking place sometime after the operation;* for instance, after amputation, the muscles in retracting may give rise to a conical stump; after lithotomy, enuresis may take place, because the bladder in cicatrizing loses its elasticity, or an urinary fistula may be produced; and after the operation for aneurism, by Hunter's method, though the cure appear perfect, a relapse, in spite of the utmost care and attention, may supervene. It must not, however, be supposed that these divisions can be so accurately observed in the living subject, where the first often produce the accidents of the second, and these last, those of the third, because consecutive accidents, are frequently owing to some error or omission committed during the operation, or, in other words, to a primitive accident. It is, notwithstanding, indubitable that the secondary accidents are often produced by hygienic causes, acting on the patient after the operation; thus in cataracta, in spite of the precision with which the operation is performed, and the care bestowed on the patient afterwards, sometimes it succeeds, sometimes fails, and that in patients placed in similar conditions. Among the *primitive accidents*, some belong to all kinds of operations, and may be called *common*, others to certain operations only, and may be called *special*. They have been studied with much more care by modern than ancient authors, notwithstanding the immense progress surgery has made of late. This is owing to the greater accuracy in observing, and to the care taken by surgeons to point out in their works, or in the Clinical Lectures, the errors committed by colleagues, in order, say they, to prevent their recurrence, but perhaps, in truth, to criticise. It is a fault, nay, more, a crime, to conceal accidents which occur for want of precaution, as thus we not only deceive our colleagues, but lead astray those who look up to us for instruction, and receive our words as oracles. Sincerity is needful in every science, but more so in ours, the end of which is the health and life of our fellow-creatures; and every individual who does not scrupulously perform this duty, is unworthy of exercising so noble a profession, for, in deceiving himself, he deceives those who have an undoubted right to know the whole truth, and causes a prejudice to mankind. By acting thus, J. L. Petit, Pott, Boyer, &c., were so deservedly esteemed, and may be cited as examples? What surgeon, however well-informed or prudent, can affirm with truth that he never made a mistake; has it not happened to J. L. Petit and other eminent practitioners. I will here mention three cases in which casualties have occurred to myself; the first was a fracture of the arm, in which sphacelus was produced by the compression of the bandage: amputation was performed, the patient died:—the second, an abscess, in developing itself in the groin, had pushed the crura artery out of its natural position; not aware of this anomaly, I plunged a bistoury into the tumour; a gush of arterial blood shewed that the femoral artery was divided. A ligature was im-

mediately applied; no immediate accident took place, but the patient died from the excessive suppuration:—the third, that of a case of urinary calculus (*Vide* "MEDICAL TIMES," Vol. VIII., p. 375.). Numerous causes may give rise to these accidents:—*Error in the diagnostic;* for instance, aneurisms have been taken for abscesses, and opened, producing thus a hæmorrhage which may become fatal,—*Character and nature of the operation;* thus, in lithotomy, the calculus is sometimes so considerable, that the parts may be bruised or torn when the division of the bladder is small, or wounded, giving rise to serious accidents, if the division is sufficiently large; again, in extirpating a tumour, the length of time needed, fatigues the sufferer, the loss of blood from the number of vessels divided, weakens him, and the situation in a part surrounded by organs essential to life, renders the operation tedious and dangerous. Another source lies entirely with the surgeon, if he operates too rapidly, too slowly, or with bad instruments, or if he employs an assistant who does not possess the necessary intelligence;—for example, in performing lithotomy, if the person whose office it is to hold the catheter, does not keep it in its proper place, the bladder, rectum, or other important organs, may be wounded; and in amputations, if those who exercise compression on the principal artery, hold the limb, or draw back the soft parts when cut, &c., are neglectful of their duties, how can the operation succeed? *Syncope.*—Two kinds are to be met with:—*Nervous Syncope*, coming on after a slight, and even without the least, loss of blood; probably, the brain is here first affected, and by reaction on the circulation, it produces syncope, which, when carried to a certain extent, may cause apparent, and even real, death. In such cases, the operation must be discontinued, cold water thrown on the face, horizontal position, nostrils stimulated by ammonia, &c. *Anemic Syncope*, produced by the loss of a considerable quantity of blood during the operation, is more frequent in copious hæmorrhages than in those which take place by degrees, and when the patient has been weakened by previous disease; is distinguished from the former by its being produced solely by a disturbance in the circulation, and because it ceases as soon as the hæmorrhage begins, to appear again when the flow of blood ceases. One of the best methods that can be employed to combat this accident, is, the compression of the aorta abdominalis, employed first by M. Baudelocque in uterine hæmorrhage:—cases illustrative of the foregoing remarks. A man wounded in the shoulder, in July, 1830, was brought to la Charité; on the 14th day, hæmorrhage took place, followed by several relapses, and by syncope. All other means failing, compression of the aorta was had recourse to, and the patient, before apparently dead, revived sufficiently to answer our questions. Everything was prepared for the ligature of the axilliary and I was on the point of performing the operation, when syncope came on again, and carried him off. A child affected with a fungus hematodes of the neck, of the size of a walnut, was confided to my care, and as it increased, I decided upon operating. Notwithstanding the utmost care, several vessels were divided; syncope took place, and ceased on pressure being exercised on the aorta, and the child, though it had several other attacks of syncope, ultimately recovered. Another child, affected with the same disorder, was taken with syncope, from loss of blood, and died. *Hæmorrhage*, by which is meant the loss of a sufficient quantity of blood to endanger life. As adults support hæmorrhage better than old persons and children, the age of the patient must be considered before undertaking an operation. This recalls to my mind a case which occurred to me at the outset of my surgical career. A child, 3 years old, affected with a large tumour of the neck, was brought to me. The case offering some danger, I called upon my excellent master, Baron Antoine Dubois, who acted the part of a kind parent to me,* and asked him if he thought I ought to operate,—the reply was, "*do it*:" I, therefore, requested the favor of his presence, and mentioned the day and hour; but on second examination, before the operation, and when everything was ready, he said to me, "*I am going away*," and immediately left the room. These few words were sufficient to convince me, that he thought the operation would be productive of serious accidents, and would not sanction it by his presence; I, therefore, did not perform it. This circumstance recurs to my mind every time I have a difficult operation to perform.—Hæmorrhage may be arterial or venous; the former is generally most to be feared, on account of the greater vitality of the blood lost, or the greater rapidity with which it escapes; still, the latter is not without its danger in certain operations on the neck, and because it is is not so easily put a stop to by ligature or compression. Cases:—Five or six years ago, yielding to the solicitations of a patient affected with an immense bronchocele, I began the operation, but the division of some large veins obliged me to cease. A lady was recommended to my care by a provincial colleague, on account of a tumour situated at the anterior and lateral part of the neck, of the size of an egg, and apparently adherent to the sterno-cleido-mastoideus. Her mother died from a cancer similarly situated, and my colleague feared a similar fate for the patient, a relative of his own; but I diagnosticated a strumous tumour, and consequently advised her to do nothing. I was, however, solicited to remove it, and acquiesced, though unwilling. A crucial incision being made, the tumour was carefully dissected; but when nearly removed, the jugular, or some other large vein was opened, and the hæmorrhage which took place, obliged me to cease for a moment, and though it did not prove fatal, still the patient died from other accidents. In such cases, the means to be adopted are: *compression* in wounds of the arteries of the lower extremities; it must be performed on the crural, iliac, or aorta; and of the upper extremities on the brachial, axillary, or sub-clavian;—*ligature*, which in some cases may be performed before beginning the operation. Nervous accidents, such as spasms, convulsions, &c. In general, they are produced by fear of the operation, or by pain; as to individual disposition, it is impossible to assign any plausible cause why strong, robust men, who on the field of battle know not what it is to tremble, cannot support the slightest surgical operation, whilst weak and feeble women shew a courage truly astonishing. Twelve or fifteen years ago, I was requested to extirpate a tumour from the breast of a young lady, 18 years old. I commenced the operation, but perceiving that the patient was silent, and supposing it might be from timidity, told her not to restrain herself, but to scream if she pleased; to which she made this extraordinary reply: "Go on, Sir, physical pain is easily borne." Another lady, a native of Belgium, came to Paris to have a tumour extirpated from the breast. The operation lasted nearly an hour, on account of the numerous ramifications and adherences the tumour offered with the neighbouring parts; during the whole time the patient never uttered a scream; on the contrary, this heroic lady begged us not to spare her, but to continue until the very root of the disease was extirpated.* It appears that this was not the first time she gave proofs of her courage in extraordinary circumstances, even on the field of battle. It is necessary not to confound with this resignation and fortitude, the factitious courage that certain boasters exhibit under surgical operations, and which is ordinarily followed by serious accidents. At the commencement of my career, I succeeded in fourteen or fifteen amputations, successively, at Beaujon; and the first reverse I experienced was with an individual who, during the operation, exhibited extraordinary but artificial courage. As to the spasms and convulsions, which some authors say take place whilst operating, they have never happened to me; but Deschamps told me that a patient, on whom he was on the point of performing lithotomy, experienced such violent convulsions, on hearing him ask for a razor to shave the perineum, that he was obliged to postpone the operation; and that another had a nervous fit, followed by death, after an operation for phymosis. Bichat, likewise, mentioned a case to me where Desault lost a patient in convulsions, immediately after the operation of fistula in ano."

Croup and Pseudo-Croup.—M. Valleix has just published an article in the *Bulletin de Therapeutique*, on the diagnostic treatment of croup and pseudo-croup. After passing in rapid review the two disorders, he states that their dissimilitude will become apparent to the most superficial observer. *Symptoms of pseudo-croup.*—Paroxysms generally very violent, so much so as to frighten the assistants, with dyspnœa, suffocation, voice hoarse, and cough croupal, followed by an intermission, in which the child appears quite well; little or no fever; first paroxysm almost always the severest. *Symptoms of croup.*—Intense fever, shivering fits, cephalalgia, anorexia, cynanche, sub-maxillary glands swoln; first paroxysm slightest; during the intermissions, accelerated pulse, agitation, coma, voice and cough at first croupal, but soon they become very hoarse, and sometimes aphonia, more or less complete, supervenes, produced by the presence of the pseudo-membranes. These last generally begin on the amygdalæ, and invade gradually the larynx and fossa nasalis.—*Treatment, —pseudo-croup.*—In ordinary cases, emollient tisannes, rest, and gentle laxatives, suffice, but sometimes it produces more serious accidents; we must then have recourse to leeches or venesection; emetics (M. Guersant recommends them only when there is fever and agitation, but M. Valleix thinks they may be advantageously given in other cases), gentle purgatives, blisters, mustard poultices, and opium; this last might be employed with success much oftener than it really is. As to tracheotomy, it ought to be performed when asphyxia seems imminent.—*Croup.* Local or general bleeding, according to the strength of the patient tartar emetic, given thus: a tablespoonful of a draught containing from gr. j. to grs. iij., must be taken every quarter of an hour, and continued until the danger is past, except when any serious accident appears. In 31 cases in which this method was adopted, 15 recovered; whilst in 22 it was administered parsimoniously, and 21 died; cauterisation of the pharynx and larynx with hydrochloric or sulphuric acids, nitrate acid of mercury, alum, chloruret of soda or calcium, or a dissolution of the nitrate of silver in distilled water, so as to convert into ordinary inflammation the peculiar one which produces the pseudo-membrane; as adjuvants, blisters, mustard poultices, irritating liniments, calomel, mercurial frictions on the neck, anti-spasmodics, narcotics, and sudorifics; finally, tracheotomy, when all else fails.

Epilepsia in Childhood.—M. Jadelot presents the following remarks on this disorder. Epilepsia, denominated likewise *mal des enfans*, on account of its frequency during this period of life, is an apyretic, chronic, and intermittent affection, characterized by sudden fainting, general insensibility,

* In this respect, Professor Roux is not the only person who experienced similar kindness from A. Dubois, who may, in truth, be called the father of the students. May I be permitted to raise my voice in gratitude to him, to whom I owe so much, and likewise to his son, Prof. P. Dubois, whose kindness makes me feel less acutely the loss I sustained by the death of his lamented father.—G. de B.

* A case somewhat similar, occurred to me lately. Madame ——, a patient of mine, had received, when a girl, a blow on the breast. The tumour thus produced remained a long time stationary, but, during her first pregnancy, it increased considerably; so much so, that ulceration appeared imminent. *Enceinte* for the second time, and fearful of consequences, she consented, after much hesitation and many tears, to be operated upon. Before beginning, she requested me to throw a towel over her face, and astonished me not a little, when I reflected on her previous hesitation and tears, by not uttering a syllable during the whole time. The consecutive inflammation was kept down by the application for the first two or three days of a bladder containing ice, over the apparatus. The patient speedily recovered, and was delivered at nine months of a fine, stout girl, still living. Since then she has become a mother for the third time, without accident.—G de B.

convulsions, more or less intense, succeeded by intermissions, in which the patient appears perfectly well.—*Divisions.* Esquirol distinguishes—*idiopathic epilepsy*, produced by an affection of the brain, or its membranes—*symptomatic epilepsy*—*sympathetic epilepsy:* but the author of a recent work on pathology, says that the last does not exist, but ought to be comprised in the two preceding classes, as the cause, though undiscovered, probably exists. *Pathology.* On dissection the following alterations have been discovered; abnormal thickening or exostosis of the bones of the cranium; effusions between the brain and its membranes; granulations or ossifications of the dura mater; serous cysts; hydatids; general or partial softening, induration or hypertrophy of the cerebrum, medulla oblongata, or medulla spinalis; serous effusion in the ventricles; disease of the abdominal viscera.—*Etiology.* The predisposing causes are youth; nervous temperament; tubercles or acephaloeysts in the brain; imperfect development of that organ; idiotism; biliary or urinary calculi; intestinal disorders, especially worm cases, dropsy, &c. The occasional are fright; dentition; imitation (this cause is generally admitted, but it is probable that the disorder is produced more by fright in seeing a person so convulsed, than by imitation); chronic diseases of the brain, of its membranes, of the medulla spinalis, or of the bones of the cranium; eruption of an exanthema. Georget mentions a case in which the first paroxysm appeared with a variola.—*Diagnostic.* None of the symptoms given as pathognomonic by different authors, can be considered as such, for the sudden loss of the senses is observed in apoplexia, hysteria and syncope; convulsions exist equally in other nervous disorders; foaming at the mouth is seen in apoplexia and hysteria. Loss of the senses and sensibility, with convulsive movements, are considered by Esquirol as characteristic, but they are to be met with in catalepsia; and we must not, because one is wanting, conclude that it is not epilepsia. Again, if the patient offers symptoms somewhat similar to those of epilepsy, and after death an abscess or cyst of the brain is found to exist, it is probable that the convulsions were merely sympathetic. Finally, if certain cases of cerebral congestion or hæmorrhage may be taken for epilepsy, the coma and paralysis which come on, soon render such an error impossible. *Prognostic;* incurable when produced by a chronic disease of the brain; on the contrary, may be cured, when caused by fright, dentition, especially if it comes on just before puberty.—*Treatment.* We have to consider, 1st, the remedies necessary to be employed during the attack, or immediately after; too well known to need repetition; 2nd, those by which the recurrence of the paroxysm may be prevented; severe diet, removal of all moral causes susceptible of producing it, gentle purgatives, &c.; 3rd, those by which the causes may be weakened or destroyed. They may be divided into *rational*, such as general and local bleeding, blisters, issues, moxas, &c. or *empirical*; here every author proves his favourite remedy, and they are so many that it is almost impossible to enumerate them; the principal ones are,—valeriana officinalis; opium, sometimes hurtful, employed generally when the disease is owing to a moral cause; hyosciamus niger; belladonna, MM. Ferrus and Leuret employed it successfully at Bicetre, but it must be given in very small doses; moschus moschifera; assafœtida; camphora; folia citri aurantii; oxydum zinci; sulphas quininæ, Professor Peorry gave it at the dose of ʒj to ʒiss, but in one case it gave rise to serious accidents, so that, if employed, it should be with great care; indigo at the dose of from ʒj or ʒiss to ℥j per diem is recommended by German authors; finally, nitras argenti has been administered in some cases successfully by Professor Fouquir and M. Mérat, and M. Lombard, of Geneva, strenuously recommends it;—it is, however, impossible to say whether it ought to be considered as really useful.

Pregnancy, the Uterus being no longer in the Abdomen.—M. Perfetti publishes in the *Bulletin delle Scienze Mediche* the following case:—A country girl, when 15, felt after an effort a pain in the loins, which increased when she was fatigued. Three years after, she felt that something descended as low as the labia pudendi, but as it disappeared completely when she lay down, she mentioned the fact to no one. Married when 20; she became in the family way two years after. When 7 months gone, she experienced great pain, occasioned by the pressure of the uterus on the neigbouring parts. At the usual time, labour pains came on, and an ignorant midwife kept her four days without doing anything to hasten the delivery. M. Perfetti was called in, and seeing the uterus between the thighs, made two incisions of eight lines each, one on the anterior, the other on the posterior portion of the cervix uteri. Delivery then was soon accomplished. As soon as the uterus was empty, it was reduced; proper means employed to prevent inflammation, and subsequently a pessary was made use of. Ten months have now elapsed since, and the prolapsus has not reappeared.

Academy of Sciences; Sittings of the 20th Nov.—(Professor Dumas in the chair.)—*On Aqua Regalis.*—M. A. Baudrimont presented a memoir containing his "Researches on Aqua Regalis and on the Substance to which it owes its Principal Qualities." Berthollett and H. Davy announced that aqua regalis contained hypoazotic acid mixed with chlorine, and that it was this last substance which acted on gold. This opinion was generally adopted when Mr. Edmond Davy published his experiments, by which he shewed that this phenomenon is not owing to the presence of chlorine, but to that of a peculiar gas, which he called chloro-nitrous. This gas was obtained by mixing concentrated azotic acid, with chloride of sodium or potassium; is composed of binoxido of nitrogen and chlorure, and is of a specific gravity 1.759 The formula is $4Az\ O^6\ H + 3Cl.\ Na. = 3Az\ O_6\ Na. + Az\ O_2\ 2\ Cl. + Cl.$ To extract the active product of aqua regalis, mix 3 parts by weight of azotic acid specific gravity 1.314 and 5 parts of chloro-hydric acid, specific gravity 1.156, and heat to 187° F.; a red gas is then obtained, which, when condensed in a tube surrounded with ice mixed with salt, produces chlorazotic acid, composed of nitrogen 0.126; oxygen 0.224; chlorine 0.650; or $Az, O_3\ Cl.2$, specific gravity 2.49. At a low temperature this acid is red, limpid, and on it floats a red vapour; boils at 48° F.; of a suffocating smell, similar to that of chlorine; without action on phosphorus at the ordinary temperature. Arsenic and antimony burn brightly when thrown into a tube containing chlorazotic acid; bismuth produces white vapours, little light; potassium and gold are attacked; a copper plate at a red heat burns; tin heated until it enters into fusion is whitened and tarnished; mercury absorbs part of the gas, the remainder is a binoxide of nitrogen, which may be absorbed by the protosulphate of iron. The reaction may be thus expressed,—$4\ (Az\ O_3\ Cl._2) + 9\ Hg. = 8\ Hg.\ Cl. + A2\ O_5\ Hg.\ O + 3\ Az\ O_2$. Sulphuric acid disengages a gas composed of chlore and chlorhydric acid, and becomes yellow; litmus when moist is reddened, when dry is not; alcohol mixed with it takes an etherial smell; at 0° water dissolves 0.398 of its weight, or 121 of its volume; the liquid is red; specific gravity 1.160; does not form salts with the bases; the carbonate of strontium held in suspension in water is decomposed by this gas, and a mixture of chloruret and azotite of strontium is obtained; the same result takes place with oxide of silver.

Self-Taught Deaf and Dumb Person.—M. Paul de Vigan, deaf and dumb, writes to request the Academy to name a commission to examine the method he had adopted to teach himself, without the aid of a master, physics, geometry, inorganic chemistry, botany and astronomy.

Cure of Cancers, Ulcers, &c.—M. Beauvoison addressed a work on his method of treating cancers, ulcers, and a certain number of tumours, especially piles and varices.

Carbonic Acid Consumed by Man.—M. E. A. Scharling wrote to M. Reynault requesting the favour of his reading the following proposition which he makes to MM. Andral and Gavarret, as well as all those who occupy themselves in calculating the quantity of carbonic acid consumed in a given time by man. In this study not only the sex, age, health, constitution, time of day, season, year, &c., must be observed, but likewise, 1st, the temperature, atmospheric pressure, and kind of weather during the experiment; 2d, the number of pulsations and respirations in a minute; 3d, at what o'clock the person eats, if he takes brandy, coffee, tea, or other heating food; 4th, if the person just before moves about or not; 5th the weight of the individual.

Academy of Medicine.—*Sitting of the 21st November.* Professor Dubois in the Chair.—M. Boudin, chief physician of the hospital of Versailles, writes to inform the Academy that at the present moment there are two regiments at Courbevoir, near Paris, the 23d and the 69th. In the former typhus reigns, mortality 8 per cent.; in the latter intermittent fever, mortality 1 per cent; it is necessary to add, that the 69th, before coming to Courbevoir, was in a garrison where the influence of marsh miasma was felt.

M. Londe read a letter from M. Aubert, in which he shows that M. Senac never attacked his conclusions when they were presented to the Chamber of Deputies. M. Pariset remarked, that since quarantines have been established at Smyrna, Constantinople, Greece, Creta and Egypt, the plague has taken place only in the latter place; therefore it may be considered as the true focus; moreover, he thinks it would be dangerous to suppress the quarantines.

Epidemic of Gastro-Enteritis.—M. Collineau read a report on an epidemic of gastro-enteritis, described by M. Gosselet in a memoir presented to the academy, and which took place at Lille (Nord.) The epidemic was limited to a school composed of 348 persons, and affected 150 persons—12 deaths. The temperature for some time previous was cold and damp, and the scholars generally remained in the school-room situated on the ground floor. On the 3d February, an entertainment took place in the school-room, which was excessively heated, and a day or two after the epidemic declared itself with such violence, that there were from 10 to 12 new sick persons every day. As to the contagion, M. Gosselet mentions two cases in which the scholars, on going home, communicated the disorder.

Hemiplegia caused by a Disease of the Nerves.—M. Martinet read a memoir on hemiplegia. The conclusions are that hemiplegia may exist, independent of a disease of the brain and spinal marrow, and be produced by a disease of the nerves: that it can be recognized by paralysis of the side affected; by its being the result of several partial attacks, having intervals between each; by the integrity of the functions of the spinal marrow; and by the facility with which it yields to the remedies employed in nervous rheumatism.

Paralysis in Insane Persons.—M. Belhomme read a memoir, containing his researches on the brain of insane persons affected with general paralysis. The author concludes that this paralysis is produced by a chronic encephalitis; that the encephalitis attacks gradually from the periphery to the centre of the brain, and when it reaches the latter, death takes place;—that the alterations observed are the thickening of the membranes; adherences of the membranes with each other, and with the cortical substance of the brain; softening of the cerebral substance.

Lusus Naturæ.—M. Josse read a memoir, containing an observation of lusus naturæ, and two of imperfect development of the genital organs. (An analysis of this interesting memoir shall be given in my next.)

Garland de Beaumont, D.M,P.,B.L., &e.,
Honorary Physician to the Spanish Embassy.

On the Presence of the Lactates in the Blood.—At the desire of his teacher, M. Liebig, M. C. Enderlin undertook a series of experiments to determine the presence of lactic acid, and the lactates in the blood, taking especial care to avoid the risk of the formation of lactic acid during the chemical processes which he was carrying on for his analyses, and from their results, he is led to conclude, that in general, lactic acid is not an essential princi-

ple of the blood and other fluids of animals; and consequently that all the opinions that have been put forth respecting its office, presence and formation in the healthy body, are only suppositions devoid of proof, and utterly erroneous.

TO CORRESPONDENTS.

A. B. C.—*We think so.*

A Subscriber *suggests that in Mr. Proctor's case the liq. opii was the successful agent. To remove a doubt on this matter he recommends, we think very judiciously, that the naphtha should be tried alone.*

Mr. Twinberrow *has sent us a sample of cod liver oil, of his own preparation. It appears to us to be in excellent condition.*

Mr. Gange, *in reference to the querics on headache, inserted in a previous number, suggests that the use of sugar is often a cause of head-ache, from the acidity arising from stomachic fermentation, and is best combatted by the use of the sesquicarbonate of soda with a strong purgative. He very properly adds that no reliance should be placed on soda water as sold in the shops, for nine-tenths of it is without a grain of soda.*

Dr. Bredon's *letter has been received.*

M. D. Maryport, *can, we think, practice in the way described without molestation from the Apothecaries' Company. The Act of* 1815 *specifically saves the old recognised rights of physicians.*

Mr. Sproule's *cases in our next, when we shall also have the pleasure of publishing E. P. Q. on Medical Reform.*

Mr. Rowden.—*We unfortunately cannot place this correspondent under the "deep obligation" he solicits from us. We know nothing to produce whiskers out of a barren soil, or to greatly thicken them when thin. We have heard of deal boxes turning to hair-trunks under the application of Macassar—and of ladies getting whiskers in the palms of their hands from the use of Cassia oil.* Verbum sapienti.

X.—*The office of the Metropolitan Commissioners of Lunacy, is 6, John Street, Adelphi.*

Walker's Jesuit Drops.—*A Correspondent tells us that these are a spirituous tincture of balsam of copaiba, guiacum, and oil of sassafras. They are the same as the elixir anti-venereum of Quincey.*

The communications from Mr. Blanch, Mr. Hendred, and Mr. King, have been received.

The "Medical Times Almanack" *will be published a few days before January* 1, 1843. *It will contain, with all the customary information of a Medical Almanack, important matter, to be found in no other, and will present twenty-four quarto columns more than our last year's publication, i.e., 96 quarto columns. The price will be but fivepence plain, sixpence stamped.—Advertisements should be sent in early.*

A Handsome Portfolio, *on a novel plan, for preserving the current numbers for twelve months clean, and easily to be referred to as a volume, has been manufactured for the* Medical Times, *and may be had at the Office, or by order of any Bookseller in town or country, price 5s.; second quality, 3s. 9d.*

THE MEDICAL TIMES.

Saturday, Nov. 25, 1843.

The blessing of Judas and Issachar will never meet; that the same people should be both the lion's whelp, and the ass between burdens —Lord Bacon.

We have recently seen much of *public* exhibition of Sympathy and Commiseration for things human and inhuman, vegetating or animalizing, in climes tropical and antipodean, but these qualities must be epidemic indeed when they stray homewards to inflict themselves on the linen-drapers' assistants. Where is happiness—one is apt to exclaim—if these young men have not found her? There is a very *uniform* of gentility marking their faces, as one of costume, enveloping their whole exterior. Their hair, modelled in mathematic precision, after the last new wig in Truefit's window,—their cravats so many *fac-similia* (in cheaper *materiel*) of Prince Albert's last,—their close-fitting garments, presenting living models (*testibus sartoribus*) of human perfection,—the cultivated whisker—the white teeth, carefully shewn in an everlasting smile—the white, large hand—the affected *tenue*—the select and un-Saxon phraseology, expressive of their education, as their garments of their gentility—the self-consequence and easy assumption of contemptuous airs: all these well-known traits, inseparable to the whole tribe, from the simplest self-adorning Narcissus to the most "crack" salesman, ought, one would think, to have put this male edition of the class of ladies'-maids far beyond the need—and certainly far indeed beyond the range—of the poking, prying nose of public charity. Not so. Benevolence, sharp in its cause, as a worse instinct, has smelled them out. Those that did not know have been tanght, their grievanees: a contagious commotion has run from man to man, through the whole class; and masters are—as we write—disturbed in their visions of entering into retirement, or—the *Gazette*, by observing the visages of each counter Adonis and ell-wide Apollo Belvidere palpably lengthening after the tashion of his yard-measure, their white teeth, save for a spasmodic exhibition, only won by a superlatively fair visitor, occupied but in giving forth mutterings of "horrid slavery,—"shut up at seven,"—"general strike,"—and tokens equally expressive of the fact that the care-oppressed batch of young gentlemen are up in final mental insurrection against late hours and prolonged day's labours.

And who shall blame them? Certainly not we. The young men are quite right. They are much indeed to be pitied. We gaze on them much in the same spirit in which we fancy the old Pope looked on our young countrymen exposed as slaves in the Roman market. As he exclaimed, "Angli—ac etiam Angeli,"—so we cry of our linen-drapers, "*Animals* they may be, but a *soul animates* them." Where so much has been made of the outer, we should like to see something tried on the inner man. The less they shew of mental promise, the more lies open for philanthropy's accomplishment. The less we can love, the more we have to do for them: and ugly and venomous as is their moral conformation, a precious jewel rests within it, if sought by charity, and polished by policy. We have Gray's authority that as the dark unfathomed caves of ocean bear gems of purest ray serene, so the world has had its village Hampdens without chairing them, its Cromwells who have lived guiltless, and Miltons who have died inglorious,—and who shall affirm that the measuring of tape is incompatible with that of blank verse? a glowing description of Cobden's printed cottons, with that of Nature's hues of magic? Why may not the man who wheedles you into a bad bargain on Ludgate Hill, cheat Metternich out of a kingdom in Vienna?—he who bullies you into a purchase across the counter, play the part of Thiers or Palmerston across the channel?—or he who excites St. Giles's with tales of "bankrupt stocks" and "tremendous sacrifices," in extra-sized broad sheets—win the wonder of a world with the bulletins of a Napoleon, or "Hereditary Bondsmen" addresses of an O'Connel? At all events, we say, try them. If there be a gem among them, let him have opportunity to shew his purest ray serene,—if any of them is a flower, let him have a chance of shewing his roseate blush, and casting his fragranee on something better than desert air. Yes! we are in all seriousness with the linen-drapers, vain and comical as they are. In their favour, as of others, we hold that education, in a civilized state, should be like the atmosphere in a state of nature: circumambient—open to all—pure as Heaven that gave it; and we would not deny it even to linen-drapers' assistants. If the aggregate happiness of mankind increases with its aggregate wealth (and what a perverseness to suppose it shall not?)—and if all wealth, mental or physical, be but a result of knowledge, the inference is clear that every particle of education unnecessarily lost to the world, is a crime somewhere. Let, then, these young men be educated, or give them the leave they have not, to educate themselves. Christianism or Mechanics' Instituteism we cannot discuss: but let them be educated.

Many, we dare say, will not reciprocate our sentiments; but all the millions must, who have given or give their speech or mite to enfranchise "niggers" in Jamaica, or educate Hottentots in Caffreland. The maids who wept, and matrons who drank sugarless tea, for their black friends, need not, like the Parisian lady, die of *ennui*, because they have not a grief. They have, we assure them, at their own doors, almost as attractive subjects for their pent-up sympathies, and non-disembogued small charities. The enchantment of distance is wanting, it is true; but ladies love contrast, and here the beauty of proximity is delightfully perfect. If the skin of the negro was charmingly black, that of the linendraper is not washed once in a twelvemonth; if the first had whippings, the second has snappings; if that one lost his wife, this one cannot keep one; if Sambo was half naked, Mr. Alfred Napoleon Snibbs has man a second shirt; and so going through the whole train of grievances, we can answer for it, that for every sugardresser's woe, winning one of their "delicious" tears, we can present a linen drapers' misery craving as strongly the flow of half a dozen. But we won't do it; we will not so risk the wrath of the divinities of Paphos; and, besides, the handsome young men behind the counters tell us, that better, far better, to them than ladies' tears, are ladies' *early* purchases. Buy early, ladies! and

you have accomplished another slave emancipation! We hope the philanthropy is not too cheap for you.

Hygeianically, as the French say, or *seriously*, as we translate it, this is a most important matter, as much for medical men, as the public. If we are, as a high authority said three thousand years ago, "more than armies to a nation's weal," it is in reference to such subjects as this we shall palpably make our value felt. During the barbarism pervading Europe in the middle ages, Hallam tells us, it was the church that stood forward the protector of the poor and defenceless. In the present day, the great social omnipotence being the money power, all remorseless and conscienceless in action, religion is silent or powerless, and it is Our Mission of the Age to take the place she has vacated. The mercantile spirit which has pervaded, or is pervading all society, has one indisputable evil, the results of which it is particularly our place to point out. In the intense avidity to gain, it stimulates, the fate of the employed is not, as formerly, mitigated by, we will not say the good nature, but inertness of a master. The servant was once valuable, from greater rarity, from old customs in his favor, and from his need of employ being less, as his wants fewer. The tide is now the other way, and too many of us try to take it at its full, and ride to fortune. Hence, the increased pressure of farm-labor; hence, long hours in factories or town establishments; hence, even farm horses doing twice the labor they did in our father's days; hence, the universal straining of the great principle—good for the inanimate, but bad for those that feel—of making the least power do the most work—a principle as fruitful of the moral curses of ignorance and crime, as of the physical evils, disease and death.

This new state of things, produces new social grievances, which, having no checks in the old code of popular right and wrong, require, for their amelioration, a corresponding notice of public opinion. The love of gain is inherent in man at all times, and now is dominant: it is human nature; and while we would deplore it, we would yet not too severely stigmatize it. But as our mildness to the offenders, should be our sympathy with their victims, and our anxious exertions to raise a wall of defence around them, against the encroachments of ungovernable cupidity. What philanthropist can ponder over the cachectic children immured in heated factories, in their young life's arid spring, or the consumptive razor-grinders dying by inches amid their clouds of steel-dust, or the poor shirt and dress makers at their day and night labors, or the ceaseless wear and tear of life experienced during the fourteen or fifteen hours' labor of the wretched young men we have specially been considering, who can reflect on these things without feeling a wish, that by some clever legislative arrangement, which would not lessen the *actual* labourer's means of subsistence, the thousands of unemployed who in any case must be fed and clothed, might be brought, with increase of their own happiness, to the relief of their *over*-tasked brethren? A part at least of this boon is, to our minds, identified with shorter hours of employ: and it is with no slight pleasure we have heard that, for this benevolent and highly moral object, in reference to the linen-drapers, an association has been formed, and other measures of an energetic character adopted. We need not say the founders and conductors have our best wishes. No medical man can think of the change they advocate, but as one highly favourable to health and vitality, or doubt that there are as many *social*, *moral*, and *physical* reasons for it, as for the maintenance, in all sacredness, of the hallowed rest of Sunday. May their labours, with all such, prosper.

WESTMINSTER MEDICAL SOCIETY.

November 18.

Mr. Fisher in the Chair.

Tinea Capitis—Injury of the Spine—Treatment of Varicose Veins.

Mr. Fisher mentioned that while visiting the hospital of St. Peter's at Brussels in March last, Dr. Sentin pointed out to him several cases of tinea capitis which were under treatment, and others which he had cured. He treated them all with a preparation of wood-soot, locally applied. The wood-soot was collected from the chimnies, infused in water for four days, the infusion strained and evaporated to the consistence of treacle or of a soft extract, mixed with its weight of lard, and used as an ointment night and morning. The heads were shaved as often as required, and washed every third day. This remedy, Dr. Scutin had scarcely ever known to fail. Mr. Fisher conceived that the creosote contained in the wood-soot, and perhaps a portion of pyroligneous acid being present, might prove to be the curative agent.

Mr. Snow stated that both creosote and the pyroligneous acid which would result from the destructive distillation of wood, had been used in Germany in cases of tinea with marked success.

Dr. Sayer called attention to the daily washings of the scalp which were practised in Belgium in treating this disease, and in which was used the ordinary black soap of the country, containing much more alcali than that made in England. He was inclined to attribute much of the beneficial effect produced to these ablutions. About 29 years ago, when he was at Brussels at this hospital, a nearly similar remedy was employed, consisting of powdered charcoal, nitrate of potash, and common brimstone, equal parts, made into an ointment with lard. The scalp was cleansed every day previously to its application, and all impurities from previous dressings removed. Dr. Sayer observed that he had tried this remedy very recently in a family, and with beneficial results.

Mr. Fisher stated that the application used at the Blue Coat School, was an ointment of the bichloride of mercury, five grains to the ounce of lard.

Mr. Hancock considered that the great difficulty in the treatment of this disease consisted in want of cleanliness, more especially the diseased child continually wearing the same cap, by which it was subject to a renewal of the disease, and all attempts at its cure were frustrated. In private practice and at the hospital, he always insisted on the child's having a clean cap every day. About two years since he had been called to a poor-house in Sussex, where the disease prevailed extensively, and every means that could be thought of, had been tried in vain. Finding that the sound and diseased children were in the habit of associating together, and sleeping alternately in each other's beds, he obtained their isolation and dispersion into the neighbouring cottages, the consequence being that the disease speedily disappeared.

Mr. Hancock then narrated a case of injury to the spine, which caused paralysis of the lower extremities, bladder and rectum. A man was admitted into the Charing Cross Hospital, having had a ladder fall across the loins, where he was suffering severe pain; the injured part was greatly tumefied, so much so that the existence of a fracture could not be ascertained. The paralysis of motion and sensation was complete; the fœces were passed involuntarily, and the bladder had lost its expulsive power, the catheter being required to void its contents. The man was cupped with relief to the pain, and sensation returned: after the application of a blister, motion gradually returned in the legs, so that he could draw them up, but not separate them. There was not any improvement in the bladder and rectum, nor was the recovery of motion permanent; after a time it was gradually lost, sensation however remaining. Bed sloughs formed, and the man ultimately died exhausted. On examination of the body, there was found a partial dislocation of the last vertebra on the sacrum, with fracture of the body of the bone in a vertical direction, a large splinter being forced back, and compressing the anterior portion of the spinal cord, which was in a state of irritation, but not otherwise diseased. The interesting feature of the case consisted in the recovery of sensation and motion, the former permanently, which however was explained by the posterior part of the cord not being compressed. The urine was alcaline from the commencement, and when the body was examined, the pelvis of the kidney was found to be filled with the triple phosphate.

Mr. Fisher mentioned that three cases of injury of the lower part of the spine had occurred in the police force, one of which was caused by a violent kick. The man was paralysed as a consequence, but partially recovered under the treatment which was adopted. In a few months he was ill again, and was removed to the hospital when the brain became affected and he was delirious. From this too he recovered, and is now perfectly helpless, not being able to pass fœces nor urine without assistance. The two other cases partially recovered, but being rendered unfit for duty were discharged the force. Mr. Fisher thought fracture had occurred in one of the cases, extravasation of blood in the other two.

Mr. Alcock looked upon the alcaline condition of the urine in these injuries as caused by an alteration in the function of the kidney from defective innervation, and not by decomposition of the urine in the bladder. He had seen several cases, and had noticed that in every instance the urine became alcaline, and as the patient recovered, it resumed its acid condition.

Mr. Alcock considered that, like the brain, the spinal cord was subject to concussion, as well as compression, and he thought it possible that such was the condition of the cord in Mr. Hancock's case, and that its relief by the cupping, &c., was the cause of the restoration of sensation.

Mr. Fisher described the practice of Seutin in the treatment of varicose veins. On those that are superficial he applies the potassa fusa; over the deeper-seated he makes an in-

cision with a lancet, and then applies the caustic. He is very successful in practice, and Mr. Fisher had heard that his plan has been adopted in England, but he has not seen it tried.

Mr. Storks observed that this practice was first employed by Mr. Mayo at the Middlesex Hospital. Mr. Fergusson was in the habit of employing Velpeau's plan, taking up the vein between the finger and thumb, passing a needle under it, and twisting a short thread round it. Davard's modification, by applying the needles crossways, he also occasionally had recourse to. Mr. Storks had never seen any dangerous consequences follow this operation, which caused very little pain, and it was remarkable how soon the varicose ulcers put on a healthy appearance after it had been performed. The cicatrizing process was speedily accomplished.

Mr. Chance stated that when he was dresser to Mr. Mayo, at the Middlesex Hospital, he made numerous issues with the potassa cum calce in these cases, one in particular which was an inch and a half long and two broad, and never saw any injurious consequences from it. There was not any inflammation of the veins, and Mr. Mayo never saw any follow the application of the caustic, unless there was some cause of irritation by probing or otherwise, before the separation of the slough. He (Mr. Chance) had seen 17 or 18 cases while he was Mr. Mayo's dresser, and had since had recourse to this mode of treatment in private practice, without having cause to regret it.

Mr. Rutherford Alcock remarked that although the various operations for varicose veins were often successful, yet every now and then a case of phlebitis happens, and the patient is lost in a very unsatisfactory manner, so that surgeons in general are content to leave them alone, unless under peculiar circumstances, more especially in private practice, when a fatal termination to any apparently trivial operation for the removal of a mere inconvenience, would prove of serious detriment. Mr Alcock believed that surgeons were not always sufficiently careful to prepare their patients for the operation, by the previous removal of any irritation existing in the system. He mentioned these facts as a warning, because although the operation had hitherto been very successful, yet the very next case, from some fortuitous circumstance, might terminate fatally.

Mr. Norman stated that operations on varicose veins had been entirely abandoned within the last year or two at University College Hospital, in consequence of the occurrence of several fatal cases, of which he could call to mind two by hæmorrhage, and one by phlebitis. The operation in these cases was by the application of a ligature. Another objection to the proceeding was that when the diseased vein was obliterated, the whole force of the current of the circulation being thrown upon the neighbouring vessels, they became enlarged and diseased.

Mr. Storks mentioned the occurrence of hæmorrhage from a varicose vein as necessitating the performance of an operation to save life, and related the case of an old lady to whom he was called under such circumstances, when he found her almost in articulo mortis from loss of blood. He performed the operation by passing a needle under the veins, and the patient recovered. He thought no one could object to the operation in such circumstances.

Mr. Hancock observed that the danger of applying ligatures to veins was so great, that even in such a case he would prefer pressure to a surgical operation.

Dr. Brooke enquired if any member had noticed an instance of spontaneous cure of varices by obliteration of the vein, caused by a low degree of long-continued inflammation. He had met with two or three such cases in the course of the last two years.

The discussion was continued some little time longer on the propriety or impropriety of operating on diseased veins, the majority of practitioners present expressing opinions adverse to the proceeding. No points, however, were elicited of sufficient interest to deserve a record in the *Medical Times*.

November 23.

Dr. Reid, President, in the Chair.

Relapse of Scarlet Fever.

Mr. Clarke begged to ask the following question of the society:—What was the shortest period of time that a secondary attack of scarlet fever had occurred after the first, in the experience of members? He was induced to ask this question from the circumstance attending two cases of scarlet fever in a family in which he was professionally engaged. Two of the children were seized in the country with undoubted scarlet fever, which was followed by desquamation of the cutiele, &c. One month after the first appearance of the disease, they were again taken ill with what was supposed at first not to be scarlet fever, but which was subsequently declared by the medical man in attendance so to be, and died. The bowels were principally affected; the strawberry tongue and sore throat were present, but no eruption. He considered the case one of importance as regarded contagion, and wished to know the experience of the society upon the subject.

Mr. Chinnock related the cases of four children in one family who had been under his care, some years ago, with measles, recurring after an interval of six weeks from the first attack of the disease.

The President added his testimony to the fact of measles recurring.

Mr. Chowne thought it of importance to ascertain the authenticity of the first attack.

Mr. Clarke said no doubt was entertained that the first attack was one of scarlet fever; it was regarding the second that there existed some difference of opinion.

Mr. Chowne remarked that an eruption often followed vaccination; so often indeed had this occurred, that Mr. C. had warned mothers not to be alarmed. In several instances, other practitioners had been called in who had declared the eruption to be variola, occurring after vaccination.

Mr. Leese had frequently observed a papular eruption follow vaccination.

Mr. Snow always advised parents to watch their children carefully for a month, as he did not believe the patient safe from relapse till that period had arrived.

Dr. Chowne considered that the disease was, as it were, arrested in its development from some constitutional cause; he had seen the vaccine vesicle go back for ten days or a fortnight, and he believed that disease might be retarded or matured by the condition of the patient.

Dr. Anthony Todd Thomson did not believe the disease in the cases related by Mr. Clarke to be referable to any of Dr. Chowne's anomalies; he was sceptical as to the nature of the first attack.

The President related a case of suppression of urine supervening upon scarlet fever, in which pure albumen was passed, and blood; the case did well. He was anxious to know the experience of Dr. A. Thomson upon this.

Dr. A. Todd Thomson had met with two cases; they had proved fatal; and had known a school in the neighbourhood of London, in which a young lady was seized with scarlet fever. Thirty-five young ladies who joined the school, during a considerable interval, were also affected with the disease. It was not till the house had been painted, furniture fumigated, &c., that the disease was eradicated. It proved how long contagion would last.

After some desultory observations by Drs. A. T. Thomson, Field, and Chowne, and Messrs. Wilkinson, King, Snow, Clarke, Streeter, and others, the society adjourned.

MEDICAL SOCIETY OF LONDON, Nov. 20

Mr. Pilcher in the Chair.

Hæmorrhage from the Fauces during Ptyalism.

Mr. Clarke enquired if any member had seen cases of ulceration from mercury end fatally by hæmorrhage. He had been called recently to an old gentleman at Hammersmith, who had been under the care of a practitioner in the neighbourhood, by whom he had been salivated, but not to any very great extent. Mr. Clarke was called in on Thursday week, when he found his patient labouring under great debility, with the whole throat covered with superficial sloughing ulceration, and one ulcer deeper than the rest near the uvula. The patient suffered also from hæmorrhage to a great amount from the part, the blood flowing gradually, coagulating into large lumps, and requiring to be removed to prevent suffocation. The patient eventually sunk from exhaustion caused by the hæmorrhage; no examination of the body was allowed. The local treatment consisted in the use of a chloride of lime gargle at first, and afterwards in pencilling the part with the nitrate of silver. The gentleman was about 60 years of age, and had been an officer in the army. Thirty years of his life had been passed in India. He was originally a free liver, but for the last two years had been a teetotaller. His general health was good, and there was not any peculiar idiosyncrasy, as he had been salivated previously, without any injurious consequences. He was not subject to hæmorrhage. Mr. Clarke attributed the loss of blood in his patient to the action of the mercury, which had caused ulceration and great debility. The ptyalism was profuse.

Dr. Chowne had very little doubt that any of the surfaces might bleed profusely when debility is present, from whatever cause it may arise. It is not an uncommon thing for varicose veins in the pharynx to bleed, the blood to pass freely downwards into the stomach, and be ejected afterwards, as if it were a case of hæmatemesis. He thought it exceedingly probable that a similar condition obtained in Mr. Clarke's case; there were not any appearances of cancrum oris, nor did the surface shew any indications of great lesion.

Mr. Storks narrated a somewhat analagous case which had occurred about ten months since, in Mr. Ferguson's practice. A gentleman, whose constitution was impaired by syphilis and mercury, applied to him to perform the operation of staphyloraphy, which however Mr. Ferguson declined, on account of the throat being ulcerated, and the state of the constitution. Bronchitis supervened, and Dr. Copland, who was joined in consultation, detected the presence of tubercles in the lungs. Hæmorrhage came on, and the patient died in two days. On examination of the body, in the trachea,

near the bifurcation of the bronchi, was discovered a large superficial slough, the size of a dollar. The bronchial tubes and parenchyma of the lungs were gorged with blood.

Mr. Pilcher thought the case narrated by Mr. Clarke worthy of notice, and of a full and free discussion, involving as it did, a very important subject,—the effects of salivation. He concluded from Mr. Storks' remarks, that he looked upon it as an instance of hæmorrhagic diathesis, lighted up by mercury, and he agreed with him in opinion. He had seen many similar cases, but to a less extent, where frightful hæmorrhage had ensued, even when mercury had been given in comparatively small doses. This is very much the case with children, and those who have seen much of children's diseases will confirm the statement. Mr. Pilcher mentioned further that he had been called in to see a man who was absolutely dying from hæmorrhage from the fauces, following salivation for a sore on the penis. The man had rheumatism and dropsy at the time. There were several large sloughs in the mouth, the teeth had fallen out, and the alveolar process was loosened. Having cleaned the surface as much as possible, the nitrate of silver was freely applied over the sloughs, and the hæmorrhage was happily arrested. The man rallied, struggled through a multiplicity of diseases, and recovered from the sloughy ulcerated condition of the mouth, and from the general effects of the mercury. He was inclined to believe that the hæmorrhage in Mr. Clarke's case came from the general surface of the fauces, rather than, as Mr Clarke supposed, from the ulceration of a vessel.

Mr. Pilcher further mentioned, in illustration of the injurious effects sometimes produced by mercury, that he had been called upon to examine the body of a married gentleman, who had died suddenly while under the influence of mercury for the cure of syphilis. The patient had died from suffocation, caused by tumefaction of the tongue, following rapid and severe salivation. Serum was effused into all the tissues. The effects produced by salivation would constitute an exceedingly important subject for enquiry, and as these cases are not uncommon, it would be important to learn how to distinguish the peculiar idiosyncrasies, and how far the exhibition of mercury may be pushed.

Mr. Linnecar thought it not improbable that the patient in Mr. Clarke's case had hæmorrhage, not as a consequence of exhibition of mercury, but from the debility produced by the disease, for the relief of which mercury was given. It was to be remembered that the patient had been formerly a free liver, and had latterly become a teetotaler; the sudden removal of much stimulus, would of itself be productive of great debility.

Dr. Waller reminded the society that mercury may not only produce different effects on different individuals, but on the same individuals at different times, and he mentioned the case of a lady in illustration, who some time ago took mercury with decided advantage, and without any action on the mouth for a complaint under which she labered, and which having recently returned, she repeated the dose, when severe salivation was produced in 24 hours. Dr. Babington once prescribed a grain of calomel to be taken every night for three nights for a patient, by which was caused sloughing and the loss of part of the tongue.

Mr. Headland observed, that a matter of great importance in this inquiry, was the effect produced by the changes in the atmosphere. He had noticed within the last six weeks, a peculiar susceptibility to the influence of mercury, which he attributed to the cold, damp state of the atmosphere, which was also the cause of the debility observable in the class of disorders under treatment during that period. He then alluded to the enormous quantities of calomel which might be given during infancy in certain diseases, more especially in true acute pneumonia, without producing other mercurial action, than green stools and the rapid relief of the symptoms. He had under such circumstances given a grain of calomel every two hours to a child nine months old for a considerable time. This, he thought, was owing to the character of the malady, for, under other circumstances, the child would be affected with much smaller doses. Mr. Headland concluded by inquiring if any member had any experience of the oil of turpentine in such cases of hæmorrhage. If a case were to occur to him, he should be inclined to try it, and from what he had seen of it in other cases of hæmorrhage, he should anticipate benefit from its use.

Dr. Risdon Bennett inquired if it were in accordance with general observation, that there was an insusceptibility to the specific action of mercury in children under two years of age. He could not call to mind a case of salivation under that age. Cases of ulceration of the mouth were of not unfrequent occurrence amongst the children of the poor, and these were attributed in many instances to mercury, but he could not satisfy himself that such was the case. This insusceptibility did not exist a few years later.

Mr. Dendy was inclined to attribute the fatal result in Mr. Clarke's case to the combined influence of mercury, and an hæmorrhagic diathesis. With respect to the action of mercury in children, he agreed with Dr. Bennett and Mr. Headland in the opinions they had expressed, and attributed the insusceptibility of children, to the quantity of mucus contained in the alimentary canal, by which the calomel was enveloped and carried off. When the injurious effects of mercury took place, it was not ptyalism, which he had not seen even at the age of five years, but ulceration and sloughing of the gums, &c. Mr. Headland considered that salivation was not a common occurrence in children, but he had seen it repeatedly induced by the continued administration of the grey powder, and even in a child under twelve months of age. In one very distressing case, when the child died from it, it was caused by two grains of the hydrargyrum cum cretâ given every night for a considerable time.

Mr Crisp had never seen salivation produced in young children, but he had seen sloughing of the mouth, gums, cheeks, and even of the vagina, when small doses of mercury had been given, but not connected with, or arising from the exhibition of the mineral. The hæmorrhage in Mr. Clarke's case he attributed, not to mercury but an hæmorrhagic diathesis.

Mr. Clarke did not believe that his patient had an hæmorrhagic diathesis; there were not any previous indications. The effects followed so soon after the mercury had been given, that he could not help connecting them in his own mind as cause and effect.

Dr. Bennett, enquired of Mr. Headland in what cases of hæmorrhage he would advise the exhibition of turpentine. For himself, he would be inclined to reserve it for those cases where there was an effusion of the blood; as in purpura, etc; in hæmoptysis it was not of any use.

Mr. Headland had made the enquiry respecting turpentine to elicit information. He had much experience with it himself, but would be inclined to reserve it for the cases mentioned by Dr. Bennett, He had however used it in hæmoptysis with advantage, and in a case of hæmorrhage after the extraction of a tooth, when the cavity had been plugged. Previously to the employment of the turpentine, the plug had been repeatedly forced out of the alveolar cavity by the recurrence of the hæmorrhage. He would also use turpentine in cases of hæmorrhage from the bowels, accompanied by tympanitis. In such cases, there can be no doubt that it is invaluable; but like all other remedies, it had been tried in cases for which it is not adapted, and so has suffered in reputation.

Dr. Chowne drew attention to the original subject of the discussion,—the liability of persons to hæmorrhage, while labouring under ptyalism. His general impression was that this was extremely rare, as could be best shown by the records of the foul wards of hospitals. He had a recollection of a woman, to whom a large quantity of mercury had been given as an alterative, when ptyalism was unexpectedly induced in a very severe form, with red blood constantly mixed with the saliva. There was a continued oozing of blood from the vessels of the mouth and fauces. The patient lost much blood, and was much debilitated: the hæmorrhage altogether was the cause of much anxiety.

ETHNOLOGICAL SOCIETY.

NOVEMBER 22.

This being the first meeting of the Session 1843 and 1844, it was put to the members, and carried unanimously, that the society should no longer exist as a provisional one, but be at once constituted; and that until the members numbered 200, those who joined it would have advantages over all subsequent additions to the list. Laws were passed for the future guidance of the society, and the following gentlemen were then elected the officers for the ensuing year:—Rear-Admiral Sir Charles Malcolm, president; His Grace the Archbishop of Dublin, the Hon. Mount-Stuart Elphinstone, George Bellas Greenough, Esq., F.R.S., and James Cowles Prichard, M.D., Vice-Presidents; Messrs. J. A. St. John, Joseph Legg Postlethwaite, William Oldam, M.D., Thomas May, Walter K. Kelly, William Elphinstone Malcolm, Thomas Hodgkin, M.D., W. Holt Yates, M.D., Andrew Smith, M.D., and Sir Benjn. Collins Brodie, Bart., Council; Samuel Duckworth, Esq., Treasurer; Richard King, M.D., Secretary. The subject for the evening was a paper which displayed not only learning, but great research, from the pen of Dr. Hodgkin. "Numerous difficulties," says Dr. Hodgkin, "have presented themselves to the consideration of those whose attention has been turned to the various conditions and appearances in which man is found on the surface of the globe. The study of this very interesting subject forms a branch of Science to which the name of Ethnology has been given. As I have heard remarked by the great Cuvier with regard to zoology in general, so in this particular branch of it, it is obvious that there are two modes in which the subject is susceptible of being treated. By the one method we should proceed from the original stock, or stocks, to trace the numerous subdivisions or ramifications into which it has branched out; but to adopt this course, it would be essential that we possessed more numerous and more certain facts than either are or can be within our power of attainment. The oldest Ethnographer, as well as the oldest historian, who was also the first inspired writer, has adopted this method; and in his enumeration and description of the nations, tribes, and families of which he has left an ac-

count on record, he has traced them in the descending line from their great primogenitor. Even in comparatively recent times, attempts have been made to adopt this method, but the result has obviously been very incomplete and unsatisfactory." After lamenting the little attention which had hitherto been paid to the subject, and whilst the bones of extinct animals had been the objects of so much study, the investigation of the human race had been neglected, the author expressed his satisfaction that the spirit of inquiry was beginning to be directed towards that end. On the important question of the varieties of the human race, many opinions had been entertained; and though the general impression derived from difference in colour and configuration was, that there were distinct races of man, Dr. Hodgkin conceived that all the late investigations, aided by physiology, tended to show that there was only one original stock.

ROYAL MEDICO-BOTANICAL SOCIETY.

NOVEMBER 9.

Dr. SIGMOND in the Chair.

Dr. Houlton exhibited some spontaneously dried cormi of colchicum. He observed that a bulb is attached to the cormus, which contains the rudiments of the new plant. The cormus itself is a mere reservoir of nourishment for the new plant, which it supplies, until it becomes able by its own roots to derive sufficient support from the soil. At the period when the cormus is in its mature state, the bulb is very small, but may be easily seen on removing the tunic of the cormus. This latter will not dry spontaneously, unless this little bulb has been previously removed. Dr. Houlton exhibited in illustration of this remark a cormus with the bulb attached, which had been subjected to the same temperature, &c., at the same time with the dried cormi, but which continued quite fresh. The bulb had germinated, and the new plant was about an inch long. Had it been placed in circumstances more suited for its development, it would have flowered at least a month ago.

The fact of the cormus drying in its entire state extends the principle laid down by Dr. Houlton, in a paper read before the society during the past session, namely, that *true roots* may be dried in their entire state: without the aid of artificial heat. This rule he has shewn is applicable to cormi; it is, therefore, unnecessary to risk that delicate article of materia medica, by exposing its juices to the action of the atmosphere, which must be the case when the rule laid down by the College of physicians is followed. It is thus directed in the pharmacopœia – colchici cormi et scillæ bulbum ante exsiccationem tunicis aridis dirептis transversim lin aminas tenues seca.

A paper by Dr. Houlton on the Physalis Alkakengi or winter cherry, was then read, from which it appeared that this plant for more than a hundred years enjoyed a place in the catalogus simplicium of the pharmacopœia, from which it was expunged at the great pharmaceutical reformation of 1745, when digitalis, hyoscyamus, stramonium, duleamara, conium, and elaterium were also expelled. The Physalis Alkakengi is a perennial plant, of the class and order, pentandria monogynia of Linneus, and in the natural arrangement it is placed in the family solanaceæ. All plants of this genus have a five toothed calyx, a campanulate, rotate corolla, which is plaited and five lobed, the anthers are converging, opening longitudinally, the stigma capitate; it has a smooth, two-celled berry, covered with an angular membranous inflated calyx. It is distinguished from its congeners, by its leaves being entire, acute, and in pairs, and having an herbaceous stem branching below. The fruit ripens in October, and at the same time the inflated calyx becomes of a bright orange color. It is a native of the South of Europe. The berry is the part that was employed medicinally. Authors disagree respecting its sensible properties; some say it is very bitter, others that it has a very agreeable flavour, and that it is sometimes eaten as a fruit. It is considered to be a diuretic, the dose varying from ten or twelve to forty or fifty berries. Caspar Hoffman says, the common people eat them by handsful against suppression of urine, and for the expulsion of gravel and mucus. The expressed juice, both fluid and inspissated is also employed. The dose of the fresh juice is an ounce.

Dr. Sigmond alluded to the compound drug monesia, which was brought before the notice of the society in 1840, by M. Derosne, as a tonic and astringent, and which has been recently experimented on by several medical men, who have published the results of their experience. The preparations recommended by Derosne were the tincture, extract and pommade. The dose of the extract was from six to twenty grains, (as much as forty-five having been given in one day); of the tincture, from a drachm to a drachm and a half in water. The pommade had been found useful in venereal and other ulcers. Subsequent investigations had shewn that monesia instead of being obtained from the bark of a South American tree, as he represented, was a drug compounded chiefly of catechu and kino.

Letters were read from the Rev. Caleb Whitefoord, recommending steps to be taken for the preservation of rare and valuable wild plants, which are fast disappearing before the progress of civilization; and also mentioning the singular facts that bees and other insects seeking their food in the colchicum flower, are destroyed by its poisonous properties.

MEDICAL SOCIETY OF LONDON.

NOVEMBER 26.

MR. PILCHER, IN THE CHAIR.

Dr. Clutterbuck narrated a case of simple erysipelas affecting the head and face, in the treatment of which he had relied solely upon palliative measures, and from the results of which, and from other cases, he was led to conclude that erysipelas, like many other inflammations, had a tendency to terminate by resolution, and could, in the majority of cases, get well of itself. He contrasted the plan of treatment he had adopted with the various plans which had been recommended of late, such as the treatment by punctures, long incisions, and the actual cautery, and concluded by observing that the palliative plan, by salines and purgatives, would in all cases be preferable.

A long discussion followed between the members present, the majority of whom seemed to be of opinion, that although the palliative measures might be efficient in simple cases, they would prove worse than useless in the greater number of instances of the disease, more especially when attended with typhoid symptoms, or when of the phlegmonoid kind.

Dr. Golding Bird made some excellent remarks on the treatment of the various forms of erysipelas, as modified by the causes by which the attack was induced, and by the state of constitution of the patient, and warmly defended the employment of different plans of treatment, which, instead of shewing a lack of knowledge, was rather to be regarded as a proof of skill—antiphlogistic or stimulant measures being adopted by the intelligent practitioner, according to the circumstances of the case, and the plethoric or debilitated constitution of the patient. Mr. Dendy took up the subject where it was left by Dr. Golding Bird, and, handling it in a surgical point of view, shewed that in erysipelas phlegmonoides, great advantage had been always derived by free incisions, by which the tension of the integuments was removed, an exit afforded for the effused fluids, and nature enabled to cast off the sloughing cellular tissue.

SINGULAR CASE OF LONG-CONTINUED SPASM.

(To the Editor of the "Medical Times.")

SIR,—If the following statement of a case of long-continued spasm, which occurred at the Taunton and Somerset County Hospital, and which fell under my care, as one of the physicians of that institution, should, on account of the very peculiar circumstances attendant on it, as well as its satisfactory termination, be thought of sufficient interest for its insertion in the *Medical Times*, I beg to place it at your service.—I remain, Sir, obediently yours,

GEORGE REDDING, M.D.,
Late one of the Physicians of the Taunton and Somerset County Hospital; Author of a Critical Inquiry into the Pathology of Scrofula; Practical Observations on the Water Brash; An Historical Account of the Medicinal Waters at Burnham Somerset; and a New Edition, being the fourth, of Lister's Journey to Paris, with Notes, &c.

Poole, Nov. 16, 1843.

31st March, 1826.—Eliza Coleman was this day received into the Taunton hospital for the relief of complaints of which the following account was given by her mother-in-law:—From her childhood she has always been ailing, and, in particular, subject to costiveness and flatulence. Her mother, and several sisters of her mother, were low-spirited, desponding people, always fancying, and often complaining that they were unwell; and this girl was considered as prone to the same infirmities. They were not, however, considerable enough to disturb her general health, nor to prevent her going to school, until she was entering into her eleventh year, when she was seized suddenly, and while at church, with flatulent colic. It was in the afternoon, and the pain continued without abatement till ten at night, when it became so much more intense, as to make it necessary to apply for relief to the parish surgeon.

Aperient medicines and the warm bath were resorted to without avail, and upon her being put into bed, after having taken the bath, she was seized with a convulsive agitation of her whole muscular system, as it was thought. This continued, with intervals varying in duration, for about a week; it then subsided spontaneously, and she was sufficiently recovered to be able to walk unassisted. This state of amendment had lasted about a week, when she was again seized as before; the attack commencing with painful flatulence. This was quickly followed by a convulsive affection of the tongue, which, by its action on the palate, educed a sound which was thought to imitate that made by a cat in lapping. This affection recurred in paroxysms of about three hours in duration, and continued for thirteen weeks. Seventeen weeks have now elapsed since her lower limbs began to undergo an involuntary and very remarkable displacement, which could neither be counteracted by her own exertions, nor rectified by those of her friends. Yet she suffered no pain from the position into which the extremities had thus unnaturally but gradually been forced. For some weeks prior to the attack of spasm of the legs and thighs, it had been observed that she was incapable of swallowing without much difficulty either solid or fluid aliment. Fifteen weeks ago her fœcal and urinary discharges

escaped without her consciousness, and continued to do so for six weeks, at the expiration of which time the power of retaining them both recovered. Under these circumstances she obtained admission into the hospital at Taunton, and became the patient of a physician since dead. She remained there several weeks, and was then reported incurable, and accordingly discharged. About a fortnight ago she was seized with sickness, and threw up a small quantity of mucus and bile. This was succeeded by a loathing of food in such a degree that the mere sight of it would cause nausea. From that time she has been unable to swallow any solid or liquid substance, with the exception of the juice of orange in very small quantities, and by sucking the pulp; nor for the same period has she passed or felt the slightest call to pass the renal or fœcal discharges; nor does she seem to have incurred pain or inconvenience from the retention or suppression of those secretions.

Such is the information with which I am furnished by the mother-in-law of this girl; and strange and almost incredible as the recital is, I have no reason to distrust its accuracy. It is under these circumstances that she is re admitted into the hospital as my patient. Her countenance exhibits no sign of pain or anxiety; her pulse, though feeble, is not quick; her senses are perfect; she has no drowsiness. On being undressed, the distortion of her thighs and legs could not fail to cause the utmost astonishment; it seemed, indeed, inconceivable, *a priori*, that by any possibility such distortion could be effected without a dislocation of the joints, for the thighs were advanced forwards and upwards in such a degree, that they were in close apposition with the abdomen and thorax, while the legs were so retracted, that they were in equally close apposition with the posterior part of the thighs, the heels resting on the nates.

Conceiving it to be essential in the first instance to restore the suspended power of swallowing by subduing the spasm existing in the æsophagus, I prescribed the Tinctura ferri muriatis in the dose of ten minims, to be repeated every three hours. It was dropped on a small nob of sugar and placed on the tongue, there to dissolve, and by no means to be spit out. This treatment was commenced on the 31st of March.

April 1. I had the satisfaction to find that the medicine had been regularly administered, and undoubtedly swallowed; that she had taken five such doses; that during the night she had spontaneously and freely drank cold water; also, that she had made water, and had discharged her bowels two several times. These circumstances showed very clearly that the spasm was taken off from the œsophagus, the sphincter of the rectum, and that of the urinary bladder. She was now directed, with the view of testing the power of the tincture over the spasms of the limbs, to take fifteen minims of it every three hours.

April 2. She now takes readily solids as well as liquids, but is incapable of moving the distorted limbs in the slightest degree. Of these, therefore, I now examined the state with minuteness, and found that retracted as they were, the tendons of the semi-membranosus and of the semi-tendinosus muscles, forming the inner, and that of the biceps flexor cruris, forming the outer hamstring, were quite on the stretch, although, in the existing position of the limbs they should not be felt. The knee-joints, at my first attempt to move them, seemed as firmly locked as if they were anchylosed, but by persisting I found the synovia, which had concreted, to yield to the force employed, so that a little motion of the articular surface was practicable. It now became evident that the rigidity depended on the spasmodic state of the muscles of the limbs and their tendons. By continuing to employ passive motion to the knee-joint of each limb, I found that I could bring the legs into right angles with the thighs, but on being released from control, they instantly resumed their previous position. Contenting myself for the present with these advantages, I directed the continuance of the tincture as before, and that friction of the limbs should be made, in conjunction with a liniment composed of soap liniment and oil, each two ounces, tincture of opium one ounce.

3. She has now passed very many motions, some unconsciously, and made water freely, and yesterday ate beef and potatoes. The passive motion was renewed on the limbs, which still retain their contracted state.

4. She has now the full command over the rectum and bladder, and asks for an allowance of ale with her dinner. The limbs, *in statu quo*, yet yielding as before to passive motion, but restrained from further extension by the firm rigidity of the hamstrings, which were distinctly felt to pass into the bodies of the muscles. By firmly compressing the muscles in their centre, I found that I could subdue the spasm for the time, but on discontinuing the pressure, the spasm returned. It now came without premeditation into my mind to try the effect of æther locally applied. By chance the spiritus ætheris nitrici was in the ward, and this was brought to me instead of the spiritus ætheris sulphurici. With the article thus brought, I freely bathed the affected parts, viz., the tendons and muscles of the posterior part of the right thigh, and speedily overcame the spasm which did not return. I was, therefore, enabled to extend the limb to its whole length, and in perfect straightness, and so it remained. To prevent a relapse the limb was enveloped in a calico roller, drawn tight, and reaching from the foot to the upper part of the thigh. The other limb was not subjected to the trial, but remained under the control of the spasm. She still continues the tincture.

5. The right leg and thigh continue extended, and quite free from spasm in any degree whatever. But the tendons of the adductor muscles of the right thigh are still on the stretch in the groin, not having been dressed yesterday with the nitric æther. It was now applied, and with the like result as before. The left leg and thigh were now bathed as the right had been, and with the same apparent, but not quite the same real effect. Nor has the girl yet the power of moving the right extremity.

6. The left extremity being less perfectly freed from the spasm than the right, I now embrocated the affected parts of it with sulphuric æther, and it immediately straightened and bandaged. It was now ascertained by trial that she possessed no power over her lower limbs.

7. This morning I found her sitting in a chair, and with a smiling countenance. I asked her what she could do to day, that she could not do yesterday. She said that she could walk! I asked her to do so: she rose at once, and, without help, walked the length of the ward and back. This I found she had been able to do last night.

8. She took off the rollers yesterday, but found herself less able to walk without them, so that they serve to contribute to the cure.

10. She walks totteringly, has a less perfect use of her limbs, and does not gain ground. This may be owing to her having a diarrhœa. Let her omit the tincture, and take cinchona with ipecacuanha. And to invigorate the limbs, let friction be employed on them and the loins, with a powder composed of flour of mustard and wheat flour.

By these means her cure was effected, and she suffered no longer.

PERISCOPE OF THE WEEK.

Annales de Chimie et de Physique; Lancet; Oesterr. Medicinsch. Wochenschrift; London and Edinburgh Journal of Medical Scienc.

Mode of Formation of Dissecting Aneurisms.—Dr. Peacock has performed a series of experiments on the aorta, with a view to elucidate this point, from which he draws the following conclusions:—1st. that the coats of the aorta in a healthy state, cannot be ruptured by the application of any ordinary force from within; the extreme amount of force required to produce the rupture is astonishing. In one instance, after pressing forcibly against the coats of the descending portion of the thoracic aorta, they were felt to give way, and it was supposed, as the finger allowed of being readily pushed outwards, so as to distend the external tunic, that the internal had been ruptured; on injecting fluid, however, no separation of the coats was produced, and this was explained by finding, when the vessel was slit up, that the internal coat was only abraded, but not ruptured, while the fibres of the middle coat had separated transversely, so as to allow the finger to be pushed between them, thus verifying the assertion, that the internal coat admits of a kind of hernia through the fibres of the middle coat, as in cases described by Laennec, and of which specimens have occurred to Dubois, Dupuytren, and Liston. 2d. That when the internal coats are divided, either directly by an incision, or by a force acting from without, the fluid injected into the vessel readily penetrates the cellular tissue between the middle and external coats, distends the latter for a great distance along the course of the vessel, and never forms a tumor bearing any resemblance to a circumscribed aneurism, and that this effect is equally produced, whether the aperture be of considerable extent or a mere puncture. 3d. That the external coat alone does not in these cases possess sufficient power to resist permanently the pressure of the extravasated fluid, which, therefore, escaped into the adjacent texture either by transudation or rupture. 4th. That when the middle coat is partially divided, its different layers admit of being separated by the current of fluid over a greater or less extent, but that the canal this forms tends rather to re-open into the original vessel, than to burst externally, 5th. That this separation between the laminæ of the middle coat is less readily effected, than the diffusion of the fluid beneath the external coat; to accomplish that purpose, it being necessary that the fissure should follow a transverse direction, so as to be opposed to the course of the injected fluid, and its edges to be separated, so that the current may bear directly upon the outer laminæ.

The application of these experiments to the explanation of the mode of formation of dissecting aneurisms is as follows:—the arterial tunies, in most cases of the disease, present decided proofs of diseased lacerability, as shewn by the presence of two or more ruptures in different parts of the affected vessel, and it may be inferred, as the external coat alone is not capable of retaining the column of extravasated fluid, while the middle coat readily admit of separation, the sac of the dissecting aneurism would be more likely to be situated between the laminæ of the middle tunic, which, as shewn by the fifth experiment, provided the middle be only partially ruptured, readily admits of separation by the action of the circulating fluid. This, however, can only be the case when the fissure offers a direct opposition to the current.

Cure of Nævus by Vaccination. — Dr. Henderson of Corstophine, Edinburgh, mentions a case of erectile tumour of large size on the head of an infant, three months old, which he cured by making a great many punctures with a lancet charged with the vaccine virus, over its entire surface. The consequence was a large confluent pock, which effected a complete cure without further interference. He had previously, at three different times, broken up its interior with a sharp-edged cataract-needle but without effect.

Pellagra.—This disease, which was considered peculiar to Lombardy, where it first made its appearance in 1715, and where it is so prevalent, that in some cantons, a twentieth part of the population are supposed to be affected with it, spread thence to Tuscany, the Venetian territories, and as far as the frontiers of Carniola. A pellagrous disease was also

known in Spain under the title of *Mal de la Rosa*, or *Mal des Asturies;* it was described in 1725 by Dr Thierry. Dr. Hamean, in 1818, saw a disease in the canton of La Teste in the Gironde, which he ealled, *Mal de La Teste*, which proved to be no other than pellagra. The researehes of Dr. Leon Marehand made in 1836, and reeently eommunieated to the Academy of Medicine, shew that this disease has sinee beeome endemie in the departments of La Gironde and the Landes. In 1842 M. Ronssel, house-surgeon at St. Louis, published the details of a ease of pellagra in the Revue Medicale, which had been treated in the wards of that hospital. It had oeeurred in the person of a man born in Franee, of French parents, and who had never been out of the eountry. M. Gintrae of Bourdeaux afterwards published two eases, that he had treated in the hospital Saint André and also that of a lady in easy eireumstanees, who resided in the village of Cavignac. On the 15th of May, M. Gibert reeeived a fresh ease into the hospital, which terminated fatally on the 26th of July. The day previously (the 25th,) M. Devergie presented to the academy a patient from the outskirts of Paris, labouring under pellagra, and the next day he admitted a patient with the same disease from Romainville into the hospital St Louis. Pellagra has therefore became endemie and sporadic in Franee as well as in Italy and Spain.

Pellagra returns periodically with the spring, presenting always the same symptoms, which ereased in severity in proportion to their duration. They disappear in the autumn. It is at first characteriz d by an erythema oeenpying the dorsal aspect of the hands, sometimes the external malleoli, the sides of the neck, and more rarely on the face. It is eomplieated at a later period with diarrhæa, followed by great museular debility, and a kind of idioey, leading o suicide. The symptoms it presents at first are serions. The hands become the seat of a redness varying in shade, sometimes followed by a vesienlar, sometimes by a tubereular erup tion, and always terminating by a more or less marked desqnamation After a time the dermis thickens, hardens and dries, or eraeks, when a disagreeable humour drains away. These eruptions are at times attended with pruritus or pains. The seeond period, in which the internal organs are affected, rarely eommences before the second or third year. The digestive finetions are first disordered; the month becomes red, dry, and hot; the mneous membrane is occasionally nlcered, fissured, or covered with aphthæ; the thirst ardent, deglutition difficult. The process of digestion is impeded, and attended with nausea and vomitings; the abdomen is painful, and the patient is troubled with a serous and severe diarrhæa. Fever with emaciation and general exhaustion make more or less rapid progress at the same time. These symptoms at first eease at the commeneement of autumn, but when the disease is far advanced, there is no longer any remission, and the patient dies during the winter or the sueceeding spring of dropsy or heetic fever, if he do not destroy himself previously. Nervous symptoms however, generally complicate the disease ere the fatal termination takes place, such as cephalie and spinal pains, cramps, convulsions, tremblings, contractions, general exhanstion of the museular power, paralysis of the limbs, etc. The senses become weakened or extinct: the patient very frequently beeomes melancholie or idiotic, and destroys himself, generally by drowning, when the disease is far advanced.

The prineipal eauses, aceording to Dr. L. Marchand, are a sandy dry soil, without running water, with a poor vegetation, rarely refreshed by rain, a quick dry air, a burning sun, insufficient nourishment, and habitual want of cleanliness. Insolation is looked upon as an occasional cause of the disease, which is clearly hereditary, and attacks men and women equally. The treatment will consist in removing the party labouring under pellagra from his country, and causing him to abandon his employment, on the first appearance of the symptoms, which should also be combatted by baths, and emollient fomentations. When the disease has arrived at the second period, the same treatment must be adopted, and the requisite remedies for gastro-enteritis must be adopted according to the patient's strength. There is but little hope when the cerebral symptoms are in existence. If the disease has been arrested, relapses, which are very frequent, should be guarded against by a tonic regimen, and attention to hygiene. Prophylactic measures are at present not known.

Impediments of Speech.—These, says Mr. Yearsley, generelly commence between the third and fourth year. Many patients date the first manifestations of them from the fifth and sixth year; some few as late as the eight year; and in one case, which I have recently seen, it was said not to have commenced until the fourteenth year. It gradually increases in severity as age, advances. From eighteen to twenty five is the period of life in which it is seen in the most severe and distressing forms. After this age the stammerer begins to acquire a cunning which serves him in evading the infirmity to a surprising extent. This is done in a variety of ways. One of the principal means is the use of synonyms, or the employment of another word for the one which he knows before hand he shall bungle at. Another mode is dropping the consonant. Two or three examples will serve as illustrations. On asking a patient his name and residence, he replies with ease *ames *illiams, *anchester,—James Williams, Manchester. A certain officer could never give the word of command, *fire*. He got over it by suppressing the f. But it is said that on one occasion he felt confidence in his ability to master the difficulty, or, at all events, he resolved to try. "Make ready, present,—f-f-f-f,"—no, it could not be uttered. At last, being with vexation at his failure, he shouted, with the utmost vehemence, prefacing with an oath, "D——n your eyes, you know what I mean—*shoot*." A patient of the institution never, on any occasion, could ask for "a pint of porter." He overcame the difficulty by asking for "two half-pints of porter."—The period of pubity, which has the credit of chasing away or sensibly ameliorating most chronic diseases and bodily infirmities, appears to exercise no influence on stammering. As stammerers advance in years, they gradually lose all traces of the affection. I have been minute in my inquiries, and though I once heard of a case in a patient between sixty and seventy years of age, I never saw an elderly person who suffered from stammering, and I much question if the case alluded to was not one of paralysis of the vocal nerves, rather than of true stammering.—It is of rare occurrence in the female sex, the proportion of female cases being not more than 7 per cent. The statistics of my own practice agree, as nearly as possible, with those of M. Colombat in this respect.

The Teeth and Reproductive Organs.—In animals generally, says Dr. Laycock, the developement of the teeth is closely connected with the evolution of the reprodnctive organs. The tusks of the stallion, wild boar, and walrus, are sexnal, and are simply canine teeth of an unusual size. Upon inquiring how far the teeth are related to to the reproductive organs in man, it is interesting to observe that there is occasionally a coincidence of developement between the two, which, *a priori*, would seem improbable. From time to time instances of precocious puberty have been recorded, and it would appear that the change in the ovaria or testes, and in the system generally, has occurred concurrently with a period of about forty weeks after birth, or with first or second detention. I have collected 17 instances of this kind, with the following results:—5 were males and 12 females; of these, 3 males and 1 female were more fully developed than usual at birth; of the remaining, 1 male and 3 females exhibited the phenomena of incipient puberty at the age of eight or nine months, 1 at two years, 1 at two years and a half; 6 had the catamenia, or were fully developed at three or four years, and 3 were perfect women at eight years. Two of the latter were pregnant at that age, and the remaining one lived to have a numerous family. In all these instances in which the growth of the teeth is alluded to, it is to state that it was irregular.

A Mr. Newman has been dismissed from a Poor Law Medical officership by the Commissioners, for practicing medicine on homœopathic principles.

The physicianship and assistant-physicianship of Middlesex Hospital, are vacant by the resignation of Drs. Watson and Crawford. Dr. Crawford is the only candidate for the physicianship: for the subordinate post there were Dr. Thompson, Dr. Wm. Merriman, and Dr. Woodfall. Dr. Merriman retires with some chagrin, in favour of Dr. Thompson, whose appearance on the stage he designates as "unexpected."

We understand that there is no doubt of Mr. Phillips' election to the post of assistant-surgeon to the Westminster Hospital. The possible early retirement of Mr. White may make way for a further step, when we may reasonably hope to see the Hospital developing those capabilities for Clinical instruction which it so amply possesses.

The table of metropolitan mortality for the week ending 18th November, is interesting. It records 1,230 deaths, being 322 above the average of the last five autumns. Eight of these were of persons who died at the age of 90, and upwards. The principal increase of mortality is in *pneumonia*, phthisis, measles, typhus, and scarlatina. One person died from starvation.

NAPTHA IN PHTHISIS.

(To the Editor of "The Medical Times.)"

I shall feel obliged by your correcting a misstatement which occurred last week in the short account I sent you, of a case of pulmonary consumption cured by naphtha.

In the published account it is made to appear that the patient applied for admission to the Colchester hospital, and was refused in consequence of his labouring under phthisis, in its last stage. This mistake arose from my having mislaid a note I received from Dr. Baker on the subject of Perry's case, which I have since found, and which is as follows. "I recollect the case of Charles Perry. Previous to my seeing him, he had been attacked by hæmoptysis I considered it a case of confirmed consumption, and intimated as much to the Rev. Mr. Leigh as a reason for not sending him to the Colchester hospital. If Dr. Hastings can cure cases like this by the use of naphtha it will be a new era in medicine."

This note will explain fully the misapprehension on my part which appeared in my first statement. I wish further to add, that I saw Perry a few days ago, when he told me he continued quite well.

I remain, sir, your obedt. servant,
A. G. Proctor.

Witham, Nov. 29th. 1843.

SODA WATER. BOTTLED.—Take soda water bottles, and fill them with clear water, fit corks to them, and set them down, then take one at a time, add bicarbonate of soda, half a drachm, sulphuric acid, 10 or 12 drops. Cork immediately, and wire them as before.

FORMULA FOR THE RICKETS. — Sugar, 2 pounds; young shoots of the flowering fern, 1 do. Make them into a conserve by beating them together in a mortar.

SNOW'S ALTERATIVE PILLS.—R. Socotrine aloes, 2 drachms; rhubarb, 1 ditto; carbonate of soda (dried) 1 do.; Calomel, 2 scruples; Castile soap, 2 do. Divide into ninety-six pills.

CERATE OF SPANISH FLIES.—Spermaceti ointment, 13 ounces; Spanish flies, 3 do. Mix.

STRONG MERCURIAL OINTMENT.—R. Prepared sevum, 1 ounce, or part; Quickfilver, 7 do. Mix in a warm mortar, then add—Lard (softened with heat) 13 ounces, or parts. Mix well.

TO GATHER AND PRESERVE ROOTS.—Roots should be gathered in spring, with but few exceptions, and are cetter for being fresh. Roots to be dried should be well washed and sliced, unless they are preserved for the sake of the bark, when they must be merely washed and dried. The process of drying may be simply performed by stringing the pieces together, or scattering them on paper trays, and exposing them, for a sufficient time, to a gentle heat, say from 90 deg to 130 deg. F.

DAFFY'S ELIXIR. — Small senna (waste), 3 parts; bruised jalap, 1 do.; bruised rhubarb, 1 do.; coriander seed, 1 do.; ginger, 1 do.; treacle, 12 do.; proof spirit (common). 96 do. Digest with moderate heat.

DALBY'S CARMINATIVE.—Magnesia, 2 drachms; oil of peppermint, 3 drops; oil of nutmeg, 7 do.; oil of aniseed, 9 do.; tincture of castor, 1½ drachms; tincture of asafœtida, 45 drops; tincture of opium, 18 do.; tincture (ess.) pennyroyal, 50 do.; tincture of cardamons; (comp.) 95 do.; peppermint water, 7 ounces. Mix.

FARINA'S EAU DE COLOGNE. — Spirit, 70 gallons, sage 6 drachms, thyme, 6 do., balm mint 12 ounces, spear mint do., calamus aromaticus half do., angelica root quarter do., petals of roses 4 do., violets do. do., lavender flowers 2 do., orange half do., wormwood 1 do., nutmegs half do. cloves do. do., cassia do. do., mace do. do. sliced lemons, 2 in number, oranges do. Macerate for 24 hours, then draw over fifty gallons, then add essence of lemon 1½ ounces, essence of cedrat do. do., essence of balm mint do. do. essence of lavender do. do., essence of seeds of anthos half do., neroli do. do., essenee of jasmin, 1 do., essence of bergamotte 12 do. Agitate for twelve days, then allow them to rest for a week, and draw off the clear. If not fine, filter through magnesia.

EAU DE MELISSE DES CARMES.—Spirit of balm 1 gallon, spirit of lemon peel 2 quarts, spirit of nutmegs 1 do. spirit of corianders do. do. spirit of rosemary 1 pint, spirit of marjoram do. do. spirit of thyme do. do. spirit of hyssop do. do. spirit of cassia do. do. spirit of sage do. do. spirit of aniseed do. do spirit of cloves do. do. spirit of angelica do. do. spirit of wine 4 do. Mix and distil, or macerate and filter. (The original receipt of the barefooted Carmelites, now in possession of the Company of Apothecaries at Paris.)

DUPUYTREN'S EYE SALVE,— Red oxide of mercury, 6 grains, sulphate of zinc 10 do. lard 1 ounce. Mix.

HENRY'S MAGNESIA.— Epsom salts, 1 part, water 50 do. Dissolve, then precipitate with a solvtion of subcarbonate of potash; wash the first with clean water, and lastly with rose-water.

MACASSAR OID— Olive oil 1 pound, oil of origanum, 1 drachm, oil of rosemary, 1 scruple. Mix.

Mr. Babington having resigned the surgeonship to St. Georges—a post to be filled by Mr. Tatum—three candidates have presented themselves for the assistant-surgeonship vacated by the latter gentleman, with the view to the promotion. They are Messrs. H. C. Johnson, Charles Hawkins, and Edwin Lee.

ADVERTISEMENTS.

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ON THE PHYSIOLOGY OF HEALTH AND DISEASE,

AS APPLIED TO VEGETABLES AND ANIMALS, BUT MORE ESPECIALLY TO MAN.

By M. RASPAIL.

LECTURE XXIII.

18°. When air becomes introduced by a wound into the cavity of the serous membranes, it there produces, by this single fact a revolution, which seems to transform these tissues into pulmonary surfaces; the venous blood of the capillaries becomes oxygenated in them, before it reaches the lungs. This unaccustomed increase of vitality causes a corresponding development of the tissues, and a complication of the capillary net-work; *inflammation* is said to be produced;—the first phase of a disturbance in the functions, which, even from its very anomaly, quickly progresses towards disorganization. Should the opening or wound by chance allow entrance to any other agent than the atmospheric air, this unaccustomed elaboration of the serous membranes will immediately assume the characters of one or other of the kinds of poisoning, which we have already described. We referred in a former lecture to the introduction of air into the pleura, that is to say, into the cavity in which the two lungs are lodged, and pointed it out as a cause of asphyxia, by oppression, inasmuch as the two opposing media of pressure counteract one another, and thus lead to the complete agglutination of the internal or aspiratory walls of the pulmonary organ.

19°. At the commencement of the foregoing paragraph, we touched upon an idea, which leads us directly to the physiological definition of *ecchymosis* and of *inflammation*. We have already shown, that every internal tissue, which is suddenly placed in immediate contact with the external air, becomes in some sort a pulmonary tissue, and that it aspires air, after the manner of the aspiratory membranes of the normal pulmonary organ. From such moment, the venous blood becomes oxygenated at these points; it receives a red colour while passing through the capillaries, as also does the extravasated blood. But the venous blood being thus oxygenated in the capillaries, and reconverted into arterial blood, can no longer be aspired by the veins,from the absence of affinity, nor by the arteries, from its inability to return in that direction; we shall thus have a stagnation in the vessels, rupture of the membranes and consequently extravasation; this will, in classical nomenclature, constitute an *inflamed* tissue. Now, an elaboration of this exuberant nature cannot exist without producing a lively sensation of heat; for the intimate combination of a gas with a liquid never takes place, without a disengagement of caloric, proportional to the volume of the combined gas. If the cause, which gives access to the external air, persist, the inflammation will become propagated from point to point, as far as the influence of the external air shall have extended, until such time as the normal circulation, which starts from the lungs, and returns to the same point, being re-established in another system of capillaries,—by a new adhesion of cells,—and consequently all communication with the extravasation having been intercepted, as a result, both of the re-established current, and of the coagulation of the inert and motionless blood; from this moment the extravasated and stagnant blood will no longer receive any benefit from the air, except to encourage the purulent and putrid fermentation, which is the final result of the internal working of every liquid, in which the albuminous and ammoniacal combinations prevail. This will constitute the purulent stage, which commences by the formation of *pus*, a colourless kind of blood, which does not become putrid, so long as the air arrives at it filtered through the external surfaces, and which terminates by the generation of *ichor*, as soon as the air comes into immediate contact with it; and, from such moment, the progress of decomposition will be more or less rapid, according to circumstances. The fever will cease, as soon as the circulation, re-established by a new capillary system, shall no longer be in communication with the focus of inflammation, nor receive from it any principle, either immediately, or by absorption.

20°. When the vitality of a surface becomes destroyed by the blow of some contusing instrument, or as the effect of some violent compression, but without the rupture of the tissues of the epidermis and the dermis, the epidermis being compressed and more intimately agglutinated with the crushed and flattened dermis, the air will penetrate less easily through this double membrane; the blood, which is extravasated in consequence of the sub-cutaneous rupture of the capillaries, will become disoxygenated, instead of being oxygenated and revivified anew; the venous blood, the blood thrown out into this space by the torn capillary veins, will preserve its bluish colour; the arterial blood, the blood ejected by the gaping arterial capillaries, will lose its proper colour, of which every tissue, which is not arterial, deprives it. This sub-cutaneous livid coloration will become perceptible to the eyes, from the transparency of the epidermic surfaces; there will be *ecchymosis* at first, then an internal change, which, according to circumstances, may assume all the characters of decomposition,and which may be said to constitute the *escharotic* stage. An *inflamed* tissue becomes an *ecchymosed* tissue, when the external or epidermic membrane of the wound no longer allows the free access of the external air. Light and heat must, of necessity, play a very great part, in the indefinite variation of the characters of this sub-cutaneous fermentation. The knowledge of the vivifying principle of the putrid fermentation will explain to us the progress and history of the formation of pus, its nature and its transformations. A degeneration of the blood, which afterwards infects this fluid, not by passing into it under the form of *globules* (an opinion which denotes an ignorance of microscopical phenomena little excusable at the present day), but by infiltrating into it, through the coats of the capillaries, through which every liquid or gaseous poison is capable of insinuating itself; by infiltrating into it, I repeat, its ammoniacal poisons, which are so much more active as they are more subtle, and consequently less susceptible of appreciation, whether they be examined under the eye by means of the microscope, or acted upon by our most delicate and pure re-agents.

21°. The modifications of the surrounding air, light and heat, give to cicatrization the most variable characters. Under the climate of Egypt and of Arabia, every amputation heals spontaneously, however clumsily it may have been performed. In this country, and especially in our hospitals, the mortality is frightful. By a true estimation of these differences, we shall be enabled to arrive at a knowledge of their respective causes. There is, in fact, formed around every wound, in consequence of the evaporation of the liquids, a humid and fermentescible atmosphere, which quickly becomes a focus of miasmatic infection, wherein the wound is poisoned, as it were, by a secondary action. Nothing favours the development of this surrounding decomposition, more than the duration of a heavy, humid, and hot air. Every apparatus which would maintain around a wound or sore such a medium, must be considered as injurious, and deserving of condemnation. If, on the contrary, the atmospheric constitution be such, that the emanations from the wound become dissipated in the air, as quickly as they are disengaged; that the air carries them off instead of allowing them to dwell, as a medium of infection, around the focus of elaboration; and if, on the other hand, the greatest cleanliness be employed in dressing the wound, the cure may then be considered as certain; for every tissue tends to become grafted with its fellow, provided no obstacle interfere with this purpose. Now, these conditions are realized in hot climates, in which the dry air is greedy of moisture, which is immediately dissolved in it; everything which is disengaged from a wound or sore is immediately carried away; the diseased surface is protected from its own emanations; no putrid fermentation can be established in the medium which surrounds it; and there is nothing to intercept the action of the air which supports the aspiration, or of the light which fecundates the elaboration. Cicatrization, in fine, is without danger, for no obstacle is presented to its accomplishment. In our climates, on the contrary, in which the heavy and humid atmosphere is scarcely ever renewed, except by storms, there is formed, around the point of union, an atmosphere which harbours all the elements of the ammoniacal fermentation, and which quickly clothes itself with the characters of miasma and putridity, unless we take care to remove its influence, by frequent dressings. Now, where there are numbers of human beings collected together, as in hospitals, especially in those which are built in low situations, and on the borders of rivers, you may judge, by what I have already said, of the activity of this cause of disorganization and of failure. There is established, in these places, under certain conditions, a vast putrid atmosphere, which results from the aggregation of all the partial atmospheres; a contagious atmosphere, in this sense: that the miasms disengaged from the wounds of one individual are added, one after another, to the miasms which compose the surrounding medium of an adjoining patient; and that one person who has recently undergone amputation communicates to another, under similar circumstances, and receives from him in his turn, in exchange, the poison which paralyses the work of cicatrization, and perverts its characters. This condition is propagated in this manner by contagion, unless a check be found for it in medicine, as well as in dressings.

22°. Internal wounds, which are produced by some internal cause, are protected from this source of disorder, by the simple fact of their position; no mechanical communication existing between the wound and the external air, the air can only arrive at it when imbibed and modified by the cutaneous tissues; contagion cannot consequently be engendered through that medium, nor can decomposition be supported. Suppress the mechanical cause of disorganization, and you will at once remove the effect; the wound will cicatrize of itself.

23°. The *wound* is a mechanical effect—*cicatrization*, a physiological action—the *sore*, a chemical result. The wound *divides* the tissues—cicatrization *approximates*, or *grafts* them together—the sore *decomposes* them.

24°. Wounds and sores are then either external

or internal. The one class is accessible to the hand, and to the eye; the other is inaccessible to either. The one may be subjected to immediate observation; the other is appreciated but by mediate observation, and by analogy; for want of being able to see them, we can merely conjecture, and the problem is resolved only by a series of equations or comparisons. The dressing of the one is a manipulation, that of the other is a medication; the first requires only the aid of the hand, the second demands the vehicle of medicines; the one requires the surgeon, the other the physician. The first is an art, the genius of which is constituted by dexterity; the second is a science, but a science of divinations, and which, from the time of Hippocrates to the present day, has never been stripped of the obscurity and mystery which hang around it.

I shall not here enter into surgical diseases, any further than I have already done, lest I should be departing from the primary object with which I set out: namely, the study of the occult causes of disease,—causes which do not fall immediately under our senses. We have now arrived at a most important part of our researches,—at that which will tend to fix the position of a great number of questions, and will thus be equivalent to putting us on the way towards resolving them. We shall shape, as a general thesis, and in the following manner, the proposition, which it now remains for us to clear up under its different aspects.

EVERY MORBID ACTION, WHICH DOES NOT EMANATE FROM ONE OR OTHER OF THE CAUSES ENUMERATED IN THE PRECEDING DIVISIONS, RESULTS FROM THE MECHANICAL, BUT INTIMATE, ACTION OF SOME FOREIGN BODY. TO CURE THE DISEASE, WE HAVE ONLY TO EXTRACT, OR TO ANNIHILATE, THE CAUSE. —*Sublatâ causâ, tollitur effectus.*—I now propose to myself to explain, in the most simple manner, and which shall be intelligible to the meanest understanding, that which the ancient schools have laboured to expound, in such learned though unintelligible terms. *Heat, cold, dryness, moisture;** the hippocratic and galenic humours: the *bile* and the *phlegm*;† the *blood* in the heart, the *phlegm* in the head, the *yellow bile* in the liver, and the *black bile* in the spleen;‡ the *entities* of Paracelsus; the *archæus* of Van Helmont; the *phlogistic* and *anti-phlogistic* of Stahl; the *stimulus* and *contro-stimulus* of Brown and Rasori; the *inflammation* of Broussais, &c, &c; I shall endeavour, and I hope not unsuccessfully, to give to these long and perplexing terms,—these endless views and explanations of a cause which constantly seems to elude our grasp, their just, or at least approximate, value. Let us divest this subject of the learned but obscure theories with which it has been clothed, and have recourse to the test of plain facts and observations. When a science is obscured by too subtle abstractions, the only means of arriving at the truth is, to dismiss all our former prejudices, to unlearn all that has been taught us, and to commence the study anew on fresh bases. Such is the course which I intend to pursue on the present occasion.

I shall divide the causes of diseases, which act by mechanical destruction, and in a more or less occult manner, into two classes: 1°. *Causes which are inert, or of a lifeless nature:* 2°. *Animated causes.*

Inert causes of diseases, or causes of a lifeless nature.—I will take, as a first example, the introduction into our tissues of a simple rose-thorn, a species of smooth and curved cone, terminating in a sharp point. Should the thorn of the rose-tree enter the skin, tearing it up after the manner of a ploughshare, the direction of this body will be almost immediately marked by a red line or groove, accompanied by a burning sensation: two characters, the one of which is visible, the other sensible, and which are commonly designated by the name of *inflammation.* As the cause of this is perceptible, the effects are in general but little regarded; it is a case of disorganization which is intelligible to the commonest understanding. But to us, who would explore more minutely into nature's workings, this superficial view of the question becomes unsatisfactory; the unusual redness of the tissue evidently arises from the extravasation of the blood of the sub-cutaneous capillaries, which disgorge their contents into this groove through the openings or solutions of continuity created in their coats;—blood which becomes re-vivified, or oxygenated, in this traumatic pulmonary tissue. For, every internal tissue aspires and elaborates the air, in the same way as the lung, when it is brought into immediate contact with the air itself; the venous blood is there changed immediately into arterial blood. Hence the increase of caloric: for there is, under these circumstances, a condensation of the oxygen of the air, absorption by a liquid, and transformation by combination; local fever, that is to say alteration, by interruption, of the regularity of the circulation. Extending such a little depth, this morbific cause possesses within itself its own remedy; evaporation suffices for the desiccation of the extravasated liquids. Now, as nothing which is dry can ferment, we have here no cause to apprehend purulent infection; the crust, which is formed, protects, both the subjacent tissues, and the vessels which might still be gaping, as well against the inflammatory action of the air, as the contagious infection of decomposition; such also is the case with wounds made in a tree, which are cured by the transformation of the divided *alburnum* into a new protective bark. This mechanical injury is, in fact, expressed by a single word, that of *scratch.* But if by any chance, rare it is true, but still possible, the point of this rose-thorn shall have been steeped in some poison, however subtle it may be; this *scratch*, this solution of continuity, be it ever so superficial, will become the gate by which a mortal contagion will introduce itself into the blood, with the rapidity of lightning, and which will be followed by the most frightful symptoms. It is thus, that the point of a scalpel badly wiped produces such fatal effects from the slightest puncture made while dissecting. Now, what are the symptoms produced under these conditions? we find, almost without any precursor-signs, the individual attacked with vertigo, dizziness, fainting, nausea; a burning, irregular fever, accompanied with congestion about the head; cramps in the extremities, palpitations, and a sense of suffocation; the nervous susceptibility is awakened in every part; finally, a general prostration supervenes, delirium, and death usually about the third day. Should the cause of these effects be overlooked, what blunders might not the practitioner be led into? By what name would he distinguish this assemblage of symptoms? Would he regard it as a case of cerebral fever, as one of the class of *neuroses*, as a putrid or typhoid fever, or as a sporadic case of typhus? The autopsy furnishes no positive signs; the progress of the symptoms is too rapid to leave any lasting traces in the parts.

Here, then, we have a cause of disease, which is simple and cognizable to our senses. Alter its position, and you will consequently change the symptomatic characters of the disease; you will observe, according to the organ which shall be the seat of it, that the resulting disease will be grave or slight, curable or mortal. If a thorn of this description penetrate more deeply into the fleshy part of the arm or of the leg, the *scratch* will then become converted into a phlegmon, possessing inflammatory characters which will be increased in intensity in proportion as less care shall be bestowed upon it, and as the temperature shall encourage the progress of fermentation in the stagnant liquids. In fact, the solution of continuity being deeper, and consequently the mass of blood disgorged into this artificial cavity, by the capillaries, whether venous, or arterial, being more considerable, the decomposition of the liquids will take place in a more rapid manner and upon a larger scale; for the air, that necessary principle of every kind of fermentation, will penetrate into it by a larger orifice. The muscular movements will also contribute to enlarge this opening in every direction; they will, as it were, multiply the solutions of continuity, and thus afford increased facility to the admission of the external air. The inflammation will extend from point to point; it will form a stage of interruption between the oxygenated and the disoxygenated blood, an obstacle to the regular circulation; and the abnormal products of this elaboration of a lifeless and inert liquid, being absorbed and aspired, in their most subtle portions, by the adjacent veins, will quickly give rise to fever and its consecutive disorders, through the medium of the circulatory system, and thus eventually lead to death. Such are the phenomena caused, in the poor reapers, by the introduction of the prickle of the *ononis spinosa*,—a prickle or thorn which used to be considered poisonous in itself, and by the action of its juices, whereas it is merely dangerous in consequence of the mechanism of its action, and the season in which its ravages take place: ravages which have frequently been as fatal as those of carbuncle. It is for the purpose of avoiding its puncture, that the reaper arms with sheaves or bands of reeds the fingers of that hand with which he grasps the corn, while he cuts it with the other.

If the thorn penetrate beneath the nail, the disease will then assume the characters of *panaris* or *paronychia*, and may present itself under three distinct forms, the one being more painful than the other, according as the prickle shall have penetrated into the muscles, through the tendons as far as the bone, or into the more nervous and sensible parts lying around the root of the nail. The same may be said of the sole of the foot and the palm of the hand, two parts in which the nervous branches, by their innumerable ramifications, are arranged into cup-like terminations, of so minute a size, that under a magnifying glass they appear merely of the diameter of the pores; and so compact, in the regularity of their arrangement, that it is scarcely possible to insert the point of a needle between them; judge then of the degree of pain which would result from the tearing of the net-work of so compact and so sensible a tissue, upon such a contractile surface, and where the cause of the evil is so liable to become displaced.

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* HIPPOCRATES, *de Morbis*, 1, 10.

† *Ibid*, 2. All internal diseases arise either from bile or from phlegm.

‡ Four juices or humours, which mix and blend themselves one with another, to produce the different diseases, according to Galen (*Eisagoge seu Medicus, de Humoribus.*) This seems to be a modification of one of the hippocratic theories; man and woman, we read in the 4th book *de Morbis*, have four species of humours in the body, whence all diseases, excepting those which result from wounds, arise; these species of humours are,—the phlegm, the blood, the bile, and dropsical or serous liquid. This theory is frequently repeated elsewhere; Galen, however, has localized it.

PARISIAN INTELLIGENCE.

(FROM OUR OWN CORRESPONDENT.)

Paris, Nov. 30, 1843.

M. Guersant junior's Introductory Lecture.—"On a similar occasion last year, I urged the importance of studying surgical diseases in children; to day it is my intention to review the different methods that ought to be employed, in order to derive benefit from that study.

When called in to a sick child, the surgeon must bear in mind, that two kinds of enquiries should be made;—viz., 1st. Questioning the parents—2d. Examining the child. The facts gleaned from the parents are either remote or recent: *remote facts;* it is easy to conceive how important is a knowledge of the health of the parents; whether they are scrophulous, or have been affected with syphilitic or tubercular disorders; to what diseases they are subject, as well as the various affections the child has experienced, and at what period. The precise age of the child is important (because the older it is, the less liable is it to contract congenital diseases), and more so of those at the breast, on account of dentition. During this process, certain complications frequently supervene,—such as a derangement of the digestive functions, convulsions, &c. where an operation ought never to be performed, unless absolutely necessary, and if it take place before the child is weaned, it is better to let it continue to suckle until the cure is complete, the mother's milk being the best tisanne.

Enquire if the child has been vaccinated, and never operate if you can avoid it, until that has been done; if it has been subject to cutaneous eruptions on the head, behind the ears, &c.; it often happens that ophthalmia is caused by their suppression, and that after certain operations, such as the division of the cutaneous chords produced by burns, &c. erysipelas may take place; and it has been remarked, that this disease occurs more frequently in children who have not, than in those who have, had crusta lactea;—if it has had rubeola and scarlatina, these two exanthemata being far more dangerous if they come on soon after an operation, than if the child was previously well. The same remarks are applicable to hypertrophy of the glands of the neck, the presence of which is sufficient to decide the nature of the ophthalmia with which the child is affected; finally, whether it is subject to coryza, convulsions, dysenteria, &c.—*recent facts*:—Here it is necessary, to ask the father and mother how the disease began, what were the symptoms remarked by them, to examine the child carefully in order to discover its constitution, if scrophulous or rachitic (in the 1st, 2d, or 3d stage of this last.) I have long since remarked that rachitis may be considered a predisposing cause of fractures, for on 12 or 15 cases of fractures lately received in my wards, 8 or 10 are rachitic children; this fact necessitates a modification in the treatment, for the limb should remain much longer in the apparatus, the diet should be more nourishing, &c. We will now pass on to the study of the different systems of organs. *Muscular system* includes fractures, luxations, caries, necrosis, rachitis, &c. In rachitis a single glance suffices; likewise in fractures when the limb deviates from its natural direction; in some cases the diagnosis of these last is more difficult, for instance when the periosteum is not torn; it is here necessary to produce a crepitus, but before attempting it, the child must be held perfectly motionless, otherwise in moving it about, it may produce a rupture of the periosteum, and give rise to a serious complication of an accident, which otherwise would not have been very dangerous. Sometimes this examination ought not to be persevered in too long, and it is better to place an apparatus on a sound limb, than to increase the danger by untimely proceedings. *Digestive organs;* cynanche; diphtheritis; aphthæ; hernia, in this disorder the sooner a bandage is put on the better, and the greater the chance of a radical cure; prolapsus, or fissure of the anus; polypus of the rectum, fortunately not dangerous, is often taken by the parents for a prolapsus; its exact nature must be ascertained by employing every means we possess, even the speculum: this instrument is very useful in cases of imperforated anus, which is always mortal if not remedied. *Respiratory organs;* angina œdematosa; cynanche trachealis; besides which auscultation and percussion ought always to be performed as the presence of tubercles in the lungs is a counter-indication to operations. *Urinary and genital organs:* sarcocele, encysted hydrocele or that of the tunica vaginalis, catarrhus vesicæ, enuresis, calculus, are far more frequent than is generally supposed. In enuresis, we must enquire if it be constant, or only at night; in calculus the sound must be employed, and one not too small, so as to avoid taking a false direction. The child must be kept perfectly quiet to avoid accidents, and the examination should be performed with the greatest care, the more so as a disorder, but little known, may exist: i.e., a calcareous coating on the mucous membrane of the bladder. In some children, the urethra is so narrow that the bladder never empties itself completely, and the patient is obliged to make violent efforts in voiding its urine. These two causes produce hypertrophy of the bladder, and subsequently fleshy columns similar to those met with in aged persons, and by its continual distension, paralysis or inertia vesicæ. *Nervous system:* concussions, contusions, and other diseases of the brain; here the cranium must be examined to ascertain if there be fractures with or without depression. In affections of the eyes, certain precautions must be taken, for often children, from maliciousness or photophobia, refuse to open their eyes; they must, therefore, be placed in a good light and convenient position, so as not to prolong their sufferings, and then by fair means, or by force, the end must be attained. The same remarks are applicable to diseases of the ear; besides which, the fauces must be examined, as deafness has been known to be caused by the hypertrophy of the amygdalæ, or of the tubæ eustachianæ. However simple and trifling these precepts may appear, I thought it right," said the Professor in conclusion, "to lay them before you, because they are essentially practical, and because I am convinced you will find them useful hereafter, when at the bed-side of a sick patient."

On the Fit Moment for Opening Abscesses.—M. Lisfranc offers the following remarks on this subject:—Scrophulous abscesses, or those produced by chronic inflammation, ought not to be opened until the hardness which attends them ceases, and the fluctuation is evident, except when they are situated in certain regions, when their diffusion is to be feared, as in the neck, or when they threaten to destroy the sub-cutaneous cellular tissue, which may be recognized by the following symptoms: the skin becomes of a deeper red, especially in the centre, shewing that the circulation is less active, that the blood stagnates, and that death of the part is imminent; it is colder than the surrounding parts to the touch;—the pus appears deep-seated towards the circumference, whereas, in the centre, it seems as if separated only by a thin sheet of writing-paper. Among the numerous chronic abscesses which develop themselves under the muscles, for instance, the pectoralis major, or gluteus maximus, some are circumscribed, and some not; these last should be opened very early, to prevent their extending too far; as to the first, they must be opened only when the fluctuation is very evident, according to the precepts before mentioned. Phlegmonous abscesses ought to be opened as early as possible; by this method I not only abridge the sufferings of the patient for four, five, and even six days, but also prevent the denudation and mortification of the skin, which may come on in the space of twenty-four hours, when the abscess is nearly ripe, although it was formed neither too rapidly nor too slowly. An objection raised against this method is, that it causes greater pain than when performed at a later period; but the pain is instantaneous, and ceases with the evacuation of the pus; whereas, if the abscesses are not opened, it persists for four or five days more; so that, every thing, duly considered, I consider the sufferings less in the former than in the latter case. As to the engorgement after the premature opening, it will persist a long time if emollient poultices *only* are employed; on the contrary, it disappears as rapidly as if the abscess had been allowed to come to maturity, if, in addition to the poultices, leeches are applied as long as inflammation exists, and afterwards compression and frictions, with an ointment containing iodure of lead. A large incision should be made, in order that the pus may flow freely out; should, however, the abscess be situated in a part exposed to view, such as the neck, the face, &c., a small trocar must be plunged into it, inferiorly, so as to allow the pus to escape readily, aided by gentle pressure, exercised twice or thrice a day. Sometimes, soon after the opening of the abscess, the pus descends below the aperture; in such cases, should pressure be insufficient, a crooked sound must be introduced into the abscess, directed downwards, the skin raised on its point, and one or two small openings made on the spot, as the case needs. The cure is somewhat longer, but the deformity produced by the cicatrix is avoided, for that which follows the opening made with the trocar is similar to that of a leech-bite.

Curious Surgical Cases.—In the wards of the same surgeon the following cases occurred. 1st. *Lipoma weighing ten pounds*, situated on the back; had drawn the ribs downwards and backwards, and had taken 20 years in attaining the size it actually offered. Its pedicle extended obliquely from the spinous process of the 4th dorsal vertebra to the basis of the thorax, was 16½ inches long, and 7½ broad. Several sub-cutaneous veins excessively dilated were perceptible on the tumour. Operation. The patient being of a weak constitution, M. Lisfranc, in order to avoid too great a loss of blood, made a semicircular incision on the lower part of the tumour and dissected half of it, tying or twisting the arteries and compressing the veins as they were divided. This done, a second semi-circular incision was made, meeting the former at each extremity, the tumour removed and the wound united by the twisted suture. At first the skin from over distension fell in folds about 3½ inches below the incisions, but they gradually disappeared and only two slight ones existed when the patient left the hospital. 2nd *Tumour of the groin*, of the size of two fists united, hard, uneven, and the seat of deep-seated dull pains. Antiphlogistic remedies had been employed previous to his entry, but unsuccessfully. Discutients appeared to be indicated, the following treatment was therefore employed: grs, xviij of the ioduret of potassium *per diem*; frictions with an ointment containing ioduret of lead, and subsequently compression by means of an appropriate bandage (spica). Six weeks after, the patient left the hospital, the tumour having decreased to the size of a small nut. 3rd. *Two cysts of a different nature so situated as to form a single tumour*; it was the size of an egg and placed on the sternum. The commemorative signs were such as to lead to the conclusion of its being a cyst; but of what kind? To ascertain the fact a small trocar was plunged into the tumour, and a colourless limpid liquid escaped; supposing it to be a serous cyst, M. Lisfranc proceeded to remove it, and was not a little astonished to find it formed by two cysts of different kinds, one serous, which had been opened by the trocar, the other containing a dark liquid of an adipose consistency. Both were so closely united that they appeared to form but one tumour externally. 4th, *Cancer of the breast.* A woman, aged 77, came to the Hospital on account of a cancer of the breast which began only 18 months before. It occupied the whole gland, and was complicated with tumefaction of the ganglions, and irradiation of the pain as far as the axilla. Notwithstanding the advanced age of the patient, M. Lisfranc decided upon operating, because the cancer was not chronic and therefore less susceptible of relapsing, and because when recent cancers are removed with proper precautions, and at a seasonable time, they seldom reappear. As to the ganglions he determined upon leaving them, hoping that the irritating cause being removed, they would be resolved spontaneously, as in the cases observed by Desault and Sœmmering. The hopes entertained by this distinguished operator were not frustrated, for shortly after the operation they began to decrease, and a month after, when the cure was complete, had disappeared. It must not be concluded from this fact, that the glands need never be extirpated; the rule on the contrary being to remove all the diseased parts; should this be impossible, the state of the glands must be ascertained previously. If they are only swollen, they may be left, as generally speaking they disappear gradually under the influence of emollient or discutient remedies; on the contrary if they are evidently cancerous, they must be removed or the operation abandoned. They differ likewise in nature according to their proximity to the cancer; thus, those very near are formed by a carcinomatus substance, a little further on by a scirrhous, and finally they are only tumefied. As to the pain, it is mostly produced by irradiation of that of the breast and disappears with the cause.

Professor Chomel's Introductory Lecture.—On Tact in Medicine.—I propose offering you to-day a few remarks on one of the most important points in our profession: *tact in medicine*, and especially in therapeutics, without which no good practitioner can ever be formed. But before proceeding any further, it is necessary for me to explain what I mean by *tact in medicine.* It does not consist in excessive prudence, or timidity, causing the physician to remain inactive, who, for fear of doing too much, does too little; on the contrary, by *tact* I mean the precise point we ought to attain, and never go beyond.—Tact is requisite: 1st. *In questioning the patient.* Though it is necessary to put certain questions, in order to establish the diagnosis, yet they ought to be as few as possible, because, when too many, they fatigue the patient, causing sometimes serious consequences; they vex when on subjects entirely foreign to the disease

under which the patient labours; they are not so easily remembered by the medical attendant as when fewer, and they cause a considerable loss of time. If, however, there be the least doubt, the patient must be questioned until it no longer exists, and on the whole I prefer your erring from excess of precaution than otherwise. You may have frequently seen that a very slight clue has led me to examine organs which are never examined but in special cases; thus, in females suffering from slight metrorrhagia, or leucorrhœa, with pains in the loins, I have examined the state of the vagina and uterus, and have found this last organ deeply ulcerated, though the symptoms were not such as to suppose such a disease. The same remarks are applicable to disorder of the rectum, &c. —2d. *To form a Diagnosis from the Symptoms.* Even in cases where the diagnosis of the principal disorder is easily formed, it is necessary to consider many secondary symptoms; thus, in pneumonia, auscultation and percussion may indicate hepatisation of the second or third stage; but this is not sufficient, other facts must be ascertained: viz., the age, the constitution, and the previous state of health of the patient; what part of the lungs is affected; whether it is the first, second, or third time pneumonia has taken place, experience having shewn that in the two last it is less dangerous than in the first; the circumstances which preceded the disorder, the symptoms observed since its development, and the remedies that have been administered, &c. Finally, in some cases of complications, the diagnosis may be more obscure; the probabilities must be admitted in favour of the disease which is the most prevalent.—3d. *To Establish the Prognosis.* The difficulties are far greater here than in the diagnosis; we fear a fatal issue; Nature proves we were wrong and *vice versâ*. It is the touchstone for the physician: an error in the diagnosis passes often unperceived, because the public cannot appreciate it, but the result of the prognosis cannot be hid. Certain organic affections, such as tubercles, are generally fatal; yet in some cases they only produce a partial destruction of the lungs, and the patient survives. But, notwithstanding these exceptions, it is possible to establish with certainty the prognosis in organic affections; whereas this is impossible in acute diseases, especially in their first stage.—4th. *To Adopt a Proper Treatment.* Faith and confidence in the remedy are necessary to a certain degree, and if it be just to say, "*Poetæ est credere et non credere*," it is equally so to say, "*Medici est credere et non credere*," at least as far as therapeutics are concerned. But if belief is requisite, still we must not forget that the physician is but Nature's helper—that he favours the cure, does not produce it—that he only directs the *vis naturæ*, does not conquer the disease. Scepticism in medicine is very faulty; he who does not believe in the powers of his art, ought not to exercise it, because, convinced of its inutility, he will not make the necessary efforts to discover the disease and soothe the sufferer. Of the two, I prefer the physician who has too great faith, to him who has too little. Among the therapeutical remedies, some are of ancient date, as cinchona, mercury, bleeding, and no doubts can be entertained as to their good or bad qualities; others, on the contrary, are more or less recent. Now, concerning these, some persons say, that no confidence ought to be placed in the new remedies which are daily proposed. Certainly, those medicines merit, *à priori*, the preference, whose virtues, by repeated trials, have long since been established; yet we must not renounce making use of those recently recommended, when the former fail; and it were better to employ one that is even ridiculous, than one which is known to be useless. Before the efficacy of a medicine can be established, it is necessary that it should succeed very often; for therapeutics are not like mathematics, where 1 and 1 make 2. As to the numeric method with certain medicines, such as opium, cinchona, mercury, it is needless, whilst with others it may be useful; and though we ought not to place implicit belief in it, still we must not wait to employ these last until their efficacy is established by it, without a doubt. If *tact* is necessary to ratify the confidence to be had in a given remedy, how much more so is it in the *modus administrandi*, which is to be learned much sooner in following a clinical course of lectures, than in reading numerous treatises on materia medica. The consolation and encouragement given to patients, ought not to pass certain bounds; for instance, if called beside a patient affected with a hopeless organic disease, in promising too much, you raise hopes which please the sufferer for a day or two; but your predictions not being realised, instead of doing good, they produce a contrary effect, and destroy the confidence the sick person was disposed to place in your skill. It is not thus you ought to proceed; you must rather endeavour to keep up the courage of the patient; make no promises; insist on the probability of the disease being long; predict certain symptoms which may occur, such as œdema of the lower extremities, &c. The moral influence the physician exercises over the mind of a sick person, is of the greatest importance, and he must never forget, that in promising too little, he discourages the sufferer, and when too much, he may lose his confidence. With heroic remedies, such as *bleeding*, the difficulty is to know when to stop; in some cases, the loss of 8 or 10 pounds of blood, in the course of 2 or 3 days, will not suffice, whilst in others, 8 oz. is too much. Sydenham and some others thought it possible to indicate the exact quantity of blood to be drawn in any given malady, but this I think impossible. I am not a partisan for positive rules, any more for bleeding, than for cinchona, opium, and purgatives, which must be administered in doses, according to the age, the constitution, the strength of the patient, and the intensity of the disease.—*Purgatives:* Some years back, the mildest purgative were prescribed for fear of gastritis, and though they are employed far more frequently in France than formerly, it is probable that their administration will become more general at a future day. Are they not given in England in almost every disorder? Do not quacks cure dropsies, which have resisted every method, by employing the most violent drastics? But quacks kill 19 patients out of 20; that may be, but why did you not discover the case in which the purgative might be given with impunity, and preserve thus the lives of the 19 others, by preventing their abandoning themselves to the care of the quack?—*Cinchona* is one of the most powerful heroic remedies we possess, for the physician can, with a few drachms of this substance, put a stop to intermittent fever at his will and pleasure. It is the remedy, by autonomasia, for disorders which offer short intermittences, and, therefore, was supposed to be equally efficacious when the intervals extend to 6 or 7 days; unfortunately, it fails in the generality of these cases. But, besides its anti-periodical qualities, it is likewise a tonic, and probably owing to this latter property, it succeeds in disorders with long intermittences, more than in the former. It has lately been administered in certain febrile disorders, but it produced such sudden, such unlooked-for changes, that it was discontinued with a species of terror. Finally, it was given in certain affections with exacerbations, as an anti-periodical, but without effect.

The same remarks are applicable to mercurial preparations and opium; but I think I have said enough to prove how useful *tact is in medicine*, and I will endeavour to give you daily practical illustrations of what I have to-day theoretically developed to you.

Cure for Chilblains.—M. Pittschaft, of Baden, recommends opium as a cure for chilblains. The part must be wetted with the tincture of opium, or a solution of its extract, and allowed to dry of itself. This must be repeated more or less as needed.

Medical Law Suit—Guerin v. *Malgaigne, Vidal de Cassis, and Henroz.*—This suit, which so highly interested the medical profession, is, (after 4 audiences, in which were heard MM. Anspach, Procureur du Roi; Cremieux for the plaintiff; Bithmont and Plocque for Dr. Vidal (de Cassis); Jules Favre for Dr. Henroz; Dr. Malgaigne for himself; and Dr. Guerin) at length terminated. The following is the verdict. The imputation for slander not admitted; Dr. Malgaigne acquitted, as not having transgressed the bounds of scientific discussion; Drs. Vidal and Henroz mulct, for the injury done to the plaintiff, by their respective articles, in £20. damages each, besides which, the former in a fine of £4. and the latter of £8. It is said that some of the parties intend appealing.

Academy of Sciences; Sitting of the 27th of Nov.: Professor Dumas in the Chair.—M. Piedagnel, physician to St. Antoine, addressed a letter relative to the soup distributed in the different hospitals. In 1841, the Conseil d'Administration decided that boiled beef soup should be made only for the sick, and that for convalescents it should be purchased at the *Compagnie Hollandaise* But this last is often sour before it arrives at the hospital, especially if it be had from a distance, and the weather be hot. To obviate this inconvenience, the report says soup may be made with the following substances: hashed beef 20lbs., vegetables 7lbs, water 160lbs. After boiling five hours, good soup is obtained, which costs only three farthings per pound.

On the Re-Union of Nerves when Divided.—Dr. Gabellot, of Lyons, presented a memoir, containing a series of experiments on the division of nerves.—1st. If on a young animal, a quarter grown, a portion of a nerve, from a quarter to one inch, according to its size, is removed, the ends are re-united after a time, as the animal grows, without any deformity; should this take place, it is owing to a vicious adherence of the nerve.—2nd. If the animal is half grown, the re-union takes place much later, vicious adherences, deformations, and atrophy, are more frequent.—3rd. If the animal is an adult, the ends of the nerve remain constantly separated, and it performs its functions but imperfectly, except when the limb is bent, so as to place the ends in juxta-position.—4th. The cicatrices, when they take place in sensitive parts, offer always the last mentioned disposition, whilst they disappear in insensible parts, such as nails, horns, shells of certain animals, epithelium, &c. From these facts, the author concludes that when the nerve is re-united, the nerve is not renewed by reproduction, but by its natural elongation, as the animal grows;—that when the nerve has attained its natural length, the union never takes place, unless the ends are placed in contact;—that the incessant regeneration of sensitive tissues is a chimera; new molecules are added, as long as the growth of the animal is not completed; after this they are not renewed;—that insensible parts, such as nails, hairs, horns, bones, epithelium, fat, scales, feathers, shells, are renewed by means of their peculiar secretory organs, but when these last are destroyed, they never re-appear,—that organised beings die because their molecules after a certain time are not renewed;—that the inertia of the vital or physiological forces increasing, causes the diminution of the chemical ones which are in their dependance;—that the differentorgans attract the blood, and convert it into their substance, for as the grain does not contain sap ere it be grown, so the fecundated ovum does not contain blood, until the ground-work of the future being exists already.

On the Coïpo of Chili.—M. Ackermann read a Memoir on the Anatomical and Physiological History of the Coïpo of Chili. It is doubtless the same animal as the mus coypus of Molina, the myopotama of Commerson, adopted by Geoffroy St. Hilaire. M. Andrew Wagner, in Erichson's Archives of Natural History, published by Wiegmann, Berlin, inserted several observations proving the existence of dorsal mammæ in the myopotoma coïpo. M. Wesmael described it under the name of mastonotus popelarii, from the notes sent by Baron Popelaire, a Belgian traveller, who had remarked the part occupied by the mammæ;—M. Leston under that of guillanomys chilensio. The same remarks were made by Sundvall, Ruppel in Germany, Cristy in England, Schmitz at Zurich, and M. Isidore Geoffroy St. Hilaire mentioned this circumstance when speaking of this peculiarity, which exists in certain bats. The head is more like that of the cabiais than that of the beaver; four molar teeth on each side, increasing in size as they are situated farther back; clavicle very strong; thirteen ribs on each side, four false and nine true; sternum composed of five pieces and an appendix xiphoides; spinous process of the axis directed backwards and downwards, so as

to reach as low as the fifth cervical vertebra ; no spinous process to the other cervical and first dorsal, but very prominent in the other vertebræ. The velum palati is similar to that of the cetacei, and forms, with the inferior wall of the pharynx, a ring round the epiglottis ; trachea formed of entire cartilaginous rings ; right lung four lobes, left lung three ; salivary glands and masticatory muscles very developed ; intestines sixteen times the length of the body ; cœcum very large ; liver composed of a large and small lobe on the right side, and of a large lobe only on the left side ; biliary vesicle pyriform and large ; spleen long and narrow ; nipples four on each side of the body; in one animal in a state of pregnancy—they were from about one-third to half an inch in length, the first was placed behind the shoulder, the last before the hip;—they each arose from a gland situated under the musculus cutaneus ; length of the adult animal thirty inches and a half; hair of a fallow brown colour, soft, silken, long ; nearer the skin a shorter kind, thick, woolly, of a dark grey colour—the former species more abundant above, the latter below ; tail thirteen inches and a quarter long, covered with long stiff hair. Finally, this animal seems, from its conformation, made to live under water, from—1st. The disposition of the respiratory organ, the sight, the hearing, and even the digestive apparatus. 2d. The colour of their hair, identical to that of amphibious animals, such as otters, seals, beavers, &c. 3d. The position of their limbs situated near the extremities of the trunk, and rather formed to wade in the water than to dig the earth. 4th. The disappearance of the long silken hair on the abdomen, and the existence of the mammæ on the back, shew that the young remain on this latter part of their parents' body while they suck.—The animals are not easily tamed, are very shy, and inhabit the small lakes and ponds in South America.

Production of Wax.—M. Leon Dufour presented a note in reply to the objections raised by M. Milne Edwards, relative to the anatomy of bees, and on the mechanism of the production of wax. M. L. Dufour, in a preceding memoir, combatted the assertions announced by John Hunter and Huber as to the existence of cirogen glands in the abdomen of the bees, which fact M. Milne states to be exact. The author says, that his opinions have never changed, that he thinks that bees digest the materials with which they make the honey ; that the wax, instead of transuding through the segments of the abdomen, is vomited ; that before the wax forms the comb, it undergoes a second manipulation, by which it takes the form and consistence of lamellæ, which are placed like bricks upright beside each other, and fastened thus, so as to form the hexagonal cells.

New Books.— M. Flourens offered a copy of a volume of his work on " Comparative Aaatomy and Physiology," and drew the attention of the Academy to one presented by M. Daremberg, a " Translation of Hippocrates," with Notes.

Academy of Medicine.—Sitting of the 28th Nov. —Professor Dubois in the chair. M. Guillon addressed a letter on a new method for the cure of hydrocele (vide *Med. Times*, No. 201, p. 283,) and on an ischuria, cured by the incision of a species of valve which caused it.

Secret Remedies.—M. Guineau de Massy read a report in answer to a communication received from the Ministre du Commerce, in which the following questions were put,—1st. Whether the Academy approved the administration of the powder of Sancy for the cure of scrophula, as well as bronchocele ?—2d, If the receipt now proposed is the same as that announced in 1821 ?—3d. If it is not easily deteriorated? The reporter proposes replying that the Academy never approved its use in scrophula, never having been consulted on that subject—that the formula is identical to that of 1821, the only difference being the augmentation in the quantity of one substance, and a change of the botanical name of another, both unimportant—that the remedy, composed principally of vegetable powders, requires to be renewed from time to time. Finally, he recommends the purchase of those remedies that are really useful, and the non-authorization of the sales of secret remedies.

Super-Fœtation.—M. Londe read an observation addressed by M. Chretien, of Montpellier, relative to the birth of a child of 8½ months old ; the mother, 2½ months before, had been delivered of a child at the natural term.

Vaccine.—M. Gaultier de Claubry read a memoir in answer to that of M. Castel, read in a former sitting.

On Quarantines.—M. Hamon read a memoir combatting the opinions emitted by M. Aubert-Roche. The discussion is postponed to the next sitting.

Lusus Naturæ and Imperfect Development of the Genital Organs.—Dr. Josse read a Memoir, 1st, "*On an Observation of Triple Birth, Two of the Fœtuses of the Female Sex, adhering to each other.*"—The author, after passing in review the cases recorded by different observers, continues thus:—"The *lusus naturæ*, which I now present to the Academy, appears, at first sight, to offer some analogy with the Siamese twins, but on a careful examination, it is easy to perceive, that they differ in the conformation of the thorax and abdomen, by which they are united. The existence of a single umbilical chord for the two, and the form of the sternum, seem to warrant the conclusion, that they do not possess the organs essential to extra-uterine existence, and that their development is incomplete. In adopting Professor Breschet's classification, they would be placed in the diplogenesia, with union of the fœtuses externally ; if, on the contrary, that of Professor Andral, founded on the observations published by Meckel, they would be placed in the second class, third division, or fœtus adherent possessing two bodies. From the form of the thorax, in all probability the heart is unique, the stomach and duodenum likewise; should the two last exist in each fœtus, the intestinal canal becomes single immediately after to separate again, in the way Lecat described so well. In considering the origin of this monster, might it not have arisen from two ova, susceptible in ordinary cases of producing two fœtuses, if causes, inappreciable to our senses, had not destroyed certain organs, or parts of organs, and forced the organizing powers to unite such as are analogous.—Case, 15th May, 1829: M. Caillet, surgeon at Chateau-Laudon, was called upon to attend a woman, aged 38, in labour. The head was in the cavity of the pelvis, but remained stationary, though the uterus contracted vigorously, The forceps was applied and the head extracted ; yet the body did not follow, the indicator and medius finger introduced discovered the presence of a second head, which by gentle traction was likewise extracted, it being impossible to push it back; the uterus soon expelled the bodies. On examination, a third child was found to be contained in the womb, which after one or two labour pains came into the world alive. The placenta of the last child came away first, that of the double fœtus afterwards; it was single as well as the umbilical chord. The 3rd. daughter was suckled by the mother, and still lives being 14 years old. 2°. *Case of imperfect development of the genital organs.* The laws of embryogeny shew that the ovum is developed from the periphery to the centre; it is therefore possible to discover at what period of the intra-uterine life, the derangement in the growth takes place, but our ignorance concerning the pathology of the embryo renders it impossible to determine in what organs or parts of organs,will,in any given case, be the seat of the disorder; we must therefore content ourselves with the cases recorded. On the 15th June 1835, I was requested to examine a child 5½ years old, registered on its birth, as of the female sex, in order to say to which it really belonged. Muscles developed; health good; character turbulent ; *genital organs* imperfectly developed; scrotum absent; a raphe of two lines in depth represented the vulva; when the thighs were close to each other, testicles on each side of the raphe gave the parts the appearance of the labia pudendi; under the pubis a small penis; prepuce rudimentary; penis hid by the folds of the skin supposed to be the labia pudendi. The mother assured me that at its birth, the penis was much smaller than when I examined the child. The presence of the testicles,the perforation of the penis near its extremity,and the absence of all the female characteristics, made me conclude it was a boy. In April 1839, I attended a lady whose infant offered the following peculiarities : in separating the labia pudendi, they were found to be united at the depth of a few lines from the meatus urinarius to the perinœum ; no clitoris, nymphæ or fossa navicularis. These two cases shew how attentively the medical attendant ought to examine the genital organs when the child comes into the world,and not to have recourse to surgical operations before they become absolutely necessary. On the contrary he ought not to operate ere the physiological phenomena of certain organs give rise to serious accidents.

GARLAND DE BEAUMONT, D.M,P.,B.L., &c.,
Honorary Physician to the Spanish Embassy

THE PHYSICAL CONDITION OF THE GRINDERS IN SHEFFIELD.

(Condensed from the London and Edinburgh Journal of Medical Science.)

Dr. G. Calvert Holland, of Sheffield, has published a series of communications of great importance and value, on the grinders of that town, more especially with reference to their physical condition, the manner in which it may be alleviated,the diseases to which they are subjected, chiefly those of the pulmonic system, the pathological changes induced in their lungs, and the treatment that should be adopted for their relief. We have already favourably noticed his earlier papers, and we now resume our pen, in order to give an analysis of his account of the measures adopted for the improvement of their physical condition. He says, his attention was directed, several years ago, to the condition of the grinders, in the hope that something might be devised to mitigate the evils under which they labour, and the lengthened investigations into which he has entered, are the result of much thought and personal observation. His object was less to study the phenomena of disease, than to induce the legislature, by a statement of general facts, to take the appalling circumstances into consideration, with the view to enforce measures for their correction ; and he thinks he has reason to believe that the legislature will interfere. When it is considered that in Sheffield some thousands of individuals pursue the pernicious occupation of grinding, and that many thousands depend upon these for their daily bread, it becomes an imperative duty to endeavour to correct evils, fraught with so much misery and wretchedness, not only to the artizans and their families, but injurious in the extreme to the town at large. Inquiries, having the same object in view, were set on foot twenty years since, when Mr. Abraham invented a magnetic guard, or mouth-piece, consisting of an arrangement of a series of magnets about the mouth, the efficiency of which consisted in the attraction of the metallic particles evolved in the process of grinding, leaving the artizan still exposed to the inhalation of the gritty portion of the dust, from which equal danger was to be apprehended. (Jeffreys' respirator is likely to be of more service.) Notwithstanding this apparatus of Abraham's offered considerable advantages, inasmuch as it served to arrest the metallic particles, it was never generally adopted ; and when we consider the uneducated and reckless character of many of the grinders, it is manifest that any contrivance to be generally and permanently useful, must be exceedingly cheap and simple in its construction ; for were it either expensive or complicated in its nature, they would not spare means to purchase it, nor would they be careful to preserve it. If such an invention could afford them complete

protection, and were furnished them gratuitously, Dr. Holland says not one guard in six, in twelve months, would be in use. They would not give it the little attention necessary to keep it in an effective state.

The knowledge of these facts suggested a plan, which is not less simple than efficient, and which the trial of years has proved to be equal to the thorough correction of the evil. A wooden funnel, from ten to twelve inches square, is placed a little above the surface of the revolving stone, on the side the furthest from the grinder, and this funnel terminates in a channel immediately under the surface of the floor; or we may consider the channel simply as the continuation of the funnel, in order to avoid any confusion in the explanation. The channel varies in length, according to the situation of the grinder, in reference to the point where it is most convenient to get quit of the dust. If we suppose that eight or ten grinders work in the same room, each has his own funnel and channel, and they all terminate in one common channel, the capacity of which is, perhaps, twice or three times as great as each of the subordinate or branch channels. The point where they terminate is always close to an external wall. At this point, within the general channel a fan is placed, somewhat in form like that used in winnowing corn, and to this is attached a strap which passes upwards, and over a pully, so that whatever puts the pulley in motion, causes the fan also to revolve. The pulley is placed in connexion with the machinery which turns the stone, so that whenever the grinder adjusts his machinery to work, he necessarily sets the pulley and the fan in motion. The fan, acting at this point, whatever may be the length of any of the subordinate channels, causes a strong current to flow from the mouth of each funnel, which carries along with it all the gritty and metallic particles evolved, leaving the room in which the operations are pursued, free from any perceptible dust. When the whole apparatus is perfect and in excellent condition, the atmosphere of the place is almost as healthy as that of a drawing room.

The efficiency of this apparatus is shewn in a spindle manufactory belonging to Messrs. Yeoman and Shaw, where it is kept in beautiful order. The dust which is thoroughly removed, is conveyed by the general channel into a trough of water on the outside of the building. The quantity which accumulates in it in a few weeks, is very great, and in raising it in a mass, it seems to have almost the specific gravity of metal. The expense in the construction of the apparatus would scarcely exceed the proportion of a sovereign to each grinder. The funnel will cost only a few shillings, and the channel, if the grinder work on the ground floor, may be formed by the excavation of the earth, and placing bricks over it, or it may be constructed entirely of bricks. The fan and pulley may be purchased for a mere trifle. The branch or subordinate channels should be under, and not as they are occasionally, above the floor. In the latter case, especially if made of wood, they are liable to accidents, and may be so damaged as to destroy their utility, the dust escaping into the room, and rendering the atmosphere exceedingly impure.

The efficacy of the plan thus described, Dr. Holland says, is unquestionable, and he earnestly calls upon the legislature to interfere, and enforce its adoption in the several manufactories. Government has very properly interfered in compelling the mill-owners in the cotton districts, so to box off the machinery, that accidents which were once frequent, are now of rare occurrence. The evils arising from the inhalation of gritty and metallic particles are twenty times greater than could possibly be ascribed to unprotected machinery. The lives of thousands are shortened and embittered by this baneful occupation. The injurious circumstances in the one case are as easily and almost as cheaply corrected, as in the other. Where the apparatus has been in operation for years, not a single individual has been found laboring under any pulmonary affection; and the branch (spindle-grinding) in which this immunity has been observed, would otherwise have been exceedingly destructive to life.

The various branches of hard-ware grinding have their respective causes of disease and degrees of mortality. These are all taken up and carefully analyzed by Dr. Holland, whose labours are certainly deserving of the highest praise. The first section of the enquiry into the physical and mental condition of the artizans in the several branches of grinding is devoted to the scissor-grinders, by whom both the wet and the dry stones are used, as in grinding razors. The injurious results from the use of the dry stone were pointed out in a previous number of the "Medical Times." These workmen, in addition to heavier expenses than the file, penknife, or razor-grinder, complain that they suffer severely from the immense quantities of cast metal scissors which are made, articles which afford a miserable remuneration, and are much more injurious to health than forged scissors, the dry stone being more largely employed in the one case than in the other, and further a greater amount being ground in a given time to secure the merest pittance of wages. These circumstances have considerable influence in the production of disease, and on the rate of mortality. The more destructive the branch, the more ignorant, reckless, and dissipated are the workmen, and the greater is the tendency to marry and at exceedingly early ages. Where the circumstances of the occupation are favourable, the average duration of life will be high, where otherwise, low, consequently the ages of the workmen in the respective branches of grinding are a general indication of its healthy or prejudicial nature. In the scissor grinding branch 161 of the 213 employed are under forty years of age, thus affording direct evidence of the destructive tendency of the business. Of these 213, eleven have not worked at the trade for several years, from different causes, and only one of the 213 has reached the age of sixty. The majority of deaths occur respectively from the ages of 26 to 30, and from 36 to 40. Of 102 deaths, 86 took place under 45 years of age, and five only exceeded 50. The rate of mortality would however have been greater, if 19 of the 102 had not been removed from four to seventeen years from the injurious influence of the business. By comparing the deaths of the artizans in this branch with those occurring in the town at the same ages, and also with the deaths in the agricultural counties, it will be found that of these artizans 843 out of 1000 die under 45 years of age, while in the town, where the rate of mortality is high, the number under this age is only 432, and in the agricultural counties the number that die under 46 years of age is only 323, leaving 677 out of the 1000 capable of enjoying life. From another table we learn that of 1000 scissor-grinders, not one has reached the 65th year, while of an equal number of operatives in Manchester, there are 45 living at that age, and in the agricultural county of Northumberland, 119.

Many of the artizans in this branch are emaciated and shattered in constitution, at an age considerably under the prime of life, owing to the pernicious nature of the pursuit. Of the 213, one hundred and forty-five were found to have suffered, or were at present afflicted with the following diseases:—24 had been affected with inflammation in some part of the chest, which had required medical treatment; 24 had had spitting of blood; 24 had suffered from rheumatism, and often in a very severe form; 33 complained of some affection of the urinary organs, frequently pain in micturition, or the deposition of numerous small particles of sand; 12 had had fever, in most cases, typhus; and 18 had unequivocal organic disease of the lungs, exhibiting difficulty of breathing, urgent cough, and expectoration. The grinders themselves never seem to be sensible of the incipient stages of pulmonary disease, though invariably accompanied with cough, and some degree of difficulty of breathing on exertion. They complain only when disease interferes with the ability to pursue the occupation.

The educational condition of the scissor-grinders is low. Of the 213, ninety-eight can read and write, but very indifferently; 17 can read only, and 98 can neither read nor write. More than half of these are under thirty-five years of age. The apprentices in this branch are not much better educated. There are 117, of which 7 are under twelve years of age; 33 from twelve to fifteen; and 77 from sixteen to twenty, and under twenty-one. Of the 117, sixty can read and write; fifteen can read only; and forty-two can neither read nor write. These proportions exhibit only a small advance upon the adult artizans, with respect to mental improvement. The proportion of the apprentices to the adults in this branch is great, and the condition of the branch has been deteriorated by the influx of hands beyond the demand: numbers are entirely without employment, and the rest have only about half-work, at prices forty per cent. below what they received in 1831. Of the 213 grinders in this branch, one hundred and fifty-four are married, and at the following ages:—73 at twenty-one years of age, or under; 67 from twenty-two to twenty-five; 11 from twenty-six to thirty; and 3 from thirty-one to thirty-five; thus exhibiting a large proportion of married workmen, and at an early age: thirty-five of the 73 were married at twenty and under. The class of women to whom they are generally united are those employed in shops, from their ability to earn something. Of the 154 married, eighty-one married shop-girls; these are unacquainted with domestic affairs, and are often extremely vitiated or debased in character. These marriages are generally very prolific.

The workmen employed in the saw manufacture stand high for their general intelligence and good conduct. Their wages are neither extravagantly high at one time nor exceedingly depressed at another, and their occupation is much less injurious to life. The trade comprises about two hundred adult workmen. Of 142 there are accurate returns; of these, 92 were married, viz,—39 at twenty-one and under; 41 from twenty-two to twenty-five; 11 from twenty-six to thirty; and 1 at forty-one:—giving a much less proportion married under twenty-one than amongst the scissor-grinders. There is only one among these 142 that cannot read or write. The proportion of the 142 afflicted with disease, since they entered the trade, is 25; 9 of inflammation or disease of the lungs or air-passages, 4 of fever, 4 of rheumatism, 2 of inflammation of the brain, and 6 of other diseases. Among the scissor-grinders, the proportion was 145 in the 213. Among the saw-manufacturers, 12 only of the 92 married shop-girls; 17 of these 142

entered on the business under thirteen years of age, 105 from thirteen to fourteen, and 20 above fourteen. More than half the scissor-grinders were so occupied before twelve years of age.

Fork-grinding is considered in the second section it is a branch of the work of such destructive tendency, that other artizans frequently refuse to work in the same room, with the fork-grinders and many sick-clubs have an especial rule against their admission, as theywould draw largely on their funds, from frequent and long continued sickness. There are 87 men and 100 boys employed. 19 of the men are above 40 years of age, but there are only three who have attained 50; 10 of the 19 either commenced the work late in life, or else passed several years in the army. These ten being deducted from the 97, there are 56 under 30 years of age, and from 30 to 35; 14 from 35 to 40: 9 above 40 and under 50; in the class from 35 to 40 there are some who have not regularly been at the trade from youth. An immense proportion of these workmen die under thirty years of age. There were 20 deaths among them in the five years following 1820, 17 of which were of persons under 35 years of age: of those who die under 21 there are not any records. At that period (1820) one fourth of the number employed died every five years,—a rate of mortality exceeding every thing previously known in any branch of manufacture, or in any pursuit or occupation. Of the 61 who died from 1825 to 1840, 35 died under 30 years of age, and 47 under 36. Out of 1000 deaths of persons above 20 years of age, the proportion between 20 and 30, in England and Wales, is 160; in Sheffield, 184; but amongst the fork-grinders, the proportion is the appalling number 475; so that between these two periods, three in this trade die to one in the kingdom generally. Between the ages of 30 and 40, a still greater disparity presents itself. In the kingdom 136 only in the 1000 die; in Sheffield 164; but in the fork-grinding branch 410; so that between 20 and 40 years of age, in this trade 885 perish out of the 1000 while in the kingdom at large only 296. Between 40 and 50, in the kingdom 126 die; in Sheffield 155; and in this branch 155, which completes the 1000. They are all killed off, for in carrying forwards the enquiry, we perceive that between 50 and 60, in the kingdom 127 die, in Sheffield 155, but among the fork-grinders, there is not a single individual left. Of the 197 men and boys, 109 can read only, and generally very imperfectly, and 69 can write; of 77 of the adult workmen, 58 are married, 35 at 21 and under, 23 from 21 to 25; of the 58, 33 married shop-girls. The ages at which these 77 entered upon the business of grinding is as follows; 35 at 9 years and under; 17 at 10 and 11; 17 at 12 and 13; 8 at 14 and upwards. The 77 were, at the time of Dr. Holland's enquiries, either suffering from or had been affected with the following diseases:—13 from inflammation of the lungs and air passages; 7 from rheumatism; 5 from spitting of blood; 4 from disorders of the urinary organs; 12 from various affections; 27 were affected with permanent disease of the lungs; and many of the individuals were in the last stage of wretchedness and suffering. (The great inducement for these workmen is, we believe, the high rate of wages they receive.)

Needle-grinding, which forms the subject of the third section, is not very extensively carried on in Sheffield, where it has been introduced only of late years. Dr. Holland's remarks are therefore based upon his observations at Hathersage in Derbyshire, where there are several manufactories. He says that he had frequently heard of the pernicious tendency of this particular occupation, and though prepared to believe much, from elaborate investigations into similar pursuits, he thinks that the physical evils produced by it exceed all that imagination has pictured. He had no conception that men could be found so reckless of consequences, as to engage in the trade, when protracted suffering and death were the certain results. The new hands are taken fresh from the plough with vigorous constitutions, at a time of life when the animal system possesses considerable energy, that is from the ages of 17 to 20, are employed only six hours a day, having the rest of their time for gardening and other amusements, and yet the majority of them are killed off under 30 years of age, after two or three years of suffering. Such details are fearfully sickening.

The number of needlegrinders at Hathersage in 1822, was 7; in 1832, 14; and in 1842, 23. The average age of the 23 is $25\frac{3}{4}$; that at which they began the business, $18\frac{1}{4}$. Of 12 who have died at Hathersage, the average duration of life, after commencing needle-grinding, is 13 years and 4 months, the longest period being 24 years, the shortest 5. The man who continued thus employed for 24 years, began to work at 18; 9 of the 12 died of the grinders' disease. There are 10 needle-grinders in Sheffield, who present the same general facts as the preceeding 23. They generally work the entire day. When the needle-grinder is exceedingly ill, suffering from a constantly distressing cough, and great difficulty of breathing—symptoms which usually continue for several years—he follows his occupation until his strength is quite unequal to any exertions. He is then a miserable object; his figure is bent forward, his looks haggard, his frame emaciated, and a train of other symptoms indicative of wretchedness, are obvious to the superficial observer. The average of individual suffering of the nine workmen who died at Hathersage of the grinder's disease, was fifteen months, the longest period being thirty-six months, the shortest five weeks. The needle-grinders are ignorant, and mostly dissipated. One half can neither read nor write. The dust which is evolved in the process of needle-grinding contain a much larger amount of steel than is produced by any other kind of grinding.

Razor-grinding, treated of in the 4th section, Dr. Holland considers to be accompanied with greater evils than the two preceding. It is much more laborious, requiring, in some of the stages, a continual concentration of muscular power, while, at the same time, the trunk is bent at a right angle over the revolving stone, a position which is peculiarly unfavorable to respiration. The back and tang, or small end of the razor, are invariably ground on a dry stone, the rest on a wet one. During the latter process, the artizan says, a gaseous matter is evolved, not only exceedingly disagreeable but prejudicial, and which is necessarily inhaled. There are 275 adult workmen, 154 of whom are under 31 years of age, only 20 above 45. This falling off in numbers before the prime of life, is owing to the destructive tendency of the occupation. Of 182 who have died between 1822 and 1842 both inclusive, 22 died between 21 and 25, 39 between 26 and 30, 38 between 31 and 35, 37 between 36 and 40, 25 between 41 and 45, 9 between 46 and 50, 6 between 51 and 55, 5 between 56 and 60, and 1 between 61 and 65. Many of these had passed several years in the army, or had been otherwise employed, and some were killed by the breaking of the stone, while at work. If we take the average duration of life among razor-grinders and the inhabitants generally of Sheffield, we shall find that whereas 244 of the inhabitants may reach 65, not one razor-grinder attains that age. 749 out of the 1000 die under 41 years of age, but in the town generally only 352, actually less than one half. Some of the razor-grinders who work in their own cottages in the country, using water instead of steam power, and passing a large portion of their time in gardening and other pursuits, have a rate of mortality and amount of disease more favourable than their fellow-workmen in the town. Of 22 deaths, 5 only were under 35 years, and 8 of them exceed 50, affording a striking disparity to the prevailing rate of mortality in the branch generally. There are about 18 employed in the country, nearly two-thirds of whom are above 40 years of age. 84 of the 275 town workmen can read and write, 51 can read only; 140 can neither read nor write. There are 123 apprentices; of these 50 can read and write, 26 can read only. 195 of the workmen are married, all at an early age, that is, under 26 years with the exception of 18. 44 were married to shop-girls. At the time of his enquiry, the numbers suffering from disease were, 44 affected with permanent disease of the lungs or air passages: 4 with inflammation of the lungs: 8 with rheumatism; 8 with spitting of blood; 9 with disease of the urinary organs; and 12 otherwise variously affected.

Pen-knife-grinders use both the dry and the wet stone; the atmosphere they breathe is exceedingly injurious, though less so than that used by the fork-grinders. There were, in 1811, 319 persons employed, of whom 295 are under forty-six years of age; 33 of the 319 have been removed for various periods from the baneful influence of the trade, having been in the army or navy, or otherwise employed: 67 have died since 1832, 52 of whom died under forty-two years of age, and of the 15 above it, 5 were not fully exposed to the destructive agencies of the employment, by not having worked regularly at it. The adult grinders at present are 333 in number; of these, 128 were married at or under twenty-one, 100 from twenty-one to twenty-five, 14 from twenty-six to thirty, and 3 from thirty-one to thirty-five. Of the 245 married, 98 married shop-girls. The grinders suffering from structural changes in the lungs, and in several cases incapacitated from labour, are 27; of these 20 are under forty-three years of age. Many are otherwise diseased, arising in a great measure from the direct influence of the occupation, and the peculiar circumstances in which they are placed. The position of the body in pen-blade and razor-grinding being a continued inclination forwards to a great degree, from the elaborate workmanship required, is particularly detrimental to health. The degree of education possessed by these artizans is superior to that of the fork-grinders; among 319 adult workmen, there are 75 that cannot read, and 21 that can read, but not write. There are 215 apprentices, of whom 33 cannot read, and 14 can read, but not write.

Table-knife grinding, which subject is treated of in the 6th section, is almost always effected on the wet-stone, but the artizans are more or less exposed to the dust caused by dry grinding, from working in the same room. Their condition in regard to health and longevity is intermediate between the most deleterious and the least pernicious branches. Table-knife grinding is practised partly in the country, and partly in the town. Of the country workmen is there are about 196, the town-grinders are 282 in number. The number of apprentices 258. One fourth of the 463 workmen entered upon the

occupation at nine years of age, or under; many indeed were only seven or eight years old. 348 are married, more than half the town grinders having married at 21 or under, whereas of the country workmen only 48 out of the 136. 47 of the townsmen married shop-girls, but only 4 of the countrymen. The average of the country workmen above 36 years of age over their fellows inhabiting Sheffield, is about ten per cent. Of the 463, 40 are suffering from diseases of the lungs, attended with cough, difficulty of breathing, and expectoration; 8 from inflammation of the lungs: 9 from spitting of blood; 16 from rheumatism; 3 from fever, and 16 form various diseases, such as affections of the heart and large vessels, of the nervous system, and of the urinary and digestive organs. In some cases the spitting of blood is associated with manifest inflammation of the lungs: in others it has attacked the individual suddenly without having been preceded by much cough or difficulty of breathing; indeed, occasionally the patient denies having had either. The rheumatic cases are mostly chronic, and the muscles of the back and loins are more frequently affected than any other. Of 50 deaths of the country grinders, 22 were above 50 years of age, but only 3 of the town workmen. The principal diseases destructive of life in both instances were pulmonic affections.

Section 7th, treats of saw-grinders, a class of men possessing superior physical powers, greater intelligence, better remuneration, and considerably less disease than in any other body of grinders, save those employed in file and scythe grinding. The majority of the men are countrymen, and work in the country, following agricultural pursuits at intervals The employment itself is not injurious to health, but on the contrary tends to invigorate the form. The work is too heavy for boys, who consequently are not admitted. The position of the artizan is nearly upright, and he invariably uses the wet-stone. There are 90 workmen, particulars of 78 of whom have been obtained, 49 of these are above 30 years of age, and 9 above 56. The saw-grinders are peculiarly liable to accidents from the breaking of stones, and from becoming entangled in the machinery. There are only 4 afflicted with the grinders' disease; of the 78 adults, 53 can read and write, 3 can read only. There are consequently 22 that can neither read nor write. There are 46 apprentices, 36 of whom can both read and write. 66 are married, the majority under 31; 7 only married shop-girls.

Particulars could not be readily obtained respecting file and scythe grinding, from the distrust of the workmen. File-grinding is done entirely on the wet-stone; the workmen are 150 in number, and there are 91 apprentices; 60 adults can read and write, 32 can read only; 30 apprentices can read and write, 14 can read only. Of 24 deaths 14 occurred between the ages of 35 to 40. Many of these workmen are employed in the country, and well paid. They are generally more healthy and robust than the others, except the saw-grinders. Scythes are entirely ground on the wet stone. The occupation is laborious, but not injurious to health. The men live and work in the country, and are a fine healthy set; they are 30 in number; there are ten apprentices. They can all read and write. They are better educated and live longer than other workmen, with the exception of the saw-grinders.

TO CORRESPONDENTS.

Guy's Hospital.—*We have received different letters in reference to our correspondent* Probe's *Pencillings of the Lecturers of this Establishment.* Curtius *approves, in vehement language, their letter and spirit, and invites* Probe *to another hospital, (St. George's,) where useful matter for his keen observation and philosophic reflection, is said to "implore" his coming.* Fair-Play *thinks, that however useful, the annoyance they have caused to some of the honored individuals should suggest the propriety of discontinuing them; while "*A Leeturer*" denounces them in the strongest terms, as ungentlemanly—as interfering "with the coneerns of honorable men"—as taking "liberties by an obscure and anonymous writer"—as doing "that privately which he would shrink to do publicly," &c. &c. Now, our views of these sketches are very different. We believe, that the gentlemen housed into celebrity by Guy's, have mistaken the nature of their situation. Great as is the consanguinity of blood among them—closely tied as are the affections and interests that knit their family compact—much as blood and private liking have had to do with their snug elevation, their worth and doings* there *are not necessarily under the sacredness of domestic life. Like the old castes of Egypt, they may be born into hospital doctorships, but their hereditary and family rights no more protect them from an inquiry into their competency, or a judgment on their public character, than it does the highest personages of the realm. But the cat, it would seem, that may look at a king, must be blind before the hereditary lecturers of Guy's. It may, let us own, be disagreeable to find oneself, in another's balance, not all we think ourselves, or, at all events, not all we would have others think us. But public characters must be content to spare the* convenient *or* agreeable, *if they get the* just. *There is no advantage without its contingencies, as no right without its duties, and if little men will place themselves on high pedestals, they must not complain if people take the liberty of staring at them, aye, and penning, if it so please them, their impressions. It would, no doubt, be very comfortable for the profession's celebrities to commit public blunders, and have them forgotten; to shew public singularities, and have them unnoticed; to exhibit public incompetency, and find it unheeded; but would it be just to the thousands whom error misleads, or second-rate talent displaces? The lecturers at Guy's would apparently have themselves treated better than so many Llamas, or Popes, for the Pope asks no homage save from his own subjects, and the Llama expects no worship but in Thibet. The lecturers, we repeat, have entirely mistaken their position. History cannot stop in her course, because the arrest would be to their advantage. If our correspondent has erred, let it be shewn: our pages are, and they know it, freely open to every just claimant. If he has not, they must make the best of their bargain; take the judgment they have been paid for receiving, and try to content themselves with a reputation, large or small as their deserts. If Probe's opinions* are *more or less favorable to different individuals, another reason, we think, may be given, than the "personal spleen or liking" of the writer. The men* depicted *are different, and though identity of colouring and expression would do for the bureau of a Pettigrew, it would not for that of a Probe, who would give men, not as they ought to be, but as they are. For our own parts, we think the Pencillings impartial—more often favorably, than sternly impartial. They are portraits, but portraits after the type of a Lawrence, rather than of a Daguerre. As to "*A Leeturer's*" reasoning against the "*right*" of giving these "personal" estimates, we have no room for further discussion. The only reply needed is, that perhaps one of those who declaims most warmly against these "liberties," (who knows but it is "*A Leeturer*" himself ?) is he whose biographic pen so reeently wrote down even a Sir Astley!*

Dr. Lane, of Augnacloy, *writes to us, that in a consumptive patient he cured violent hæmorrhage from the lungs by giving* 15 *grains acet. plumbi in eight hours, without producing spasm, paralysis, or bad symptom. He cured a case of uterine hæmorrhage, by giving* 10 *grains, every four hours, till the seventh day, and says, its effects, in large doses, for this malady, is like a charm. Dr. Lane strongly recommends this mineral, and expresses his strong doubts as to the opinion on its very poisonous nature. On this matter we cannot quite agree with our correspondent. That it may safely be pushed farther than the usual half or whole grain dose we believe; but when given to the extent that Dr. Lane speaks of, we should incline to think that the drug must be spurious, or the inflammatory effects on the bowels and lungs, with colica pictonum, all but certain. The acetate of lead is an old remedy in the cases Dr. Lane treated; and, we think, cannot be too strongly recommended.*

Dr. Smethurst's denunciation of mesmerism, as exhibited at Ramsgate, in our next.

A Chemist.—*The best test for tartaric acid is the acetate of potash. It produces a precipitation of tartar. which is insoluble in the liberated acetic acid.*

H. N.'s *question should be submitted, with* 6*s.* 8*d. to an honest—we mean a respectable—attorney.*

A Student *makes a mistake; it was not the cigar, but time, that cured his drunken sensations. Such cases remind one of Dr. Paris' story of the fellow who paid for pills to a mountebank to recover his lost ass, and having occasion to adjourn to a neighbouring copse, discovered the quadruped. The fame of many drugs and some doctors are about as well founded as was that of the "ass-finding" pill.*

Mr. H. Mayo *is in Marienberg. We believe he and his English patients have severed themselves from the famed hydropathist, Dr. Schmitz.*

A Phrenologist.—*Our opinion is, that Gall was a hesitating and doubtful naturalist; that he was not an Atheist we hold as clearly proved in his writings.*

We are obliged to decline the communications of several correspondents, which lie at the office for the writers. M. N. P., A Constant Reader, A Querist, An Old Praetitioner, A Member, &c., *under consideration.*

The "Medical Times Almanack" will be published a few days before the 1st of January, 1844. It will contain, with all the customary information of a Medical Almanack, important matter, to be found in no other, and will present twenty-four quarto columns more than our last year's publication, *i.e.*, ninety-six quarto columns. The price will be but 5d. plain, 6d. stamped.—Advertisements should be sent in early.

A Handsome Portfolio on a novel plan, for preserving the current numbers for twelve months clean, and easily to be referred to as a volume, has been manufactured for the *Medical Times*, and may be had at the Office, or by order of any Bookseller in town or country, price 5s.; second quality, 3s. 9d.

THE MEDICAL TIMES.

Saturday, Dec. 9, 1843.

Necesse est ut multos timeant quos multi timent.

Our Medical Polity, in all its relations, was never so near a crisis as now. Our corporations, which the law says never die, present at this moment as vivid images of human incertitude and instability, as any drawn by the inspired pen of Job. Out of all keeping with the claims of science—for we are not in the ninth but the nineteenth century: in direct antagonism with those simplest and plainest of moral rules, which even savage life respects: in impotent or contemptuous defiance of the most valued interests they were really constituted to look after,—these bodies could never, of their very nature, enjoy other than a very doubtful vitality. They lived but by sufferance. They eat, drank, and took their fill, not from any powers of their own, but because their opponents wanted sufficient leisure, or energy, or union, to do their duty.

This weakness of a bad nature (luckily the everlasting quality of all that is not wholly right and surely expedient) has increased by age and the follies of the patients. Essaying the cure of the incurable, our corporate rulers have, as in most such cases, made bad worse—the rickety still more "shakey." Weak, from their want of the buttresses of justice, and temporary

unfitness, they have been made weaker by the attempts made to amend themselves. Like an old house, they have been repaired into insecurity. Like worn-out garments, wanting substance whereon the thread of Conservatism could impinge, the rotten texture sinks under patches of even too good material. They can neither bear their evils nor their remedies.

Who shall say what is to become of the College of Physicians, the very next session of Parliament? Exist as it is, it cannot. It has declared itself, in *comitia majora*, "a wickedness on the face of the earth." It has put the rope round its corporate neck, and making full confession to the medical world of its backslidings and transgressions, begged Sir James Graham to sign, as for other criminals, the warrant of its execution. It has implored annihilation—and with an eagerness, despite Government evasions, which proves, if not the consciousness, the uncomfortableness of its position. It is true, it would enter into another state of being—a purified world of Governing existence—in which, as spirits of the just made perfect, the Fellows' intervention for their brethren of the nether world might be more acceptable and useful. But will they get their prayer? Will the Home Secretary grant what, so recently given to the Surgeons, is already matter of regret. And if he do, will Parliament *surely* ratify his exercise of sovereignty? We will not say. Nor will the President, Censors, or Elects, who quake, as much as we hesitate, for the result. Much, in their propositions for their New Charter, is good: much that is not good is even yet an improvement: but, we confess, if we saw a little more *self-sacrifice*, and some little additional attention to a nice adaptation to one grand general structure of Medical Polity, our predictions of their success would be considerably more confident.

The New Charter of the College of Surgeons was a grand triumph. The Congress of Vienna was a beggar in diplomatic arts, compared with those which won this vast victory. How much would the Council give to be quit of it? Russia has just sacrificed the officious agent who won her the Greek revolution; will the Council, to regain its *status quo*, give us up its too successful Talleyrand—its very adroit Sir Benjamin? Alas! the sacrifice is great: it would leave few eyes unbrightened in the Court (even the worthy President's would twinkle,)—few hearts unmoved in the Council (even Mr. Liston would feel a pulsation); but it is too late. The mischief has been done; the Council must make out its list of Fellows; must do the impossible thing Sir Benjamin has prescribed for it; must choose (and in our distracted Profession too!) two hundred men to dignities, without exciting suspicion of imprudence, partiality, personal jealousy, or unfairness,—or take the happy alternative he has left it, of alienating its tens of friends, rousing the undying hatred of hundreds of indifferents, and eliciting the settled condemnation of all. The signs of storm and tempest are in the atmosphere: the hurricane is nearing us rapidly: we await it as men under a secure shelter—it will not harm the Profession.

And then comes the Apothecaries' Company! In Charity's name, what can be done with it? Superannuated hopelessly, carelessly—an unshorn, musty, murky, peddling impersonation of senile senility, dotard dotage, OLD AGE at its maximum, dark-chambered conclave of the withered hands and petrified brains of honest traders of another century—the thrice-worshipful Society which has about as much right to stand amid the scientific institutions of the nineteenth century, as the Dolly Tearsheet of Falstaff's day amongst the living, waltzing dames of an Almack's ball: with what trembling knees and drivelling terrors must it look at the next session of Parliament! And, indeed, its future is not that which would give a blind man a near notion of brightness. We hear of no Charter for *it*. Sir James, prodigal as he is of compromises, can venture it no hope. We, however, could offer a suggestion, which, to a body with a true and real presence of mind (so to speak), might offer a chance of half salvation. We could tell its "Masters" that by doing what the Act omits to enjoin, but does not forbid, giving Examinations solely in *Pharmacy*, conducted by *real* Examiners—the Brandes, or Grahams, or Pereiras of this day,—practised and studious druggists would voluntarily flock to them for an honest acknowledgment of competency—antagonistic societies would be neutralised—and the profession and public get protection. But such a hint, useful, valuable, to men *en rapport* with the present generation—a hint which, carried out, would recommend the Society as not utterly an excrescence encumbering the domain of science—would fall mute on ears stuffed with the wax of age's prejudices, and get no instant's attention from minds whose only remaining functions are a most tenacious memory and changeless will. The three Corporations are not types of permanency—the spirit of change, not to say destruction, is at work with all: but certainly the Society of Apothecaries is the body hopelessly, and in pre-eminence, doomed. We see no outlet of safety for it, but the neglected one we have marked.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

NOVEMBER 28.

MR. STANLEY, PRESIDENT, IN THE CHAIR.

On the cause of the occasional presence of spermatozoa in the fluid drawn from the sac of common hydrocele of the tunica vaginalis.—By John Dalrymple, Esq. Surgeon to the London Ophthalmic Hospital.

The author commenced by referring briefly to the cases published in the last volume of the society's transactions, where spermatozoa were found in the fluid drawn both from encysted and from common hydrocele. According to his own observations, these bodies are generally much less numerous in the latter, than in the former kind of the disease, and the explanation which he offered of the mode in which they become mingled with the fluid of common hydrocele, when evacuated by the trocar, was the following. He quoted the authority of Scarpa to shew that when the tunica vaginalis becomes distended with fluid, the different vessels of the spermatic cord are separated from each other to a greater or less distance, owing to the gradual expansion of the membranes, and the epidydimis and vas deferens are consequently removed out of their natural places in reference to the body of the testicle. He likewise presented to the society a preparation, with a drawing, of a hydrocele, in which that condition of the tubes of the testis was exhibited. The testicle was situated at the posterior and inferior part of the sac, and somewhat internally: the vascular cord was seen running along the posterior wall, the vas deferens being about one inch distant from it, and to the outside; at the lower part of the sac, the vas deferens approached the testis, made a few large coils, from which commenced the lower head of the epidydimis; as this body ascended again, it was seen to be separated to the distance of an inch and a half from the testis, and to lie on the lateral aspect of the sac. Above the testis, the position of parts was as follows:—the vascular cord at the most posterior part of the sac; the vas deferens next to it, but distant about half an inch; and, lastly, the epidydimis, still more external, and anterior to the vas deferens. At the upper part, the epidydimis suddenly crossed the vas deferens, and descended in a curved line towards the body of the testicle, in which it finally merged.

The author concluded by expressing his opinion, that in cases of common hydrocele, the epidydimis and vas deferens are placed by no means out of danger of being punctured by the trocar, in the operation of tapping; and added, that the wounding of even a single tube might well afford the few spermatozoa found in the specimen of fluid referred to above, the more especially when we remember the squeezing often made to evacuate the last few drachms of the contained fluid.

Mr. Lloyd observed that the paper just read was one of very great importance, and of exceeding interest to him, as he had been engaged for some time in investigating the manner in which spermatozoa got into the fluid contained in ordinary and in encysted hydroceles. He thought the mode suggested by Mr. Dalrymple, although possible, was not very probable, for the vas deferens was so small, and its coats so thick, it would prove very difficult to pierce it with a trocar. He had experienced considerable difficulty in doing so with a lancet. There were other ways by which their passage into the fluid of hydrocele might be more easily accounted for:—for instance by the existence of an abscess, originating in the body of the testis or of the epidydimis. When such is the case, the loose tunica vaginalis becomes adherent to that to which it is opposed, an external opening takes place, and a discharge follows for a great length of time. When the external aperture has closed, suppuration may continue in the testicle, some of the adhesions which had taken place be broken down, and sinuses form, thus affording a passage for the spermatozoa through the tubuli.

Mr. Lloyd further remarked that he thought it not altogether improbable, that these animals might be formed in the fluid of encysted or ordinary hydrocele, by a process similar to that of vicarious secretion in other parts of the body.

The nucleated cells in which the spermatozoa are formed in the seminiferous tubes are similar in all respects to those which are met with in other parts of the system, and have been found by Mr. L. in the fluid which naturally lubricates the tunica vaginalis. He has placed the nucleated cells from this fluid and from the tubuli of the testis under the glass, and, after a careful examination, could not detect any difference between them. If the function of the testis were suspended, would it be extraordinary if the formation of these animalculæ should take place in the adjacent fluids? It would be merely a continuation of the *nidus formativus*.

Mr. Dalrymple thought that Mr. Lloyd had rather mistaken his meaning. No surgeon could designedly puncture the vas deferens; whenever it had occurred, it must have been done by chance. He (Mr. D.) did not consider its puncture a very probable accident, for the reasons that had been assigned by Mr. Lloyd. The epidydimis was more in danger, the vas deferens being situated more to the outside and anterior part of the sac. In his paper he had alluded more to puncture of the epidydimis, as a source of the spermatozoa If a single seminiferous tube were wounded, it would fully account for their presence. They were very sparingly met with in the fluid of common hydrocele, and the cases in which they were found were very rare. The only other source, besides a wound of the tubes, that could be assigned, was a rupture of one of them, an accident that was exceedingly improbable. The occurrence of an abscess was an event which would have demanded the grave attention of the patient, and have been recorded in the history of the case, besides which, if there had been a fistulous opening for some time, the spermatozoa would have issued forth in large quantities. Again in cases where the fluid has been recently examined, they have been found alive, but if they had proceeded from a fistulous opening, these vibratile bodies, (for Mr. Dalrymple said he could not call them animalculæ) would have lost all motion, before they were submitted to examination. The membranous appendage attached to the spermatozoa shew that they are derived from an early part of the seminiferous vesicles, as it is not present when they are found in the vesiculæ seminales.

The quantity of fluid contained in the tunica vaginalis in a healthy state must be very small,—a mere exhalation.

Mr. Lloyd here observed that he had obtained it by scraping the membrane with a knife.

Mr. Dalrymple resumed, that in that case the knife would carry with it some of the early epithelial cells, which so closely resemble the nucleated vesicles, that it would not be easy for a microscopic anatomist to distinguish between them, and he, (Mr. Dalrymple) had no doubt that the cells supposed to be seminiferous nucleated cells, were in reality only early epithelial cells. He could not believe in the doctrine of vicarious secretion, as accounting for their production, nor could he admit the fact of vicarious menstruation, as an illustration of the opinion.

Mr. Lloyd observed that the cells which he supposed to be the origin of the spermatozoa very closely resembled those contained in the tubuli of the testicle, and he thought there was a very marked difference between those cells and the epithelial vesicle.

Cases of Carcinoma of the Thyroid Gland. By Cæsar Hawkins, Esq., Surgeon to St. George's Hospital.

The author began by adverting to the common opinion that malignant tumour rarely commences in the thyroid gland, and stated his belief that this body is more frequently the seat of primary scirrhus than is usually supposed. In confirmation of this view he related, in the first place, a case which was under his care in 1837, where the tumour appeared to be of that nature, but in which he had not the opportunity of making a *post mortem* examination to verify his diagnosis; and he then alluded to four other cases which had come under his observation. He remarked that the age of the patient, when the disease commenced, was from 45 to 65; at which period of life ordinary bronchocele very seldom takes place, and the tumours most likely to present themselves are the serous tumours, developed in or near the thyroid gland, or the cartilaginous or osseous degenerations, lately described by the term *enchondroma*. Having pointed out the diagnostic marks by which these tumours may be distinguished, and dwelt on the chief characters of carcinoma affecting the gland, he proceeded to relate the particulars of a case recently under his care in St. George's Hospital; his description being illustrated by coloured drawings, made during the life of the patient, and from the morbid parts found in dissection, and by preparations.

Without following the author through the details of the case, it may be mentioned that the tumour which extended on both sides from the thyroid gland, was found to have attained a large size, and the parts adjacent to the larynx and œsophagus were involved in its texture, which presented the usual appearance of true scirrhus. A large ulcer opened on the surface of the œsophagus where the tumour adhered to that tube; and another ulcerated opening led into the trachea, immediately below the cricoid cartilage. The right internal jugular vein was closely adherent to the tumour, its coats having been absorbed at one part, and a small portion of the morbid structure having projected into its interior. The pneumogastric nerve was much flattened, and its fibrils were separated, so as to present a plexiform appearance; the carotid artery was deeply imbedded in the tumour. In describing the thyroid gland, the author observed that this body had nearly disappeared, the only part remaining being a small portion of the left lobe, intimately joined to the tumour, so as to shew that they were originally parts of the same body, and there was a complete line of demarcation between the two structures.

Mr Bransby Cooper enquired if the tumor had been examined for the presence of malignant signs. He thonght there was not anything in the history of the case, nor in the appearances after death, to indicate carcinomatous disease, and he was further of opinion that, next to the spleen, the thyroid body was least liable to scirrhus. It is a task of difficulty to trace the progress of malignant disease, unless it can be done with the aid of a microscope, by which the peculiar and distinguishing characters of the malignant cells may be ascertained.

Mr. Cæsar Hawkins stated that he believed that nearly as much of the characters of malignant disease can be discovered with the naked eye, as with the microscope, so that they may be distinguished from other structures; and he reminded Mr. Cooper, that it was stated in the paper that disease of a malignant character was found in the lungs.

Cysticercus Cellulosa of the Brain. By Drewry Ottley, Esq.; communicated by John Forbes, M.D., F.R.S.

The author remarks, that the presence of cysticerci in the brain is sufficiently rare to warrant, he thinks, the communication of a single case, which moreover possesses an interest as being the only one, as far as he can discover, in which an opportunity was afforded of watching the progress of the disease from an early period, and also from there not being any complication likely to disturb the cerebral functions; so that the symptoms observed were evidently due to the presence of the parasitic animals.

The patient was a woman, forty years of age,—for many years a sufferer from emphysema of the lungs and bronchitis. In the early part of 1838 she began to complain of frequent giddiness, and a dull stupefying pain in the head. In July of that year she suffered from temporary numbness and loss of power in the right hand and arm, with some confusion of intellect and difficulty of articulation. Cupping relieved her; but the symptoms returned again, and after a time the giddiness became more constant, and the loss of memory and confusion of intellect more considerable. In 1839, she became subject to fits, during which there was entire loss of consciousness, and convulsions. They differed from epilectic fits in being less sudden, both in their invasion and termination. The recovery from them was also slower, for she often remained for two or three days in a stupefied state. During the last twelve months of her life the pain in the head was constant, though never extremely acute, her sight became dim, and the convulsions recurred more frequently. At the end of October, 1840, after frightful convulsions for twenty-four hours, she expired.

The state of the brain after death is thus described:—The vessels on the surface of the brain were somewhat congested, and the sub-arachnoid cellular tissue infiltrated with serum. Numerous small fibrous cysts were found in the pia mater covering the surface of the hemispheres, and dipping between the convolutions of the brain. The cysts were present on both sides, but were most numerous on the surface of the left hemisphere. They varied in size from that of a pea to less than a peppercorn; they were seated in the pia mater, but had become partially imbedded in the grey matter of the convolutions. None existed in the white matter, in the central ganglia, nor in the plexus choroides. A few were found at the under surface of the cerebral convolutions, but none either in the cerebellum or medulla oblongata. The cerebral tissue around these cysts appeared natural as to colour and consistence, and the brain generally, except for the presence of these animals, would have been termed healthy. There was rather more fluid than natural in the ventricles, and at the base of the brain.

Several of the cysts were afterwards examined, and each was found to contain a vesicular worm, consisting of a posterior transparent vesicle, in which the anterior cylindrical portion or body furnished at its extremity with four suckers and a double circlet of hooks, lay retracted, like the finger of a glove turned in, and could be expelled by gentle pressure on the containing vesicle; in short, answering exactly to the description given of the *cysticercus cellulosa* of Rudolphi.

Abstract of a Paper on the State in which Uric Acid exists in the Urine. By H. Bence Jones, M.A. and M.D., communicated by Cæsar Hawkins, Esq.

Berzelius mentions Dr. Prout's view of the uric acid existing as urate of ammonia, and then states his own, that uric acid most frequently is in an uncombined state, though modified by the presence of other matters. Dr. Prout adheres, in his last edition, to his own opinion. Dr. Simon thinks the urine may contain free uric acid, and also urate of ammonia, &c. Becquerel considers uric acid exists, combined with colouring matter and extractive matters. I first examined the appearance and properties of the reddish deposit obtained from urine, by evaporation, under the air-pump. When examined with the microscope, this is always in the form of minute globular particles, too small to be measured. Some of the deposit was washed with alcohol, dried and dissolved in boiling water; after standing ten hours, no deposit took place, so that the point of saturation might not have been reached. A weighed quantity of fluid, at temperature of 64 deg. Fah., evaporated to dryness, shewed that one part of residue was dissolved in, at the most, 1349 parts of water. Some urine, which, on standing twelve hours, gave a deposit, was filtered; a weighed quantity of the urine, at 64 deg. Fah., shewed that one part of uric acid remained in at most 2567 parts of urine.

Healthy urine, spec. grav. 1027, evaporated *in vacuo* until it gave a deposit, was filtered; a weighed quantity of the clear fluid shewed, that one part of uric acid remained in at most 2789 parts. of urine.

M. Becquerel states the usual quantity of uric

acid is, one part of urie acid to between 2000 and 3333 water.

M. Leeanu states, the quantity of uric acid is one part of uric acid to 780—1030 water.

I then examined the appearanee and properties of pure urate of ammonia, obtained by boiling strong ammonia with urie acid. Under the mieroseope, this substanee is seen to consist of small needles, whieh form tufts and erosses.

In slightly ammoniaeal solution one part of urate of ammonia required 1118 of ammoniaeal water to hold it dissolved. When perfectly dried over sulphurie acid *in vacuo*, the needles were redissolved, and the solution reddened blue litmus paper.

In water, whieh was perfectly pure, some needles were dissolved.

After standing twelve hours, to give a deposit of exeess of urate of ammonia, the solution was filtered; a quantity weighed at the temperature of 69 deg. Fah., shewed, that one part of urate of ammonia remained in 897 parts of water.

A seeond experiment gave at the temperature 67 deg. Fah., one part of urate of ammonia to 1012 water. A third experiment, with needles prepared at another time, gave one part of urate of ammonia to 996 water, at 69 deg. Fah. A fourth experiment, in whieh evaporation took plaee under the air-pump *in vaeuo*, one part of urate of ammonia required 1018 parts of water, at 59 deg. Fah.

By exposure for a eonsiderable time to heat, even below 212 deg., the needles of urate of ammonia are deeomposed; erystals of urie aeid may be detected with the mieroseope. If to a solution of these needles, whieh is just so strong that it gives no preeipitate on standing twenty-four hours, the smallest quantity of very dilute liquor ammoniæ, or small quantities of muriate, sulphate or aeetate of ammonia are added, a deposit falls, in a few minutes. The preeipitate is with the two last, changed in form; no needles are seen, only globules. On the addition of any aeid, the needles after a time undergo a ehange.

By three analyses of the needles I obtained in 100 parts of substanee—

	1st.	2nd.	3rd.	Theory,
Urie aeid..	87.65 ..	87.09 ..	86.40 ..	86.58
	(One equivalent of urie aeid.)			
Ammonia..	9.32 ..	9.29 ..	9.12 ..	8.77
	(One equivalent of ammonia.)			
Loss.....	3.03 ..	3.62 ..	4.48 ..	4.63
	(One equivalent of water.)			

I tried in every way to obtain another urate of ammonia but did not sueeeed. I then tried if the needles eould be modified, so as to have the appearanee of the ordinary urinary sediment.

When the needles were boiled with healthily acid urine, they were dissolved, and after a time a deposit took plaee, preeisely similar to the ordinary deposit. When eold, the elear urine was again poured off, and boiled with fresh needles; the ordinary deposit again took plaee, as it did also a third time.

To a hot solution of needles in water so little urine was added that the deposit on cooling was quite uneoloured; with the mieroseope it eonsisted of globules.

Some of the needles were dissolved in hot water, and some pure urea was added, still the deposit on eooling eonsisted of needles.

Exeess of uric aeid was used, and still needles were deposited.

I next tried eommon salt; with this the deposit was preeisely similar to the deposit in urine. In making this experiment I observed that the deposit was far less than with pure water, and I found that one part of urate of ammonia with rather more than one part of salt, requires only 466 parts of water at 71 deg. F. One part of urate of ammonia with nearly two parts of salt, required 468 parts of water, at 67 deg. F., and one part of urate of ammonia with two-thirds of one part of salt, requires 703 parts of water, at 68 deg. F.

These, and the previous results, may be eompared in the following table. The experiments having all been made on hot saturated solutions, whieh stood until they deposited crystals.

In ammoniacal mother liq.	at 65 deg. F.	1 urate of amm. to 1118 water.
In pure distilled water . . .	at 67 deg. F.	ditto ditto . . , . 1012 ditto.
Ditto, ditto	at 59 deg. F.	ditto ditto . . . . 1018 ditto.
Ditto, ditto	at 69 deg. F.	ditto ditto . . . . 897 ditto.
Ditto, ditto	at 69 deg. F.	ditto ditto . . . . 996 ditto.
Little salt and distilled water	at 68 deg. F.	ditto ditto . . . . 703 ditto.
More salt . , ...	at 71 deg. F.	ditto ditto , . . . 465 ditto.
Most salt	at 67 deg. F.	ditto ditto . . . . 468 ditto.

If a great exeess of salt was used, the urati of ammonia beeame as insoluble as in pure water.

From these experiments it appears that urate of ammonia, when dissolved with about an equal quantity of salt, acquires a peculiar degree of solubility in water, and a different appearance from pure urate of ammonia.

The appearance is identical with that deposit obtained from urine, and the solubility beyond the largest quantity which Lecanu observed in the urine.

I next tried what effeet the salt would have on urie aeid. I found one part of urie aeid remained dissolved in 8,941 parts of water, at 68 deg. F., and one part of urie aeid with salt remained in 7,199 parts of water at 64 deg. F. These results tend to establish Dr. Prout's opinion, shewing how urate of ammonia is modified in form and in solubility.

The experiments may give a further insight into the various causes of that frequent deposit of urate of ammonia which oeeurs in healthy urine.

Salt may inerease or diminish the solubility of the urate of ammonia, aeeording as it is in moderate quantity, or in great exeess. The sulphate, the muriate, and the aeetate of ammonia lessen the dissolving power of water. Eaeh salt that oeeurs in the urine has most probably some effeet on the solubility of the urate of ammonia, and it may be, by a very extended enquiry into the relative re-aetions of the different salts, that we may arrive at an aeeurate knowledge of the eauses of the oeeasional deposits in healthy urine.

WESTMINSTER MEDICAL SOCEITY,

DECEMBER 2,

MR. FISHER IN THE CHAIR.

Ulcerated Sore-throat of Scarlatina—Congenital Hernia—Uterine Hæmorrhage—Umbilical Hernia—Tubal Pregnancy—Fatal Hæmorrhage.

Mr. Fisher remarked that he was not present at the last meeting, or he should have stated that he was now in the habit of using the chlorate of potash in cases of the ulcerated sore throat of scarlatina, and with great success, especially in children. He generally gave five grains every two hours, and increased the dose in a day or two. At the same time he ordered nutritious diet, and a moderate use of wine, and stimulants. There was one family of six in particular, two of whom had died before he was sent for, and the remaining four had sloughy sore throats. These all recovered by the use of the chlorate of potash.

Mr. Chance exhibited a plaster cast of a case of congenital hernia, and detailed the particulars. His patient was a boy, five weeks old, with a peculiar rupture on each side, the intestine not having descended lower than the groin, and the testis remaining in the abdomen. It could not be discovered at the groin, after the protruded intestine had been returned. Mr. Chance observed that he had never seen such a case before, nor had he met with any such described in works. The only author who makes any allusion to it is Pott, who observes, that congenital hernia is *seldom*, if *ever*, confined to the groin. From this Mr. Chance is led to believe that Pott never saw a case of the kind. He enquired as to the practice that should be adopted, whether it should be left to itself until after the descent of the testicle, or a retentive bandage applied. He concluded that the intestine had been forced out at birth, and that the tumour thus produced had prevented the descent of the testicle.

Mr. Hancock, after examining the cast, observed that he did not think that the hernia was confined to the groin, but that it projected at least two inches beyond the external abdominal ring, and protruded to a certain extent within the scrotum, but not to the fundus. He conceived that if it were confined to the groin, it would be situated within the abdominal canal, which was not the case. It was not a rare thing for hernia to occur without the descent of the testicle; he had seen many such cases at the Charing-Cross Hospital, and generally left them to nature.

Mr. Fisher thought it might be said to have commenced its course for the scrotum, but could hardly be described as a scrotal hernia.

Mr. Hale Thomson had seen several cases of congenital hernia at the Westminster Hospital within the last ten years, in which the intestine had not descended into the scrotum. He saw one the other day where the hernia remained at the external abdominal ring, the testis being in its proper place. He declined interference, as no particular inconvenience was experienced. He did not think it a very uncommon occurrence; there were two or three cases now attending at the hospital as out-patients. The hernia seldom passes into the scrotum, and is easily returned, and kept in its place by a pad and light pressure; he however did not think any retentive measure necessary in so early a case.

Mr. Hancock was still of opinion that the hernia had protruded into the scrotum, especially on the right side, where it had drawn up the scrotum, and diminished its size. He judged so from the relative disproportion in size between the penis and scrotum.

Mr. Snow had been called to a case of congenital hernia of a different kind. It was one of congenital umbilical hernia into the cord, all the small intestines, as he thought, being protruded between the vessels, and distending the cord, so as to form a tumour the size of the fist. They were returned by gradual pressure, and the cord tied close to the abdomen. It separated in due time, and healed, no injurious consequences resulting. He had seen the child afterwards, when three years old, and it was quite healthy.

Mr. Fisher had seen instances of congenital umbilical hernia into the cord, but not to the extent described by Mr. Snow.

Dr. Reid mentioned a case of uterine hæmorrhage, occurring in a case of twins, where a portion ot one placenta had been removed, the remainder with the other placenta and the second fœtus being in the womb. A midwife was in attendance, and finding, after the birth of the child, that there was hæmorrhage, sent for a surgeon, who, without previously examining the abdomen, passed his hand up into the womb, and detached a portion of the placenta, without discovering the presence of another fœtus. The uterus did not contract, and the hæmorrhage continued, but by the application of cold, it was ultimately arrested. After a time, the patient was left perfectly safe, as was supposed, but twelve hours later, uterine pains came on, and another child was born dead, quite exanguine, pale, and flabby. There were two placentæ, which were joined together by the border, and Dr. Reid supposed there was some vascular connection between them, because, not only was the woman drained of blood by the hæmorrhage, but the second child was also exanguine. The placenta, of which a portion only was taken away, was that of the first child, shewn to be so by the cord. A few years since, Dr. Reid would not have believed it possible for a surgeon to pass his hand up into the womb without discovering the presence of a fœtus, if there was one, but he had had a somewhat similar case happen to himself. He believed, in that in-

stance, that if it was not a case of bi-lobed uterus, that there was a partition dividing the womb. He soon, however, discovered his mistake.

The case he had just narrated reminded him of one that had occurred to the late Dr. Hamilton. There was excessive flooding, but the lady, to the surprise of every one, kept her colour, &c. The child when born was perfectly white and bloodless. The chief points of importance in his case, were the laceration of the placenta, the great flooding and its cessation, while the uterus remained distended and passive, not contracting for twelve hours afterwards.

Mr. Hardwick narrated a case of umbilical hernia, to shew how cautious medical men ought to be in making every enquiry ere they leave a patient. About a fortnight since, a woman having an ancient umbilical hernia, sent for a medical man, in consequence of suffering pain about the abdomen. He sent her some medicines, and the next day referred her to another practitioner. Nausea and vomiting were then added to her symptoms, with constipated bowels. The symptoms increasing, a dispensary letter was obtained, but unfortunately the physician saw her instead of the surgeon, and when the latter, (Mr. Hardwick) arrived, she was dead. The friends were dissatisfied with the treatment, an inquest was called, and a *post mortem* examination made. There was a large umbilical hernia, containing a portion of large intestine partially adhering to the parietes of the sac, evidently an old protrusion, and not strangulated. There was besides about a foot of small intestine, which had been recently forced out, and was rather livid, but not strangulated. It could be easily returned. It appeared to Mr. Hardwick that if the taxis had been employed at first, the rupture might possibly have been returned, the opening at the umbilicus being so large.

Mr. Fisher mentioned a case of umbilical hernia, to which he had been called, the surgeon in attendance having mistaken it for a mere inflammatory tumour, and treated it accordingly by leeches, &c. On examination, he discovered a rupture in a state approaching to strangulation, but which he had easily reduced.

He then stated that he had been sent for to a young lady who was supposed to have a hernia, which however was not the case. She had, on getting out of bed in the morning, felt very faint, and then complained of pain all over the abdomen. Her appearance presented evidence of internal hæmorrhage, such as sighing and depression, pallor of the countenance, &c. She died in the course of the evening, and on examination of the body, a rupture of one of the Fallopian tubes was discovered, with great hæmorrhage into the cavity of the abdomen, in which there was a fœtus lying in the blood. The Fallopian tube had been distended very considerably. The cause assigned for the lady's death was simply internal hæmorrhage.

MEDICAL SOCIETY OF LONDON, Dec. 4.

Mr. Pilcher in the Chair.

Erysipelas—Lupus Exedens.

The discussion on erysipelas was resumed this evening by Dr. Clutterbuck, who observed that from the contrariety of opinions that had been uttered at the last meeting, he thought he was misunderstood. He desired to limit his observations to the disease when affecting the head and face, although he thought it was radically the same in every part of the body. He would limit the term, erysipelas, to inflammation affecting the skin, and he thought no definition so correct as that of Dr. Cullen's, who described as a *superficial inflammation of the skin, tending to spread around.* Dr. Clutterbuck called attention to the intimate connexion between the skin, as an organ of sense, and the brain, a connexion so intimate, that when the skin is in a state of inflammation, irritation of the cerebrum is produced, and in the more severe cases, oppression or inflammation. Hence the extreme danger of erysipelas affecting the head and face. This view of the case must be taken into account, when considering the treatment. It does not admit of such bold depletory measures, as are applicable to other inflammations, nor, on the other hand, are the powerful stimulants occasionally recommended, proper to be employed. Dr. Clutterbuck does not believe the disease to be essentially typhoid, the symptoms from which such an opinion is deduced, being referable to the oppressed state of the brain, nor does the state of the pulse, generally small and contracted, warrant the use of stimulants, as it is caused by the oppressed condition of the cerebrum reacting on the heart and circulation. The palliative plan of treatment, steering a middle course between the depletory and the stimulant, is that which in Dr. Clutterbuck's opinion is best adapted to cases of erysipelas of the head and face, and more likely to be followed with success.

Mr. Hind made some general remarks on erysipelas, considered in a surgical point of view, considering more especial that variety of the disease, when the cellular tissue and parts beneath the skin are involved, rather than the integuments itself, and Mr. Pilcher gave a general summary of the opinions that had been put forth during the preceding and present meetings, and stated, with respect to the question of contagion, which had been mooted by one of the speakers, that a communication on contagion in general was in course of preparation for the society, and could be read at a future meeting, when he trusted it would be carefully examined into.

A paper by Mr. Stedman, containing the details of a case of lupus exedens, affecting a female relative, was then read. The lady, in the year 1829, being then 25 years of age, and apparently healthy, observed a small tubercle on the left side of the nose, which was not a source of pain. After some months an offensive discharge took place from the tubercle, the place of which was soon supplied by a spreading angry sore. Mr. Stedman having seen the patient at this time, took her directly to Mr. Scott of Bromley, by whom an unfavorable opinion was at once pronounced, as he regarded it as the worst form of lupus, and said it must ultimately prove destructive to life. By the repeated application of nitric acid, the diseased surface was apparently destroyed, and the ulcer cicatrized For two years she continued apparently free from disease, but when she again consulted Mr. Stedman, the disease had made great ravages, and shewed evident indications of a malignant character. It commenced the second time by an offensive discharge from the nostril. Fresh tubercular matter was also deposited around the cicatrix, which again ulcerated. The nitric acid was again used, and again the part cicatrized, but the disease soon returned. Mr. Scott now advised excision, but in consultation Mr. Scott, jun., opposed it, as the disease was going on within as well as without the nose, and the parts to be excised were consequently very extensive. He recommended a course of iodine, which was accordingly tried for two years, but uselessly. The chloride of zinc also failed to effect any good. The disease meanwhile continued to spread, and the parts about the eye became involved. By Sir Astley Cooper, who was next consulted, the oxide of arsenic was applied on two occasions, each time causing most acute suffering, and even convulsions, but without arresting the progress of the disease, which attacked the bones of the orbit, destroying the eye, and marching across the face, attacked and destroyed the other eye in a similar manner. The ulceration when extending through the posterior attachments of the eye, caused such acute agony as to induce delirium and insanity for a fortnight. The only thing that appeared to afford relief was an application of lime water, mucilage, and laudanum, suggested by Mr. Callaway. The poor lady survived to the year 1841, the disease having then lasted twelve years; by the seventh, she had lost the sight of the left eye, which shrivelled up in the orbit, where it hung like a dried grape. The right eye was afterwards destroyed, an interval of four years previously occurring.

Mr. Stedman's paper terminated with some general considerations on lupus, of which he distinguished three varieties; 1st, the *lupus exedens*, which is deep-seated, attacking all the tissues. For this disease he believes there is not any cure. Secondly, *lupus non-exedens*, a less malignant disease, which does not admit of cure, but which does not destroy life. It is confined to the skin and cellular tissue. Cases are occasionally met with, in which both these forms of lupus are encountered. The third form is of a more superficial character, and admits of cure by the local application of caustic, together with the internal use of anti-strumous, or anti-scorbutic medicines. Females are most frequently the subjects of lupus, and those are most prone to it, in whom menstruation is arrested, or appears late in life.

In answer to a question from Mr. Pilcher, Mr. Stedman stated that the lady was tall, handsome, and dark complexioned. He considered lupus exedens as allied to cancer, the lupus non exedens as more dependant on a scrophulous habit of body.

Mr. Pilcher stated that he had a reason for asking the question respecting the lady's complexion, as he had generally found the disease occur in persons who did not present any characters of scrophula, but, on the contrary, were brunettes rather than blondes, that is when it proved fatal. He had seen a case which had been cured by repeated leeching; in that instance the patient, a lady's maid, was a blonde, and presented all the strumous indications. He had a perfect recollection of four or five cases, and of two in particular, where the patients were dark complexioned. In one of them, a lady from Yorkshire, the disease itself was painless, except at times, when the most agonizing pain was experienced, similar to that felt by Mr. Stedman's relation when the posterior attachments of the eyes were being destroyed by the ulceration. Mr. Pilcher attributed this excessive pain to the disease affecting a branch of the sentient nerve, and its subsequent cessation to the destruction of the nervous branch. His own impression is, that it is a purely local disease. Mr. Travers calls it "local cancer," and Sir B. C. Brodie, described it as being "semi-malignant." Mr. Pilcher said, he looked upon the disease being at first unconnected with the constitution, as purely local, and that it destroyed life by the constant agony and suffering it induced. He drew attention to the fact, that nitric acid had, in the first instance, checked its progress for two years, thus affording an important saving from

suffering, and enquired if any member had any experience of Mr. Donovan's solution of the hydriodate of arsenic and mercury in such cases?

None of the members appeared to have had any experience of this preparation in lupus, but Dr. Risdon Bennett said he had tried it in eczema without success, but had found it serviceable in lepra and psoriasis. It required to be given with great caution, as in some constitutions, it might produce irritation of the mucous membrane of the stomach.

TER-CHLORIDE OF CARBON.

(To the Editor of the "Medical Times.")

Sir,—Some time back, a paper, by Mr. Tuson, appeared in your Journal, on the medicinal properties of the Ter-chloride of Carbon; but, subsequently, a paper by Dr. Ure, jun., in the *Pharmaceutical Journal*, gave a very discouraging account of its effects. It is not for me to attempt to explain their difference of opinion as to its virtues, but I take the liberty of stating several cases in which I have experienced its beneficial results, in order that it may not be thrown aside as totally worthless. A provincial professional friend bears also his testimony to its value in two cases of cancer, which he intends communicating. I send you, confidentially, the names and addresses of my patients, whose cases I quote.

I am, Sir,
Your obedient servant,
G. W. BLANCH, Surgeon.

3, Vassal-place, Brixton-road,
Nov. 29th, 1843.

Case 1.—Mrs. M ——, about 50 years of age, has been for many years afflicted with gout, and became my patient in April last, and my treatment having only produced a slight mitigation of her sufferings, I induced her, about a month since, to try the effects of the ter-chloride of carbon, four drops three times daily; which has, I think, diminished the intensity of her attacks, and her general health, spirits, and appetite are so much improved, that although she despaired of relief from medicine, she is continuing of her own accord the ter-chloride of carbon, in slightly increased doses. The doses previously exhibited did not induce somnolency.

Case 2.—Mrs. ——, about 50 years of age, of a plethoric and obstinately constipated habit of body, and otherwise of a most peculiar idiosyncracy. Some months back, she was seized with a violent pain in the right shoulder, which deprived her of the use of the arm. She was subject to violent headaches, which she feared proceeded from determination of blood to the head, but which, I felt satisfied, and asserted, were entirely neuralgic. The difficulty I had to encounter in her case was, that the peculiar constitutional (not gustatory) aversion to medicine produced violent spasm, retching, headache, and loss of sleep. The exhibition of the mildest fluid aperients, and even of a bread-pill, produced the like results. She informed me that a small blister would produce vesicles over the whole body; and the application of a belladonna plaster did produce such an eruption and general excitement, that it was removed in a few hours. A weak veratrine ointment produced similar effects. The smallest dose of opium, or any of its preparations, produced, first, violent cerebral excitement, and then fainting fits; and the 120th part of a grain of strychnine caused excessive excitement and suffering. Prussic acid produced the least baneful effect of any, but even this medicine was obliged to be discontinued, and at last the treatment consisted entirely of shower-baths, which were ultimately given up for the plentiful use of cold water, applied by a sponge. By the continuance of this treatment, the pain in the shoulder was nearly subdued, and the full use of the arm almost restored. The headaches, however, occasionally returned, or rather continued with their usual frequency and intensity. Last week, I happened to see her when suffering severely, and persuaded her to try the ter-chloride of carbon. I prescribed one drachm, in six ounces of distilled water, and ordered a tablespoonful to be taken three times a day. The next time I called, she informed me that she had scarcely swallowed the first dose when she found relief, and discontinued it as unnecessary after the third or fourth dose. I have subsequently seen the patient, when she informed me she felt a slight return of headache, and was about to resume the medicine, which she praised highly for its pleasant taste and wonderful effects.

Case 3.—Mrs. B——, about 50 years of age, and the mother of a large family. Has never enjoyed good health since her first confinement; and for some years has been subject to habitual diarrhœa, procidentia uteri, severe prolapsus ani, frequent hysteric and fainting fits, and nocturnal insomnolency. She has been informed, by a previous medical attendant, that she has a *fatty tumour growing in her inside*, but I failed in detecting it, and believe the epigastric enlargement to consist entirely of flatulence consequent on impaired digestion, &c. &c. I need not trouble you with an account of the whole treatment I am pursuing in this case, as I merely cite it at present for the purpose of shewing the effects of the ter-chloride of carbon. I commenced, last week, exhibiting it, as related in the former case. The first night her sleep was improved, but, next day, by mistake, she took an additional dose, which seemed to deprive her of all power of motion, but did not induce sleep. Both this and the former patient described the medicine as producing, immediately when taken, a peculiar but not disagreeable creeping, tingling sensation, which quickly and progressively extended to the very tips of all the extremities, and then ceased. In this case, I thought the dose larger than necessary, and ordered a dessert-spoonful twice in the day, and a table-spoonful at bed-time; since which she has felt no disagreeable effects, and has had good refreshing nights'-rest, and in other respects is rapidly improving.

REFORM OF EXAMINATIONS.

(To the Editor of the "Medical Times.")

Sir,—The whole regulations of the College and Hall are marked throughout by such a want of care in their framing that they can be evaded either by the lecturer or student, *i. e.* the one so long as he possesses an adequate quantity of diagrams, apparatus, &c., for the purpose of lecturing, may do so till all is blue, however much he may be wanting in the real essentials, talent and easy communication of ideas; the other so long as he is in town may attend or not the lectures, providing he presents himself twice or thrice a year to register. The result of this is, first, that inefficient men teach, and secondly, that no one is taught, to the injury of the profession, the lowering of it in the estimation of the public, and to the raising up the voice of quackery in justification of its nefarious proceedings. Now to remedy these defects, to see what has been taught during three, four, or five years, and what learned, let us examine what test the two great licensing bodies, the Hall and College, put to the candidates for their diploma. Why the College gives *one* hour's examination *vivâ voce*, and the Hall sometimes a *little longer*, and very frequently a *shorter time* to test qualifications in anatomy, physiology, physic, materia medica, and a thousand other matters relating to our art. Is this a state of things to be tolerated in the year 1843 A school boy's examination in Delectus or Ovid, takes up a longer time though the consequences, entailed by deficiency, would not affect the life or health of the smallest animal in creation. Let us look more minutely into the style of our medical examination, and, if afterwards we are not justified in fixing upon them the opprobium they richly deserve, then shall we lay down our pen and never more write one syllable against existing medical abuses or in their disparagement. For example, we will take a student who has for three years (after serving an apprenticeship of five) been at the hospital and dissecting room day and night, and as a necessary result learned almost every thing which has been brought forward in anatomy, surgery, or medicine. Place him in the funking room of the College; let him converse with ten out of fifteen of the aspirants for the diploma, and he will find them superficially informed upon every leading principle of their profession. He feels certain of passing, and goes up the broad staircase to be examined certain of success; he sits down before two old and sedate looking men, and one taking up a femur, says what bone is this, what muscles are attached here or there; the replies (no need of replies to such simple questions) are, of course, satisfactory; and after a few more questions, equally simple and equally unscientific, he goes to another table on surgery. The other examiners, perhaps, from some pique, or some inherent antipathy, commence at once by some out of the way question, to illustrate a bit of practical practice and show off their own wit, such as if a man was thrown from a cart, and received an injury to the head, what would you do; the student gives every mode of diagnosis respecting the injury he can think of, and is answered every time by a surly "no, Sir, you would not;" and after a time, the examiner, addressing him, says "you would first pick him up, Sir." If he happens to be thown off his guard, as many are, by this abruptness, then every thing goes wr ng, the next table and the next are passed, but he is a plucked man; he enters paradise, and hears recapitulated the examinations of the others, all so meagre, so poor, so devoid of all approach to science, that it is sickening to his feelings. A fellow student who, at the school, could not hold a candle to him, has passed with flying colours, simply because he was up to the dodges and crotchets of these wiseheads, whilst he himself is requested to come again in a week for a written examination. His abilites at this time shine forth, though any fool could answer the simple questions usually given at the written examination, and compliments are heaped by one and all his former querists, on account of the research which his answers evince. This is not an extreme case, it is one of frequent occurrence, and derives confirmation when we survey the immense number of names of men who pass. Can one read the list from year to year, and not wonder how such and such men ever could pass at all from a previous knowledge of their professional attainments? But the College is not singular in its examinations, for the examiners at the Hall are men of less note, less scientific, and consequently less capable of examining at all. I have no hesitation in saying, and I believe I could be supported in the assertion by almost every one who has passed the ordeal that these examinations are many times unjust, often unfair, and frequently conducted with even insult to the candidate. This easy mode of passing the barrier which ought to exist between real merit and downright ignorance is not to be regretted too much, nor too highly condemned; it is a barrier erected for the protection of the public health and public weal, and no one should be allowed, as at present, to mount over it by favoritism, or by means of a superficial knowledge put on for the occasion. It were a libel to call these examinations, a fitter appellation would be "domestic intercourses between fathers and sons with answers put into your mouth." To let such go on for any length of time, without an effort to redeem our profession from the slur, would be to denote an apathy towards our existence as a body, which we as guardians of our dignity, cannot allow. I'll tell you what, old men, who sit in judgment upon our qualifications, you are not the men to be our judges—we must have some who are younger than you—your anatomy is as dusty as the books which frown upon you in the library of the Royal College, or your portraits in your great room at the Hall. You cannot boast of the wisdom which accumulates from day to day, and can ask no questions upon it—you are not cognisant of the march of Müller, Liebig, and a host of others, with the microscope, the scalpel, and the test tube. You are too old and too feeble To learn these things would take more than the limit assigned to your natural lives. Give place: and do for God's sake add your voice to assist in doing away with a system of examination which is in reality no test at all, for you do not make candidates *dissect* before your eyes—you do not

make them *operate*—you frequently allow some to pass without putting a question upon the nerves, the arteries or the absorbents—you let men pass who have not bled or drawn a tooth, or more than dirtied a scalpel; men, too, who have not made a single note upon an hospital case during the required attendance, and having passed, are themselves surprised, and laugh at you; in fact, your examinations are an insult to the profession, and a sign post for quacks and quackery to laugh at. Think you that the affirmation at the bottom of your schedule is sufficiently binding to hinder a man from applying for your license, who has not been the most sedulous and diligent, or that professors have scruples in signing to a well known seceder from their benches—if so, you are deceived.

Your examinations ought to be adapted to a practitioner, not to the capacity of a child, and you should remember that the opportunity for learning is past, the moment you place your hand and seal upon a diploma, and you cannot recal the ignorance you have licensed, without he commits the grossest and most culpable mal-practice. What will be your examination for fellowship? the muscles attached to the clavicle! the dissection of the aorta!! or the abstruse question of phlebotomy? If you go much deeper into the subjects, I am sure that few candidates will obtain a fellowship. In conclusion, let me assure you I will henceforth, querists of the College and Hall, never relax in my efforts to procure something like a reasonable and practical examination. I have the means of arriving at and publishing your individual and favorite questions, and there are already many facts in my possession respecting your conduct, which, if printed, would raise up a popular din about you sufficient to rouse you from your lethargy, and convince you, that unless you extend your examination over three days, and make them by papers, with the eye and with the voice, you might as well be dead and revelling in eternity; for, by examining as you do, you indirectly cause many of your fellow-creatures to go there before their time.

Yours sincerely,
E. P. Q.

OLEUM SANTONICÆ, OR CHENOPODII;

ITS EFFECTS AS AN ANTHELMINTIC.

(To the Editor of "The Medical Times.")

Sir,—I was forwarded about three years ago, from a friend in New York, a bottle of ol. santonicæ, or ol. chenopodii (the latter is the more proper name); it is obtained from the seeds, of a bright orange colour, a powerful smell, *not* unpleasant. its taste bitter, with much aromatic acrimony. From being accustomed to pursue the usual treatment in intestinal worms, it lay by me unthought of, till a few obstinate cases came under my notice, when I administered it—(cautiously I must confess, not having any guide as to the proper dose). From four to eight, or ten drops, on lump sugar, or in milk, to a child, and so on in proportion; its effect surprised me, not having had much previous faith. In almost every case, I could observe innumerable quantities of lumbrici were discharged. In adult cases I have used it to the extent of half a drachm, or more, for several days, with success; then, as a precaution, prescribing the following draught:—

℞ Ol ricini ʒvj.
— terebinth, ʒij.
Spts. lavand. ʒj.
Ess. M. pip. gtt. xx.
M. Ft. haust.

Case of Bridget Daly, aged, 38.—Of rather stout frame, but sallow complexion, her countenance anxious, and exhibiting much internal suffering. I attended her for a length of time as a dyspeptic, with its melancholy and discomforting train of symptoms, a disease by the way very common in Ireland, from the too constant use, I conceive, of farinaceous diet. After enjoining a strict regimen, and exhausting the list of bitter tonics, &c., &c., without relief, I at length thought of trying the oil, and having previously well freed the bowels, I ordered the following:—

℞ Ol. chenopodii, ʒss.
Tereb. venet, ʒss.
Mel. q. s. ut. ft. bolus.
M. St. ii. in die.

After the third dose, she brought me in a cloth a tape-worm, measuring four yards and a quarter long, which I have preserved.

There are many other cases in which I have tried this remedy with complete success.

Your obedient servant,
THOS. B. MONSARRAT,
M.D,—M. R. C. S. L. &c

Kibeggan Co, Westmeath,
Dec. 1, 1843.

EMPIRICAL PRACTICE OF GALVANISM.

(To the Editor of the 'Medical Times.')

Sir,—If the following be worthy of insertion in the Medical Times, you will notify your wishes in the next Number—when names of parties will be given, most freely, but confidentially.

Mr. R—— had for two years laboured under some very distressing thoracic symptoms: he consulted Dr. J——, and was under his directions for a year. He then saw Dr. C——, who conceived an impression of some cardiac derangement. About a year ago, he saw the writer of these remarks. He was in pain, denoting peritoneal irritation, relieved by purgatives and anodynes, in two or three days. About eight months past, the writer of these remarks was again consulted, when he discovered much derangement—as a whitish bilious aspect, much distress in breathing, when ascending a stair, irregular bowels, full pulse, not inflammatory—but, withal, a capability to attend to business, and to take 30 to 40 miles of carriage exercise in the day. A visit to Tonbridge Wells and to Brighton, gave temporary comfort and apparent benefit; great febrile irritation, which lasted three days, and he was then restored to former state. Dr. J—— was again referred to, when he said that he feared the termination would be unfavourable, as severe cases of anæmia, above the age of *seventy*, usually proved adverse: prescribed citrate of iron, with simple treatment.

About four months past, a slight pain of rheumatism in the shoulder caused an examination in the region of the liver, when a *very* enlarged organ, four or five inches below the ribs, was discovered, with a feeling like the outer rind of a pine-apple: the left lobe equally distinguished, but not so large. In this stage, a mild mercurial course, by liniment, was suggested, and a reference to Dr. R——, who concurred; a slight salivation was inclined, but no improvement,—a journey to Brighton followed, and a conference with Dr. Y——. He returned, with anasarcous legs, loss of appetite, loss of vigour, and gradually of all interest in worldly affairs. After being confined to his bed six weeks, it was urged on his family that a Dr. H—— had lately arrived in this country, whose perfect knowledge and appliance of galvanic influence certainly cured *all* complaints of the liver. Dr. H. was seen, and applied the galvanic process by a very thin wire in the mouth; another on the region of the liver. This was applied four times, once at six in the morning, so as to give a diurnal efficiency to the process. Not finding improvement, and finding the dropsical symptoms increase, he first gave the patient three drops of tr. fer. mur., then spir. æther. nitr. As this process was adopted contrary to the expectation of any benefit, from the writer, he met the learned Doctor, who informed him that Sir H. Davy and Prof. Faraday did know a little of galvanism and electricity, but they had no knowledge of its medical application; in fact, that the application of galvanic electricity was known medically to himself alone. The power of galvanism over metals, being known to all, he could perform the same over diseased organs. It was asked by one of the family—"If you could relieve your patient of the diseased part of the liver, could you leave the remainder healthy, as we see the cells of a *honey-comb*, after the honey is removed?" The answer was, "Yes."

On the evening of Nov. ———, Dr. H—— came to see the patient; having had his conference, and after being informed that his appliances were injurious, he came down and said,—"If I were allowed to persist in the application of the galvanic process, I could prolong his life to a distant period—he has sunk a good deal—but *all* owing to the omission of this process." The querist said,—"I consider *my* patient will not live thirty-six hours;—do you, Dr. H——, mean to state that if your process were adopted, you could prolong his life thirty-six days?" The reply was,—"*I do think I could.* The power of galvanism in my hands is so great, that *I could dissolve that chair*, as others dissolve metals." The patient died in forty hours from the period of this conversation, held in presence of two of the daughters.

Fearing my want of knowledge on some modern discoveries in galvanism—and having lately met the patentee of the electro-magnetic clock, with a hint from him that he had, *he thought*, made a discovery of the powers of magnetism, much at variance with present theory—I conferred with Dr. P——, who has written largely on Materia Medica, when I found his opinion to sanction my opposition to such outrageous expectations. As Dr. H—— is pushing his American theory in ——— Street, very officiously, I deem this notice not unworthy of your consideration. The whole is hastily written, but if it be of sufficient importance to deserve a place in your Journal, I will bestow more leisure in curtailing or enlarging all this strange history.

I think it unworthy of an honourable man not to communicate directly with you, and therefore subscribe myself,

Your obedient servant,
THOMAS MORGAN.

Woodford, Dec. 3, 1843.

CASE FOR OPINION.

(To the Editor of the 'Medical Times,')

Sir,—It not unfrequently happens in persons who have suffered from natural phymosis, that the orifice of the prepuce becomes so contracted with age, that the urine but improperly escapes. I have a case at present under my care, where it is almost obliterated—in fact, so closed as to preclude the possibility of introducing the smallest probe.

What are the best means to prevent the occurrence of the evil—and, when in existence, whether there is any plan of cure without cutting—dilatation for instance.

Your insertion of this note in your truly valuable pages may, perhaps, induce some of my brother practitioners to favour me—through the same medium—with their experience.

Your obedient Servant,
M. R. C. S.

Pembroke Dock, 28th Nov. 1843.

WEST OF LONDON INSTITUTE FOR DISEASES OF THE EYE.

The final meeting for giving form to this charity, was held on the 1st inst. at the residence of J. L. Flood, Esq., Belle Vue House, Chelsea, when the following appointments were confirmed:—

President.—The Right Honourable the Earl of Denbigh.

Vice-Presidents—The Rt. Hon. the Earl of Carnarvon, The Rt. Hon. the Earl of Erroll, the Rev. Lord Augustus Fitzclarence, &c. &c.

Medical Referees.—Dr. Hamilton Roe, Dr. I. A. Wilson, Anthony White, Esq. Thomas Calloway, Esq. F. H. Thompson, Esq.

Consulting Surgeon.—John Scott, Esq.

Surgeons.—Mr. D. O. Edwards, Mr. A. B. Barnes.

Treasurer.—James Pitt, Esq.

Secretary.—Mr. A. Gole.

ROYAL COLLEGE OF SURGEONS LONDON.

List of gentlemen admitted members on Friday, December 1st, 1843:—

J. Clark, G. Orchard, C. Sutcliffe, J. Murphy, C. Watkins, A. A. Davenport, H. Hanrahan, K. Burton, A. Parr, C. Brunt, W. Spackman, A. N. Jones.

THE MEDICAL TIMES.

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COURSE OF LECTURES ON THE THEORY AND PRACTICE OF MEDICINE.

Delivered by C. J. B. WILLIAMS, M.D., F.R.S., Professor of the Practice of Medicine, and of Clinical Medicine, at University College.

Phthisis Pulmonalis. — We now come to the subject of phthisis pulmonalis. I took, yesterday, a short glance at the opinions that have been given regarding this destructive deposition, and the equally destructive process of ulceration, which seems to be the very foundation of pulmonary consumption, or at least constitutes a most essential part of it; and I endeavoured to divide the two classes of lesions into:—consolidation, owing to the deposition of a peculiar matter; and ulceration or destruction of the lung, owing to the softening of that matter, attended with ulceration of other parts of the lung, so that the lung becomes hollowed out, and its proper functions destroyed. The second part of this is so obviously allied in its character to ulceration, as to require no argumentation of mine to prove the parallel; and it has been generally admitted that the destruction of the lung by the formation of vomicæ, is the result of the process of ulceration. But I mentioned, with regard to the consolidations which precede this state, that there are different views held. Formerly, the notion prevailed that the softening process was an inflammation that was to be prescribed for and cured, like other inflammations; but opinions of an opposite character have of late years been maintained, more particularly by Bayle and by Laennec, who limited tubercular phthisis, and endeavoured to separate it from all other lesions, as a condition unconnected with inflammation, or any other lesion in the body. Dr. Carswell goes nearly to the same extent, but with this difference,—he includes only the yellow tuberculization. In some parts he admits it to be inflammatory, while in other parts he speaks doubtfully. He seems to regard it as a secretion *sui generis*, not allied to any other secretion, morbid or healthy. Now, before I recal to your remembrance the views that have been advanced under the head of general pathology, as to the nature of tubercles, I will say a few words on this theory, put forward by Dr. Carswell. In support of the view of the universality of the secretion, it is an undoubted fact that tuberculous matter is deposited in every texture of the body (Dr. Carswell limits it to the interstitial parenchymatous tissue in the lung,) but at any rate it is deposited in the cellular texture of mucous membranes, and in cellular textures of almost every description;—within the substance of muscles; in the tissue of the brain, and on its membranes; under the mucous coat of the intestines, and in their follicles. It is deposited in all these various parts. Now, we will put a question:—If this be a matter or secretion *sui generis*, how is it that structures so different from each other in vital properties, and in their proper secretions, should yet alike have the power of depositing tuberculous matter? We do not find any other products thrown out from these parts, whether in a state of health or disease, which bear a perfect resemblance one with another. We do not find this, I say, in most cases; yet there is one product which they are all capable of forming, and that is the product of inflammation, thrown out in consequence of the plastic power of the blood; and, in this respect, there is certainly an agreement. This is the only point of resemblance in which they do agree,—the only identity or parallel between them. If it be a secretion *sui generis*, we are led to ask whether it be not allied with a secretion, more or less identical, which takes place from the texture under natural circumstances? Taking the view that it is independant of inflammation, or of any condition which is common with inflammation, I say, regarding it as independant of that, we must look at tuberculous matter as an anomaly, and anomalies are exceptions. I have already entered rather fully into the subject of the pathology of tubercles, when speaking of the phenomena of tuberculous inflammation of the lungs. I stated it to be a deposition of the plasma of the blood, or, in other words, of albuminous matter, which is the material by which the texture is renewed or renovated from time to time, according as it becomes decayed: the material by which its breaches are repaired; the material which is thrown out under the exciting influence of inflammation; which is secreted by all the vital properties of the texture, and thus causes as it were an overflow, as a product of inflammation or of determination of blood. Again, I say, I look on tuberculous matter to be a modification of this material which pervades all the textures of the body; and I consider that it owes this peculiarity, this distinction from all other modifications of the plastic principle, to a degraded condition of the material itself; that condition becoming degraded, simply in consequence of the depraved state of the whole plastic principle of the blood; or else it is the result of an imperfect action of the secreting process. And thus you see, you may have two modes in which phthisical lesions may be produced. One mode generally arising from degradation of the plastic matter throughout the whole body, the effect of which is shewn most where the plastic process is most active and most accelerated. Where the structure, through which the blood passes in great quantity, is assailed or disordered by the inflammatory process, tuberculous matter is apt to be developed as a sign or outward mark of a state existing throughout the whole constitution. It is under these circumstances that we have tuberculous disease developing itself in various textures at the same time, but more particularly in the lungs. How is it that the lungs, more than any other texture of the body, seem to solicit the deposit of this matter? Why is it that the lungs, more particularly; should be the seat of this mischief? I think several reasons may be found for this. In the first place, we must consider the relations which the lung bears to the whole mass of the blood; it has, for its bulk and weight, a greater amount of blood passing through it, than any other texture of the body. Hence if there be any disease in the blood, any disease of the plastic material, the lungs are apt to suffer. I may here advert to the experiments of Cruveilhier, by the introduction of mercury through the vascular system: where it was injected into other parts—if into the abdomen—somehow or other the mercury found its way in the form of globules into the lungs. I must mention an hypothesis lately advanced; namely,—that tuberculous matter is arrested in the lung, by a mechanical process performed in the capillaries of this organ. This has been advanced by a modern writer, who asserts that the tuberculous matter occurs chiefly in the lung, because the capillaries are here finer than in other parts of the body; therefore, any tuberculous matter deposited in the blood is arrested in the capillaries of the lung, and it becomes the seat of disease. There is this objection to the theory;—that the source of tubercle is not intravascular: it is deposited in the texture of the lung itself; we do not find the vessels choked up with tuberculous matter. The first development of tubercle is not in the arborescent form, but it is as a little nodule: it is a miliary tubercle—a grain which gradually becomes larger and larger; and you find it closely attached to the texture, but you never find it in the vessels themselves. The membranes of the arachnoid and pia mater frequently present this deposit distinctly marked on their surfaces; but never within the interior of the vessels. You can see the fine vessels running between the convolutions of the brain, with the matter deposited on each side, sometimes in the form of granules. In other instances, we find different forms of deposition at the same time, and the matter, although it may be injested into the vessels, does not obstruct the vessel itself. These are arguments which I would advance *in limine*, against the hypothesis that the arrest of the tuberculous matter is altogether mechanical. There are other reasons which seem to me more particularly to determine the deposition of tubercles in the lung, rather than in the other organs of the body. It is a fact that in cold countries—in those countries in which phthisis pulmonalis exists to a great extent—the lungs become the seat of especial irritations: the action of the lung is excited to the utmost, and whenever the functions of an organ are excited to a great degree, there is a predisposition given to disease. It is impossible to have the vital properties and the functions of organs excited, without the liability of running into disease from the exertion. As a general rule, also, the lungs are peculiarly exposed to disease from transitions of temperature. Every bronchitic, every catarrhal affection, which occurs, falls especially on the lungs, and if they are tender and delicate they become the seat of a chronic irritation. Transitions of temperature affect these parts more than any other. In some countries, where children and females habitually expose their chests to cold and transitions of temperature, there is a sort of predisposition given to the production of affections of these organs. These, I think, are the chief reasons why tuberculous disease affects the lungs in an especial manner in these countries. But we do not find it to be so much the case in warm climates, though there tuberculous disease of the lungs does exist, for you find it stated that among the troops in the West Indies, the destruction by phthisis is very extraordinary. Although the climate is more salubrious there, yet the manner in which persons expose themselves to the air, in order to relieve themselves from the oppression of heat, subjects them to the influence of the transitions of temperature, as much as if they were in this country. But in the East Indies, on the other hand, phthisis is not common, and in warm countries generally it is not prevalent; tuberculous disease, there, usually affects the liver; hepatic and dysenteric affections are common in those countries, and they appear to me to have some analogy to the tuberculous form of disease of this climate, and are the means of carrying off a large portion of the population, more so, in fact, than disease of the lung does in this country.

I must now hasten to consider the further operation of the causes of phthisis. I need scarcely remind you of the particular views that are held with regard to the nature of tuberculous matter; that it is a caco-plastic material, consisting of the fibrin or albuminous part of the blood, which is naturally required for the nutrition of the texture, but which, by becoming degraded, loses its sustaining property in a great degree. When it is materially degraded, it acquires the hard texture of the indurated tubercle, or the grey tuberculous consolidation, and those matters which are allied to it. For instance, the consolidation of chronic

pneumonia I take to be entirely of the same class. This form of matter exhibits less of the vital properties of organization, than the natural textures of the body. It may be said to offer a lower state of vitality. Besides this, it has a tendency to contract more and more; and hence, when the consolidation has existed long in the lung,—the grey consolidation, or the product of pneumonia,—for it is the same thing with a cluster of grey tubercles which have existed long without passing into the active state—there is a tendency to contraction of the textures, and a certain amount of atrophy of the whole lung; this is a remarkable phenomenon,which the history of phthisis presents. This may go on for a great length of time, and some parts of the lung will offer the appearances of cicatrices. I have no doubt that where there have been appearances of cicatrices in the lungs, there have, in most instances, been chronic consolidations of the texture, which in the process of time have contracted more and more, and, instead of softening, have left the lung of a peculiar and hardened form. We see this occasionally produced in a remarkable manner upon the surface of the pleura and the peritoneum, and in the same subjects that offer it in the substance of the lung: and we can scarcely avoid the conclusion that this process does take place, as a result of the deposition of tuberculous matter. This is the view which Laennec adopted on this subject. I have seen dozens of cases where the lung has been found rounded in this manner, on examination after death.

Yellow Tuberculization.—I have hitherto spoken of the caco-plastic products of the nutritive secretion, which result from inflammation. They do have vitality, but in a low degree. But the yellow and softened tubercle appears to have scarcely any trace of organization. Gulliver's researches on this point are to this effect:—That there are traces here and there of incomplete cells, circular in shape, of a soft matter, and but little approaching to lymph in its external and physical characters; and it seems that a great part of the whole mass of tubercle is made up of these cells. This matter appears not only to be destitute of organization, but wholly insusceptible of being organized; and you may discover a sort of chemical resemblance between this and fibrin which has been altered by retention in the body, in such a way that the vital influence cannot be brought to bear upon it. This has been demonstrated by Gulliver, who found, in some instances, fibrous clots in the heart and in the sinuses of the brain, presenting the appearance of an opaque, yellowish-white matter, something like pus; but on putting it under a microscope, he found it to be nothing but disintegrated fibrin. The fibrin loses its natural organization, and becomes softened. We have thus shown, not only the way in which tuberculous matter is thrown out in this plastic form, a form which possesses a low state of vitality, but we have also explained the manner in which the grey matter becomes converted into the yellow. It seems a little further degraded: it gradually loses its slightly organized form, and imbibes the moisture from the adjoining textures. This is the way in which the process of softening is brought about: a sort of softness, or chemical change, taking place from the action of the adjoining moisture. We must not forget the aids which the vital properties of the adjoining parts give to this process. No doubt the neighbouring tissue throws out pus, and the addition of this to the softening matter also tends to accelerate the chemical process by which the tubercle is changed, and ultimately separated from the system.

Action of Weak Acids on Electro-Plated Vessels.—Mr. Warrington asserts that copper vessels, such as saucepans, extract-pans, &c., silvered by the electrotype process, are acted upon by weak acids, as lemon-juice or vinegar, if allowed to remain in them for a short time. This, he says, must arise from the deposited silver being so porous as to allow the acids to permeate its substance, and the action is most likely assisted by the formation of a galvanic current.

FORM OF MALIGNANT DISEASE IN THE FELINE CLASS OF ANIMALS;

ADVANTAGES OF COMPARATIVE PATHOLOGY.

Being the subject of a paper read before the University College Medical Society, at its last meeting for the Session of 1842. By JAMES B. THOMPSON, A. B. M. D. &c. member of several Medical and Scientific Societies.

(Continued from the "Medical Times" of June 4, 1842.)

While engaged on the subject of malignant diseases, I would beg to offer a few remarks on those tissues which are generally supposed to resist this form of disease in a very marked degree. It is admitted by all, that arteries possess this preservative property in a great measure, but not more so than nerves in my opinion. We shall find that upon examining the parts in which malignant disease presents itself,and where it may have existed for some time, that though the principal nerve in the part may have been enveloped in the diseased structure, since its first appearance, yet we shall invariably find that the nerve has not undergone any, even the slightest alteration, with perhaps the exception of a thickening of its sheath or neurilema, and an occasional discolouration, approaching to a slight yellowish tinge; but in all other respects it is perfectly sound, and retains its original integrity,and is quite as capable of performing its ordinary functions,whether of sensation or motion, &c., as it ever had been. We may also observe, that in some cases, not unfrequently witnessed in our large hospitals, the patients are often subject to dangerous, nay, sometimes *fatal* consequences, owing to the hæmorrhage resulting from the sudden giving way of the principal artery of the part, or limb; and even in these cases, autopsies will prove what I have now advanced, and the nerve will be found as here described. In considering the many other wise and bountiful provisions of nature, we cannot but admire this latter circumstance, for it must be obvious that had not the nerves possessed this advantage over the arteries, we should in many, indeed in all, these cases, experience the most serious results. When an artery has given way, we can arrest the loss of blood; other vessels will take up its blood, and thus the limb or part may be supported for a considerable time; but once the nerve, if subject to a similar fate, were destroyed, we could not remedy its loss, and the death and destruction of the parts must ensue. Thus, then, I apprehend we should be wrong in attributing to arteries a superior preservative power over nervous tissue; at least we should not be borne out in such conclusions, if we only consider the statements here made, for the truth and correctness of which I may appeal with confidence to those present, who have paid attention to the *post-mortem* examinations in our large institutions.

A question of some interest will here present itself, namely,whether these diseases are of a constitutional character generally; for the common supposition I believe is, that tumours formed of tubercular matter are a sure indication or criterion of the previous existence of the tubercular diathesis. Then, again, it would be interesting to enquire whether these diseases, when affecting osseous structures, render thereby the vital organs more susceptible of taking on a similarly diseased action. We must be all aware that animals possessing a strong respiratory apparatus, have their bones better adapted for throwing out ossific deposit in cases of the reparation of bone, than animals of cold blood, such as fishes, &c., which can live with a comparatively small share of air; their bones we know are the least adapted for the production of callus. Then, on this established principle it is, that I am induced to imagine we may, with some degree of feasibility, attach some importance to this fact, namely, that the lungs are likely to become engaged in tubercular disease, where the bones have been originally affected. If we go still farther, I think we may trace some analogy between the proximate animal tissues in the parenchyma of the lungs, and the reticular or cancellated structure of the osseous system.

I have no doubt many present have also noticed that, when the *breast* or *testicle* is engaged in diseases of this nature, there is almost invariably an appearance of a similar disease affecting the *liver*, *spleen*, *pancreas*, and *kidneys*.

This latter circumstance was witnessed in the case of the poor animal forming the subject of this paper. I never saw a better marked specimen of the disease, than that presented in the mammary gland, spleen and pancreas of this cat; and I am happy to be permitted to add the testimony of Dr. Hodgkin and Mr. Dalrymple to this opinion, as I had the great pleasure and advantage of their presence and assistance in my examination of this poor cat.

I do not agree in the generally received opinion, that carcinomatous tumours or growths, though not strictly speaking of a cancerous or malignant form, at the time, when removed, will not again return;—I have seen an instance of this occur some ten years ago, where a tumour, certainly not of a carcinomatous character, was completely extirpated, but returned in the course of some months; the operation was again repeated, and, after its repetition a third time, proved successful: in this case, the surgeon, a very eminent practitioner, and the patient's friends, were under the impression that they had thus succeeded in getting rid of what was called a medullary sarcoma. It is from instances such as this, and which I am satisfied occur in every five out of eight of the cases that are recorded, that confusion and misapprehension have been induced on the part of the profession and the public, as regards the real and true forms of disease coming under this head or class now alluded to.

Before I proceed to give an account of some microscopic examinations, which I have recently been enabled to make through the kindness of my friend, Dr. Hodgkin, it may not be out of place here to offer a few remarks upon the terms:—induration and scirrhus, as in ordinary use. I apprehend we mean by the word induration, that it is the product of an action which has ceased to exist, its distinguishing characteristics being inaction and indolence. From this,the progress of scirrhus is very widely different. True scirrhus is the product of an overwhelming morbid cause,of an activity displaying itself in the formation of diseased structure, of a peculiar dyscrasia, which, unlike the inflammatory process, is not limited in its duration to a certain period of days or weeks. It is, in fact, a chronic disease, and when once established, contains within itself the principle of its further development.

Having, some time since, had the assistance of a kind friend, in analysing the interior of some malignant growths, taken from the human subject, and a few from the inferior animals, we were enabled to arrive at the following results, which though, perhaps, not as yet sufficient to justify us in arriving at any correct conclusions,still are thought quite adequate to make us confident as to the general opinion entertained about these subjects. It is to be regretted, that animal and vegetable chemistry are only now in their infancy; but we are not wrong, I hope, in being sanguine as to the probability of these important matters receiving that close attention and mature consideration, which, we must all allow, are so sure of being followed with many useful and practical benefits, not only to the chemist, but to all those engaged in professional and scientific researches.

All these malignant growths afford a certain proportion of osmazome and albumen; and it would appear that the more cellular the structure or tissue is, in which the disease occurs, the more gelatinous would be the product resulting from the analysis.

For, caseine seems to predominate in the carcinomatous tumour of the mammary gland, while fibrine prevails in scirrhus, and albumen in fungus medullaris. The result of the investigations of all parties seems to be pretty nearly agreed upon, as regards the inspection of what may be called the primitive formative bodies, nuclei or cells, which will vary in size, shape and appearance. Caudate bodies, fibres, and crystals are the only elementary bodies which have hitherto been discovered. The part which the cells appear to sustain in the composition of all morbid growths, has, however, of late, acquired additional importance from the investigations of Scleiden and Schwan in Germany. The

researches of the former relate to the development of the young cellules of plants, from nuclei formed in the interior of the parent cells. Those of the latter refer to the analogy between animal and vegetable structures. According to Schwan, all tissues in the embryo are formed from the cells, which are themselves developed from such growths, being the result of fresh formations of cells, and which afterwards undergo transformation into other tissues. By employing a high magnifying power, you can certainly detect cells in morbid growths, in which they are not known previously to exist—as, for instance, in collonema, in many varieties of carcinoma, and in enchondroma.

In most growths, however, presenting a cellular structure, with perhaps the exception of cholesteatoma and cellular polypi, the nuclei of the cells are quite obvious and easily discovered, situated either in their walls, or in their interior. In many instances, too, young cells were discovered, and found to exist within older ones, as was the case in various preparations; in sarcoma, enchondroma, carcinoma, and collonema. The chemical analysis of scirrhus by several persons who have applied themselves to this inquiry, which requires a great deal of patience and perseverance, seems to give very nearly the same results, viz.

That of a scirrhous breast affording in 100 parts follows :—

Albumen	3
Gelatine	19
Fibrine	19
Fatty and fluid, &c.	11
Water, &c.	22
	74

That of a scirrhous uterus as follows :

Fibrine	13
Gelatine	14
Fatty substance	12
Water, &c.	36
	75

That of a scirrhus from a cat, taken from the mammary gland, viz.

Albumen	2
Gelatine	18
Fibrine	17
Fatty substances	13
Water, &c.	25
	75

The result of the analysis of a scirrhous mass, taken from the uterus of a Newfoundland bitch, afforded as follows, viz.

Fibrine	15
Gelatine	13
Fatty substances	11
Water, &c.	38
	77

The black matter of melanosis has been repeatedly subjected to chemical analysis, and is always found to be insoluble in alcohol. Lecquet states that it consists of carbon dissolved in some animal fluid, from which it cannot be separated by any, as yet, known chemical process. However, from more recent experimental tests, its constituents are supposed to consist of phosphate of lime, a portion of iron, and a black matter insoluble in alcohol. According to Barruel and Breschet, it bears a great resemblance to the black pigment of the eye, as analysed by that distinguished chemist Berzelius.

Since the foregoing paper has been written, Dr. Thompson has made some additional remarks, which are here annexed, and which have reference to the development of tubercular depositions in the inferior animals.

(To be concluded in our next.)

PARISIAN TELLIGENCE.

(FROM OUR OWN CORRESPONDENT.)

Paris, Dec. 7, 1843.

On the Best Method of Studying Medicine.—Dr. Gouraud, *Professeur agrègè* appointed by the Faculty to deliver Professor Fouquier's course of Clinical Lectures, made the following introductory one at la Charité:—"In simply mentioning, that no branch of our profession can be completed, but by a good clinical course, I say enough to enable you to perceive how important such a course is. Every medical student, no matter how great, or how small his knowledge of the preliminary sciences—anatomy, physiology, pathology—cannot but be benefitted by following up assiduously these clinical lectures. Thus, the student *of anatomy and physiology* may confirm or rectify, in the hospitals, facts observed by him on the human frame. The student of *hygiene* may appreciate the truth of the laws he has learned, by questioning the sick as to their constitution, age, profession, mode of life, and by comparing the influence exercised by the sexes, &c. The student of *therapeutics* may study the action of different remedies on the human body, and learn, in a very short time, more of this important part of the profession, by the bed-side of the patient, than by the perusal of all that has been written on materia medica. The same remarks are applicable to *pathology*, and other accessory sciences; for in all, Nature herself may be studied whilst in action. But on what principles ought clinical instruction to be grounded? The illustrious Morgagni, the pupil and friend of Valsalva, on reading Bonnet's work, struck with the inexactitude and imperfections of the pathological descriptions, considered, that by performing *post mortem* examinations with greater care, by describing accurately the changes observed, and by establishing the affinity between these changes and the pre-existant disease, he would advance materially the progress of the medical art. This study has, since the impulsion given by this distinguished observer, been followed up by numerous others, and so much so, that in the present æra, it absorbs almost exclusively the attention of different authors. It is impossible to deny, that pathological anatomy has been exceedingly useful to the healing art, for by its means the physician is enabled to establish a certain diagnosis in cerebral affections, and employ a rational treatment in cases where their predecessors acted only empirically. It is espepially to the researches made by Laënnec, which immortalize his name, that his successors owe the knowledge they possess of the pathology of thoracic diseases. Compare the difficulties experienced by Stoll, Baglivi, Sydenham, and many others in their diagnosis, with the ease with which it can be done at the present day, even by the merest tyro, and you will be convinced of the utility of pathological anatomy in the study of medicine. Again, what light it has thrown on disorders of the heart, especially since the publications made by Prof. Bonilland, to whom we owe the important discovery of the coincidence of arthritis and endocarditis. By this science, we learn the numerous causes productive of dropsy, and are enabled to employ a proper treatment; by it we can form a correct idea of the nature of typhus fever, for it shews, that in this disease the follicles of the intestines are generally affected; and that we discover the mode nature follows in the cure of certain diseases—phthisis, for instance.

Pathological anatomy, animal chemistry, &c. ought to be studied assiduously, as very useful, but ought not to be considered as forming the whole of the healing art; on the contrary, it is necessary to pay the greatest attention to the vital phenomena, as, in my opinion, no one can be a physician, in the true sense of the word, without being a vitalist. Broussais says "Every disease is vital at its outset," for is not every disorder caused by a local or a general disturbance of the vital functions? A disease is vital not only at the ontset, but likewise throughout all its periods, and in its causes. May not a disorder exist before it declares itself to the eye of the medical observer? Were this denied, the existence of an hereditary pre-disposition must likewise be considered impossible; for instance, take a case of arthritis in a person pre-disposed to contract this disorder, a circumstance often met with, we find the most rational remedies fail to cure it. Why? On account of the pre-disposition of the patient; it being a vital function, invisible to us. Again, an individual has an hereditary pre-disposition to phthisis pulmonalis; as yet, no signs are perceived, nothing revealed by pathological anatomy; yet if he be abandoned to the influence of certain morbific agents, the disorder soon makes its appearance; whereas by a proper hygiene, and the removal of certain unfavourable circumstances, he may live a long time in the enjoyment of good health. It not only happens that certain diseases are transmitted from father to son, but likewise may create a pre-disposition to another; thus a parent suffering from chronic rheumatism, may communicate to his offspring the germ of catarrhal affections, or diseases of the heart, &c. Epidemics are vital! We cannot consider them otherwise in the actual state of medical knowledge. At their appearance all diseases are vital. Broussais, though not so great a believer in vitalism as I am, declared it. Examples may easily be cited. What do continued fevers offer at their commencement but vital phenomena, though special or local symptoms may declare themselves at a later period? Should we employ the same remedies in such cases as in those produced by traumatic causes? Certainly not; for in so doing we should be almost sure of failure, if we did not consider the cause, and the peculiar nature of these affections. Hæmoptysis is of frequent occurrence; ought it to be treated always as a symptom of an organic disease of the lung? No, as it may often be caused by a disturbance or suppression of some vital function, such as the catamenia, hæmorrhoids, &c. This shews how erroneous it is to consider the morbid phenomena as caused only by the local or organic alterations. The generality of practitioners lay too much stress on the symptomatology; but symptoms are only the medium by which a disease declares itself. It is likewise necessary to consider the age, sex, constitution, &c., of the patient. But no physician neglects the study of vitalism. Those who call themselves non-vitalists, contradict their own principles, the moment they consult other phenomena than those dependent on the local lesions. During convalescence, there is also a great dissimilarity in the same disease, according to the person affected, though the anatomical characters are exactly similar. In some it is rapid, free of accidents; in others, on the contrary, slow, uncertain, and full of impediments; and this without any appreciable cause. Whence this difference, and how will non-vitalists explain it? Sometimes we see a patient remain in a state of unaccountable weakness, though his appetite and digestion are perfect; another, though eating voraciously and more abundantly than when in good health, still offers a state of weakness or aberration of his mental faculties, and yet the organic functions are perfect. It is, therefore, necessary to seek the cause elsewhere. In some cases it is hereditary, the parents having presented similar phenomena during convalescence; by this discovery the vitalist explains what to another appears unaccountable. Again, what a difference between the convalescence of an exanthema and that of other inflammatory disorders; with what care must the former be surrounded. If the patient is of an extraordinary susceptibility, the least deviation from the proper hygienic rules exposes him to relapses, or to serious catarrhal affections. This is so true that it is customary with prudent physicians to keep their patients a fortnight in bed, and a fortnight in their room during summer, and three or four weeks during winter, after the disappearance of all the morbid phenomena, experience having taught them how important such a measure is. To what is this extraordinary susceptibility to be attributed? In my opinion to a vital peculiarity of the system, which must not be lost sight of, if we wish to explain the symptoms. To a similar idiosyncracy we must attribute the extraordinary variations offered by the same remedy; otherwise how could we explain the difference in the action of the same

medicine administered in the same disorder to individuals of the same age, profession &c? We certainly should not seek an explanation in the knowledge of pathological or chemical alterations. It is impossible, however, to comprise in one lecture the whole of so vast a subject, but I trust I have said enough to impress on your minds, that in a disease, more is to be considered than the local lesion, and that this last is far from being the most important for the physician. You will perceive that there are more essential considerations which ought to occupy the mind of the practical physician, if he wish to form a complete and philosophical idea of the disease he is about to combat. These considerations guided the ancients, who, though they had not the advantages we possess, from our knowledge of pathological anatomy, still were not more unfortunate than we are in the treatment of their patients. These considerations I will endeavour to point out to you daily at the sick bed-side, not forgetting, however, to call to our aid pathological anatomy, as well as all other accessory sciences which may be useful. In a word, in order to give a good course of clinical lectures, we must make use of all that is really profitable, ancient or modern, without adopting exclusively one opinion, or disdaining another. The healing art is a science so vast, that even in uniting all that has been said or written, we cannot presume to suppose it will be complete. Let our maxim be as Baglivi says. "*Novi veteribus non opponendi, sed perpetuo jungendi fœdere.*"

Strangulated Crural Hernia.—Prof. Blandin made the following clinical remarks on a case of Strangulated Crural Hernia. The patient, a woman, age, 38, the mother of two children, was, after an effort, suddenly seized with colics, nausea, and vomiting and was brought to the Hôtel Dieu. Examined the next day; a round, uneven, tumour was discovered in the groin, of the size of an egg, hard and painful when touched; abdomen likewise sensible; pulse small, frequent; stools suppressed. The patient being conveniently placed, taxis was attempted, but failed; poultices on the tumour, purgative and narcotic enemas, and baths were ordered. In the evening the patient was better, the swelling less painful, though still irreducible; but, during the night, the accidents recommenced with greater intensity, with the accession of tympanitis. An operation appearing to be the only chance of saving the life of the patient, it was performed the next morning in the usual way. On opening the hernial sac, the intestine (easily recognized as the large one) appeared, offering the following characters:—dark violet colour; fetid and gangrenous smell; yielded on pressure; became cold soon after exposure to the air. The stricture being divided, a portion of the sound bowel was drawn downwards with great care, and the gangrenous part opened and afterwards removed, by which a quantity of gangrenous,but no fœcal matter, escaped. A female sound was then introduced anto the upper end of the intestine, through which l considerable quantity of fœces escaped, and relieved the patient's sufferings. The next day, on removing the dressing, the sound came away at the same time, and it was impossible to replace it; attributing this difficulty to the swoln state of the parts, the dressing was put on, and a purgative enema ordered. During the day the patient was taken with colics, nausea, vomiting, and tympanitis, and passed a very bad night. Finding it impossible to introduce the sound, Professor Blandin resolved to enlarge the wound and search for the intestine, but, notwithstanding the utmost care, he could not succeed; the sound was tried once more, and was supposed to be in the intestine, as it allowed a small quantity of pus to escape. The patient died in the night.—*Autopsy*: Signs of peritonitis round the hernial sac; upper end of the intestine immediately above the crural arch, and behind Poupart's ligament, to which part it was adherent; its position was such that, in order to penetrate into its cavity, a very crooked sound would have been requisite; gangrene had extended upwards, and the mortified part, in retracting, had formed a species of valve, which prevented the introduction of the sound or the escape of the fœces. This fact,said the Professor, shewed:—1st. That a person affected with hernia ought never to neglect wearing a truss; the woman had omitted this necessary precaution.—2nd. That sphacelus may take place forty-eight hours after the accident, giving a proof of Sir A.Cooper's observation, that if, after twenty-four hours, and the administration of baths, tobacco, enemas, &c., the hernia is not reduced, the sooner the operation is performed the better.—3rd. That in a case of strangulated hernia, mortification may extend upwards above the stricture.—4th. That in cases of artificial anus, the sound must be left in place more than twenty-four hours, otherwise it may be impossible to replace it. This fact showed that the method hitherto followed by the Professor, is faulty, and that the metal sound ought not to be changed for a gum-elastic one, so soon as the day after the operation.—5th. That it is indispensable for the success of the operation that the fœcal matter should escape freely.—And, 6th. That if twenty-four hours elapse without any evacuation taking place, the surgeon ought to enlarge the wound and seize the bowel which had retreated into the cavity of the abdomen.

On Antagonism of Phthisis and Intermittent Fever.—Dr. Gouzée, Chief Physician to the Military Hospital, Antwerp, in a note addressed to the Editor of the *Gazette Medicale*, says, "The partizans of this opinion affirm that phthisis is unknown in countries where marsh miasma reigns." This may be true with some, but certainly is not the case at Antwerp, where, though intermittent fever is endemical, phthisis is very prevalent. Thus, from 1834 to 1842, of 453 deaths at the Military Hospital, 123 were caused by phthisis, or one in three and two-thirds. During the first six months of 1843, of 17 deaths, 9 were from phthisis, or more than one-half, though intermittent fever was more prevalent than usual. Moreover, no doubt can exist as to the nature of the disease, the *post-mortem* examinations having demonstrated the existence of tubercles. The same remark is applicable to the inhabitants of the town; therefore, the law announced by Dr. Boudin is not without an exception; for, in Antwerp, phthisis and intermittent fever reign simultaneously, and the one does not prevent the development of the other.

Cyst of the Liver formed by Hydatids.—A curious case has just occurred in the wards of M. Robert at Beaujon. A Butcher aged 30, was admitted into the hospital for a tumour situated in the right hypochrondrium, uncircumscribed; prominent especially near the last true ribs; skin of a natural colour, no pain; liver extending 1 1-8th inch below the false ribs; dulness on percussion, *in the centre* from the cartilage of the 5th rib, to about 2¼ inches above the umbilicus, *on the left side*, as in the normal state, *on the right side*, it was impossible to assign its precise limits; no ieterus, nor functional disturbance. M. Robert after a careful examination and discussing the opinions pro and con, came to the conclusion that the liver was the seat of a pathological collection, and in order to ascertain its exact nature, he plunged a small trocar into the tumour, which, after penetrating 1 1-8th inch, permitted about 4½ oz of a limpid brackish liquid to escape, indicating the presence of a cyst of the liver. The opening was closed with a bit of sticking plaster, and a band placed round the body. This operation was followed by fever, vomiting, and an excessive sensibility of the abdomen which necessitated the application of 20 leeches, and emollient cataplasms. As soon as these accidents had disappeared, a bit of potassa fusa was placed on the summit of the tumour; the next day the eschar was divided and removed, and a second application of the caustic made. This was repeated subsequently every 3rd day, in spite of the local pain and general reaction which they produced, and against which, emollient poultices and abstinence were the only means employed. On the 6th application the symptoms become more intense; the tumour increased in size and became the seat of smart and constant pain; insomnia; fever; frequent vomitings; leeches were applied to the epigastrium, and cupping performed on the lumbar region. Eight days after,the symptoms continuing the same and diarrhœa having come on, a bistoury was plunged through the eschar into the swelling,and about lb.ij of a turbid,yellow,fetid and somewhatsanguinolent fluid escaped, after which the patient appeared somewhat easier. A tent, introduced into the tumour, prevented the wound healing, and facilitated the passage of a considerable quantity of fœtid serum. Though the hypochondrium decreased, still the sweats and diarrhœa persisted; the tumour was therefore emptied,by means of a gum elastic sound, of a liquid at first transparent, afterwards greenish, and finally thick and yellow. In order to avoid the purulent re-absorption, several injections of tepid water, as recommended by M. Recamier, were made daily into the cavity; the tent,emollient cataplasms, and bandage round the body were continued,and broth given. These means were crowned with success, for the fever abated, and the patient appeared better. To ascertain whether the cyst contained hydatids or not, a large sound was now introduced, and by means of a syringe attached to its extremity, about 20 hydatids were extracted; this was repeated several successive days, and not only the same number was removed each time, but likewise a portion of a white, soft, opaque membrane, of the size of the hand. The cyst diminished gradually in diameter, and the ribs followed it as it retreated; the liquid that escaped continuing still to be fœtid, a small quantity of chlorunet of sodium and decoction of cinchona were added to each injection. Under this treatment the appetite and sleep returned, the pain disappeared, the liquid excreted lost its fœtid odour and became purulent. Three months after the first application of the caustic, the patient had regained his strength and grown stout, the cyst had decreased, the sound and injections were no longer made use of, and all that remained was a fistula 5½ inches in depth, oblique from below upwards and from left to right, through which flowed a small quantity of pus. Desirous of obtaining its obliteration, M. Robert injected a mixture of the tinctura iodini in a considerable quantity of water. The irritation caused by this liquid brought on fever, ieterus, and sanguinolent suppuration, which yielded after employing during ten days, poultices and emollient and chloruretted injections. Such is at the present moment the state of the patient, and M. Robert purposes submitting him to the examination of the members of the Academy of Medicine, as soon as the cure is completed.

On the Action of Emetics, by Professor Forget.—From experience, the author of this Memoir concludes,—1st, *That antimonium tartarizatum given as an emetic, often purges.*—In seven cases of angina tonsillaris, febris intermittens, hysteria, chlorosis, rheumatismus, grs. ij. to grs. iij., in a few ounces of tepid water, were given in three doses, ten minutes between each; alvine evacuations were produced five times. 2d, *That ipecacuanha purges frequently.*—In six cases of bronchitis, febris intermittens, angina tonsillaris, hypochondriasis, colluvies gastrica, from grs. xviij. to grs. xxiv., in a little warm water, given in two doses, with ten minutes interval; it purged twice. 3d, *That the purging produced by emetics depends more on the dose, and idiosyncrasy of the patient, than the nature of the medicine.* 4th. *That all emetics, whether vegetable or mineral, are, more or less, irritating; as to the astringent properties of ipecacuanha, this opinion is chimerical.* Hufeland affirmed, that by the addition of squills and ipecacuanha, the purgative qualities of antimon. tartar. were neutralized, and recommended, consequently, the following prescription:—℞ antimon. tartar, gr.j.; pulv ipecac. grs. xv.; oxymel. scillæ, ℥ss.; aquæ puræ, ℥ij; to be taken in three doses, ten minutes between each. But in eight cases of typhus, gastralgia, colluvies gastrica, febris intermittens, amygdalitis; it purged five times. 5th, *That emetics, instead of diminishing colluvies gastrica, often increase it.* 6th, *That when given on the Rasorian principle, in thoracic affections, immediate toleration is the exception; generally, they act first upwards and downwards, and then on the lungs:* in 29 cases of pneumonia, the toleration was observed only thrice. 7th, *That it is far from being proved, that when toleration takes place immediately, a salutary effect is exercised on the duration of the disease:* in the three cases of toleration, in one the cure was rapid, in the second slow, and in the third, death came on with rapidity. 8th, *That pneumonia is cured with as much certainty when the stomach and bowels are acted on, as when*

they are not: of the twenty-nine cases, in three the medicine was tolerated—two cures, one death; in seven, it was necessary to cease its administration—six rapid, one slow, cure; in the remaining 19, five deaths, one slow, and 13 rapid cures. 9th, *That the phenomenon called antimonial saturation is purely accidental, and offers no affinity with the progress or termination of pneumonia.* 10th, *That the opinion which gives to tartar emetic a specific action in pneumonia is hypothetical, and requires to be confirmed by more authenticated facts.* 11th, *That in the generality of cases, venesection ought to be preferred to tartar emetic in pneumonia:* in nine cases out of seventeen, venesection alone sufficed—two cases yielded after nine days' treatment—one to three—the other to four venesections—the longest lasted twenty-four days; tartar emetic was given during eight days. 12th, *That in some few cases, tartar emetic may be given in preference, and in others employed conjointly with venesections.*

Cases of Poisoning.—The trial of Mary Pouchon and Andrew Rocher took place before the assizes of Puy de Dôme, and the discussions to which it gave rise between Professor Orfila, Dean of the Faculty of Medicine, Paris, M. Barse, Apothecary at Riom, Drs. Porral and Reynard, against—and Professor Dupasquier, Dean of the Faculty of Medicine, Lyons, and Drs. Rognetta, Flandin, and Danger, for—the accused persons, gave a peculiar character to the case. The conclusions of Professor Orifila were: "As there exists an insoluble salt of lead (sulphuret), which, when mixed with common salt and an acid, is not changed into a soluble and poisonous compound; and as it is affirmed (in my opinion erroneously) that the quantity of salad taken by Pouchon did not contain sufficient of the salt to cause death, I cannot positively affirm that he died from poison; but as it results from the facts and documents of the cause, that such an event would be in some measure miraculous, I consider myself authorized to state that it is excessively probable that Pouchon was poisoned." M. Dupasquier concluded: "I see nothing but doubts—doubts as to the fact—doubts as to the origin of the lead found—doubts as to the proofs furnished by science." M. Rognetta went still further, for he declared that the symptoms observed by the medical attendant were those of Pouchon's former disease, viz., ulcerated chronic gastritis; that they differed essentially from those observed in poisoning by lead; and that the lead found might have proceeded from the substances employed, or from the remedies given some time before, of which the acetate of lead formed part, and which, after having been absorbed, had not yet been eliminated; that he had prepared a salad with one-third of the dose necessary to kill a man, and when tasted not only by him, but also by several colleagues, it occasioned such violent spasmodic contractions of the fauces, accompanied with an excessive salivary flux, that it was impossible to continue the experiment, even had they been ignorant of the danger which might have resulted. This is sufficient to prove that Pouchon could not have been poisoned by a salad thus prepared. "Should there exist in your minds," said M. Roguetta, addressing the jury, "the least doubt as to the exactitude of what I affirm, I will prepare a similar salad. Taste and judge." It would appear that this proposition was not exactly to the taste of the gentlemen to whom it was proposed, as none accepted the invitation. Mary Pouchon and Andrew Rocher were condemned to the galleys for life. The former sentence was death.

Academy of Sciences.—Sitting of the 4th Dec.—Professor Dumas in the chair.—M. Magendie presented a few observations relative to the letter addressed by M. Piedagnel in the preceding sitting, with regard to the broths used for consumption in the hospital. It is positive from the experiments made by the commission of which M. M. is a member, that the broth made in the hospitals is excellent. As to that furnished by the *Compagnie Hollandaise*, it ought not to be condemned as insalubrious. At the door of each hospital, the broth is tasted before it is permitted to enter, and certainly would be refused if of an inferior quality, or sour. Broth prepared in the way mentioned by M. Piedagnel, offers a density of 1011 instead of 1015, and 1017 offered by that prepared as usual at the Hôtel Dieu; the animal residue is likewise less. As to the price, one penny per pint, it differs little from the good broth of the hospitals, which costs 1¼d. to 1½d. per pint.

On Variola after Vaccine.—M. Emery writes to refute the opinion announced by M. Leymerie, founded on the researches made at Belleville, Chevreuse, and Dampierre, which proved that variola often attacks individuals previously vaccinated. This last practitioner, notwithstanding the evident proofs in favour of Jenner's discovery, affirms that it is perfectly useless.

On a Fossil Jaw of a Large Ruminantia.—M. Duvernoy read a second memoir on the subject of the fossil jaw discovered last December at Issondun (Indre.) From the examination of the learned academician, he concludes, that it is the lower jaw of an animal of the genus cameleo-pardus, which shews that formerly it was not confined to one part only of the ancient continent, but that it existed in Europe and in Asia.

Academy of Medicine.—Sitting of the 5th Dec.—Professor Dubois in the chair.—M. Mercier addressed a letter, claiming the priority of the discovery of valves at the neck of the bladder, and the invention of an instrument *ad hoc.* He likewise requested to be permitted to lay before the Academy the instruments he has constantly employed. This communication was an answer to one made by M. Guillon in the preceding sitting.

Discussion on Quarantines against the Plague.—M. Rochoux read a memoir in which he combats the opinions emitted by M. Hamont in the former sitting; viz., that lazar-houses were needful to purify the goods and ships, and to prevent persons from bringing pestiferous miasma, and propagating the disease; that the plague exists always in Egypt; and that it is not a proof that a ship will not communicate the disorder because it has a clear patent.—M. Londe in reply to the same person said, that had M. Aubert been convinced of the non-contagion of the plague, he would have proposed the abolition, not a modification, of the time lost by quarantine;—that as to merchandise, no case had occurred during the last 12 years in persons employed in unpacking them;—that as to the danger resulting from the rapidity of the navigation by steam, this cannot exist, if the advice given by M. Aubert is followed, viz. not to allow a vessel to communicate freely with the shore until 8 days have elapsed from its departure, authentic documents having proved that if it does not shew itself before that period it never will; thus if 3 days is the average term of the passage from Alexandria to Malta, free communication will not be permitted until five days have elapsed, and so on according to the distance;—finally, that he thinks it is to the progress of hygiene, not to the existence of lazarets, that the non-propagation of the plague is to be attributed. After some remarks from Messrs. Hamont, Ferrus, and Desportes, the Academy closed the public sitting, and assembled in committee to decide as to the prizes to be awarded.

GARLAND DE BEAUMONT, D.M.P., B.L., & S., &c.,
Honorary Physician to the Spanish Embassy.

MESMERISM UNMASKED.

(To the Editor of the "Medical Times.")

Doubtless the pleasure is as great
In being cheated, as to cheat.—HUDIBRAS.

We have all heard of the old stories of witchcraft, and people leaguing themselves with the devil, for the attainment of superhuman agency. Such stories are no fables; living instances still exist, possessing these preternatural powers, one of which, coming within the sphere of my own observation a few days since, will serve as an illustration, that "there is nothing new under the sun."

On Thursday, 26th October last, I went by the express invitation of several mesmerists of this town, to Sandwich, to witness the extraordinary phenomena of "seeing a boy read from the crown of his head, play a game at dominoes, distinguish one object from another, tell the colours of flowers, &c. &c., from the same part." The mesmeriser, Mr. Weekes, Surgeon of Sandwich, had been previously advised of my coming on this occasion, but prior to which, I had read a letter of Mr. Weekes', wherein he mentions, "that the said boy could read when in the mesmeric sleep, either from the pit of the stomach, the back, or crown of his head, and decipher coins shut up in a box," &c. &c. About the same period, I read a second letter from Mr. Weekes, addressed to a mesmeriser of this town, making the appointment, and doubting not, that the sceptical medical friend alluded to, would be convinced of the assertions of the mesmeric art, after seeing the experiments just noticed; but as the boy had lately been under a course of medicine, he could, at the *time stated*, only be able to read from the crown of his head. This last bit of apparent *finesse* nearly deterred me from going; nevertheless, having promised these mesmerisers for many months past, that I would engage to expose the mesmeric deceptions, as well as the ignorance of the poor deluded dupes, on the first opportunity afforded me, I went.

The lecturer commenced by stating, that mesmerism was a new science, and like all novel introductions, had met with a strong and determined opposition; at the same time, instancing the immortal Harvey, in his discovery of the circulation of the blood; but he regretted to observe, its strongest opponents were the medical men and the clergy, particularly the latter. His object was not to gain converts; he did not court that, but to exhibit the truths of the power of the mesmeric influence, which he himself was perfectly satisfied of. He then read the rules of the Mesmeric Society, for the evening, which were tantamount to hear, see, and say nothing, and if these could not be complied with, of course, such persons so objecting, could leave the lecture-room. Mr. Weekes then exhibited a half black mask, saying, the boy could not see in the mesmeric state if his eyes were not bandaged, but in order to satisfy the audience, or rather those who were sceptical on this point, he would apply the mask. It was made of thick pasteboard, covered with black velvet, wadded, and varnished inside, so that it was quite impossible to see through it, and from its being black, no light could pass through it, as the rays of light were absorbed by all black objects. Likewise, to destroy any doubt respecting the boy's seeing from beneath the mask, he only need inform them, that was utterly impossible also, it being the nature of the rays of light to pass in straight lines; consequently, that could not be, there being so many angles, or diverging points, from the light to the table, the table to the nose, and the nose to the eyes, before it could arrive at these parts, and which must be admitted, were out of the direct line. Here the lecturer had forgotten to mention the laws of reflected and diffused light; had he done so, probably the discovery of seeing beneath the mask might have suggested the delusion. He next sent the mask round for inspection, with which all seemed perfectly satisfied, with the proper security taken. This would not do for me, so I placed it upon my face, though it did cause a derisive laugh from the mesmerists; however, the principle was good, for it at once detected the puerile pseudo doctrine exhibited on that memorable occasion. The mask was then returned to Mr. Weekes, who expressed a hope, that all were satisfied with his statements. Finding no one rose to offer an objection, I thought it expedient to do so. Having apologised for the interruption of the proceedings, I stated that, although I had tried the mask on in several positions, I could see from beneath it. The lecturer then reminded me that I had not had it properly fixed on the face, that it was secured behind the ears of the boy, as well as tied behind his head. Upon hearing this I stept out into the middle of the room, and requested him to secure it in his own way; he complied, but whilst performing the task, he repeated three or four times, "I much fear I shall hurt you." This I construed into a desire of his wishing me to abandon the project, and therefore as often told him not to mind, for I did not regard trifles. At length he completed the affair, and then asked me if I could see. I replied yes, I believed I could tell

the dominoes. He answered we will try you. The dominoes were cast from the box upon the table, and the first I took up I pronounced a two-blank, the second a nine, both of which were correct; this of course satisfied all that I could see. Mr. Weekes then informed me that he had an inner mask, or contrivance, which he requested to put on; to this I readily assented. It was a couple of round black pads, connected, and in appearance very similar to a pair of spectacles with the glasses covered, which he tied very tightly over my eyes, and the former mask over it. I was again asked if I could see; I answered no. My eyes were now relieved from the masks, upon which I asked permission to be allowed to affix them upon the boy's features, (well knowing that everything depended upon the manner of doing it) to this he said he could not assent, as it would have the effect of demesmerising the mesmeric influence. I then desired to apply them before the boy was mesmerised at all, to this Mr. Weekes dissented likewise. I now felt in a perfect fix, having but two alternatives, either to remain a quiet observer, or to quit the room; the former I preferred for several reasons. The boy now seated himself in a chair; Mr. Weekes made a few passes, and the boy's head bobbed backwards and forwards, just as naturally as a Chinese Mandarin figure in a tea shop. The phantasmagora then commenced in right earnest; the lecturer asked the chairman of the society (the son of a grocer) whether he would have one or both masks applied, being himself convinced that the boy could not see without the masks at all in the mesmeric state. The worthy chairman said since an objection had been raised, it might appear more satisfactory to apply both, but that he was equally convinced that the boy could not see. Both masks were then applied, the boy assisting in the operation to his entire satisfaction. The frivolous experiments began by Mr. Weekes and the boy playing a game at dominoes, which was to convince me and the rest of the party (about a hundred and fifty in number) of the truths of mesmerism; but the game ended like the tricks of impostors and sorcerers of earlier times, only by imposing upon the understandings of the weak-minded. During the game a succession of things were placed by Mr. Weekes, when it was his turn to play, in the place of his dominoes; these were easily detected by the boy, who sat at one extremity of a table with two lighted candles before him, a well-lighted lamp suspended over his head, and the outer mask projecting at least half an inch from his nose. These pretended magical delusions were continued for two whole hours and a half, from eight o'clock until half-past ten; not a few were heartily tired of the prolixity of the absurd repetition of the tricks, but there were many others who viewed these sports with sincere belief; one affirming that they were as true as the Gospel—another as true as God was in Heaven—and a third believed sincerely in all he saw, but he was sure they were connected with Satan, thus verifying the stories of persons leaguing themselves with devils. Notwithstanding that the boy never failed in distinguishing one object from another, I regret to say there were several persons present who were silly enough either to take or send up to the table similar articles which they no doubt supposed were sure tests of the boy's capabilities, but with no other result than to level their senses with that of Montons. In the midst of these tricks the delusion was unmasked, for I particularly noticed that everything to be distinguished by the boy was invariably placed before the light, just under his nose, so that he could not fail of seeing them in that position. After thus making them out he held them up to the crown of his head, and professed to see from that spot, pronouncing aloud the names of the various articles as they presented themselves to his notice. This achievement went but to prove the truth of the assertions of the acutely observant mesmerists; the erring steps of the glorious dupes of the darker ages were nothing when compared with these. But not wishing to digress too far, at the time already named, half-past ten, a chemist of this town, also a mesmerist, walked up to the table—not as one of those who know nothing and may have something to learn, but a genuine second Paracelsus, who had sufficient presumption to suppose that he possessed knowledge beyond all others, something superhuman, and therefore thought he could make a new race of men by chemistry alone. This magician presented his test—one as common as any of the rest which was to deceive the sight of the charlatanic pretenders; yet all fated to be deceived, this modest man again fell a victim to the truths of the magnetic influence, or the power of seeing with one's eyes wide open, and quite awake. I could now no longer resist violating the society's rules, seeing clearly there were no objections made to the persons already hinted at, so long as their inquiries did not attempt to solve too closely the philosophy of the humbug.

I therefore requested Mr. Weekes, just to afford me one simple test, which would convince me as well as every one present of their pretensions, and offer ample satisfaction to himself, as not one of those yet offered had the effect of carrying conviction with it, unless, indeed, it were to tell against the experiments. That was for him to hold a piece of my writing to the crown of the boy's head, or to let the boy hold it himself in that region; Mr. Weekes said he did not comprehend me, but if I explained myself it should be done. I then required him to take from the table any article he pleased, and ask the boy what it was,—that would serve as an illustration of my meaning. He complied by placing something under the boy's nose in front of the light, which he took up, rose, and bent towards the light, presenting the crown of his head in that direction, holding the object in question close to it, and declared its name. I now begged he would offer my test to the boy's head in that position, before suffering him to sit down; I wanted nothing further. Immediately I had given utterance to these few words, the lower features of the boy turned pale, alarm was depicted in his countenance, and he began to cry out, "Oh, master! Oh, master! Oh! Oh! Oh! master," in the greatest terror. Mr. Weekes then took off the mask, and said I had alarmed the boy by speaking; that I had acted in opposition to the rules, in consequence of which he dissolved the meeting. This I construed into nothing less than a perfidious design to escape detection; a power at once dangerous and destructive to the science. I therefore asked him to mesmerise the boy again, or permit me to do it, and I would make him, or any other gentleman in the room, a bet of a sovereign, that the boy could not tell the number of dots upon one of the dominoes he had been playing with, if held over his head; he replied, betting would not decide the truths of the art. I then, in order to have the boy put to the test, if possible, by a further temptation, offered two to one; not accepted. I next offered to give the boy a sovereign if he could read the inscription on a coin which I would shut up in a box, or make a bet on this point; not accepted. I then, without the slightest hesitation, denounced the boy an impostor, stated that he had been awake the whole time, consequently could see from beneath the mask, and the whole was a complete juggle throughout. This raised the ire of Mr. Weekes, who derided my statement, and said if I had sent up my wish in writing the boy would have complied with it; as it was, if I had a desire to test the boy's powers privately, he would afford me the opportunity. I told him I would avail myself of it on a future occasion, but that I rose to state fearlessly that which I should not be ashamed to give utterance to behind his back, and what I had said, and wished to say, was with a view to benefit mesmerism if there was anything in it, by exposing what I considered a gross attempt to impose upon one's senses. Having myself told the numbers of the dominoes without the aid of the strong lights on the table, the lad assisting in fixing on the masks, the neglect to offer one satisfactory test by placing it over the crown of the boy's head, the mask fitting much closer on my features, the detection of the mesmeric artifices both in Paris and London, &c. &c., —were sufficient to warrant the opinion expressed. After apologizing to the company present for the interruption, I was about to withdraw, when a gentleman rose, and said he felt with myself anything but satisfied with the experiment exhibited, and that he retired with the same degree of feeling as when he entered the lecture-room. This closed the evening's entertainment. I may just mention that on my way to the coach, in company with a gentlemen of Spencer-square, Ramsgate, a gentleman who had witnessed the whole of the proceedings came up and said he thanked me sincerely on public grounds for the spirit I had displayed in making the *exposé*, which he considered was rendering an essential service to the people at large. A clergyman who sat in the same coach with me, a total stranger, said, in the presence of all, that he would not hesitate to take his bible oath that the boy was awake and could see beneath the mask the whole time; thus verifying Mr. Weekes' introductory remarks, that he had met with no class of persons who had made such decided opposition to mesmerism as the medical faculty and the clergy. This was most assuredly well illustrated on the evening in question. I need scarcely mention, that all mesmerists have attempted what is beyond their power, and most of them practised gross impositions, professing that which they knew they never could realise, and that their undertakings have invariably, when properly investigated, terminated in an *exposé* of their nefarious and barefaced attempts to impose upon the credulity of the weak-minded. Many of the fooleries of these pretenders may be found published in the *Phreno-Magnetic Journal*; such, for instance, as foretelling future events, and describing accurately passing occurrences in America, at the very hour they themselves were in London. These are some of the absurdities of the system, and its followers. When will such glaring ignorance purify itself? Never—until the disordered imagination shall seek to solve the proof of these ridiculous follies, by philosophy alone.

Not having seen any notice of these proceedings in the country papers, I addressed the accompanying note to Mr. Weekes:—

Spencer Square, Ramsgate,
3rd Nov. 1843.

Sir,—As you kindly expressed a wish to afford me a private opportunity of investigating the boy's capabilities of seeing, either from the posterior part, or crown of his head, the pit of his stomach or deciphering the inscription of coins enclosed in, a box, I now solicit the enquiry, with the intention of admitting either the truths of your assertions, or of expressing my opinion of the fallacy of mesmerism.

In conclusion, I request the power of bringing two or three friends with me, together with *my own mask;* the right of directing the position of the lad, and the articles used in the experiments, to which of course you can offer no objection.

A public meeting on the subject will be equally agreeable, and an early answer will truly oblige,

Sir,
Your obedient Servant,
THOS. SMETHURST, M.D.

P.S.—The addition of the lady who reads from her fingers' ends, would prove an important acquisition on the occasion.

W. H. Weekes, Esq. Surgeon,
Sandwich.

In reply to which, I received the following answer.—

Sandwich,
4th November, 1843.

Sir,—Unfortunately, the patient whom you saw magnetised, after being awakened, heard your assertion, that he had seen, by the use of his eyes, every test presented during the evening. Now, the fact being, that he is quite unconscious that any tests whatever were applied to him, except, inasmuch as he depends upon the statement of others, he naturally feels indignant at being denounced as the agent of an imposture, and he sturdily refuses to be magnetised again, either in your presence, or that of any stranger. In this determination, I find he is backed by his relations, and I have not the right of control over him.

I am, Sir,
Respectfully yours,
W. H. WEEKES.

Dr. Smethurst, Ramsgate.

Thus ends, I trust, at least in these parts, mesmerism—a thing too contemptible in itself to engage the attention of any but such as the Great Wizard of the North, or a pantomimic actor. Should this article be acceptable to the columns of your periodical, it is quite at your service.

I am, Sir,
Your obedient servant,
THOS. SMETHURST, M.D.
Spencer Square, Ramsgate, Kent,
19th Nov. 1843.

ON THE ABUSES OF INTOXICATING LIQUORS.

By W. HALLAM, M.R.C.S.L., Newcastle-under-Lyme, formerly House Surgeon to University College, Hospital.

CHAPTER I.—HISTORY AND PHENOMENA OF INTOXICATION, &c.

O! that men should put an enemy in their mouths to steal away their brains! that we should with joy, revel, pleasure, and applause, transform ourselves into beasts!—Shakespeare's Othello.

Drunkenness or intoxication—One or other of these terms is employed to designate that temporary mental excitement or derangement arising from the excessive use of fermented or distilled liquors. This vice is not of recent date, for, in the Old Testament, we find many instances, the first met with, being that of Noah. It is mentioned also in the early history of the Jews, and according to Tacitus, the ancient Germans were much addicted to it. In ancient Rome and Greece, it was by no means infrequent; but in both countries, the vice was held in the highest detestation. In the former, women found guilty of it, were put to death. Among the Athenians, by a law of Solon, magistrates were punished capitally for the offence; and the Spartans, in order to excite feelings of horror and detestation in their children at the vice, caused their drunken slaves to be publicly exhibited before them. Drunkenness has evidently kept pace, both amongst the ancients and moderns, with the diffusion of luxury, and has generally been more prevalent in a rude, than a civilized, state of society. To use the language of Dr. A. T. Thompson:—"Drunkenness is the vice of barbarians; and as nations merge from that state, it evidently becomes less prevalent. In Britain, it is now happily confined to the dregs of the people."

The *phenomena* or *symptoms* of drunkenness exhibit, in the majority of cases, the three following stages, such being, more or less, distinctly marked, according to the temperament of the individual.

1st stage.—This is characterized by great excitement of the mental and bodily functions. The eyes sparkle with brightness—the countenance is more or less flushed—the pulse is quickened—the wit sharpened—the flow of spirits more spontaneous and easy—the powers of the imagination are excited, and cares or anxieties are dispelled.

2d stage.—In its nature approaches to delirium. The ideas are frequently unconnected and nonsensical; the inebriate being a laughing stock for his more sober companions. The tongue does double or treble duty—the prevailing disposition and pursuits of the individual are freely disclosed, and he "talks largely about his friends." The proverb, "*in vino veritas*,"—in wine there is truth—is fully verified in this stage; and there are very few exceptions to it. "The lover becomes over-amorous—the ill-tempered quarrelsome—the weak and silly full of laughter and mirth, and the sad and low-spirited frequently burst into tears." Towards the conclusion of this stage, giddiness and disordered vision come on—the candles appear to burn red, blue, or green, and probably two, three, or several, are seen instead of one. The muscular system is much affected, for, on attempting to walk, the individual reels from side to side. The eyes become vacant—the face pale and idiotic—the head nods—the speech is thick and imperfect—vomiting not unfrequently occurs, affording much relief, and shortening the next stage. The characteristic phenomena of this, and its transition into the next stage, are well-depicted by the poet Thomson in the following lines:—

Thus as they swim in mutual swill, the talk,
Vociferous at once from twenty tongues,
Reels fast from theme to theme, from horses, hounds
To church or mistress, politics or ghost,
In endless mazes, intricate, perplexed.
Meantime with sudden interruption, loud,
Th' impatient catch bursts from the joyous heart;
That moment touched is every kindred soul;
And opening in a full-mouthed cry of joy
The laugh, the slap, the jocund curse go round;
While from their slumber shook, the kenelled hounds
Mix in the music of the day again.
As when the tempest that has vexed the deep
The dark night long, with fainter murmurs falls,
So gradual sinks their mirth. Their feeble tongues
Unable to take up the enmbrous word,
Lie quite dissolved. Before their maudlin eyes,
Seen dim and blue, the double tapers dance,
Like the sun wading through the misty sky,
Then sliding soft, they drop. Confused above,
Glasses and bottles, pipes, and gazetteers,
As if the table e'en itself was drunk,
Lie a wet broken scene; and wide, below,
Is heaped the social slaughter, where astride
The lubber power in filthy triumph sits,
Slumbrous, inclining still from side to side,
And steeps them drenched in potent sleep till morn.

3rd stage.—This is characterized by insensibility.—The inebriate, perhaps, falls from his chair "dead drunk," and is in this state carried to bed, where he falls into a deep sleep, differing much from

Tired nature's sweet restorer, balmy sleep.

This sleep of the inebriate strongly resembles *apoplexy*, and, indeed, sometimes terminates in it. How frequently, alas! has this been the last taken in this world by the drunkard!!! "Under certain states of habit," observes a talented writer, "this sleep may prove the prelude to death; but in *the majority of instances*, Nature adopts this method of restoring the exhausted excitability; yet the individual does not awake in his usual state; his hand is tremulous—his limbs are weak and unsteady—his surface is susceptible of the slightest impressions—his stomach nauseates all kinds of food—his thoughts are gloomy—his temper irascible; and if the moral principle be not blunted by the frequent repetition of this vice, his mind is overpowered with the most distressing sense of degradation. By degrees, however, the system recovers its usual condition."

The effects of intoxicating liquors on the frame will vary with the temperament and habits of the person, the kind of liquor taken, and the state of the stomach—more particularly as regards the absence or presence of food contained therein. Persons of a *sanguine* temperament are the most susceptible of stimuli, and hence most easily intoxicated; persons of the nervous temperament next; and those of the bilious, or melancholic, least so. *Habit* has a powerful modifying effect. The quantity of wine, or other alcoholic liquors, which some persons can be brought to bear from habit alone is almost incredible. M. Raspail says,* "I have seen beings pitiable in themselves, destitute of resources, and useless to society, who have been enabled to bear with impunity twelve bottles of wine a day; excess with them commenced beyond the twelfth." Sir J. Sinclair relates an instance of a gentleman who, in twenty-three years, drank 35,688 bottles of port, and quaintly observes, "In the course of his potation he resembled a cellar more than a man, and there are many cellars that never contained what this man must have done; viz., *fifty-nine pipes* of port." In Wadd's Comments on Corpulency, it is recorded of a Welsh squire, William Lewis, who died in 1793, that he drank eight gallons of ale per day, and weighed 40 stone. Some of the brewers' draymen and porters in London during the summer season, drink commonly from two to four gallons of porter, or *half and half*, daily. It is astonishing, too, what a large quantity of ardent spirits the system may be brought to bear by habit. The author knew an individual who drank ninety-two quarts of strong gin, in twenty one successive days. He died of delirium tremens. Macnish relates the case of a young gentleman, æt. 26, who drank every morning before breakfast a bottle of brandy: a second between breakfast and dinner; and a third shortly before going to bed. Independently of this, he indulged in wine and whatever liquor came within his reach. Even during the hours usually appropriated to sleep, the same system was pursued—brandy being placed at the bed-side for his use in the night-time. To this destructive vice he had been addicted since his sixteenth year; and it had gone on increasing from day to day, till it had acquired its then alarming and almost incredible magnitude.

* Vide Lecture in *Medical Times*, Oct. 1843.

IRRITABLE BREAST.—Dr Rufz of La Martinique has described several cases of irritable breast, which occurred in his practice, in one of which, a mulatto woman 48 years of age, in whom the diseased condition of the organ had existed for a long while without relief, amputation was at last performed, with the effect of removing the neuralgic pains. The gland thus extirpated was examined with care, and the following is a description of its state. The gland itself was surrounded by abundant fatty cellular tissue; its proper tissue was firm, of a white-mother of pearl hue, and of the consistence of ligament. Two or three spots corresponding to small indurations which had been discovered in the gland presented a texture homogeneous to the rest,—only the glandular tissue appeared to be rather more closely approximated. Here and there were found small portions of fatty cellular tissue. The glandular structure was hard, but did not grate under the scalpel when incised, nor could any liquid be forced out by pressure. The proper membrane of the gland could be separated from it with difficulty; it did not send any appreciable prolongations with its tissue. When exposed to the air, the white glandular structure became red. The only real alteration in the tissue of the gland was that it appeared to be harder and whiter than usual. In two other cases, M. Rufz had recourse to subcutaneous incisions, dividing the gland in every direction. No unpleasant symptoms followed, but in each instance relief was experienced from the neuralgic pains, more completely however in the first than in the second case. In the latter, leeches, blisters, frictions with the hydriodate of potash, ammoniacal and opiate liniments, passing a seton through the gland, and acupuncture, were all previously tried, but without benefit.

Dr. Rufz has met with the disease once in a man, who was relieved once by cupping, but the pain returning, it was ultimately removed by the application of a blister. Of the eleven cases which he had seen, two were successfully

treated by purgatives, two by compression, two by subcutaneous incisions, and one by amputation. Dr. Rufz regards compression as a valuable agent, but as unsuited to the means of the poor, as it must be often renewed, continued for weeks or months, and is incompatible with any laborious occupation. The age of his patients varied between eighteen and forty-eight years. He did not observe that connexion between this disease and uterine disorder which the late Sir A. Cooper spoke of.

BOOKS RECEIVED.

Ashwell on Diseases of Women. — Rambotham's Principles and Practice of Midwifery. — Bullock's Elementary Instruction in Chemical Analysis, by Fresenius.—Wilson's Diseases of the Skin. — Ferguson's Surgery. — Taylor's Medical Jurisprudence. — C. J. B. Williams' Principles of Medicine.—Pettigrew on Medical Superstitions.—Lever's Diseases of the Uterus.—McWilliams' Medical History of the Niger Expedition.—Lee's Baths of Germany.—Morton's Veterinary Pharmacy.—Smith's Diagram of the Lives of the Patriarchs.—Transactions of the Provincial Medical and Surgical Association.—Hughes' Writing System for the Blind.—Courtenay on Stricture of the Urethra.—Robertson on the Teeth.—Campbell's System of Midwifery.—Dr. Quain's Anatomy, by Sharpey and Quain.—Bullock's New Methods of Alkalimetry, by Fresenius and Will.—Griffiths on Urinary Deposits.—Mackness on Climate of Hastings.—Walker's Electrotype Manipulation.—Turnbull on Prussic Acid Vapour.—Wilson on Spasm, Languor and Palsy.—Popular Cyclopœdia of Natural Science.—Sigmond on Ceylon Moss.—Child on Gonorrhœa.—Assel's Introduction to the German Language.—Wilson and Gully on the Water Cure. Lee on Hydropathy.—Venables on Aerated Waters.—Prize Essay on Late Hours of Business.

These Books will be noticed or reviewed in our enlarged series.

TO CORRESPONDENTS.

G. S.—*The Suffolk General Hospital is not a London institution. A letter to Dr. Ranking, Ipswich, would find him.*

The Medical Graduate of a Scotch University, cannot recover for medical attendance in England, except under a special contract.

A Subscriber, Tadcaster, *is advised to consult the physician he names, directly. Our advice would be worth as little as it would cost our Correspondent—his if it cost a guinea, would be probably worth it.*

P. S.—*The best way would be an advertisement.*

One of the Public.—*We are sorry we have no room at this moment for the discussion of Valentine Greatrake's cures.*

Amicus *is thanked. His papers will be highly acceptable, if he will send them in as condensed a form as will not impair their substance. Thanks for his congratulations. Those of the enemy will be shortly given us in the exhibition of a signal of distress.* Oderint dum metuant.

A Country Surgeon.—*We would like to decline answering the question, as to the better operator, Liston, or Fergusson?—or, if we answered, to reply like the child,* "both"—*Liston on the dead, Fergusson on the living, subject.*

In answer to all queries as to the new Fellowships of the College of Surgeons, we have to announce that all who have not received a note of appointment from the Council before this number reaches them, are not elected in the first three hundred. We may give the names of those chosen next week.

Tinct. Iodinii Comp.—Mr. S. T. Smyth M. R. C. S. Gorleston, *writes*:—"Upon several occasions, I have used the application of tr. iodinii comp. to encysted tumours, ganglions, &c. with complete success. After making a free incision into the sac of the tumour, by means of a bistoury, I then insert a camel's hair brush (being previously dipped in the tincture) into the sac, which is to be freely moved about in all directions. After the removal of which, a compress and bandage are to be applied over the tumour, when, in a short space of time, the swelling will be found to have considerably diminished in size, leaving in *suo loco*, only a slight thickening. Upon some occasions, I have found it necessary to repeat the application of the iodine."

Investigator.—*We do not quite agree with our correspondent. The College museum is no doubt capable of improvement—but, in reference to its contents and order, is all but unrivalled.*

Dr. Lane.—*If our correspondent had been aware of Dr. Phillips' recent investigations, he would have known that cheapness is no security against a drug's spuriousness. In the* Journal de Physiologie, *of Majendie, for July,* 1821, *Dr. Lane will find an interesting article, detailing experiments on the acetate of lead, from which the author (M. Gaspard) infers that decomposition, from the customary modes of administration, alone prevents risk, however small the dose. It has been used before in large doses.*

THE MEDICAL TIMES.

SATURDAY, DEC. 16, 1843.

NEW AND ENLARGED SERIES.

OUR attainments rapidly approaching our aims, we shall begin the new year with a change which will allow the "MEDICAL TIMES" to be all that even those most interested in its progress can wish it. We shall permanently enlarge the Journal one-half—adding twenty-four columns to that body of scientific information which already, in size, as in value, transcends, we honestly believe, the matter of all other weekly medical periodicals Made thus nearly double their size, being, in truth, the largest medical journal ever published, our capabilities will be more proportionate to the heavy and numerous duties imposed by an influence and circulation unparalleled in the history of class periodicals. Our readers have doubtless observed, that recently the number of communications we have received and the attention we have felt it necessary to give to the proceedings of our learned societies, have prevented us paying either full or due attention to the extraordinary advances now making in science, in Germany, and on the Continent. The same cause has prevented our making our readers as fully informed of the character and contents of the new medical works and publications of our own country, as it is part of our plan to secure. The addition of eight closely printed pages will remedy all this, and while enabling us to keep our readers *au courant*, in reference to the progress of science, will allow us to furnish them a mass of standard information, which, even years hence, in volumes, on the library shelf, will be worth twice the sum expended in its weekly purchase. We have no more desired point of ambition than to make each of our readers feel, that one of the most interesting ornaments of his library is, at the same time, the cheapest and best of his medical practice books.

Our programme for the New Series is shortly this:—

1st. To continue our lectures by RASPAIL and WILLIAMS; to give lectures by G. J. GUTHRIE, F.R.S., on Clinical Surgery; and by W. T. BRANDE, F.R.S., on Chemistry. Other lectures of great interest and practical value, from distinguished surgeons and physicians, will be occasionally added.

2d. To extend our condensed review of all other medical journals to three pages.

3d. To add to Dr. DE BEAUMONT's interesting weekly letter, another from Giessen, from Mr. J. S. MUSPRATT, a gentleman actively engaged in the laboratory of the illustrious Liebig.

4th. To continue our Pencillings; that for January 6th will be of Sir B. Brodie.

5th. To give original contributions on the most important points of Medicine and Surgery from eminent Surgeons and Physicians. The Editor has been honoured already by promises of articles from, amongst several other gentlemen:—

W. FERGUSSON, F.R.S., Surgeon to King's College Hospital, and Lecturer on Surgery.
T. WHARTON JONES, F.R.S., Lecturer on Physiology to Charing Cross Hospital Medical School.
H. HANCOCK, Esq., Surgeon to Charing Cross Hospital.
CHARLES CLAY, M D., Lecturer on Jurisprudence, Manchester.
J. B. THOMPSON, A.B., M.D.
R. HUNTER, M.D., Lecturer on Anatomy and Physiology to Westminster Hospital School.
SAMUEL LANE, Esq., Surgeon to the Lock Hospital, &c. &c.
RUTHERFORD ALCOCK, Esq., Surgeon to the Royal Ophthalmic Hospital.
G. PILCHER. Esq., Senior Surgeon to the Surrey Dispensary, President of the Medical Society, &c.
J. SIMON, Esq., Surgeon to the King's College Hospital.
B. PHILLIPS, F.R S, Surgeon to the Marylebone Infirmary, Lecturer on Surgery to Westminster Hospital Medical School.

6th. To give Records of singular or important cases occurring in the private experience of the Journal's numerous subscribers, or the public practice of hospitals.

7th. To Report faithfully all the Meetings of the Royal Society, Royal Institution, Royal Medico-Chirurgical, and other Societies connected with medicine.

8th. To Review all New Medical Books—favourably as justice to the public warrants, uncompromisingly as non-connection with all Publishers justifies.

9th. To give a fortnightly list carefully prepared of all the new Medical Works published at home or abroad.

10th. To publish monthly a Drug Price List, giving the latest record of the wholesale market prices.

As the bill follows the dose, the price, we suppose, must appear at the tail of our programme. Our readers will then please to observe, that eight closely printed pages of our smaller type will be equal to two-thirds of our present scientific intelligence, excluding, as we must, advertisements. Such an augmentation involves more than one-half additional expenditure. The *Lancet*, when it used to give a less amount of extra matter charged an extra four-pence, and even, with our reduced scale, two-thirds of five-pence would justify an additional charge of three-pence-halfpenny. We shall charge ONE penny more than our present price—only fourpence per month extra, for 96 quarto columns of closely printed *scientific* information, or one-fifth's increase of price for a two-third's increase of wares. Our readers, we trust, will not think us extortionate. If they scruple at the too favorable bargain, they can discharge their consciences by exerting their too partial favor to us, in promoting, among their friends, the circulation of an *honest* journal.

We have only to add, that the leaf for advertisements will be kept unpaged, so that it may be struck off in binding; and that, after December 31, the remaining numbers of the present volume will be doubly paged and indexed, so as to form a separate volume to commencing subscribers.

Principiis obsta; sero medicina paratur,
Cum mala per longas convaluere moras.—Ovid.

How great the contrast—how both alike wrong—the character for social vigilance of our Government and that of our Gallic neighbours. The French, indifferent about nothing, to whom everybodies' business is their business, would do violence to their constitutions and temperament if they did not make each other constantly conscious that interference was near them. They are all, whether Legitimatists or Phillipists, Imperialists or Republicans, under a *surveillance de police;* and in their anxiety that nothing should be done wrong, allow nothing to be done right without Government inspection. Government is in truth like a straight jacket, varied in material to suit the season's temperature, but fettering alike wise and foolish, good and criminal. It gives society a safe security, but at a costly price. In England, we have every thing just the reverse. It is one of our national characteristics,—and, *therefore*, of course, one of our national *boasts*—that, socially, we don't feel Government. Ours is more like an old shoe than a straight jacket,—easy as 'tis wanting of protection. All very well for domestic virtues' amenities, but terribly at fault in a good man's attempts to kick himself into his rights—or knaves into decency. No better boast than that good men don't feel it—no worse charge than that rogues share the good fortune. Like the sun, it *shines* on just and unjust, giving the same light, with at least equal kindness, to the noxious henbane as to the plant of many virtues.

How often have we had to tell the Government that the Medical Profession is scurvily neglected—atrociously maltreated! Ours the art and science by which all other arts and sciences maintain their holding: having reference to that jewel, life—without which all jewels, moral or physical, are worthless—we are yet cut off from State honours, State titles, State pensions; receive no protection for the money and time we have devoted to our special studies, save that offered by the enlightenment of a gentry who patronized St. John Long, and a populace who enriched Hygiestic Morison—nay, cannot secure that decent form of professional administration which would leave us without obstruction to our scientific progress, or just complaints against one another. Thus neglected—we care not whether the cause be party contentions or not—no member of society would hesitate to acknowledge our title to its highest privileges. Now, look at the race of Quacks. Two and two do not make four, if they are not wholly incompetent for the duties they assume. The structure or constitution of the human body, they know nothing of: the laws governing its economy they never heard of by name;—the nature of disease, its seat, character, tendencies; the extent of medical resources, their varied applicabilities, their probable action in certain given cases,—all these are things of which they have not the remotest conception. Yet what malady so hidden that they will not prescribe for?—what disease so dangerous that they will not undertake to cure? If their rashness brought no consequences, or none evil, we might stay to laugh at the enormous presumption of a very enormous ignorance. But the least mischief they can inflict is to give a malady the power of chronicity—to acclimate it in the constitution—and double, treble, the difficulty of the regular practitioner. More frequently they have wasted the hour of grace, and allowed the sufferer to slip beyond the reach of remedial art: and, more often still, they have exasperated the slight to a fatal malady—or engrafted on the dangerous attack of Nature the lethal assault of Ignorance. How, indeed, can it be otherwise? Shall a blind cobbler thrust his awl into a watch, and better its movements? Shall an unskilled sailor take charge of a four-in-hand, without risk of the horses' knees, or danger to the lives of the vehicle's occupants? Shall the raw recruit take charge of a channel ship, and conduct her in safety? As soon shall all these impossibilities be possible, as that lives shall not be sacrificed when Quacks practice! Their intentions good as crass ignorance or eager cupidity can let them—their profession is that of a Thug. They live, move, and have their being in murder.

Let us suppose Parliament sitting *vis a vis* to a brotherhood of speculating assassins, who under a thousand pretty pretences, contrived to derive large incomes, by inveigling every now and then a peer or member, to the certain, but unproved honors of victimship. How few bishops would reach heaven—how few Young Englanders explore Hades before laws would be passed, and the Sybarite assassins shut out from practice. Alas! the speculating quacks are not less murderers!—poorer people not more able to guard themselves;—why not give *them* a law?

But there are some men who know nothing of *a priori* reasoning; to whom the clearest premises yield no deduction, unless the fact to be believed be bare before their corporeal eye. To such men asking more than moral evidence, or the inevitable inferences arising from certain given causes, before they believe quacks to be assassins, the following incident will be worth a hundred arguments.

About five months ago, William Pearse, of 2, Princes Street, Drury Lane, an honest journeyman carpenter, in the prime of life, and in possession of excellent health, struck his shin against a ladder, which he was ascending. The blow was followed by a small mark, which growing troublesome, the young man consulted a famous quack doctor, living in his neighbourhood. This gentleman examined the leg with due gravity—affirmed its cure a matter of great ease, and ordered a poultice of quick lime (the Dorking lime) to be applied that evening, as hot as it could be borne. The advice, with great liberality, was given gratis; but some pills were prescribed, which the erudite doctor allowed himself to be paid for, in the sum of thirteen pence halfpenny. The pills were duly taken, (with great moderation, for only twenty were ordered,) and the poultice duly applied. The young man, awaking next morning, examined his leg, in the confidence that all the tortures of the past night were to be repaid by the discovery of a healed limb. Alas! the bruise of the preceding night was now a deep wound, and as the wicked spirit that went out of the man returned, to possess him with other nine evil ones, so, through our doctor's lime, the one ulcer had got the accession of twelve others. Wrathful with the remembrance of vainly-suffered tortures, of idly-spent money, and aggravated malady, William hastened to the quack to beard him with his cheats. But how was he rebuked! The learned sage's face beamed with evident pleasure at the sight of the mutilated member—'twas "the very thing he wanted"—"he *wanted* to get at the ground-work of the disease"—he "cared not a fig about that trumpery enlargement"—"the thing was now clear; a case of true venereal; could swear to it if the leg were on the other side of the Strand." The young man's conscience reproached him for his premature judgment: and full of the graces of repentance and humility he asked what he was to do to save his leg? Learning that a warm bath every night, the rubbing-in of the Doctor's "ointment, *like salt into meat*," the subsequent ironing it over a sheet of brown paper, with 20 pills per diem, and the avoidance of coffee and beer, were infallibly to accomplish his speedy cure, he went home rejoicing. He took—in his twenty daily pills—enough one would think to live upon, but, strange, the only effect was to bring him to death's door; their cathartic power was prodigious. The ointment also was rubbed "in like salt into bacon," but the leg did not take the attention kindly. He and it got worse daily, and the only consolation he received from the doctor was that *he* did not take pills, nor his *leg* ointment, enough. Four months were spent in this way, at a cost, for pills and ointment, of seven and sixpence per week, and the poor fellow finding his leg looking blacker on him every day, thought it necessary to seek further advice. We have seen the leg after one month's legitimate treatment; it is yet ugly, and appears to us not out of danger; but when placed in the hands of the practitioner now superintending it, it had, we are told, an appalling character. If, indeed, there had been no original contusion, we can hardly imagine how such effects could fail such a treatment. Had the young man but shewn the *merit* of perseverance, he must infallibly have lost his leg. The person whom Government thus allows to mutilate its subjects, is Professor *Holloway*. We dare assert that he has hundreds weekly under his judicious care: how many survive it, he and Heaven know better than we.

The book of this patenteed scoundrel,

and greasy assailant of life and limb, is now before us. It is presented with every box of ointment and pills sold, and invites the poor getting it to repose with complete security on his ointment and pills, for the cure of the whole catalogue of human maladies. We give a condensed example or two of his treatment:—"*Gout, Tic Doloreux, &c.* From ten to twenty-four pills daily, use ointment, avoid spirits, &c."—"*Palsy, &c.* Ten to twenty pills a-day; bathe with warm water; anoint; drink a pint of cold water three times a-day." (A touch at Hydropathy.)—"*Liver Complaint, Inflammation of Kidney, &c.* Twelve to sixteen pills daily; ointment."—"*Sore Throats, Quinsey &c.* Twelve pills daily; adding two pills, daily, till cured!" And so we have the pills and ointment for "dropsy, the falling of the fundament, consumption, gravel, coughs, syphilis, King's evil, &c." When we think of the ignorance abroad—and remember how irreperable is often a patient's maltreatment—a horrible reflection arises as to the mischief which, under our present laws, such vagabonds as Professor Holloway can inflict on society.

MEDICAL SOCIETY OF LONDON.

DECEMBER 11.

MR. PITCHER, IN THE CHAIR.

Ovarian Section.

Dr. F. Bird narrated the particulars of a case of ovarian dropsy, on which he had recently operated, being the second instance in which he had removed an enlarged ovarium. His patient was a young lady, between twenty and twenty-one years of age, who had laboured under the disease for two years, during which period she had been under the care of several physicians on the Continent and in England, but without advantage. Dr. F. Bird saw her. for the first time, three weeks since, when the abdomen was thirty-four inches in circumference, and fourteen and a half from the ensiform cartilage to the pubes. Having ascertained that there was decidedly ovarian dropsy, and no great amount of solid matter in the tumor, he proposed the operation for its removal, which was readily acceded to by the patient. Accordingly, after having explained the dangers of the proceeding to the friends, Dr. F. Bird operated on the 23d of November last, in the presence of Dr. Roe, Dr. Andrews, Dr. Cape, and Mr. Phillips. An exploratory incision, two inches in length, having been made just below the umbilicus, it was ascertained that there were not any peritoneal adhesions. The opening was then enlarged to rather less than six inches, by which part of the tumor was exposed, and thus was obtained further proof of the absence of adhesions, the tumor rising and descending with the motions of the diaphragm, so that the respiration might be counted by the movements of the ovarian tumor. It was grasped with a large pair of forceps made for the occasion, and a large trocar introduced, by which twenty pints of fluid were evacuated. As soon as five pints had flowed out, a portion of the tumour was drawn outwards, so as to form a sac outside of the abdomen, and prevent the admission of air. As the fluid contained in the outer sac drained away, it filled from within, until the entire contents of the cyst were evacuated. The left hand was then introduced, when it was found that the ovary had not any pedicle, its attachment to the uterus being sessile. A ligature was applied, and it was ultimately detached: the uterus was returned to its position, the abdominal incision brought together by ligatures, strips of plaister not being used, nor any unnecessary bandages. Cold water dressings were applied.

The patient bore the operation with great fortitude, and the shock was apparently slight, but in an hour or two she was attacked with shiverings and general cold. The re-action was very tardy, but when it did come on, it was very violent, the pulse rising rapidly, and towards morning the patient was slightly delirious. A dose of morphia quieted these symptoms, and procured some sleep. Towards the close of the second day, the patient had a febrile accession; she suffered from great pain in the head, had a ferrety eye, hot skin, pulse quick and sharp, but no local pain. She was bled to sixteen ounces, which induced a tendency to fainting; on her recovery, she had a dose of morphia, slept for four hours, and on awaking was comparatively free from unpleasant symptoms.

After this, a daily report of the symptoms is unnecessary; the ligatures came away yesterday evening with very little force, and this evening the wound was found to be almost entirely closed. The patient is doing well in every respect; for although she has not yet left the house, she is able to leave her bed, and move about in the room.

During the operation, and for a day or two afterwards, the temperature of the room was maintained carefully at 85 degs. F.: two days afterwards it was lowered to 75 degs., and since that gradually lessened to the ordinary temperature of a room at this time of the year. During the treatment Dr. F. Bird observed he had been very sparing of medicine, contenting himself principally with regulating the diet. The case may be said to be in every point remarkably successful.

Before he sat down, he begged to say one word respecting the propriety of performing the operation. Since the publication of his first case, he had seen many instances of the disease, but of these there were only four which he considered to be fit for the operation. Some were exhibiting a tendency to malignant disease, while in others, from various causes, he had reason to believe there were adhesions to the peritoneal parietes. In this case there was very little solid matter, save some ossific plates: had the disease, however, been allowed to go on, it is probable that it would at some future period have been converted altogether into solid matter.

With respect to the mode of operating; he considered that the large operation added to the danger; besides it was a rule in surgery that a wound of the abdominal muscles never fairly unites; a hernia is generally the result. A small opening is equally liable to be followed by injurious consequences. An incision, large enough for the extraction of the tumour, and to admit the hand for the application of the ligature, will be found to be quite sufficient for all purposes. To form a correct judgment of the value of the operation from statistics, all cases in which it has been performed, whether successful or otherwise, should be recorded. Some of the latter Dr. F. Bird seemed to intimate were kept back, and he expressed a hope they would yet be submitted for publication.

The morbid preparation in a dry state, was then exhibited.

Dr. Risdon Bennett spoke of the difficulty of diagnosis between the various tumours of the abdomen, and thought we were authorized in calling upon those gentlemen, who had frequently operated, to state the grounds upon which they had determined to do so. He had seen a case the other day, which was not operated on, and which terminated fatally. It was supposed by the majority of those who saw it, to be ovarian disease, and several were of opinion that it was free from adhesions, and a fit case for operation had the patient been otherwise in good health. The patient died, and on examination of the body, there was found not ovarian disease, but disease of the glands in the left pelvic region. He had heard lately of a case which had terminated fatally in the hands of a gentleman, who had operated successfully several times. In that case he understood that part of the tumour was attached to the fundus of the uterus. He would be glad to ask of Dr. F. Bird how in a case of this kind, where the tumour was sessile to the uterus, he had formed his diagnosis. He was interested in this matter, as he had a case under his care just now, which he believed to be ovarian disease, and in a state fit for the operation.

Dr. F. Bird observed that the questions put by Dr. Bennett were such as were very difficult to answer; indeed amongst the most difficult in the whole domain of surgery. He had decided in the case before the society from external observation, and it had appeared quite clear to him that it was a case of ovarian disease. With regard to diagnosis, the previous history he was not inclined to place much reliance on: the tumour as often occurs in the mesian line, as on one side, and indeed it was rarely noticed until it had advanced to a considerable size. He trusted chiefly to percussion, indicating fluctuation, not practiced merely in the ordinary way, but he examined by percussion from above downwards; if he found fluctuation equally by percussion from below the ribs to the lowest point he could get at, he would regard it as a case of simple cyst. If however, he entertained any doubt, he would introduce a trocar, and evacuate a portion of the fluid, and then, when the abdomen was more flaccid, he could ascertain if there was any other tumour present. He had had a case recently in which he had entertained a doubt, and she was tapped last night; he could now feel a hardened growth in the abdomen. It might perhaps be part of the ovary, but it felt like the uterus after delivery.

He attached great importance to the manner in which menstruation was performed; in this case he had omitted to mention it, but she, as in all these cases, suffered more or less from menorrhagia. The menstruation was irregular, and the fluid passed was chiefly blood in clots. Still there was with all these signs great difficulty in forming a diagnosis.

He would not operate unless the general health had begun to suffer.

Mr. Linnecar enquired if ascites was present in Dr. Bird's cases, and whether he regarded such a complication as dangerous?

Dr. F. Bird said, that there had not been such a complication in his cases, but it had occurred in some of Dr. Clay's, which had nevertheless terminated successfully. With regard to the resulting danger, that would depend upon the cause of ascites; if inflammation were going on in the serous membrane, he should be unwilling to operate; but if the fluid were produced as a mere exhalation from the pressure of the tumor, he should not hesitate on that account.

Dr. Bird observed further, in answer to a question, that our means of detecting adhesions were extremely limited. Dr. Bright had mentioned a kind of crepitation, which he had also detected, but he believed it only existed in recent cases. When the lymph was organized, he considered our means of detection to be very doubtful. For this reason, the exploratory incision was so very valuable; if, when this is done, we see the tumour ascend and descend, there cannot be any adhesions.

Mr. Linnecar, after alluding to the well-known tendency of ovarian tumors to enlarge, their not being under the control of medicine, and their fatal nature, enquired, why they should not be removed as soon as they were certainly diagnosed? He thought they would be more readily excised when they were small, and the patient would be better able to bear the operation, than when her general health was affected.

Dr. F. Bird objected to the early operation, because considerable risk attended its performance; the chances were perhaps about equal, but certainly not in its favour. The operation would be more difficult of performance in the early stage of the disease. When the tumor was much enlarged, it emerged from the bony pelvic cavity, carrying the uterus with it, and could then be got at more easily. If the patient be in good health, when the tumor is removed, there is greater chance of consecutive inflammation, ending perhaps fatally, than if the health be somewhat affected previously, as after some illness, there is not that proneness to inflammation, and consequently, there would be less danger.

Mr. Hitchman stated, with reference to Mr. Linnecar's observation on the invariable fatality of the

disease,that he had been informed by Dr.H. Davies of a case of ovarian dropsy, in which a cure had been affected by accidental salivation, caused by calomel, the discharge passing away by the vagina. The lady died some years afterwards, and on examination of the body, it was clearly ascertained, from the appearances, that the disease was ovarian. The importance of a correct diagnosis was shewn by the fact, that there had been three operations for ovarian dropsy, in which there was discovered that there was not any disease of the ovary. He considered the large operation to be the easier for the surgeon, but not for the patient, and he gave the preference to Dr. F. Bird's proceeding.

Mr. Dendy contended, that the adhesions of the ovarian cyst ought not to be regarded as militating against the performance of the operation; arguing from the analogous fact, that the adhesions of the intestines are frequently broken down in the operation for hernia, and yet the patient recovers, as a reason in favor of operating under such circumstances.

Dr. Golding Bird observed, that as a point of diagnosis, great stress had been laid upon the fact of fluctuation being perceptible in the vagina, on passing in the hand, and making pressure over the abdomen. Now, there is at present a case in the hospital, on which a consultation had been held recently, where it was doubtful whether it was a case of ascites, or ovarian cyst, or of fluid collected in a cyst formed in the *cul de sac*, between the vagina and rectum. In this instance, fluctuation was not perceptible in the vagina. In another case, presenting exactly similar symptoms, fluctuation was evident on a vaginal examination. Dr. G. Bird believed both these cases to be instances of ovarian disease, and he was desirous to ascertain the experience of the Society, as regarded this means of diagnosis, for the sake of information, as these cases did not come within his practice.

He further remarked, that tumors of all kinds, when seated in the abdomen, had been mistaken for ovarian disease. He had known an instance of enormous fungoid disease of the kidney, which was so mistaken. In that case, the urine was not albuminous.

Dr. Risdon Bennett thought several members must have met with cases of ovarian disease, in which a cure had been effected by appropriate treatment, when at an early period of the complaint. He had seen such a case himself; it occurred in the person of a woman, 35 years of age. Under the treatment that was adopted, the tumor diminished in size, and the woman was freed from her uneasy sensations;the enlarged ovary could only be felt deep down in the pelvis, and in that state it remained each time that he saw his patient, which he continued to do occasionally for two or three years afterwards, when he lost sight of her. Others had probably seen similar cases, though they are, comparatively speaking, rare. He thought on this account, that Dr. Bird was right in not operating early, but at the same time he was of opinion that if the operation were delayed until the tumor was very large, it might prove a cause of failure.

With respect to fluctuation, it is difficult to distinguish between the fluctuation of ascites and of the fluid contained in an ovarian cyst. He had known a case which was supposed to be one of ovarian dropsy, but which proved eventually to be ascitic.

Mr. Bishop was of opinion, that delay in operating was equally dangerous with too early an operation, as there was a great tendency in this disease to assume, in course of time, a malignant character. He had seen a great many cases, and this was always the result. He feared, if the operation were not performed before the general health had began to suffer, there would be found either an organic change in the adjoining tissues, or else, that the disease of the ovary had assumed a malignant character.

Mr. Pilcher made some general remarks on ovarian disease, and on the justifiability of the operation, of which he spoke very highly, when confined within its just and proper limits, that is to say, when performed only on those cases which are manifestly adapted to be benefitted by it, and not applied indiscriminately to every case that presents itself, with a view to gain a factitious reputation. He complimented Dr. F. Bird very highly on the skill he had displayed, and on the candid manner in which he had narrated his proceedings. With regard to diagnosis, he observed, that there were doubtless many cases where it would be very difficult to diagnosticate correctly; others, again, where there could not be any doubt that there existed adhesions, and others, where there could be no doubt, that there were not any adhesions. He had assisted Mr. Lane in an operation of this kind, where fluctuation was so perfect, the mobile condition of the tumor so evident, there being only a little thickening felt, which was evidently in the parietes of the tumour and not in the abdomen, that no doubt was felt about it. The operation has been perfectly successful, but the lady continues to be an invalid, on account of the state of her lungs.

A retired surgeon in the north of England brought his sister-in-law to town for a consultation. She had ovarian disease, the result of inflammation, and had been frequently tapped, as often as three or four times a year. She had heard of this operation, and being anxious to get rid of her unsightly deformity, came to London to have it removed. A consultation was held by Dr. Blundell and Mr. Pilcher, and it was decided that nothing should be done, in the belief that there existed adhesions. That this was the case was gathered from the history, there having been inflammation, which had been subdued in the usual manner, and had probably caused the formation of adhesions; the frequent tappings also might have led to some adhesions; the tumour was not so mobile as in ordinary cases, and was harder in one part than in another. There then were two cases in juxta-position; one properly admitting of the operation, there not being any adhesions, and in which it was successful; the other in which any operative proceeding would have been entirely indefensible.

In those cases, where the operation has been performed, and extensive adhesions afterwards found he was inclined to think the surgeons had not exercised sufficient caution in making their preliminary examination. He was not prepared to say that the existence of adhesions might ultimately prevent the performance of the operation, as in other operations they have been broken down, but in the present state of our experience he thought it ought not to be done. That this was the opinion of other surgeons, was shewn by their closing up the wound they had made,without extirpating the diseased ovary, when they discovered adhesions.

With respect to ovarian disease being generally fatal, he had heard of several cases, in which recovery had taken place; but he thought the disease generally destroyed life in about from seven to ten years. It might sometimes terminate much earlier, and occasionally it had a much longer duration. He thought there was not any difficulty in performing the operation, if there were not any adhesions, and that it was comparatively a painless and bloodless operation. The danger in these cases was not from inflammation of the peritoneum, but from the low, insidious inflammatory action, by which ulceration of the broad ligament is produced, and the ligature thrown off. This might extend from the ligament to the uterus, and its peritoneal covering, and thus cause death.

With respect to the length of the incision, he considered that in Dr. Bird's case the incision was quite large enough for what was required, and that every half inch beyond that would prove a source of additional danger. In Mr. Lane's case, the incision was about six inches long, from the umbilicus to the pubes, and was quite sufficient for every purpose.

PHARMACEUTICAL SOCIETY, Dec. 14.

Mr. Payne in the Chair.

Mercurial Ointment—Solubility of Sulphate of Potass.

A paper on the preparation of mercurial ointment, by Mr. Dallas, an associate of the Society, was read.

Mr. Dallas, at the commencement of his paper, alluded to the employment of oxygenated fat in the preparation of mercurial ointment, and stated that the theory of its action had not been clearly explained. He observed that the condition of the metal in the ointment was described in two different ways. According to some persons, it was merely in a state of minute division, while others were of opinion that it was reduced to the state of an oxyde. The advocates of the latter statement, adduced, in support of it, the fact that oxygenated fats act upon the metals sooner than fresh lard. Mr. Dallas thought neither of these opinions was sufficiently explanatory of what really occurred. If mercury were merely in a state of minute subdivision, fresh fat should be as available for that purpose as the oxygenated, which was not the case; and he thought that the oxydation of the metal was a hardly tenable view, as there was not a sufficient quantity of oxygen in the lard to effect it. To meet this objection, it had been supposed that the metal was in a state of lower oxydation than that of a protoxide; that it, in fact, constituted a sub-oxide, a condition of which there was not an analogue in the whole range of inorganic chemistry. Besides, Dr. Pereira says, that when the mercurial ointment is subjected to cold, some of the mercury is obtained in the form of globules, which could not be the case, if it were in the state of oxyde. The explanation offered by Mr. Dallas is, that the mercury is held in solution by the lard, just as a salt is dissolved in water, or a resin in alcohol. He believes that the oxygen is chemically combined with the lard, and that the resulting compound has the power of dissolving the metal. Of this, he thinks ether and alcohol are analogous examples. Alcohol is but the hydrate of ether, and yet it can take up many substances for which ether has no affinity; of these the colouring matter of cochineal is an instance. The same kind of action he believes takes place during the preparation of mercurial ointment. Fresh adeps does not possess the dissolving power, but it is acquired either by the addition of oxygen, by long trituration with the mercury, by which fresh portions of the lead are constantly exposed to the air, and thus oxygenated, by the action of nitric acid, as recommended by Mr. Walton, or by previously exposing slices of lard to the air, a process advised by M. Dorly. All of these different processes are on the same principle, the more or less oxygenation of the lard, by which it acquires the power of dissolving the metal. Mr. Dallas considered further that by his theory he could readily explain the re-appearance of mercurial globules on the application of cold to blue ointment, as it is a well-known fact that menstrua, when cooled, lose a certain proportion of their power of dissolving other bodies.

Mr. Mowbray considered that Mr. Dallas had made two great mistakes in his communication: one in asserting that heat rendered all things more soluble, of which lime water was not an example, and the other in stating that mercury was dissolved. If that were the case, they would have nothing else to do than to boil it, and then they would get a kind of plaster. He regretted Mr. Dallas had not examined the subject by experiments instead of indulging in theory.

Mr. Jacob Bell enquired whether Mr. Dallas considered his theory would apply to the mercury contained in blue pill and hydrargyrum cum cretâ. It was generally supposed to be in the same state in the three preparations.

Mr. Dallas considered that his theory did not apply to those preparations; he had not instituted any experiments in support of his argument.

Mr. Mowbray mentioned that there was a pil. hydrargyri now in the market, in which the mercury had been divided or oxydized with stearine, and afterwards scented with otto of roses, to disguise the odor. It was, however, easily discovered, by heating it on a plate or glass, when the disagreeable tallowy odor of stearine would be at once perceptible. He trusted that gentlemen would examine the blue pill they used, to ascertain if it had been thus prepared.

Dr. Thomson enquired if it were possible to bring mercury to a state of very minute division where air was present, without oxydation taking place?

Mr. Mowbray observed that a French chemist

had volatilized finely-divided mercury *in vacuo*, and could not detect an atom of oxygen. The experiment was made with the express view of ascertaining the presence of oxygen. The mercury had been divided by the proto-chloride of tin.

Mr. Waugh remarked, with respect to Mr. Dallas's observation, that the oxygenated lard did not contain oxygen sufficient to oxydize the mercury—that it would be derived during the preparation of the ointment from the surrounding air.

Mr. Jacob Bell stated that at the Hall they were particularly careful to keep the mercury in its metallic state. It was considered there that if the oxyde were used, it would materially injure the ointment. It was a known fact, that the ointment made with the oxyde is inferior to the properly prepared blue ointment.

Dr. Thomson asked on what authority that assertion was made? He believed it to be only owing to prejudice, that the blue ointment was preferred to Donovan's preparation. He had tried the latter in practice, and had found it quite as serviceable. It was in daily use in Dublin.

Dr. Thomson suggested to Mr. Morson to prepare mercurial ointment, by rubbing it up in oxygen gas, in atmospheric air, and in nitrogen, and then examine it, and the state of the gases, as a means of discovering the actual condition of the mercury.

Mr. Morson observed, that however simple these experiments might seem to Dr. Thomson, they would be found very difficult of execution. A much better plan would be to dissolve out all the fatty matter from a portion of the ointment by sulphuric ether, and then examine the state of the metal.

Mr. Mowbray stated that it was mentioned in Berzelius's Lehrbuch, and in the Pharmaceutical Transactions, that the ointment prepared with the oxyde of mercury, could not be rubbed in effectually on the skin. The black oxyde remained unabsorbed, and consequently salivation could not be produced. He believed the blue pill, prepared with the oxyde, acted very well.

Dr. Thomson doubted this statement—it was contrary to his experience. Berzelius was an excellent chemical authority, but a very bad medical one. Previously to making the ointment, the oxyde should be rubbed to a very fine powder, and he saw no reason why, when well made, it should not be absorbed into the system, and produce its specific influence.

Mr. Payne stated, that Mr. Tyson, of Derbyshire, had long employed in his practice blue pill blue ointment, mercury with chalk, and æthiop's mineral, made only with the oxyde of mercury, and he reported very highly of their use. He trusted medical men, especially those connected with the hospitals, would give it a trial.

A paper was then read by Mr. Mowbray, "On the Solubility of the Sulphate of Potass;" which was evidently intended as an answer to a communication read at the preceding meeting by Mr. Redwood on the same subject, in which certain statements, made by Mr. Mowbray in the *Medical Gazette*, had been impugned by Mr. Redwood. The great point of difference between these two gentlemen rested on the assertion by Mr. Redwood, that the solubility of the sulphate of potass was increased by the addition of carbonate of soda, and that a double decomposition took place. This was denied by Mr. Mowbray, who, in the course of his enquiries, ascertained facts that he conceived warranted him in concluding that Mr. Redwood had operated on an impure salt, one containing a portion of sulphate of lime.

Upon these two points arose a wordy debate, that was protracted to a late hour of the evening, and was not even then concluded. The simple facts of the case, as it appeared to us, were, that Mr. Redwood took the crystals of the sulphate of potass for experiment, having previously dissolved them in pure water, and filtered the solution, thereby removing a curdiness that was apparent, and then recrystallized the salt, thus obtaining a salt in all probability apparently pure. Mr. Mowbray, to whom some of the salt had been sent by Mr. Redwood, experimented on it without going through the previous process of solution, filtration, and recrystallization, and thus the minute quantity of adulteration, detected by him, may have resulted.

With respect to the other question of the greater solubility of the sulphate of potass, produced by the addition of carbonate of soda, and the double decomposition that ensued, Mr. Redwood, in our opinion, failed to prove his position. It is perfectly possible, and very probable, that a double decomposition does take place under such circumstances, and it is equally certain, that if it does occur, both salts must be previously dissolved. So far is Mr Redwood correct, but, in our opinion, he is in error in assuming that, therefore, the mere presence of the carbonate of soda has caused the menstruum to take up more of the sulphate of potass than it would otherwise have done. A certain portion only of that salt, in all probability, was dissolved, equal to that the water would have acted on without the presence of the soda; the decomposition having then occurred between the two salts, the sulphate of potass was removed from the menstruum, a more soluble salt substituted, and the fluid thus enabled to dissolve a second quantity of the salt in question. This explanation appears to us to be far more feasible than that offered by Mr. Redwood.

CASES IN PRIVATE PRACTICE.

(To the Editor of the 'Medical Times.')

Sir,—The following patients came under my care. The cases are worth observation, and I hope you will give them a place in your valuable periodical, the Medical Times.

I have the honour, &c.

JACOB SPROULE.

Dromore, Nov. 29, 1843.

Cases of Cured Strangulated Hernia.—Mrs. M'Quinn, of Dromore, came under my care for strangulated femoral hernia. When I first saw her, mortification had set in, and in the course of a few days after, the integuments, and part of the strangulated bowel, fell out, and the fæces were expelled through the opening so formed, and continued to be so for the period of nine months. After simple dressing being used in the mean time, at intervals, the stricture ceased to exist, the bowel healed, the fæces took the natural course, and the woman became quite well.

In a midwifery case of an unfortunate woman, I was applied to for my assistance (the dispensary surgeon had refused his *). The head rested on the perinæum, and lay against the sacrum. The old midwife would pass the finger up to the sacrum, in a hook form, and drag the posterior part of the vagina and rectum against the sacrum with great force, in hopes to make room for the head to pass down. By this injudicious practice, mortification of both rectum and vagina took place, and the fæces were expelled through the opening so formed. Surgeon's lint, dipped in simple ointment, was applied per vaginam, at intervals. In the course of six or eight months nature made a cure, the fæces took the natural course, and the woman is now quite well.

Rigidity and Rupture of the Os Uteri.—I was called for my assistance in the following case. The person in attendance informed me that the os uteri had remained very rigid, being dilated, for the last twenty-four hours, to about the size of half-a-crown. I passed my finger to ascertain the fact, and found it to be so. A very severe pain came on; the os uteri gave way, and tore down to the sacro-iliac symphysis—a considerable discharge of blood took place; the uterine action ceased for about two hours. I desired ʒss. secale cornuti to be given, which brought on the action of the womb. She was delivered in sixty minutes after: the child had six fingers on each hand, and the same number of toes on each foot,—had no tongue—lived for twenty-one days. The same woman is in labour of another child, I am told, at this moment.

Castration by a Patient.—An old gentleman, William Farland, having suffered most excruciating pain with a schirrous testicle, one night, when alone, was maddened to such a degree with pain, that he took hold of the spermatic cord with the finger and thumb of the left hand, caught the testicle in the right hand, and commenced twisting, and he continued till he severed it. He told me himself it took fifteen rounds hard work. No hæmorrhage naturally followed, nor did any other bad symptom.

Epilepsy Cured by a Burn.—Miss M. Tague, aged 21, came under my care for a severe burn of the back of the hand and arm, and side of the face and neck. So much had the hand suffered from the effects of the fire, that the capsular ligament on the back side of the fingers was completely destroyed, and when the hand was first presented to me I said amputation must be performed. As she, however, refused, I placed the hand on a board and dressed it with ung. lapis. calam.; this I continued to do for the period of ten days, at which time granulations had arisen along the sides of the fingers. I used afterwards, when dressing, a fine linen bandage, and by gentle pressure, in the course of ten days more, got the granulations to meet. I used a separate bandage for each finger. At this stage of the cure, irritable fever set in; a liberal diet, time, and quinine overcame the above intruder. I was informed that she used to have two fits of epilepsy every day, and, on enquiry if she had had a fit since she was burned, I was answered in the negative; she quite recovered. It is now three years ago, and she has never had a fit since. The fingers are a little stiff, but she has more mobility in them than could be expected.

Venereal Ulcers of the Palate Cured after 18 Months' standing, by Nitrous Acid and Issue in the Back of the Neck.—Miss Mary Grogan come under my care on the 8th May, 1842; she had then been under Mr. Wallace Sproule's care, of the Drumgin Dispensary. She told me he had subjected her to three courses—two of mercury and one of decoction,—and that nothing had proved of the slightest use to her. I used the nitrous acid in its full strength, applied it to the ulcers with the point of a feather once every second day, formed an issue in the back of the neck, and my patient recovered. The catamenia had ceased for ten months, and it struck me when all medicines failed to bring it on, that the throat could not be cured until another discharge was formed. My hopes were realized; my patient still keeps the issue open.

* The person who is paid £60 a-year for attending such cases, but may do as he pleases, the governors being his relations.

PHYMOSIS AND PARAPHYMOSIS.

(To the Editor of the "Medical Times.")

Sir.—I would suggest to your correspondent M. R. C. S., of Pembroke, a trial of the extract of Belladonna, recommended by M. De Miguot in L' Experience of December 15, 1842. The formula of M. De Mignot is 12 grains of the extract to half a drachm of spermaceti ointment, with which the contracted prepuce is smeared every hour. M. De Mignot states, that he has availed himself of the dilating powers of Belladonna in numerous cases of phymosis and paraphymosis, and his success has been such that he is induced to recommend it to the notice of the profession. Should inflammation be present, he combined with it either opium, or a mucilage of quince seed. I have had little or no experience myself with this remedy, but in two or three cases of phymosis connected with syphilitic sores, I have availed myself of a modification of M. De Mignot's treatment; as yet the trial has not been sufficiently protracted to lead me to express any very decided opinion on its merits. The following is the formula I employ:—

Unguent cetacei, ʒss.
Ext. belladonn, ʒj.
Hyd. chlorid, gr. x.

A small quantity of the above is to be applied morning and evening.

In all cases of chancre, mercurial preparations should not be resorted to too soon, and

not until we have produced healthy granulations, by cauterizing the sore with nitrate of silver; immediately, therefore, the regenerative process has commenced, I think we may resort to the above ointment with a prospect of success.

In conjunction with M. De Mignot's ointment, we should endeavour by mechanical means to effect a dilatation of the contracted prepuce; this may be done either with a bougie, or by introducing the blades of a pair of dressing forceps, and separating the handles in a very gradual manner.

In cases of phymosis, the treatment adopted by Gabriel Fallopius was to introduce a leaden pipe as large as the orifice of the prepuce would admit, which was kept constantly in the passage—the patient being instructed to pass his water through the tube; upon this the prepuce was frequently anointed with the oil of sweet almonds, or pomatum, and a larger pipe introduced daily. In eight days he is stated to have found the prepuce sufficiently dilated to allow the glans to be uncovered. In the event of neither of these means proving successful, I really can see no objection to the operation, particularly in the case alluded to by your correspondent. Having had some experience in the treatment of these cases, it may be satisfactory to know, that they invariably do well, when unconnected with syphilitic sores or gonorrhœa. Whenever it can be adopted, I prefer the straight to the circular incision, as we have less trouble in keeping the wound in a fair position for healing; the latter operation may occasionally prove troublesome, in consequence of the skin of the penis retracting, leaving a considerable surface of unprotected cellular tissue to granulate and heal. This accident happened to me in practice not long since, the patient himself having removed the sutures before adhesions had taken place, being tempted to do so from their causing him some uneasiness.

I have the honour, Sir, to remain,
Your obedient Servant,
GEORGE BORLASE CHILDS.

31, Fore Street, Dec. 12, 1843.

ACETATE OF LEAD IN LARGE DOSES.

(To the Editor of the 'Medical Times.')

Sir,—In your paper of the 9th inst., under the head of notices "To Correspondents," you have made some remarks upon the acetate of lead given by me in large doses. You say, that, "when given to the extent that Dr. Lane speaks of, we should incline to think that the drug must be spurious, or the inflammatory effects on the bowels and lungs, with colica pictonum all but certain." Now, Sir, this is precisely the old school; you will not believe, because you have not seen, and you throw a doubt upon the drug as not being genuine, without recollecting that it would not be worth, at least I suppose so, the trouble of any man to adulterate it. The drug was genuine, but even suppose it to have been spurious, how do you account for its curing, or removing, the complaint, when all the remedies of the old school had failed? We have an old Irish phrase, "Fair play Ballygawley," which means, trial before condemnation, and which, I think, very applicable in the present case.

You again say that, "the acetate of lead is an old remedy in the cases Dr. Lane treated." In one sense you are right, and in another you are wrong; it is true, it is an old remedy as far as a one grain dose is concerned, protected by opium; but it is not true, that it is an old remedy in the doses in which I give it. I made the discovery, and it is now perfectly new. I was the first who ventured upon such large doses, and who succeeded, when the most talented of the medical faculty had failed by the old mode of treatment.

I am, Sir,
Your obedient Servant,
ALEXANDER LANE, M.D.
Surgeon, Royal Navy.

Armagh, Ireland, Dec. 11, 1843.

PERISCOPE OF THE WEEK.

Medico-Chirurgical Review; Journal de Pharmacie et de Chemie Chemical Gazette; Dublin Journal of the Medical Sciences; Lancet; India Journal of the Medical and Physical Sciences; Archives Generales de Medicine; Journal de Chirurgie)

Acetous Extract of Cantharides.—M. Soubeiran has published the formula for a blistering preparation, which is a good deal used in many parts of Germany. It is prepared by digesting with a gentle heat four parts of coarsely powdered cantharides, one part of concentrated pyroligneous acid, and sixteen parts of alcohol, filtering the mixture, and slowly evaporating the fluid. The product has the consistence of butter, and if smeared on a piece of paper, and applied to the skin, will be found to raise a blister in a short space of time. The consistence of this preparation, and more especially the presence of the acetic acid, suffice to prevent the cantharidine from crystallizing—a result which always takes place with the etherial extract, and constitutes a great objection to its use.

Chronic Abscess and other Diseases in the Tongue.—Mr. H. J. Johnson, assistant-surgeon to St. George's Hospital narrates the case of a lad, 17 years of age, who had in the substance of the tongue, on the right side of its median line, about three quarters of an inch from its tip, a hard globular tumour rather tender on pressure, and about the dimensions of a small marble. The globular form and firm resistance gave rise to the belief that there was either a cyst with thickened walls or else a chronic abscess; the tumour was accordingly punctured with the exploring needle, and a drop or two of distinct yellow pus escaped along the groove. The size of the swelling however was but little reduced by the evacuation, and it was evident that the parietes of the abscess were so consolidated, as to form the bulk of the tumor. Plummer's pill was given every night, and small doses of the compound decoction of sarsaparilla twice a day, the bowels being kept open by salts. At the end of a month, the tumour was reduced to half its original size, and free from pain, but it continued very hard. Three weeks afterwards no trace of the complaint could be detected, but seemingly from habit, the speech, which had been affected from the beginning, was still thick, and indistinct. The gums were not affected during the treatment and the general health improved.

Mr. Johnson observes that chronic abscess in the substance of the tongue is rare: acute inflammation is more common, and cysts are occasionally seen. The most frequent affections perhaps are, cachectic tubercles and ulcerations on the one hand, and malignant growth or alterations on the other. Cachectic ulceration sometimes accompanies rupia, ecthyma, or other forms of cachectic eruption or ulcer, and sometimes occurs independently of any other symptom. The patient in most instances is in bad health, and has not unfrequently suffered from the effects of mercury. The digestive organs are in many instances deranged. Most commonly one side of the organ is affected, the median line forming a sort of barrier against its extension. There is swelling, sometimes tubercular in form, and hard, or rather boggy to the feel—with ulceration, irregular in shape, and of a dirty yellow color, with picked or imperfectly healing edges. The ulcers may be deep or fissured, or scooped, or almost superficial. They may or may not be painful, but at all events they interfere more or less with speech and deglutition. They are slow in formation, tedious in progress, and tardy in disappearing. The treatment which seems to answer best, is such as is generally applicable to cachexia; sarsaparilla, the iodide of potassium, the mineral acids with bitters, quina, the ammonio-citrate and the iodide of iron, in partial combination, and succession, combined with attention to the digestive organs, and such regimen and diet as are calculated to give tone to the general health. The combination of the ammonio-citrate of iron with the iodide of potassium is in some cases very serviceable: Mr. Johnson gives the following formula for its use. ℞—potassii iodidi, potassæ bicarbonatis ferri ammonio-citratis sing. ʒss, tinct. aurantii ℥ss, aquæ destillatæ, ℥vss. M.: capiat æger coch. ij magna bis quotidie, superbibendo (post semihoram) extracti sarsæ concent. c. ʒss. ex aquæ poculo. In cachectic ulcerations of the skin, resulting from the abuse of mercury, this combination is at times peculiarly valuable.

Psoriasis of the Tongue frequently accompanies the exanthematous or venereal eruption, psoriasis guttata of the same character, condylomatous ulcers of the genitals, and it not unfrequently exists or survives as an isolated symptom. The tongue has a patchy aspect, with spots, of the circumference of a pea, or much larger, which are red, smooth, shiny, and evidently denuded of epithelium, or having the latter much attenuated. In other parts there are opaque white patches, varying in number, disposed to be circular, and looking not unlike portions of wax, which had dropped on the tongue in a melted state, and coagulated. The tongue itself is generally sore, sometimes fissured, particularly in the median line, and occasionally swollen, indented by the teeth, reddish, irritable-looking, and inflamed; this latter condition is comparatively rare. There may also be whitish ulceration of the throat, or a similarly opaque condition of the epithelium of the palate.

The patient's health is rarely bad, sometimes excellent, but generally indifferent. The previous history of the case will frequently shew the complaint to be a mercurial one, but in others there will have been a precursory sore or condylomata, and nothing which can justify the suspicion of excess of mercury. The treatment must be guided by the previous history. If there have been already too much mercury given, its further exhibition must be avoided. Sarsaparilla, and the iodide of potassium are the most efficient remedies, and the ammonio-citrate, or iodide of iron, is also very serviceable; changing the medicines employed from time to time is very requisite. The object to be kept steadily in view, whatever measures are employed, is to sustain the general health. Nitrate of silver may be used as a local application, the opaque spots being touched with it twice or thrice a week. A gargle of the bichloride of mercury, one grain to six ounces of water, or that of the sulphate of zinc, has its merits, and in fact many stimulating applications are of use.

Diffuse Inflammation of the Deep Cellular Membrane of the Pelvis.—Under this title, Mr. Johnson gives a brief notice of an attack of inflammatory action which sometimes takes place within the pelvis after operations for hæmorrhoids or fistula, or even independently of any operation whatever. Two or three days after the pile has been tied, or the sinus has been laid open, a rigor, more

or less distinct, ushers in pyrexia, with its usual features, heat of skin, frequent pulse, thirst, perspirations, and impaired secretions. But the symptoms are rather of a low character, and there is an expression of anxiety, exceeding their apparent gravity. Along with the feverishness, there is pain complained of in the lower part of the abdomen, and more particularly in the groin. This is an early symptom, and always a suspicious one. All this while there may be little to attract attention about the rectum or the wound, the latter, if anything, exhibiting a tendency to dryness. As the disease makes progress, the pulse continues frequent, the anxiety continues, the pain in the belly persists, but not limited to one spot, the inguinal glands may enlarge, the belly grows tympanitic, there is a disposition to sweats, alternately perhaps with rigors. So the case may go on for some days, a week, or even more. Then may come hurried respiration, slight cough, obscure pain in the thorax, low delirium, and death. The patient is cut off by secondary pleuro-pneumonia or deposits. Or the termination may be more sudden. With the tympanitis the depression increases, the tongue becomes brown, there is delirium, and the patient dies unexpectedly.

The subject of these symptoms is generally cachectic from mercury, or spirit-drinking, or some depressing agency, or else has a highly nervous temperament. On examination of the body after death, we find, but not always, traces of recent peritoneal inflammation, not of the adhesive character, not lymph and the agglutination of the coils of the bowels, but diffused vascularity and turbid serum, with dirty pus dissolved in it, or flocculi of lymph. These appearances are principally about the pelvis. The real disease is, however, in the subperitoneal cellular tissue. In that we find pus or concrete lymph diffused perhaps to a great extent. It is found in the vicinity of the tied pile or divided sinus; thence it spreads along the rectum to the pelvis, behind the mesentery to the belly, up to the kidneys, to the diaphragm. It is, in short, diffuse inflammation and suppuration in the cellular membrane of the pelvis, spreading by continuity to the subperitoneal cellular tissue, and affecting by contiguity the serous membrane. That secondary inflammations of the pleura or lung, or deposits anywhere, should, under such circumstances occur, is no more than might naturally be expected.

The worst result, although it does not always occur, may be dreaded when this disease presents itself. With respect to treatment—incisions, the usual remedy in diffuse cellular inflammation, are here out of the question. Moderate local depletion may be of service; active depletion is not. Support must probably go along with measures calculated, like leeches and blisters, to keep down local action. The diffused character of the inflammation and effusion forbids on the one hand lowering remedies, and gives little encouragement to anticipate benefit from any.

Mr. Johnson concludes his account of this inflammation by observing that, perhaps the best lesson we can draw from an acquaintance with the affection is this—to be chary of operating on such persons as are likely subjects for it—and to sustain, by diet and by other means, those on whom we do operate

Prophylaxis of Hydrophobia.—Dr. Reid Clanny, of Sunderland, recommends in cases of bites by mad dogs, or dogs supposed to be rabid, that the bitten parts should be well washed and dressed with savine ointment, the system to be kept free by the use of cooling aperients, and from ten to fifteen grains of blue pill to be given daily, in order that the salivary glands may be freely acted on. The virus of hydrophobia is conveyed by the saliva of the rabid animal at the instant the bite is inflicted, and on that account the mercury is to be pushed until the salivary glands are affected. In one case, after the bitten part had been well washed, he placed it under the influence of a very powerful air-pump, and exhausted the air, till the blood covered the plate of the exhausted receiver to some extent. The man in this instance did not become hydrophobic.

Dr. Clanny adds that if he were called to a case of hydrophobia, in addition to these measures, he would order large blisters to be applied over the fauces, and have them dressed with equal parts of blue ointment and simple cerate—which in a short time would cause an abundant discharge of mercurial saliva, and which could be readily kept up by the blue pill.

We are inclined to believe from these remarks of Dr. Clanny's, that he has never yet treated a case of hydrophobia. We fear that before he could get the blisters to rise, and the mercurial action induced, his patient would die.

Removal of the Superior Maxillary Bone for Disease of the Antrum.—Mr. Raleigh, surgeon to the Native Hospital, Calcutta, was consulted by a female native, 27 years of age, who had had a tumor on the left side of the face for about seven months. It had latterly increased very much in size. At the time of applying, the disease presented externally a large semi-globular swelling, occupying the cheek of the affected side from the orbit downwards. On examination of the interior of the mouth, it was observed that a tumor occupying the left antrum Highmorianum, protruded from and had partially absorbed the bony parietes of that cavity, so as to form a hard half-bony, but in some parts elastic swelling, of the outer surface of the superior maxillary bone, of the size of a half section of a common sized billiard ball, extending from the inferior margin of the orbit to the socket of the teeth downwards, anteriorly to the nasal process, and posteriorly to the bulbous process of that bone; whilst in the roof of the mouth, a corresponding bulging of the palatine surface of the bone existed to the extent of half a large walnut, so completely to occupy the left half of the palate only. On the most prominent point of the tumor externally, ulceration had commenced. The whole of the teeth of that half of the upper jaw, although apparently sound, were quite loose, and partially ejected from the alveolar processes. So far as could be ascertained by external inspection, the disease appeared to be confined to the left superior maxillary bone, and not to have ascended beyond the natural limit of the orbit.

This tumour Mr. Raleigh removed by operation on the 4th, a tooth having been previously extracted; he made an incision over the middle of the zygomatic arch, and carried it downwards towards the angle of the mouth, cutting completely through the soft parts, but avoiding the course of the parotid duct. The soft parts, with the left ala of the nose were dissected back, and retracted by an assistant so as to expose the surface of the tumour, and lay bare the superior maxillary and malar bones. Considerable hemorrhage from divided vessels took place during this step of the operation, and as soon as it was sufficiently restrained, one blade of a strong pair of bone forceps was introduced into the nostril, and the other into the mouth, and the bony palate divided through its centre as far back as the transverse palatine suture. Finding the orbitar plate sound, Mr. Raleigh determined on endeavouring to save it. For this purpose he used a very sharp chisel, the blade of which was fully three fourths of an inch wide, and a small wooden mallet, and commencing at the root of the nasal process of the superior maxillary bone, in a line just below the inferior margin of the orbit, with a smart rap of the chisel by the mallet, he cut through the bone to the extent of the width of the chisel, and at three similar applications of that instrument, completely divided the superior maxillary and inferior angle of the malar bone. The upper jaw with the tumour was now so much detached, that it could be pressed down by the thumb and finger, whilst the posterior connections with the muscles, soft palate, &c. were divided with a scalpel; it was then disconnected with the ossa palati, and brought away entire, leaving the velum palati, uvula, &c. uninjured. The consecutive bleeding was very slight and soon suppressed, shewing the non-necessity for the previous ligature of the carotid or internal maxillary arteries. The parts were brought together, a piece of fine sponge, sufficiently large to fill the excavation having been previously introduced, and cold water dressings applied. The poor sufferer bore the operation with great fortitude. Some reaction manifested itself at first but was speedily checked. By the eleventh day the sutures were removed, and in a few days after the adhesive straps. The patient was dismissed cured before a month had passed from the date of the operation. The following was then the condition of the parts internally; the chasm occasioned by the removal of the superior maxillary bone is lined and partially filled up by granulations, having the color and smooth appearance of the natural lining of the mouth and fauces; the soft palate and uvula are in their original state. Externally a slight degree of flattening of the left cheek, and the cicatrix of the incision, are the only unnatural appearances, and it is quite extraordinary how trifling a degree of deformity exists; the patient can speak quite distinctly, but with a thickness or nasal intonation of voice.

In the process adopted by Mr. Raleigh, he considers that there are certain advantages over the operation as generally performed; these are chiefly owing to the non-removal of the orbitar plate of the superior maxillary bone, and of the malar bone, saving the lateral bony arch of the nose, orbit, and the zygomatic arch, thus preserving the prominent formation of the cheek, and the natural protection of the eye against external violence, and diminishing the subsequent deformity. The operation was performed in ten minutes. The use of the chisel and mallet, by which a clean division of the bones was effected, is also an improvement, much time and suffering being saved to the patient. There was not any splintering of the bone.

Prolapsus Ani.—Dr. M'Cormac narrates a case of prolapsus recti, which was apparently cured by a very simple process. The subject was a child that had labored under prolapsus from the age of one year to that of five or six. The protrusion occurred at every stool, and had to be reduced by manual effort, the proceeding being attended with more or less pain. After trying various plans ineffectually, Dr. M'Cormac directed the mother, when the child went to stool, to draw the skin exterior to the anus to one side by means of the fingers extended around. This was done, and although the little patient complained she could not evacuate her bowels, she had a stool, and the bowel did not descend, nor had it done so at the date of the report, one month afterwards. The child's health has improved, and the stools are fewer and in all respects more natural.

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ROYAL WESTMINSTER OPHTHALMIC HOSPITAL, CHARING CROSS.

Clinical Lecture delivered by Mr. Guthrie, Friday, December 14, 1843.

I shall trouble you, gentlemen, but little with the anatomy of the eye, which has exercised the talents, the industry, and the ingenuity of so many persons. The Council of the College of Surgeons have directed this part of human anatomy to be studied and elucidated by Mr. Quekett, the assistant to the conservator, anatomically and microscopically; whilst Mr. Goadby, their unrivalled dissector of the nervous system, will undertake that part especially. His labours are at present directed to be devoted to the lenticular ganglion and its communications, and as I am chairman of the museum committee for the time being, and it is my duty to superintend their labours, we may, perhaps, arrive at some definite conclusions—at some indefinite period of time. All I can say is, *conabimur*.

The eye is the most complex of all the organs of the body, and yet the most simple. It is apparently the most delicate, the most sensible, and the most susceptible of all, and yet is in reality, neither of the three. When I formerly stated this, and expressed my admiration of the wisdom of God, and of the manner in which he adapted one part to another, each for its proper use, I was sneered at for my piety by some gentlemen, whilst others more determined, bolted out the lie oblique, although none would utter the lie direct by declaring that the statements I then made were not facts. The surface of the ball of the eye, which is supposed by all ordinary people to be extremely sensible at all times, is never sensible but at one time, and that is when some foreign substance is introduced between the conjunctiva covering its surface, and that which lines the eyelids. At all other times, and under ordinary circumstances, and especially when the eye is not inflamed, it is but little sensible of moderate impressions. I now, whilst speaking to you, depress my lower lid, and place the end of the forefinger on the white of my eye and hardly feel it. You can all do the same, and keep your finger there as long as you please with little inconvenience. If, however, you place a bit of hard dirt on the same spot, and let the lid close upon it, then an acute sensation is produced, which few can bear without considerable distress, and without making efforts for its removal. Macadamizing the roads and streets has furnished innumerable quantities of almost imperceptible pieces of granite, which get occasionally into the eyes and cause excruciating pain, and these pieces are so finely pulverized, that they can scarcely be seen on the conjunctiva of the upper lid when everted; and I now do not take the trouble to look for them when symptoms indicate their presence.

Some two years ago, the wife of the Grand Master of the Ceremonies of the Autocrat of all the Russias, suffered for two days from an inflammation of one eye, which gave her an agonizing pain whenever she attempted to move it. It was just dusk, and she had determined on having a consultation of three or four physicians and surgeons the next morning, when, as she was at an hotel in Albemarle Street, my friend Count D'Orsay induced her to let him go for me. He told me her story, and as it was too dark to see clearly, I assured her ladyship I did not mind having candles, that a very trifling bloodless operation and three magic words would remove her evil in a moment. I everted the upper lid, rubbed my fore-finger steadily along its internal surface, and declared she was cured, which she acknowledged five minutes after to be the case. Next morning her ladyship earnestly entreated I would remove a palpitation of the heart she frequently laboured under, and cure her son of a pain in his chest by the same simple means. I accomplished one by loosening a tight stay lace, and declined attempting the other as beyond even the aid of magic.

If the surface of the eye were not nearly insensible to the touch, no operation could be performed upon it. It is only when the two surfaces of conjunctiva, and they are not anatomically similar although continued, surfaces are placed in contact with any foreign body between them, be it only an enlarged vessel which acts as one, that the exquisite sensibility is excited, which all the world describe as peculiar to the eye. When surgeons speak of the exquisite sensibility of the eye, as existing under other circumstances in a state of health, they prove themselves to be either ignorant or dishonest men, and I shall believe them to be the latter until they can disprove the fact.

The first thing to learn in ophthalmic surgery, is how to examine an eye, and to keep it open, or the eye-lids separated, whether for a simple examination, or for an operation ; and to do this well is by no means an easy matter.

When a person can raise his upper lid in a moderate degree the surgeon will, in general, see as much as is necessary, by placing the point of his fore-finger nearly upon the margin of the lower lid, and then depressing it against the edge of the maxillary part of the orbit. When the patient cannot raise the upper lid sufficiently, although it should not be swoln, it may be done by the end of the thumb, or fore-finger, of the other hand; but when both eyes are affected, the patient usually shuts the eye which is not undergoing examination, and the cornea of the eye to be examined is rolled upwards, as well as inwards or outwards, so that it cannot be seen, even when the lid is raised; and the patient cannot bring it down, whatever efforts he may make for the purpose, until you induce him to open the other eye, or you raise the lid for him, so that he may look directly at you, when the eye to be examined will follow the direction of the other, although the patient has tried in vain to do it before.

When you wish to enquire into the state of the inside of the upper lid, the patient should be desired to lower the brow, so as to relax the lid. The surgeon should then take three, four, or more, of the eyelashes between the foro-finger and thumb of one hand close to the lid, and draw it a little down, whilst with the other, he should place a probe transversely on the upper lid, immediately above the upper edge of the semi-lunar, or tarsal cartilage, across or over which probe, the eyelid can be readily everted, and retained without pain, although not without an uncomfortable sensation, until it has been duly examined. This little operation, trifling as it is, can only be well done after much practice, much more than persons would suppose, and you should try it on each other, when your eyes are free from inconvenience. A lady is sometimes better than a doctor,—a young one is incomparably more delicately organized, and when you fail in everting an eyelid, which you will readily do, if the patient should have lost his eyelashes, the tip of a lady's tongue may be easily introduced under the eyelid, at the outer angle, and carried along the inside to the inner angle, sweeping away in its passage any foreign body which may be adhering to the conjunctiva and creating irritation. When a lady has the courage to do it, the patient suffers less than under the fingers of an unpractised doctor. It is not, I admit, exactly a surgical mode of performing an operation, although it is an efficacious one, as I know from personal experience; but as the approximation of the parties might be inconvenient, although charitable, I only recommend the practice of it to the mothers, wives, and sisters of the patients.

When a child is suffering from strumous or purulent inflammation, and the upper lid is swollen, or spasmodically closed, none but a well taught person can shew the cornea, and then only after considerable experience. The aperture between the eyelids being small, it must be remembered, first, that both lids are not to be separated at the same time, and that eversion is not to be permitted, as it completely prevents the cornea from being seen. In a young child, the neck and shoulders should be laid across the lower part of the thigh of an assistant, whilst the examiner receives and fixes the head between his knees. The skin of the lid of the right eye being gently drawn upwards by the fore-finger of the left hand, so as to shew its margin, the very extremity of the fore-finger of the right hand, (the nail having been rounded off to prevent injury,) is to be applied to this marginal edge below the eyelashes, when, by a steady movement upwards, carefully pressing, at the same time, the edge of the lid against the ball of the eye, the cornea may be shewn, certainly with some pain to the patient, but as certainly without any detriment in almost every instance. This little operation requires considerable dexterity, or rather knack, and ought to be acquired by the examination of children, who are getting well; for a learner will never succeed in a severe case—not even after many lessons.

These are things few students give themselves any trouble about. Many know nothing at all about the matter, and go contentedly into the world as practitioners, without having an idea on the subject. It may be some satisfaction to you, who are attending, to know, that the knowledge your predecessors have acquired here, has been, in almost every instance, a principal means of bringing them into notice in the country. They all found poor people with sore eyes, whom the resident practitioners could not cure, but whom they could, and like everything else in small places, their success was spoken of by everybody.

The raising and retention of the upper eye-lid during an operation for cataract, &c., is done in a different way, and fewer persons still can do this as it ought to be done ; nevertheless, it is of the utmost importance to the success of any operation that it should be done well. I always separate and retain the eyelids with the fingers of the left hand, and do the operation with the right, although, in some particular cases, a little assistance from another may be necessary. Beginners cannot do this, and many persons never can acquire the art.

Almost all operations should, as a general rule, be done on the right eye by the operator standing behind, which enables him to raise the upper lid himself, and this should be done without the least pain, or scarcely even inconvenience to the patient. I now shew you how it is to be done on the house-surgeon, Mr. Fogo. I hold his eyelid so tightly that he cannot lower it; yet he admits, I give him no pain, and he cannot, by any effort of the muscle, get it from under my fingers. I will do the same by Mr. Bowman, and whilst the eye is thus open, I touch the cornea with a probe, and he scarcely feels it, although he would be

alarmed if he thought it were a knife. To secure the upper lid in this manner, I bring my left hand over the patient's head, which is a little inclined backwards, and let the point of my forefinger rest on the cheek below the lower lid; the inside of the joint formed between the first and second bones of the fingers then lies against the lid, and the whole hand being now drawn upwards, brings with it the eyelid, which is retained against the brow and edge of the orbit, not by the extremity of the fore-finger, which is used by uninformed persons for this purpose, but by what may be called the ball of the covering of the last bone. The very end of the finger is then free, and may be laid upon the globe of the eye to steady it, or the eyelid may be raised by the second finger leaving the fore and third fingers free, for other purposes.

I generally stand before the patient in operating on the left eye, and keep the eyelids apart with the two first fingers. The second keeps the upper lid raised, and fixes the eye, whilst the first does the same below, and both hands, by these means act in concert, which is of the utmost importance, in many operations. Some persons separate and restrain the lids of the left eye differently, and each perhaps does it best after his own way. It is always, however, advisable that the surgeon should learn to do this himself, if possible, and it always should be done with the greatest lightness and delicacy of touch. I teach you that the eye is not a sensible organ, when properly used; but what is meant by the word properly you must learn, and you should recollect that whenever the patient complains of the pressure of the weight of your hand, you are doing your part clumsily, provided he or she is reasonably quiet and unresisting.

Mr. Gutbrie, after these observations, performed three operations for soft cataracts, and several others for the division of enlarged vessels on the globe of the eye, in proof of the accuracy of the statements.

J. F.

LECTURES ON SURGERY.

By Sir B. C. BRODIE, Bart. Sergeant-Surgeon to the Queen.

On Tumours of the Tongue—Paralysis—Paraplegia —Delivered Nov, 29, 1843.

Gentlemen,—In my last lecture I spoke of the diseases of the tongue, and should then have mentioned that other tumours, such as form in other parts of the body, occasionally are found in it, but are not of frequent occurrence. A gentleman come to me, who had a tumour on the tongue, which was distinguished from common scirrhus of that organ, by its depth from the surface, its irregular shape, and its being distinctly circumscribed, which is not the case with true scirrhus. I was inclined to suspect, from the hardness of the tumour, that it was of a malignant nature, and had I found a similar one in the female breast, I should certainly have regarded it as such, but in this case, from certain characters, I was led to doubt it. I prescribed the tincture of iodine, under the daily use of which it gradually became reduced in size, and ultimately disappeared entirely. What its nature was I cannot pretend to say.

I must mention one circumstance connected with this case, to put you on your guard with respect to the tincture of iodine. The patient wanted to go into the country, and to take the iodine with him, to which I consented, on the condition that while taking it, he should place himself under the advice of his medical attendant. This he did not do, and he one day had a paralytic stroke. That this was dependent on the iodine was shewn by his recovering on leaving it off. It is one of many cases, which may be mentioned to shew that iodine exerts considerable influence over the nervous system, and is not to be given without great caution.

A gentleman had an elastic tumour in the tongue, or rather in its under surface, which was rather a large one, as big as a nutmeg. His medical attendant divided the tongue over it, to see what it was, and out there came a cyst, or, as I suppose, an hydatid, and the patient soon got well.

These are the observations I intended to make, to finish the subject of tumours in the tongue.

Paralysis—Paraplegia.

When such a change takes place in the nervous system, that the mandates of the will do not go to the muscles, there is said to be paralysis. This disease is generally attended with loss of sensation, but not always, nor is the loss of sensation, which we sometimes meet with, always accompanied with loss of motion.

Paralysis depends on various causes; it may be produced by a mere diminution of the nervous energy, or by disease of, or pressure on, the nervous cord, by tumours in the brain or spinal marrow, or by some morbid alterations of structure. When it is caused by a tumour, or by a morbid alteration of structure, the paralysis will generally come on gradually, but it is very remarkable that sometimes it does not do so. You have a disease going on for months and years, and all of a sudden the patient has a stroke of paralysis. The late Dr. Woollaston was an example of this. He had a disease of the brain—a tumour pressing on one of the optic thalami; from a boy he saw only one-half of an object with one eye, yet he lived to be sixty years of age, when all of a sudden he became paralytic of one-half of the body, and died.

I was consulted last year by a gentleman, who had all at once become paralytic in his lower limbs. He ultimately died, and on examining the body, a tumour was found in the middle of the spinal cord, which had evidently been growing for years. I shall refer again to this case. A gentleman, who had disease of the prostate gland, and who was a very miserable hypochondriac, shedding tears on very trifling occasions, all at once became paralytic of one side of the body while at the close-stool. On examination afterwards, there was ramollissement of one hemisphere of the brain. I account for the sudden occurrence of the paralysis in this way; the morbid alteration or tumour goes on increasing gradually in the brain, until all at once, effusion of serum takes place into the ventricles. In Dr. Woollaston's case, the tumour continued to increase, until it caused irritation of the lining membrane of the ventricles, effusion of serum, and death. So also in the case of the hypochondriac; the ventricles were distended with fluid.

I know from cases that serum may be effused into the ventricles without the occurrence of inflammation. It is what was called serous apoplexy. The ancients made a great distinction between serous and sanguineous apoplexy. In the former serum, and in the latter blood is effused. Both of these may take place quite suddenly. I have known a person become suddenly paralytic, who had been in perfect health a short time previously, and in whom, on examination, the ventricles were found to be distended with serum.

The sudden occurrence of paralysis connected with the tumour of the spinal cord, I refer to all parts below it being in a state of ramollissement.

Different names have been applied to different forms of paralysis, It is called hemilegia, when one leg or arm on one side of the body is struck. It depends always on disease of the brain itself. You are aware that the right side or hemisphere of the brain belongs to the left side of the body, and the left hemisphere of the brain to the right side of the body, so that when the left side is paralytic, you must seek for its cause in the right hemisphere of the brain. Another form of the disease is called paraplegia, a term which has been somewhat loosely applied, but by which every body means, I believe, a paralysis passing across to both sides of the body. The cases to which this term is applied, will occupy this and the succeeding lecture.

We often find persons presenting the following symptoms:—The patient complains of difficulty in walking, stumbles easily, the muscles not exactly obeying the will; and to stand steadily he is obliged to put his feet asunder, so as to have a broad basis, or else the centre of gravity will throw him to one side. The difficulty increases, the patient walking unsteadily, the muscles of the lower limbs become flaccid, and the weakness extends upwards. The disease creeping on, we have a gradual loss of sensation, and the loss of power extending to the abdomen. The patient has a difficulty in making water, he cannot empty the bladder completely, the urine comes away involuntarily, and he wets the bed clothes, &c. This generally arises from the bladder being overloaded, and not being able to empty itself thoroughly, although it may sometimes be almost quite empty, the urine merely running through it

The patient, after a time, complains of a sense of constriction, as if a hoop were bound round the waist. This is a constant symptom. He has also a sensation as of a ligature round the middle of the thigh or leg, with increasing numbness in the feet, and a feeling of weight.

The disease in some instances remains stationary in this state for years. I remember a gentleman who was thus affected, and by whom I was consulted. Of course nothing could be done for him; he crawled about the streets on crutches for a long time, and died at last.

The complaint, however, generally goes on; the lower limbs become completely paralytic, and afterwards the upper ones, first one arm and then the other. In some of these cases, the bowels become exceedingly costive, not to be acted on by the strongest medicines, and there are very frequently pains in the abdomen.

This is a general description of the symptoms, such as is applicable to paralysis affecting the lower limbs. Its progress is sometimes more rapid than at others.

We have now to consider the different causes on which these symptoms depend, and what difference in the disease these will indicate.

One of the most common causes is a morbid change in the minute structure of the spinal cord. A state of softening, or ramollissement, often occurs after concussion of the spine, its effect being to shake and injure the minute structure. The spinal cord loses its natural consistence, but still continues solid; by and bye it becomes melted down into a substance like cream, and when taken out of the body, and put into water, it floats out into the surface, leaving the membranes entire. This is a common cause, but what produces it? I cannot say. It is said to be caused by inflammation; but there are no signs of it—no unusual vascularity, but rather less than usual. All that can be said is, that there is some peculiar change of structure, the proximate cause of which we cannot explain, and very often not even the remote cause.

Another very common cause of this form of paralysis occurs not among women, but among men of what is called "the better classes,"

especially in London, persons who have not any kind of employment, possess an ample fortune, spend half their time in intrigues, and indulge too much in sexual intercourse. This disease was, in such cases, formerly called, "tabes dorsalis."

There are also other causes:—

A gentleman, who had had formerly some disease in the back, for which his medical attendant had made him caustic issues, but which had been forgotten, while walking one day, about two years ago, one of his feet gave way, and he nearly fell. He was apparently very well afterwards. After a time he was seized with violent pain round the epigastrium, which was treated as if it were rheumatic, without relief. Paralysis in both legs followed—he was confined to his bed—the bowels became so constipated, that no medicine would act—the secretions were very black, the urine alcaline, and ultimately he died. On examining the body afterwards, a tumour was found in the spinal cord, which was in a state of ramollissement below it. I consider the attack of pain in this case indicative of the first formation of the softening.

Another cause of paralysis will consist in the effusion of fluid into the theca vertebralis. A gentleman was brought to London, complaining of paralysis in the lower limbs, so that he could not move in bed. By-and-bye the upper extremities became paralysed, and at last he died. On examining the body, no other morbid appearances could be detected, except an immense effusion of fluid into the theca vertebralis, the membranes being so much distended that when the bones were removed they bulged out. There was not any disease of the brain nor of the spinal marrow. The quantity of the effused fluid was not ascertained but it was very great. There may have been disease in the minute structure, but it was not discovered. The late Sir Astley Cooper informed me of a similar case which had been under his care, in which the only morbid alteration that could be discovered, was the effusion of fluid.

Paraplegia sometimes occurs in a patient, when labouring under carcinoma. A gentleman who had a diseased prostate gland, which was much enlarged and indurated, and the seat of great pain, by-and-bye suffered from severe pains in the limbs and back, such as patients have who labor under cancer, and which are dependant on carcinomatous disease of the bones. In such a case the thigh-bone is frequently broken by turning in bed. To return to this case,—this gentleman all at once became paralytic in the lower limbs, and died. There was not any post mortem examination of the body. A lady whom I attended last year for cancer of the breast, suffered from agonizing pains in the limbs, and bones. One day she became paraplegiac, and died. Here also there was not any examination of the body. I have seen other cases of a similar kind. A lady, who had had scirrhous tumor removed from the breast a year or two before, had the disease return when she consulted me; of course the case was hopeless. By-and-bye she had pain in the back and limbs. One night all at once, she lost the use of her lower limbs, and could not stir. She died. I was engaged at the time, and could not attend the examination of the body, which was made very carefully by Mr Cutler. They found carcinoma of the bones of the spine, the disease extending to the duramater, but not to the spinal cord. The arachnoid membrane was in a state of irritation, with a large effusion of bloody fluid into its cavity, evidently the cause of the paraplegia.

It has been said that paraplegia, (paralysis of the lower limbs) generally depends on disease of the brain, and not of the spinal marrow. This was asserted by the late Dr. Baillie, and published by him in the Transactions of the Royal College of Physicians, but his opinion is not supported by facts. The reason, he believed so is that, in some cases, disease of the brain may cause paralysis of the lower limbs, before it affects the upper extremities. I have however examined the body of a paraplegiac patient, in which there was disease in the ventricles of the brain, and not in the spinal marrow.

Disease of the brain and spinal marrow are often combined. In one case, there existed softening of the lower half of the spinal marrow and of the brain also. If there be total absence of cerebral symptoms, we have reason then to believe in the existence of spinal disease only, but if there is double vision or other cerebral symptom, the brain is affected, and if the paralysis be complete, the spinal marrow is also engaged.

The case I am about to mention is a very remarkable one. About nineteen years ago, I was sent for into Lincolnshire, to a gentleman who was paralytic in the lower limbs. His attack had commenced eight years previously. He suffered from excruciating pain in the epigastrium. After a time the disease extended upwards, the superior extremities becoming paralysed, and one pupil dilated. Of course there was nothing to be done for him. Ten years afterwards his wife being taken very ill, was brought up to town, and he accompanied her. He was then paralytic in all his limbs; he could scarcely speak or swallow, and lay as if his head were the only living part about him. His wife died, and he soon followed. I got leave to have the body examined, which was done by Mr. Tatum, and the late Mr. Good, who was a very clever anatomist. What we might have discovered, if we had taken out the brain and spinal marrow, hardened them in alcohol, and then examined them under the microscope, I am unable to say, but we could not distinguish anything particular during such an examination as we could carry on in a private house, except that the cord seemed rather smaller than usual, and there was a little fluid effused.

I do not suppose, however, that we have merely functional disorders, because we do not see any thing. The minute organization of these structures is not perceptible to the naked eye, and very little more so under the microscope, but such a state of the system could not occur without a cause, not the less real, because not apparent.

Another cause of paralysis is inflammation of the lower part of the spinal cord. I was reading in a medical journal recently, a case where great pain in the lower part of the back was complained of, and the patient became paralytic at the end of a fortnight. When the body was examined after death, there were found marks of chronic inflammation of the lower part of the cord, with effusion of a bloody fluid. I am inclined to believe, that inflammation of the membranes of the spinal cord is a more common cause of paralysis than inflammation of the cord itself. I was consulted by a gentleman whom I saw but once, for severe lumbago, of which he knew not the cause. He was cupped, &c., but when I heard of him again afterwards, he was entirely paralytic, and has remained so ever since.

After having seen this case, I was at the house of the late Dr. Davies, of the London Hospital, where I saw a preparation of the lower part of the spinal marrow encrusted with coagulable lymph. I enquired about it, when he told me that it was a very curious case. A patient of the hospital, who complained of intense pains in the loins, became paralytic, and died, and these were the appearances found after death. The symptoms he described exactly corresponded with those of the patient I had previously seen.

I have seen other cases of severe lumbago, where the patient has seemed to be threatened with paralysis, which has been prevented by proper treatment.

A gentleman, who was subject to lumbago, and employed a stimulating liniment containing cantharides for its relief, one day swallowed some by mistake. Perceiving a sensation of something hot in the stomach, he sent for medical advice; but what with sending for a surgeon, and afterwards to the druggist's for the antidotes, three quarters of an hour elapsed before anything was done. He suffered from very violent pain in the loins and from strangury, and became perfectly paralytic. This, I conclude, was produced by inflammation of the membranes of the spinal cord, induced by the action of the cantharides.

There is no doubt, however, that paralysis is occasionally the result of functional disorder, instead of organic disease. A young lady, for instance, delicate in every respect, of weak bodily powers, hands and feet cold, bad appetite, had a difficulty in walking about, and was, perhaps, much disposed to lie on the sofa. The country physician advised the use of crutches, in the belief that the case was one of paralysis from spinal disease. I saw the patient, examined the spine, ascertained that such was not the fact, and came to the conclusion that the case was one of the general want of nervous energy, so common in delicate young women. I advised the friends to adopt measures for diverting the mind, to take away the crutches, to give her moderate exercise, &c., and, under this treatment, she gradually recovered.

There was a poor girl in this hospital under the care of Dr. Seymour.—she was hysterical; —out of the hospital, she had been treated by a surgeon for commencing paralysis, by cupping, leeching, blistering, &c., under which she got worse. She came into the hospital; large sloughs formed on the buttocks, and she died. On examination, there was not any morbid condition of the cord, and, I believe, from the history, that her complaint was the general want of nervous energy, to which hysterical women are subject, and the aggravation of the disorder was caused by the treatment which was employed, namely, taking blood away, when more ought rather to have been supplied.

The principal causes then of this form of paralysis are, ramollissement of the spinal cord, tubercular deposits, effusion of fluid into the theca, minute change of structure, such as the eye cannot detect, and functional derangement, arising from general want of nervous energy.

You are aware that disease of the vertebræ will also cause this form of paralysis. To that I shall allude in my next lecture.

ON THE PHYSIOLOGY OF HEALTH AND DISEASE,

AS APPLIED TO VEGETABLES AND ANIMALS, BUT MORE ESPECIALLY TO MAN.

By M. RASPAIL.

LECTURE XXIV.

Continuing the subject of the last lecture, let us suppose these prickly bodies reduced to such dimensions, that although impereeptible to the sight, they shall still be capable of being raised and disseminated by the movements of the air, and of arriving at our deeper organs, through the

vehicle of the atmosphere; let us admit the case of the *quasi-evaporation* of a powder composed of the prickly hairs of the grain of the cerealia;—the prickles to which is attached the caustic *ampulla* of the nettle (*urtica major. seu minor*, L.); the downy part of the fruit of the plane-tree (*Platanus excelsa*, L.); the starch, or flour, of the Florentine iris, which is so rich in crystals of oxalate of lime; the silicated crystals of sponges, and of the spongy productions of ponds; in fine, of any other powder composed of sharp or prickly particles of a calcarious or silicated nature. Now, the inspiration will draw this powder into the nasal cavity, whence it will mount into the frontal sinuses; into the buccal cavity, and the fauces; into the primary air-passages, and thence into the deeper parts of the lung; between the eye-lids, the movements of which will cause it to spread, from one angle to the other, over the whole surface of the conjunctiva, and even into the lachrymal *puncta* and the nasal duct, whither inspiration necessarily draws, as it were by the force of a vacuum, when the eye-lids are closed, every foreign body which is imprisoned there; and finally, into the auditory tube. What a variety of disorders will thus be produced by the same cause! With how many terms and expressions will medical nomenclature be enriched, or rather, I should say, encumbered. *Coryza*, *ulcers* in the nose; *headache*, and even *brain-fever*, when the offending matter is lodged in the frontal sinuses; a *scorbutic affection*, if it be fixed upon the gums, and the inflammatory effects of its presence act by denuding the teeth; *ranula*, if these minute prickly bodies penetrate within the surface of the salivary glands; *angina*, if they attach themselves to the fauces; *relaxation of the uvula*, if the powder adhere to the extremity of the velum of the palate; *trachitis* and *bronchitis*, *obstinate cough*, *persistent catarrh*, *extinction of the voice*, if the particles fix themselves in the bronchi and the trachea; *asthmatic paroxysms*, if they penetrate as far as the primary ramifications of the pulmonary cells; *hepatization* and *general inflammation of the lung*, *pneumonia* and *peripneumonia*, if they are confined within this organ; *pleurisy*, if the irritating body traverse the lung, and arrive at the pleura; and, in the preceding case, *phthisis*, so soon as each little globule shall pass from the inflammatory state by which the disease commences, to the purulent stage, in which inflammation, if unchecked, invariably terminates. In the EYES, *ophthalmia*, *conjunctivitis* or *inflammation of the conjunctiva*, when the ravages of the dust are limited to this membrane; *blepharitis*, when it is implanted on the eye-lids, where, also, it may produce a variety of diseases, according to the deviations of form imprinted on the part; *trichosis* and *ectropion*, if the inflammation, extending along the outer or the inner border of the tarsus, cause the eye-lashes to become turned inwards or outwards; *fistula lachrymalis*, if it attack the nasal canal; lastly, *sycosis*, *staphyloma*, *pterygium*, according to the nature and the forms of the invaded part, &c. In the EAR, *otitis* of various shades or degrees, according as the cause of the evil shall invade a greater or less extent of that delicate nervous expansion which lines the whole auditory canal. In the STOMACH, *gastritis*, *gastralgia*, *inflammation of the pylorus*, *vomiting of blood*, &c. We have here, then, a host of sufferings, of symptoms, and of characters, resulting from the simple transposition of an imperceptible cause; and which are so variable in themselves, that our medical nomenclature could hardly suffice to designate all their modifications, in case we were to push their classification to its extreme limits.

We have hitherto been taking as a type a prickle smooth upon its surface, and which requires, for its introduction, the application of some force from behind. But let us substitute for the preceding, a penetrating body studded, with more or less regularity, with prickles directed towards its base; such we find to be the case with splinters of broken bone, or of wood, in consequence of the irregular asperities which result from the fracture of the organised, ligneous or osseous tissue; such, also, are the spines or stalks of the gramineæ, as well as other organs of this vegetable class. Now, when a body of this description is once introduced beneath the skin, it will, by the simple action given to it by the muscular movements, be capable of gradually penetrating to the more vital and important organs, such as the liver, the heart, the spleen, the intestines, the genital organs, &c., there to produce ravages which will change in name, according to the position, the extent, and the duration of contact of this irritating body; for these prickles are so formed, by the direction from before backwards of the sharp asperities which run along their edges, that they are incessantly advancing, without ever retracing their steps. We may readily conceive how each muscular contraction will force forward these bodies to a certain degree, and that by continuing this action, they may eventually strike to the heart of the most gigantic animal.

Observe that man, with his pallid countenance, his emaciated body, which he appears, as it were, to drag along the ground; notice his hollow cough, his viscid expectoration, and the reduced state of his whole body. His pulse is obscure and feeble, for his blood circulates slowly, and he is oppressed with a difficulty of respiration; a premature old age is imprinted on his features, his countenance is furrowed with wrinkles, and all his movements seem paralyzed; on applying the ear to his chest, his lungs plainly indicate all the symptoms of pulmonary phthisis. This man has the germ of this disease in the substance of the lung; there is, in classical language, a morbid condition manifest in the system. But all wonder at its presence ceases, when we consider the occupation of this poor being; he is employed to sweep out granaries, to thrash corn, to beat hemp, to lop the plane-tree! The malady is merely the accidental production of his calling. Remove him from this focus of pulverulent infection, and all these symptoms will spontaneously cease, without medicines or regimen, by the simple daily expectoration of these minute causes of disease; his health will become re-established, as soon as the *evaporation* of a simple irritating powder shall cease to arrive at the lung, there to induce a train of morbid effects.

These small prickly bodies produce, by implanting themselves upon the respiratory surfaces, the same disorders as by attaching themselves upon the surface of the skin; that is to say, they give rise to pimples, to which the difference of medium gives a difference in characters and in development; yellow and granular internally, they are at first dry externally, under the influence of aspiration and of expiration; but subsequently they burst and become drained under the effort of their progressive development, as effects of the cause which engenders them. We have here, then, different phases which take so many different names, and which are capable of being subdivided into a great number of varieties. Now, no physician could divine the nature of these disorders, unless the patient revealed to him their accidental cause. We have the same class of symptoms presented to us during the development of various spontaneous diseases. The autopsy, again, is of but little assistance in these cases; it may show us the seat of the effects, but it is utterly silent with respect to the nature of the cause; the sealpel is unable to trace bodies of such minuteness; it confounds them with their ravages; and such is more frequently the case in *post-mortem* examinations, than is generally imagined. This is a truth, which should never be lost sight of.

During the summer of 1824, there was manifested, at a certain locality in the environs of Pesth, in Hungary, a murrain which principally attacked the flocks of sheep. The animal was suddenly seized with an unusual restlessness; it skipped about as if frightened, or haunted by some invisible terror; the animal was observed to shudder, and shrink with pain from the least approach of the hand; the restless ram struck its horns against the ground, apparently without object and without anger. To this great agitation quickly succeeded a state of apparent calmness; the animal languished, the eye became dim and gloomy, the head hung down, the walk was slow and difficult, the appetite at first as usual, and great wasting away. Then came a disgust for food, in the midst of the richest pasturages; shortly the disease assumed a graver character; sometimes cough, sometimes diarrhœa, at other times a species of ascites supervened; and there was always fever, of an irregular and chronic character. The skin was often covered with fetid ulcers; at other times it appeared sound and in a good condition, yet even then the animal fell as if struck with apoplexy. A sanies of a bad character frequently escaped from the snout or from the eyes; the animal lay down to die without a struggle; and, unless it were killed, immediately that the early symptoms manifested themselves, it terminated by running into a mass of corruption, from which one was not even sure of obtaining the skin, eaten away as it was, into large holes, by this *corroding disease*. Now, was this the result of contagion, or of infection? While kept in the stables or the folds, the animals were not attacked with the disease; but if they were turned out upon the infected pasture-ground, they were sure to bring back with them the germs of this malady, which, however, they did not communicate to others. Commissions were sent to these parts, to study a disease possessing such novel characters; the symptoms, phases, and crises, were classified and studied with the greatest care; learned reports were read on the subject before the Academy; numerous theories were broached, and different titles given to the disease. The limits of the focus of infection were topographically determined; the direction of the wind, the temperature, the height of the barometer, carefully noted day by day. But to what was the evil attributable? Ought such rich pasturages to be abandoned, and that in a country in itself so poor? or was there any prospect of purifying them, and rendering them more wholesome by cultivation and draining? What, in fine, were the means to be employed?

These learned discussions were, however, set at rest by botanical observation; this morbid condition was reclaimed from the domain of pathology, and ascribed to its proper origin; it was, in fact, discovered to be dependant on the *stipa pennata*, one of the gramineæ flourishing in gravelly soils, and which are very common in some parts, as for instance, in the neighbourhood of Fontainebleau; now, it was the *spicula* or spikelet of this plant that was the cause of all the evil. Figure to yourselves a ball of oats studded with prickles at its base, to which is attached a short peduncle, while it terminates at the summit in a long and twisted spine, arranged along the sides like a feather; this body will, necessarily, from this mode of formation, become blown about by the least breath of wind; wherever it falls, it will sink into the surface by its point, which, acting as a gimlet, is set into motion by the rotations of the upper part, and will thus penetrate every surface, which does not offer a sufficient resistance. Now, supposing such a body to have penetrated beneath a tuft of wool on the back of a sheep, the torsion of the hairs will have already favored, by its spiral movement, the progression of the point through the skin into the flesh: and then the muscular movements continuing the impulsion which had been given to it by the agitation of the air, in consequence of its feather-like arrangement, we may conceive that, gradually, this simple ball or product of an injurious *gramen* may arrive at the heart, the lungs, the liver, the spleen, the intestines, the kidneys, &c., and thus give to the disease, the most variable characters and complications. Each animal, in fact, seemed to be affected with a different disease, according as the prickle was accidentally directed upon this or that region, in preference. The society of Medicine and of Natural History, at Pesth, transmitted to us at that period a portion of the skin of one of the sheep which had died. In some parts of it might still be seen the *spiculæ* of the incrusted *stipa*; in other parts the skin was perforated like a sieve, the holes of which appeared as if they had been blocked up by a pellicle of egg or of onion.* The cause of the evil was thus made manifest, and its mode of action explained. This example will, moreover, suffice to show us what errors have prevailed in the veterinary art as to the nature of certain affections among cattle,—affections

* See the analysis of the dissertation, on this subject, by Sadler, in the BULLETIN UNIVERSEL DES SCIENCES of 1825, *section d'agriculture et section d'histoire naturelle*.

which have originated entirely with these *spiculæ* of the *stipa pennata*, a plant which is so common in our pastrages ; now, such a cause of disorder does not change its mechanism, by changing its climate. Moreover, man is not free from accidents of this kind ; but he quickly perceives them, and promptly rids himself of them. Desfontaines, in his *Flora atlantica*, relates that nothing is more annoying to the traveller in Africa, than these *spiculæ* of the *stipa pennata*, which, insinuating themselves into the stuff of the clothes, thence work into the flesh, and there give rise to acute suffering. If, in such a case, man were not organized to employ his hands and to communicate his sufferings by words, he would carry these fatal shafts within him, without being able to divine their principle or to free himself from their action ; and he would perish, like the sheep, from the prick of a straw.

The serrated and spirally arranged hairy parts surrounding the pedunclcs and spines of the *graminaceæ* in general, have, even in the more common species, occasionally been productive of errors as to the true cause of disease and of death, in man as well as in animals. The following is a case in point. " A child, relates Dr. Desgranges, a physician at Lyons (*in the Journal general de Medecine*, 1810), was taken with fever: it presented cough, oppression, bronchial symptoms, pain in the right side ; flushed countenance, pain in the head, parched mouth, with great change in the general appearance. *The physician of the place regarded it as a case of acute pulmonary catarrh.* Leeches were applied to the chest, which produced a temporary relief. On the ninth day, there was vomiting of purulent, sanious and putrid matters, mixed with some streaks of blood. A slight amendment took place, with a diminution of fever, but after a few days, the nausea returned. Eight days afterwards, there was perceived a slight redness, limited to the affected right side, precisely at the spot where the pain was felt, between the sixth and seventh ribs, a little posteriorly. The part quickly became tumefied, and acquired the size of a large boil. Bread poultices were applied to the spot. The point of the tumour opened, when there escaped a little serosity, by the rupture of a small vesicle which had formed there. A slight suppuration afterwards took place, when a whitish substance was perceived, which was judged to be a foreign body. This was a portion of an ear of rye which came forward by presenting its stalk, or inferior part first. The child was immediately relieved ; the wound and enlargement quickly disappeared. The disease had lasted five weeks."*

All who had been consulted in this case, were deceived in its issue; it had been viewed as acute pulmonary catarrh, complicated with phlegmon, abscess, and emphysema of the right side. The escape of the rye unravelled the enigma, and refreshed the memory of the child, who had swallowed, eight days before the appearance of the fever, an ear of rye, after keeping it in his mouth for a quarter of an hour ; and which, he stated, gave rise to prickling sensations in the stomach, now and then of a very acute character, though not permanent. Desgranges, however, falls into error, in his attempted classification of this disease. His explanations, as to the vital powers, and the *salutary efforts of nature to free itself from the ear*, are unsatisfactory ; the author, in fact, concludes, with Hoffman, that the method followed by nature, to arrive at the cure, consists specially in throwing off the cause of disease : *methodus naturæ in causarum remotione consistit.* Now, to the eyes of a botanist, it is evident that the ear of rye must, before it can be thus thrown off or escape from our organs, exceed the salutary efforts of nature. It is expelled in consequence of its own rotatory and penetrating movement; hence the suffering and disease which it gives rise to in its progress. Various cases may be found recorded in the annals of science, which present a complete analogy with the preceding, in their symptoms, their commencement, their various phases, their duration, and their termination. But, in the absence of any certain information on the part of the patient, and before the escape of the foreign body, every physician, however able and discriminating he may be, will of necessity be liable to be deceived as to the nature of the disease in the commencement ; it is only when the ear has escaped from between the ribs, and thus shown itself to our observation, that the true cause of the malady will be explained. But if, instead of an entire ear, we have to deal with the bruised particles, or a powder composed of its spines, from this moment the disease would no longer be regarded as an accident, and it would assume its place in our nosographical classifications ; inasmuch as the cause, being reduced to too small dimensions to be appreciable to the sight, would escape unperceived and confounded with the substance of the pus. Who has ever attempted, in the living subject, or even after death, to search in the products of decomposition, for palpable traces of the mechanical cause ? The scalpel lays bare the structures, but it can never analyse the parts !

Fix your attention for one instant on what is passing around you ; calculate how frequently, in certain seasons, the deglutition and the inspiration must receive, from the passing wind, the pulverized *debris* of the ears of those innumerable graminœ, which line our roads, our streets, and cover our fields ; and then say whether many of those epidemics, which have caused such learned disquisitions, may not, in their essential nature or in their complications, have been the work of these minute bodies. Now, supposing the introduction of these foreign bodies into the alimentary passages, and, as most frequently happens, into the respiratory tubes, you can readily imagine, beforehand, the progress of the symptoms, or the assemblage of phenomena,—so as to give, in fact, the complete history of the disease and of the cure. But if I reverse the question, and were to give you the case of a disease, thus rigorously described, and demand of you the cause, provided that it be entirely hidden from observation, what then would be the result ? Thrown headlong into the midst of abstract theories, and searching in a nomenclature, which is incomprehensible to all, for the existence of an entity on which you might fix the cause of so many disorders ; you would at one time attribute it to the vital forces, at another to the blood, to the humours, the nervous current, local influences, hereditary predispositions, inflammation or *phlegmasia*, stimulant and hypersthenic forces, and I know not what ! Now, this uncertainty and contradiction is essentially dependant on our vicious pathological nomenclature, which is so mixed up with entities without a form, with terms without ideas, and with conventional phrases, to which the learned and the unlearned are alike the dupes. Such is not the way in which this subject ought to be approached; it is only by throwing off the yoke of dogmatism, and thinking in a free and independant manner, that nature can be studied, or her laws appreciated! But to return to the subject from which I broke off,—that is to say, the introduction of foreign bodies into the air passages. The relative position of the larynx will sufficiently explain how it is that some bodies become introduced into the lungs, rather than into the alimentary canal: bodies, which advance, as it were, by creeping along, will necessarily insinuate themselves into the first cavity which they meet with in their passage. But, as one would think *a priori*, the alimentary canal is not exempt from such accidents; it is evident, that even by the nature alone of the deglutition, it must be very frequently exposed to them. Now, in all recorded cases of this description, we shall find that where the foreign body was of such dimensions, that any mistake as to its presence was impossible, this accident was regarded as merely of secondary importance, and the description of its symptoms given in as brief a manner as possible; but where, in consequence of its minuteness, the foreign body has been inappreciable to the sight, we shall perceive the same uncertainty and the same confusion prevailing as in the cases to which I have before referred.

Is it then necessary that bodies should be of a certain dimension, to become introduced into our organs? Has nature fixed, as a measure to these dimensions, the limits of our sight? On the contrary, it seems to me, that these cases of introduction should be so much more frequent as the foreign bodies are more minute; for, under this form, they find fewer obstacles in their way. And, wherefore should not the analogy of the phenomena, consequent on the introduction of foreign bodies of a large size, lead us to attribute to the introduction of small bodies, the cause of phenomena entirely and proportionately similar? For, in fine, all this reasoning reduces itself to the following evident proposition:—A FIXED CAUSE HAVING PRODUCED A CERTAIN EFFECT, SUCH EFFECT MUST BE PRODUCED BY A LIKE CAUSE.

Consequently, and in accordance with the above axiom, if it be certain that a body when introduced within the lungs, there determines, according to its dimensions and its exterior forms, one or other of the numerous affections which are described in our classifications under the titles of *bronchitis*, *catarrh*, *asthma*, *croup*, *peripneumonia*, *pleurisy*, *emphysema*, *empyema*, *pulmonary phthisis*, &c.; wherefore should not all these affections invariably, and in all cases, be the effects of foreign bodies of a size less appreciable to our gross methods of observation? A foreign body in the stomach causes all the symptoms of *gastritis;* in the intestines, all those of *enteritis.* Why, then, should not *gastritis* and *enteritis* be always the effect of similar foreign bodies? The *same* may be said of diseases of the heart; the *same*, of diseases of the liver and of the spleen, *icterus*, and *intermittent fevers.* The *same*, of diseases of the *vagina* and of the *uterus. So*, also, with diseases of the urinary passages, and with urinary calculi, the nucleus of which is so often formed by the presence of a foreign body visibly introduced into the bladder. Does not the mechanism of the formation of a calculus suffice to explain all other cases of a like nature, even where the dimensions of the product shall not be appreciable to our senses? And *in like manner*, with rheumatic, arthritic, and nervous spasms. The introduction of a needle into one of the muscles of our extremities suffices to give rise to the most acute pains, attended by a loss of motion; why, then, generally speaking, should not every loss of motion, as *coxalgia*, *paraplegia*, &c., be attributed to a similar cause, which shall act simply by dividing the muscular and nervous filaments which it may meet with in its passage, and thus cutting off, as it were, the communications between the passive and the active organ,—between the contractile organ, and that organ which by its electric influence determines the contraction? This reasoning is, in fact, inevitable, unless we regard medicine as a science differing from all others; having separate laws, a separate reasoning, and separate confirmations. To disbelieve the truth of these inductions, would prove the physician to abandon the distinctive character of man,—to divest himself of the faculties of seeing, of observing, and of reasoning, which are exercised in all other sciences! Surrounded on all sides by dangers, in this world where everything is in motion like ourselves, we should remember, that it is to the smallest things that we are most frequently the victims, inasmuch as it is from them that we take least care to preserve ourselves; they may, in fact, be called *spirits*, since they are invisible, but spirits which torture us after the manner of natural bodies.

* The same physician has described a similar case in the volume of the same journal for 1812. This was also an instance of an ear of barley which was swallowed and passed into the right lung, and was withdrawn, on the fortieth day, from an abscess which pointed between two of the ribs ; there was emphysema with so strong a disengagement of gas, that a candle, which was placed near the opening, was extinguished.

PARISIAN INTELLIGENCE.

(FROM OUR OWN CORRESPONDENT.)

Paris, Dec. 14, 1843.

On Erysipelas of the Face and Scalp, by Professor Chomel.—" Erysipelas is an inflammation which develops itself on the skin spontaneously, i.e., without any appreciable cause. As in phlegmasiæ of

internal organs, erysipelas is produced by a special predisposition; the external, occasional, or determining cause, exercises but slight, if any, influence on the production of the disorder. In general, it begins in a very limited space, and gradually extends to the neighbouring parts, whence its name; sometimes, after disappearing from a certain part, it affects it a second time. A case now in the Hotel Dieu, is a striking proof of the analogy between erysipelas and internal inflammation, and likewise presents some peculiarities worthy of attention. The patient, aged twenty-four, eight months gone with child, of a fair complexion, lymphatic, flesh flabby, and generally enjoys good health. She attributed the disorder to cold. This may have been the *determining*, but certainly not the *only* cause, as no such result would have ensued, had there not been a predisposition. As in pleuritis, pneumonia, and many other internal inflammations, very frequently, exposure to cold, irregularities of diet, &c., are considered as the *principal*, whilst they are but the *secondary*, cause of a disease to which the patient was predisposed. This is evident when we reflect that an individual has been, over and over again, exposed to the same influence, without contracting the disorder; it therefore cannot be considered as the *true* cause, not producing the same effects under similar circumstances. All that can be said is, that a disease which, in all probability, would have appeared a fortnight, perhaps a month, later, declares itself much sooner on receiving a stimulus from the exciting cause. In the present instance, the woman on the day after being exposed to the cold, was seized with a sharp pain in the neck; questioned as to the existence of tumefied glands of that region, she replied negatively, but they may have existed without being perceived by the patient, her attention not having been drawn towards the subject. In my opinion, the pain in the neck was caused by this tumefaction, as almost every case of severe erysipelas of the face is preceded by inflammation of the lymphatic glands of the neck, seldom primitively affected. Thus, you are consulted by a person labouring under a swelling of the glands of the groin; if you examine him carefully, you will find an excoriation (specific or not) of the genital organs; a prick, a scratch, or a wound of the lower extremities. Again, for those of the axilla, the cause is generally a scratch, or wound of the hand or arm, and for those of the neck, an acute or chronic affection of the face or scalp; should, in this last, the cause be wanting, you may conclude it is a forerunner of erysipelas, except when amygdalitis, tubercles, or scrophula exist. Between these latter there is greater analogy than is generally supposed. In all, there is an irritation or inflammation of the lymphatic vessels caused by the disorder, as is apparent by the tumefaction of the glands; in erysipelas, on the contrary, the enlarged glands appear first, and Franco says that from this sign he could diagnosticate with certainty the subsequent development of the exanthemat. But to what cause ought we to attribute the pain which developes itself before the appearance of the erysipelas? It is probable that the influence which produces erysipelas, acts first on the lymphatics, and afterwards on the skin; this fact is, however, comparatively but of secondary interest. In the case under consideration, two days after the development of the pain, erysipelas appeared on the nose, extending gradually to the cheeks, neck, forehead, and scalp; it was accompanied with heat and redness of the skin, more vivid than usual, for generally the cuticle is rather stretched and shining than very red; cheeks, eye-lids, and forehead swoln, great pain produced when touched, parts retaining the mark of the finger when pressed, (a symptom common to œdema and erysipelas); blisters on the nose, cheeks, and forehead; delirium, and other symptoms of functional disturbance of the brain; pulse 140, thirst, tongue foul, mouth parched, (this last symptom was consequent upon the necessity the patient was under of breathing through the mouth, on account of the swoln state of the nose); the skin of the scalp offered no change in its colour; this is usual, except when the patient is bald, in which case, it follows the general rule. In distinguishing the affected parts of the scalp from those in their normal state, in the latter the skin is of a greyish slate colour, whilst in the former, it offers a roseate hue; this character fails when the whole scalp is affected, when the following symptoms must be sought, in order to form a correct diagnosis, viz.—the pain when touched, and the œdematous swelling, to which is to be attributed the mark remaining when the part is pressed with the finger; these two ought to be more particularly observed, than the change of colour of the skin, which is with difficulty discovered in many cases. When the disease begins on the face, as is most frequent, the diagnosis is easy; but when it appears first on the scalp, it is often mistaken for another, because the local signs are not very marked, or because the physician does not examine the patient with sufficient attention. It is in such cases that the foregoing pathognomonic symptoms must be attended to. The prognosis is subservient to the extent of the tegumentary surface, occupied at the same time by the disease; when very limited, the result is seldom unfavourable; whilst, on the contrary, when a great many parts are affected, it may become very serious, and even cause death. Those authors who have published cases illustrative of the little danger attendant upon erysipelas, have certainly emitted an erroneous opinion in some cases of the latter, however correct as far as the generality are concerned. To prove the truth of this assertion, let us examine what experience teaches us. Few old practical physicians have not had opportunities of witnessing fatal cases of severe erysipelas, whether it had or had not, extended to the brain, or its membranes. I myself, during the last few years, have made *post-mortem* examinations of three persons who had fallen victims to erysipelas with cerebral disturbance, and though performed with the utmost care and attention, no lesion could be discovered in the brain or its membranes. This fact is easily explained; the disturbance of the cerebral functions may be sympathetic as well as idiopathic, as is observable, in pleuritis, pneumonia, &c., and also in erysipelas; that is to say, in cases which attack individuals in good health, and are sufficiently severe to put their life in danger, not in those which develope themselves in patients weakened by long protracted disease, thus hastening the fatal issue.

In the treatment of the inflammatory disease, some practitioners, placing unlimited confidence in therapeutical agents, thought it possible to stop its development by venesections repeated more or less, according to the quantity of blood drawn each time. But they soon found it impossible to *jugulate* (*juguler* being the term employed by those authors) acute inflammations; in my opinion, I do not think they can be arrested during their period of development; each has its own peculiar mode of increasing in extent and intensity, without the practicability of stopping its progress all at once. All spontaneous affections have three stages:—1st. that in which they increase; 2nd. that in which they remain stationary; and, 3rd. that in which they decrease. In the present instance, venesection was resorted to, once; a purgative composed of ℥j. sulphat. magnesiæ; purgative enema; and mustard poultices to the inferior extremities; more active measures were not employed, on account of the lymphatic constitution, and the advanced stage of pregnancy of the patient. In persons of a strong constitution it is necessary to bleed two or three times, and to give several smart purges; our patient got better under the milder treatment; the pulse fell from 140 to 108, and subsequently to 88, and the other untoward symptoms amended. I never prescribe an emetic in this disease, nor in any other in which there is a tendency of blood to the head, because it is increased by the efforts made in vomiting. This opinion is not modern, for it is consigned in ancient authors; Morgagni in his third letter quotes the case of a patient attacked with apoplexy, whose death was hastened if not caused by the administration of an emetic, which is not to be wondered at, when we consider how great a flow of blood to the head is caused by the efforts made by the patient. I, myself, witnessed a similar case; an apoplectic patient under the influence of a copious venesection recovered his senses, but an emetic having been ordered, its action brought on coma, and subsequently death. Some practitioners, struck with the truth of the foregoing remarks, yet unwilling to give up their old and long cherished mode of treatment, give the tartar emetic dissolved in a large quantity of water, so as to limit its action to the bowels. This, though preferable to the former, is still not altogether free from danger, it being impossible to say in each individual case what dose would cause vomiting, and what would not. I therefore conclude, that it is better not to give it at all, but to employ other remedies, which produce the same beneficial effects without the danger. There is also a popular idea, which ought to be combatted; that of covering the head, for fear of the disorder disappearing externally, and attacking some important internal organ. This is highly dangerous; because in severe attacks of erysipelas too much heat, instead of diminishing, increases the tendency of the disease to extend itself to the brain or its membranes. This woman's head, when she entered the hospital, was covered with a thick quilted cap, which we had removed and replaced by a linen one. It sometimes happens that the disorder begins on the face, and gradually extends itself to the neck, shoulders, back, and thighs: but even then, seldom to the hands and feet. Biett considered this complication excessively dangerous, and said that few patients recovered; I, however, have been more fortunate, having had several similar cases under my care of late years, without losing a patient. Whilst enumerating the different remedies, we must not omit mentioning others so warmly preconised of late days.—*Mercurial frictions.* Experience has not convinced me that it deserves the encomiums lavished on it; on the contrary, the ointment, if at all rancid, produces an inflammation of the skin; again, there are some individuals whose skin is so sensitive, that all fatty bodies produce erythema, and sometimes erysipelas. The same remarks are applicable to purified hog's-lard. Finally, from my personal observation, I am led to conclude that most of the cures obtained by these means, were owing not to the remedy employed, but because the disorder had arrived at the decreasing stage.—*Blisters and other revulsives* applied on the part, so as to substitute an artificial, to the spontaneous, inflammation.—*Cauterisations with the nitrate of silver.* An English author recommended cauterizing, superficially, the edges of the exanthema, to prevent its propagation. The two last methods in some cases seem to arrest the disorder, whilst in others the erysipelas soon oversteps the limits thus assigned to it, and continues its course as usual. The only way in which I can explain such opposite results, is by admitting that the observer did not pay sufficient attention to the appearance presented by the part affected. When intense, erysipelas offers two forms: in one, its edges are slightly elevated, so that its limits are distinctly marked; in such cases, in spite of blisters and cauterizations, the erysipelas continues, and by the day after their application, has increased from three to four inches in extent. In the other, the edges of the inflamed part are not elevated; this symptom, notwithstanding its importance, has not been sufficiently noted; it indicates that the disease is arrived at the decreasing stage, and is about to cease, and probably it is in these cases that the remedies were so efficacious.—Several distinguished surgeons do not agree with me in the opinion, that erysipelas is always produced by an internal cause developed under the influence of a peculiar predisposition, and seldom if ever by an external one, and they fear operating at certain seasons, on account of the number of cases of erysipelas which follow their operations. They consider the wound as the cause of the disease, which therefore cannot be considered as spontaneous, since it is the result of a traumatic cause. But there is evidently a predisposition to the production of the exanthema, otherwise why does it not appear at all times and in all seasons? do we not see it sometimes appear after the application of a blister, and yet how often do we employ blisters with impunity? Again, when erysipelas exists in a surgical ward, in going into a medical ward of the

same hospital, containing an equal number of beds, you will find a greater number of patients affected with this disease in the latter than in the former, denoting evidently the presence of some other cause than the traumatic one. "Finally," said the professor, in conclusion, "there is great analogy between erysipelas and internal inflammations, in their etiology; we find that the former, when spontaneous, is produced by a predisposition without any appreciable determining cause, at least, in the generality of cases; that after surgical operations the traumatic lesion is not sufficient to account for its production; that the generality of internal disorders come on without an apparent cause; and that by the word *spontaneous*, is not meant that the disease comes on without a cause, but under the influence of those causes which act slowly on the human frame, diseases which are developed under the influence of certain laws of the economy, and which differ so much from those produced by external causes, as to need a special denomination. The cause exists, but it being inappreciable to our senses, we are ignorant of its precise nature."

Polypus Nasi.—A patient entered the Hotel Dieu on account of a polypus nasi, and was placed in one of the wards of Professor Blandin. M. Maisonneuve, who then performed the duties of the professor, endeavoured to place a ligature round the tumour, but its position was such that, in spite of the greatest precaution and repeated trials, the noose constantly slipt off. Finding it impossible thus to succeed, the operator resolved upon attempting it from before, backwards, in the following manner:—The two ends of the thread which hung out of the nostril were tied together, so as to form a loop, in which another was passed to be employed in withdrawing it if necessary. A spatula was then introduced into the nostril to the depth of three inches, and the loop placed on it, and kept in place by an assistant. With his right hand, the surgeon drew gently on the ends in the mouth, whilst the indicator and medius of the left introduced deeply into the fauces, acted the part of a pulley, and prevented the velum palati from being wounded. After penetrating about three inches, the loop evidently encircled the tumour; all that remained to be done was to produce the constriction, which was obtained by means of Roderick's *serre-nœud*, to which was added the small rollers recommended by M. Rayer. On the 4th day the mortified portion fell, and though the whole was not removed, a copious hæmorrhage prevented any further attempts for the moment. The patient subsequently left the hospital, relieved, though not cured.

On a New Method of Rapidly Raising a Blister.—M. Dauq, of Stenay, (Meuse,) proposes the following method, which he calls *blister with a watch-glass:* pour eight or ten drops of concentrated ammonia in a flat watch-glass, cover it with a bit of fine rag, somewhat smaller in diameter than the glass, and then place it on the skin, keeping it in its place, by means of moderate pressure, with the fingers. Generally, in about thirty seconds, the end proposed is attained, which is indicated by a roseate zone of about three-quarters of an inch wide, which forms itself round the glass. The apparatus is then removed, the wound washed with tepid water, and the epidermis taken off.

Academy of Sciences; Sitting of the 11th Dec.—Professor Dumas in the chair.—At the private meeting, the list of the candidates for the seat occupied by Coriolis, section of mechanics, is thus decided upon:—1st, Messrs. Morin and Saint-Venant, *ex æquo*; 2d, Messrs. Fourneyron and Boulanger, *ex æquo*; 3d, Messrs. Combes, Pambour, and Seguin.

New Comet.—M. Arago informed the Academy, that the elements which determine the parabolical orbit of the comet discovered on the 22d Nov., by M. Faye, at the Observatory, Paris, differ from those hitherto observed; therefore, it is a new comet.

Psellismus Balbutiens.—M. A. Becquerel presented a work published by him, in order to lay before the profession the method adopted by M. Jourdant against this infirmity,—a method to which he owes his cure, and to exonerate that individual from the imputation brought against him of having not only imitated, but also of having appropriated the means already employed by other practitioners. He further requests the favour of its being included among those sent in by candidates for the Monthyon prize, in the name, and for the benefit of M. Jourdant. This treatise is not, however, limited to describing the method, but is worthy of attention by the erudition displayed by the author, who, after defining psellismus as an affection characterised by a difficulty in the pronunciation, complicated frequently by a disturbance of the movements of the respiratory muscles, distinguishes it from *blæsitas* and *titubantia*. He then passes in review the opinions of different authors:—1st, on the formation of sound, Messrs. Magendie, Malgaigne, Richerand, and Berard, Muller, Biot, Dutrochet, Cagniard de Latour, &c.; 2d, on the mode in which speech is produced, Messrs. Gerdy and Muller; 3d, on the causes of psellismus, Messrs. Itard, Voisin, Serres d'Alais, Cormack, Hervey de Chegoin, Dieffenbach, Amussat, Rullier, Malbouche, Colombat. According to M. Rullier, it is produced by a relative weakness in the organs of speech, caused by an exuberance of thoughts, compared to the difficulty experienced in the movements necessary to render the ideas in words; the myotomists, (Dieffenbach, Amussat, &c.) by the brevity of the tongue, by organic defects, and by contraction of certain muscles. M. Malbouche, by the impossibility and difficulty experienced by the tongue in performing the following movements—forwards, backwards, and upwards. M. Colombat, by the absence of harmony between the innervation and the myotility. 4th, On the classification. Sauvages admitted 11 species; Voisin 3; Malbouche 9; Serres d'Alais 2; Colombat 3; the first subdivided into four varieties; the second into six. 5th, On the diagnosis. 6th, On the treatment. After mentioning, in a cursory manner, that recommended by various authors, he discussed more at length, first, Mr. Leigh's method, modified by M. Malbouche, in which the commissures of the lips are drawn back, so as to increase the breadth of the mouth; the tongue kept constantly applied against the roof of the mouth, previous to uttering the sound. At first, each syllable must be pronounced slowly, and gradually faster and faster, the tongue always in the position just described. Secondly, that of Dr. Colombat, who says, that in *labio-choreiform psellismus*, the person must speak in time, the commissures of the lips drawn back, as when laughing, and in *gutturo-tetanic psellismus*, he must make a slight inspiration, and, at the same time, the apex of the tongue must be directed upwards and backwards, the commissures as in the preceding. Conversation must be kept up in a sort of rhythm. The author, after examining, in their respective chapters, the different systems proposed, pointing out their faults, emits his opinion, which may thus be summed up:—1st, That to form a sound, the inspired air which dilates the chest, instead of being expired, as usual, escapes much slower, according to the length and intensity of the sound emitted. 2d, That speech is the union of two movements, which succeed each other so rapidly, that they seem to be simultaneous,—the one produced in the larynx, the other in the mouth. The vowels are principally laryngeal sounds, whereas, consonants need the aid of the movements of the lips for their pronunciation. 3d, That psellismus (this opinion and the method of treatment belong to M. Jourdant) is produced by the rapid expiration of the air contained in the chest, by which a certain quantity, prematurely expelled, is driven into the mouth, at the moment the tongue, lips, &c., take the position requisite for the utterance of the syllable, and prevents consequently their action. Thus, the primary cause is a perturbation in the action of the thoracic muscles, and the secondary, that of the muscles and parts necessary for the production of articulated sounds. Two other causes seem also to exercise an influence on the production of this disorder, viz. hereditary predisposition, and imitation. 4th, That it may be comprised under two heads, the first corresponding with the variety of M. Malbouche, in which the tongue is drawn backwards, the *gutturo-tetanic* of Dr. Colombat. The mouth here remains open; the air escapes rapidly, by the contraction of the thoracic muscles, and abnormal inspirations take place to fill the vacuum produced in the chest; this causes a difficulty, and sometimes impossibility, of emitting a sound, and a repetition of the same sound. The second corresponding to the variety of M. Malbouche, in which the tongue is drawn upwards and forwards, the choreiform of M. Serres, and labio-choreiform of Dr. Colombat. The lips remain closed, and the person repeats frequently the same letter. Might not this be owing to the difficulty of pronouncing, not the oft-repeated letter, but the succeeding one, the repetition being necessary, in order to allow the vocal organs to assume the position necessary for the articulation of the second? Another cause may be habit. That the best mode of treatment is that proposed by M. Jourdant, which consists in making the patient keep the ribs elevated, and the diaphragm contracted, so as to dilate the chest while they speak; to employ as little air as possible in the production of articulated sounds, and to emit them somewhat slower than usual. In order to succeed, several circumstances must be considered. Is the disorder symptomatic or idiopathic? Is it produced by a vicious conformation of the tongue, lips, cheeks, or larynx? Is it produced by a simple repetition of certain syllables from bad habit? Are the individuals firmly convinced, that they stutter so as to render their conversation disagreeable to those who listen? Have they the desire of being cured, and do they possess sufficient intelligence, perseverance, and courage? The morals, the age, and the sex of the person, likewise exercise a certain influence, and ought not to be omitted.

On Second Dentition.—M. Lefoulon presented a memoir on the means to be employed in order to prevent or correct certain irregularities in the second dentition. The author, before exposing his method, passes in review those already proposed to remedy the defects of the teeth. It seldom happens that nature replaces the first teeth in an irreproachable manner; generally the two first incisors, which fall, are replaced by two others, which being larger, come up sideways; to prevent this, most dentists extract the two neighbouring ones, and so on as the others appear; but the canine, which are the last, find no room, their place being occupied by the molar and incisors, shewing that the method employed is faulty. Others have been preconised thus when the teeth are too close to each other; a wooden wedge placed between them, the use of the file; when they are deviated from their natural position, or have performed a sort of rotation on their axis, file, ligature, plates, &c. M. Oudet recommends twisting the tooth in the socket, but this is dangerous. By these methods, the jaws contract, become narrower, and the features offer that disagreeable and sometimes grotesque appearance, known commonly under the name of *lame de couteau*, and the speech is more or less dull and embarrassed. The duty of the dentist is here to prevent nature's swerving from the laws she imposes on herself, or to oblige her to return to them when the teeth remain deformed after their complete eruption. To attain this end, the author recommends, when the cause is the want of breadth, to exercise frequent and gentle tractions on each side of the jaw with the thumbs when the upper, the indicators when the lower is effeted. When there is a slanting position of the teeth, forwards or backwards, a gold plate, of the form of the horse-shoe, so made as to adapt itself to the anfractuosities of the teeth on each side, and to leave in front sufficient space to permit the teeth developing themselves. Each tooth, badly placed, must be surrounded by a noose of thread, which is fastened to the plate, so as to draw it backwards or forwards, as necessary; when, in addition to the deviation, there is rotation on their axis, the plate must be so made as to press on the projecting part of the tooth, and force it to take its natural position.

Animalculæ Developed during Digestion.—MM. Gruby and Delafond addressed a memoir on the animalculæ which develop themselves during the digestion of herbivorous and carnivorous animals. In 1685, Lowenhœck discovered three sorts of animalculæ in the fæces of frogs; Borydy, de Saint Vincent, Muller, Ehremberg, in those of lizards.

No one, as yet, has described any in the stomach of animals of the higher orders, yet these animalculæ are very numerous during digestion. Four species are to be found in the ventriculus and reticulum of the ruminantia, seven in the cœcum of the horse, one in the stomach of the pig; they are created, and live, in the liquids contained in the stomach or intestines. There are great quantities of these animalculæ in the two first stomachs of the ruminantia, and in the cœcum and dilated portion of the colon in the horse, whilst their shells (*corapaces*) alone are to be found in the third and fourth stomachs and fœces of the former, and in the retracted portion of the colon, rectum, and fœces of the latter. From this fact may it not be concluded, that the organic matter of these animalculæ are digested in the obomasum of the ruminantia, and the retracted portion of the colon in the horse, and that though the herbivora take only vegetable substances as food, yet about one-fifth of these substances produce a certain quantity of animalculæ, forming animal matter for their nutrition. This becomes more evident when we reflect that in the dog and pig, which are omnivorous, but one or two species are to be found.

Education of Idiots.—M. Pariset presented a report on a memoir of M. Seguin, concerning the education of young persons affected with idiotism or imbecility. The reporter, after describing the different varieties of idiotism, and the difficulties experienced in their education, concluded that M. Seguin has given to hygiene, medicine, and moral philosophy, an example worthy of imitation. Consequently, he proposes writing to M. Seguin, to thank him for his memoir, and to encourage him to pursue his charitable enterprize.

Veratrine a Cure for Neuralgia Faciei and Paralysis.—Dr. Lafargue (de Saint Emilien) addressed a letter on the inoculation of veratrine in the treatment of neuralgia faciei, and limited paralysis. A certain quantity of veratrine mixed with water, so as to form a sort of paste, inoculated morning and evening over the part affected, in ten or twelve places. The pain and the areola it causes decrease after ten minutes, and disappear in about an hour.

Academy of Medicine; Sitting of the 12th Dec.—Professor Dubois in the Chair.—Dr. Dubois (d'Amiens) annual secretary, read a speech in which the merits of the different memoirs presented for the annual prizes were laid forth in a masterly manner, and announced that the annual public grand meeting would take place on the inauguration of the new locality, and that M. Pariset, perpetual secretary, would pronounce a speech, giving the history of the Academy, and M. Bousquet, one on Bourdois de la Motho and Double. After which, the president announced, 1st, the names of the successful candidates, viz. *prize given by the Academy*, £60, to Dr. Valleix, of Paris; *Portal prize*, not awarded; £24. given to Dr. Baron as an encouragement; *Civrieux prize* of £40. awarded to Dr. Gentrac, of Bourdeaux; as an encouragement, £24. to Dr. Gaussail, of Toulouse, and £16. to Dr. Michean, of Paris. *Itard prize* not awarded. 2nd. The list of prizes for 1844 and 1845. For 1844, prize of the Academy, £60. Point out the cases in which numerous abscesses are observed, and compare them one with another under all their faces." *Portal prize*, £48. "Give a history of the lymphatic system, in an anatomical, pathological, and physiological point of view, from Morgagni down to the present time." *Civrieux prize*, £80. "Hallucinations, the causes which produce, and the diseases which characterize it." Memoirs must be sent to the secretary of the Academy before the 1st March, 1844. For 1845: Prize of the Academy. "Describe emphysema of the lungs, point out the analogy and the difference which exist between this disorder and asthma." *Portal prize* £48. "On the analogy and difference between tubercular and scrophulous affections.—*Civrieux prize*, £48. "On hysteria."—*Itard prize*, £120. M. Itard, by his will left, £120 to be given every third year to the author of the best treatise or memoir on practical medicine or therapeutics *(therapeutique appliquee)*; and added, that in order that they may undergo the trial made by the touch-stone of experience, they must have been published at least two years. This prize will be given in 1846.—*Argentcuil Prize:* The Marquis of Argenteuil bequeathed the sum of £1,200, the accumulated interest of which will be given every sixth year to the person who has invented the best method for the cure of strictures of the urethra: should the Academy judge no one worthy of the prize on this account, it may be awarded to the person who has made the greatest improvement in the treatment of diseases of the urinary organs. This prize, amounting to £329 10s., will be awarded in 1844.

M. Gaulthier de Claubry proclaimed the names of the persons to be the prizes. The four gold medals, and the one hundred silver ones, are awarded for their propagation of vaccine matter. These prizes and medals are given by Government.

GARLAND DE BEAUMONT, D.M.P.,B.L., & S.,&c.
Honorary Physician to the Spanish Embassy.

TO CORRESPONDENTS.

NEW AND ENLARGED SERIES OF THE "MEDICAL TIMES."—*The First Number will appear Jan. 6th—Lectures will be given by Mr. Guthrie, F.R.S.. Dr. C. J. B. Williams, F.R.S., Raspail and others; also Letters from Dr. De Beaumont, of Paris, and from Mr. Muspratt from Liebig's Laboratory, Giessen, and contributions have been promised from among several other gentlemen, by G. J. Guthrie, late President of the College of Surgeons, B. Phillips, F.R.S. Surgeon to Westminster Hospital, W. Fergusson, F.R.S. Surgeon to King's College, T. Wharton Jones, F.R.S. &c., H. Hancock, Esq. Surgeon to Charing Cross Hospital, &c. &c. &c. The size will be enlarged substantially two-thirds, being 24 closely printed quarto columns—the price increased but one-fifth, viz. 1d.—5d plain, or 6d. stamped,—(See Prospectus published last week.)*

For Duties payable on the Drugs given in the Price List, and which are to be added to the Prices thereto affixed, see next No of "Medical Times."

Lacastriensis *inquires the address of Dr. Hunter Lane, or the name of the Institution to which he has just been promoted?—We do not know.*

A Subscriber *from Portsea has two large faults. He thinks too little of us, and too much of himself. He would be worth* 50 *per cent. more in the market of human worth, if he would exactly reverse his estimates. In nature, however, nothing is wholly bad, and our correspondent's letter will yield, in the alembic of our ingenuity, a good suggestion.*

A Friend and Subscriber *is thanked. We shall certainly, and not long hence, publish Clinical Lectures on Medicine, and, we hope, from one of the sources he names.*

J. H. K. Stanton *wishes to learn the* best *way for making the concentrated infusions of roses, gentian, senna, columba, &c. We publish his desire rather than gratify it from the customary sources, to furnish a challenge to the skilful among our Pharmaceutical friends. We shall be glad to publish, for public convenience, one or two of the best responses.*

Mr. Braid.—*We are reluctantly compelled to postpone publishing this gentleman's communication on Mesmeric Phenomena, with his notice of Dr. Smethurst's case.*

Dr. Skerrett's *paper on his new method of treating fever will appear in our next, or the first number of the new series,*

Mr. Yeatman *on the recent Pharmaceutical discussion on the solubility of mercury in our next, certainly.*

Mesmerism.—*We have received several letters in reference to Dr. Smethurst's case, none of them from Mr. Weekes. We fear we can find no room for any save for that of Mr. Boyton, which, in addition to the reply, has the merit of giving a fact in his own experience. One of the writers (anonymous by the way) makes reference to the case at Deptford, where a youth was thrown, by accidental mesmerism, into a state, marked, it is said, by coma, somnambulism, second sight, and phenomena equally striking, lasting several days. At the risk of incurring our Correspondent's censure, we must decline his communication. In the performance of our duty to the profession, we have felt it right to open our pages at once to the registration and scrutiny of the pretensions of this startling innovation. We have done for it what no other medical journal in Europe or America has done, given to its friends, as well as opponents, a clear stage, and no favour. At a moment when impartiality was a peril, we gave mesmerism fair play. Spurning, therefore, all suspicions of one-sidedness or timidity, we have a right to take high ground with mesmerists, and to say you must not expect us to give facts* for *you* without *names, nor to suppress facts* against *you* with *names. If mesmerism have scientific truth in it, it is not an isolated act of individual bad faith, nor any thing else short of the imprudence, cowardice, or inrestedness of its supporters generally, that can ruin it. The case at Deptford is really, we are told, an important fact in favour of mesmerism. Why then is a medical journal insulted with the offer of an anonymous report in these times of contestation and incredulity? Let a medical man of respectability, give us an authentic history; we will gladly publish it; if not, we must leave the matter with the presumptions, for or against credence, which are habitual in such cases.*

Other correspondents under consideration.

The "MEDICAL TIMES ALMANACK" will be published a few days before the 1st of January, 1844. It will contain, with all the customary information of a Medical Almanack, important matter, to be found in no other, and will present twenty-four quarto columns more than our last year's publication, *i.e.*, ninety-six quarto columns. The price will be but 5d. plain, 6d. stamped.—Advertisements should be sent in early.

A HANDSOME PORTFOLIO on a novel plan, for preserving the current numbers for twelve months clean, and easily to be referred to as a volume, has been manufactured for the *Medical Times*, and may be had at the Office, or by order of any Bookseller in town or country, price 5s.; second quality, 3s. 9d.

THE MEDICAL TIMES.

SATURDAY, DEC. 23, 1843.

Cœlum ipsum petimus stultitia; neque
Per nostrum patimur scelus
Iracunda Jovem ponere fulmina.

AFTER a three months brooding time, the Council has hatched its 300! We can half imagine the ancient animal spreading its long confined pinions with a maternal glow of pride, spurring its way to the middle of its varied brood, and chucking, or cackling, (for there is something of the goose in it) with no little self-satisfaction at the retrospective proof of a rather considerable generative achievement. Perhaps there may be a slight damper on the old hen's joys in the shape of a little alarm at some of the young ones' terrible predisposition to water,—*ex. gr.* that delightful duckling Herbert Mayo. But the general feeling we can suppose to be a delightful self-complacency, and we would not hastily interpose in its short-lived enjoyment. We say *carpe diem*—make the most of the present sunshine,—

Jam te premet nox, fabulæ manes,
Et domus exilis Plutonia; quo simul mearis,
Non regna vini sortiere talis!

Our readers have doubtless, with us, glanced through the list, presented them in another page,—most of them with less satisfaction, for we are not among the omitted. —There is no surprising lack of general practitioners. They are few, very few, but no body expected more. There is a surprising abundance of good surgeons: of almost twenty surgeons, headed by Carpue, the election infers good sense; and

who was prepared for such a quality, in a Council headed by ———, and ornamented by ——— ? While owning candidly these small commissions of good, let us as frankly recognise its small omissions of evil. All the ineptitude and impertinence that bloom in the hot-house of pure surgery, is not carefully included in the list. All the hospital or culinary fags of each of the Councillors have not, without a *single* exception, been moved into congenial *fellowships*. We gladly own it, and in the same emphatic way archangels would trumpet a virtue from hopeless Lucifer. The list might have been worse. Can eulogy ascend higher? For which deed of the Council, during the last half century, could we say as much? The distinction should immortalize it. The profession have no sense of the value of virtue, if it fail to commemorate this best of the Council's historical deeds, by a monument huge as its own degradation—a size huge enough for builders colossal as Egyptian Pharoahs.

We are not about to analyse the merits of the gentleman chaired or pilloried,as the case may be, on this College elevation, or to enlarge on the deserts of the numerous scientific men whose names we observe omitted. It would be heartless or imprudent to remove the curtain from modest merit, suffering from intended slight, a slight only felt because all cannot understand its worthlessness or injustice; and we could not well reconcile it to our sense of duty to make the partiality of an ill-judging and morally irresponsible body like the Council, the groundwork of public scrutiny into the mental endowments of men, excellent in all the private arrangements of life. Each of our readers shall judge for himself. All we will remark is that we take the list as the full completion of the Council's project of Government, and considering it as not the best feature of an extremely bad plan, invite the profession to that public, rather than personal, campaign of opposition now fairly opened to us. Far from us in the examination of the New Charter, the dishonouring weakness of off-handedly referring the condemned acts of a public opponent to views of a sordid description. To rush promiscuously, and without hesitation,to sinister explanations, is natural only for the knave who would stand well with himself, or the fool who would purchase a cheap reputation for sagacity. But while rejecting for our governing creed al such ready disparagement of our species,--and while ready to give Sir Benjamin Brodie, and the few who have acted with him in promoting this Charter, our full acquittal from all meanly selfish and sordid motives, we must yet own that we are not much strengthened in our desire by the evidence its framers furnish in that important document's various provisions, which appear to us as little to prove elevated feelings of right and honour, as they establish sound principles of prudence and policy.

Sir Benjamin's enactment of *elective* Councillors, at the same time that he specially provides an exception in his own favour, is a damning taint on the whole Charter. Its *fautors* change all; transmute every thing; but touch not themselves. By some lucky accident *their* position is as perfect as it is comfortable. They depress thousands of their fellow-members; and, forming rules for posterity, bind down their successors, councillors, or examiners, to novel requisitions; and, yet, these virtuons reformers can personally fill the appointments they condemn as bad; hold them by the titles they extinguish as infamous; can receive their old profits, as if no change had happened: as far as they are concerned, the old system had nothing to alter! Now this is a most unfortunate circumstance in the Charter, A man who brings us a new system of law, should bring with it a decent character. At all events, his laws should not prominently set forth that in respect to himself he sets at defiance all that he considers right in reference to other people. We ought not to feel that his system *may be pro bono publico*,—but in the first place, and to a certitude, *is pro bono privato*, the happy private being himself. *Decency*, as well as justice, must invincibly suggest to sensible and well-meaning lawgivers a very different course. If they had confidence in their system, why not try it in their own persons? If good for others, why not for them? What is there in their own measure that they shrink to be meted by it? Dare they not have trusted for their re-election the three hundred fellows of their own appointment, secured, as they should be, by gratitude—if not previously won by personal ties of a tenderer or closer character. Yes? Why on earth did they not? What a gratuitous insult to all subjected to the law they make for others, and, that instant, insolently spurn for themselves! No? What an asinine body of fellows, that would not elect such worthy councillors—or what an asinine body of councillors, unworthy the election of such worthy fellows? The dilemma is complete. Sir Benjamin and his friends stand transfixed.

But Sir Benjamin will tell us that he and his friends possessed the "right" under the old system, and that they had a title to have it preserved. By others, *perhaps*—but surely they were not themselves necessitated to a procedure so offensive to their disinterestedness, *They* surely could have abandoned it, if contrary, as they shew, to the principles they esteem just. They were not obliged to keep a "right" against conscience. At all events, in reference to the rights of others, they have not been so punctilious. What can be supposed more sacred than the great right involved by membership? The essential part of the corporate union—its great object—legitimately and legally purchased by years of application and large expenditure of pecuniary means, and rejection of all other callings,—the right of membership is the primary and grandest right known in the corporation. Councillorships and examinerships are free unpurchased offices, existing not for the individual, but for public convenience, and shifting with its requisitions. When a change is required in their constitution—as Sir B. Brodie practically teaches us—the only vested right is the right of immediate change. But membership is a right individual and personal, dependant on nothing but the conditions by which it was acquired—as full, complete, and absolute as that of a landowner to his fields, or a carpenter to his tools. It is not a half-right, a thing which may be justly taken from a man, if only taken in slices—but a right which has reference to every privilege and quality conferred by membership, and is equally sacred in reference to all. Now, what has Sir B. Brodie and his friends done with it? Far, indeed, from respecting it, or doing for it what they so inconsistently and indecently did for their own, they have worse than impaired, worse than annihilated—and they have virtually done both—they have *degraded* it. The man who *studied* and *paid*, who gave up the best part of his life and fortune to be an equal member of their institution, they have suddenly, without his consent or previous knowledge, lowered to the position of subordinate inmate! made him the inferior of those socially for guaranteed equality with whom he had devoted his best talents,and sacrificed his whole fortune. Who need say that this is not the position he bargained for, or the law gives him?—that the Charter new-places him to his injury?—lowers him a huge step in the scale of medical practitioners?—and that, as far as his money and time were an expenditure for the defined situation which he loses, the change, for him, has been but a frandful subtraction of lawfully acquired advantages—*a chartered robbery*—a robbery so clear and palpable, that THE NEW CHARTER CANNOT STAND THE TEST OF ANY ENGLISH COURT OF JUSTICE!

When, therefore,we reproach Sir Benjamin and his friends of indecently retaining, to their own advantage, positions which they practically denounce as mischievous to science and the profession, they must not utter the word, "right," in their feeble response of palliation. They have no right to keep alive, for personal convenience, distinctions, condemned not only by the profession, but even by those profiting of them; and if they had, we should yet be entitled to exclaim,—"How be barefaced enough, Sir Benjamin, to insist punctiliously on noxious rights for yourself, you, who have just exterminated the honourable rights of thousand fellow-members? In the words of Sir Henry Vane to a *sineere* Cromwell, we must fain tell thee, 'It is not honest—yea, it is most dishonest!'"

Surely, surely, and in the name of all that men hold just, when a change of this character was about to take place, the general body of surgeons had a right to be consulted. Their interests were to be vitally affected. Those interests were just

—honourable—legal—and under all that sacred guardianship which the strongest claims on honour, law, and justice, could give them. Then, was it, could it be, the part of *honesty* or *good sense* so largely to intermeddle with them, without one word of consultation with their scientific possessors? The landlord who is not a rogue, and wishes to modify his relation with a leasehold tenant, if he cannot win consent, offers to cancel the lease, to repay the money advanced for it, and place him in his old position. Acting on this plain principle of honesty, the part of the College was to consult their members, in the first place, as to their willingness to alter their old "chartered" relations with the corporation. If reluctant, the next step was obviously to offer them back the purchase money of that membership they would not consent to impair. We are far from certain that, even *with* such an offer, the College would be justified in infringing rights acquired with such an outlay of time as well as money, and so sacred in the eye of Justice,—but *without* it, it is as much a larceny, and as much a folly, as if Sir Benjamin were to immortalize a stupid man's book by putting his own name on the title-page.

Really in public business the gravitation to rank dishonesty must be wondrously potent. Apart from virtue's repugnance, anything more stupidly impolitic than this chartered wrong to the English body of surgeons, could never have been excogitated out of St. George's, and there not twice. A few days and the whole surgical world will be in arms against it. Alas! that the *ex-cogitator princeps* should be no less than the astute serjeant-surgeon to her Majesty. *O quantum est in rebus inane!* To us almost, as much as to himself, Sir Benjamin has long been a "rebus."

Meliori detur.

Honour to the students of St. George's! In the contest for the assistant-surgeonship, they have done their duty to themselves and profession, with a manliness and noble spirit that does them transcendant credit. The stand they have made exhibits to us a new phase of character in metropolitan students, and opens vistas of improvement in the whole system of our medical teacherships, as certain and tangible, we would fain hope, as they appear interminable. The gentleman at St George's have shewn, by a striking example, that a bold maintenance of just opinions, and a public vindication of loyalty to science and duty to our noble profession, are quite compatible with the most gentlemanly bearing—the closest study—the most correct, and delicate deference to *de facto* teachers. Their efforts have had their reward; they have dethroned the dictator, and done much to make St. George's, it is to be hoped, that honourable republic of medicine, where the best men obtain the highest honours.

The hospital staff, who have exhibited a fatal activity of partizanship throughout the struggle, published very extensively an extraordinary document, in which Mr. Charles Johnson had the severe injustice done him to be placed a peg lower than Mr. C. Hawkins in the scale of scientific merits. Taking no trifling liberty with other men's competency, they formally recommend Mr. C. Hawkins "as, in their opinion, the *most* eligible of the two." We hope the peers of the blood, and the other particularities of nobility, to whom this circular was addressed, will not form an opinion of the grammatical attainments of the whole of our body, from the syntactical powers of the nine physicians and surgeons of St. George's. We trust, that such an inference would do us great injustice Their circular holds but eight lines, and besides the elegancy we have chronicled, contains the statement, "We *have* heard that a report *is* circulated"—*id est* heard of a yet non-existent thing,—for usually, such an event as circulation precedes, not follows, the hearing of it. There is also a singular piece of bad faith in the document. Setting out that a report exists that they, the medical officers, are not united in support of Mr. Hawkins, they give it direct contradiction, yet quietly admit the proof of disunion in the omission of Dr. Wilson's name!

We shall not, though much tempted, imitate the staff of St. George's, and enter on an invidious scrutiny of the personal acquirements and abilities of the two candidates; we will rather enquire into the hospital's constitution, and see what pretensions the *staff* had to *direct* the *choice* of the governors,—abusing, by means the most unwarrantable, the influence which their position gave them.

In the first place, the greatest *irregularity* prevails, we are told, with respect to the attendance of the physicians and surgeons. The pupils' time is wasted daily at the doors, and frequently they leave the hospital without witnessing the case which attracted their attendance, and in which they may have been deeply interested. In the next place, there is a total want, we learn, of *clinical* instruction, such as it *should* be. Then, every physician is incapable of imparting a sound and practical knowledge of the stethoscope. One says, it is of *no use* in ascertaining diseases of the *heart* and *lungs*. Another admits *its* value, but *knows nothing* about it. A third is pretty cognisant of *morbid* sounds, but allows that his uncertainty is too great to afford instruction in it. A fourth is learning the stethoscope in 1843. To learn, luckily, is never too late, though for past and present students, it would have been well if it had been a little earlier.

In the department of surgery, the critical eye can detect still greater culpability; there is no educational combination amongst the surgeons; no energy—no devotion—to enlighten the students upon interesting points of surgery, and the apathy evinced on both sides is truly distressing. Operations of a minor nature are frequent, but the world is fearful of submitting to their care any of the major operations. There is no searching for *good cases*; there are no remarks made if such do present themselves, for one surgeon is *too old* to do so, another is too disagreeable in his manners to be listened to; a third cannot connect his ideas sufficiently to utter a sentence, without confusion of theme and subject. Yet all this incapacity, combined to support Mr. Charles Hawkins against Mr. Charles Johnson, a lecturer on anatomy, a careful surgeon, and accomplished gentleman. But a new spirit rose to damn this policy of a retrogressive medical science. The students met, and with one accord voted to Johnson their estimation of his talents, their confidence in his abilities. In every quarter they exerted their utmost influence, and there can be no question that they, even they, achieved the result. The staff were utterly discomfited; their day has gone, and we doubt whether any candidate will dare to come forward again under their disreputable standard—the standard not of science, but of a dirty jobbing influence.

On Friday last every one was on the *qui vive* at the hospital, and many of the great of the land (the Duke of Cambridge, Archbishop of Canterbury, Bishop of London, &c. &c.) recorded their votes on the occasion. The poll began at twelve, and terminated at three, with the election of Mr Charles Johnson, by a majority of 18. The students could not restrain a demonstration of feeling, even in the hospital, at this triumph over the dastard system by which hospital appointments are usually obtained, and gave three cheers for Mr. Johnson. Those cheers echoed through the wards, and bore to each afflicted ear the cheering promise of health and life. They were cheers that told them that the students had risen up, and placed a bar between them and ignorant men, and taught the governors, that honourable talent, and that alone, was what the pupils and the patients required.

On Monday, a great number of senior students filled the benches at Mr. Johnson's first demonstration after his success, and reiterated the applause which had necessarily been limited on the Friday. Mr. Johnson, in a speech of considerable feeling, thanked the students for their kindness, and assured them, that by their exertions, he had obtained the height of his ambition, and that the debt of gratitude he had incurred could be repaid only by a life spent in their service, and imparting the knowledge which the appointment made him master of. We are sure he will, and trust, that the enthusiasm which accomplished his return, will be transferred to the serious, but delightful duties of his new office, and that Science will have to recognise in her annals, as a bright event, his and the students' triumph.

POOR LAW MEDICAL REFORM.

(To the Editor of the 'Medical Times.')

Sir,—Lord Ashley has written to remind me of his intention to bring the subject of medical relief to the poor, before Parliament at the commencement of the ensuing session, and I beg your permission to remind the members of the medical profession, through your journal, that his success in obtaining a committee must depend upon the number and accuracy of the facts he may be able to bring forward in proof of the necessity for a full and fair enquiry into the subject.

I am greatly obliged to those gentlemen who have been so good as to communicate with me during the last twelve months, and will beg of them to write between the 10th and 20th of January, if any change should have taken place in the facts and circumstances they then made me acquainted with. I need hardly repeat to the members of the profession, that this will be in all probability the last opportunity they will have of obtaining redress for their own grievances and those of the unfortunate poor committed to their charge.

I shall be happy to present any of them who are particularly interested in this subject to Lord Ashley, and to give them every opportunity of explaining to him their own views. He has no predilections, and is only desirous of doing that which it may be just and right to do for the poor and their medical attendants.

It is exceedingly desirable, that all who have influence with members of Parliament, should lose no time in interesting them to the utmost of their ability, in supporting and promoting Lord Ashley's enquiry.

I have the honor to be, Sir,
Your very obedient humble Servant,
G. J. GUTHRIE,

4, Berkeley Street, Dec. 16, 1843.

NAPHTHA IN CHEST AFFECTIONS.

(To the Editor of the 'Medical Times.')

Sir,—The correspondence which has lately appeared in your Journal respecting the use of naphtha in diseases of the chest induces me to offer you the following remarks.

In the two first cases, in which I prescribed naphtha, I was speedily compelled to discontinue its use; in the one case from its violently increasing, and in the other from its almost entirely suppressing the renal secretion. I could show, however, several cases where the exhibition of naphtha alone has produced marked benefit, but I now generally prescribe it in combination with prussic acid, terchloride of carbon, opium, squill, lobelia inflata, &c.; and I have found in a vast majority of the cases, which I had been previously treating with one or more of these medicines, that the addition of naphtha has been attended with a speedy and important amelioration of symptoms. The terchloride of carbon very much disguises the disagreeable taste and odour of naphtha, which circumstance I had not noticed until pointed out by Dr. Hunter Lane.

Out of a great number of cases of disease of the chest, except the two cases already mentioned, I have not met with any in which I have been *compelled* to discontinue the use of naphtha,, though in a very few I have voluntarily done so because its exhibition was not followed by any increased alleviation of symptoms.

I remain, Sir,
Your obedient servant,
J. W. BLANCH, Surgeon.

3, Vassall Place, Brixton Road, Dec. 14, 1843.

Prepared Sevum.—Under this title a very elegant and valuable preparation has been for some time before the public. It is employed in the manufacture of mercurial ointment (unguentum hydrargyri), and possesses the singular property of *immediately* extinguishing the globules of metallic quicksilver, and producing the necessary degree of oxidation, without at all interfering with the *intentions* of the Pharmacopœia. The process hitherto followed for the preparation of this ointment, has been long complained of as *tedious* and *unsatisfactory*. The operation of "*killing the silver*," as it is technically called by the manufacturer, was frequently very imperfectly accomplished, and, at other times, various ingredients were added, which not only injured the quality of the article, but totally altered its *nature* and *medical virtues*. I have examined various samples of the "prepared sevum," and find it perfectly free from any acid, resinous or metallic addition, that might be an objection to its use. It resembles in every point very pure suet, as its name implies, and produces a finer article of ointment, both as to *colour* and quality, than by the old and laborious process of patient trituration. I have now, for some time, recommended the use of ointment prepared with this article, and have found it more *regular* in its operation, and slightly stronger, than that made on the *old* plan. Several of my professional friends also tried the ointment with the same results.

Strong Mercurial Ointment.—R. Prepared sevum, 1 ounce or part, quicksilver, 7 ditto, mix in a warm mortar, then add lard (softened with heat), 13 ounces or parts, mix well.

Weak Mercurial Ointment.—R. Prepared sevum, 1 ounce or part, quicksilver, 7 ditto, lard (softened), 3½ lbs., or 56 ditto, as before—*Cyc. of Practical Receipts.*

CHRONOLOGICAL SCHEDULE OF THE FELLOWS OF THE ROYAL COLLEGE OF SURGEONS OF ENGLAND.

J. G. Andrews
Sir B. C. Brodie, Bart.
S. Cooper
H. L. Thomas
R. Keate
J. P. Vincent
G. J. Guthrie
A. White
T. Copeland
J. Briggs
W. Lawrence
B. Travers
J. Swan
E. Stanley
J. H. Green
T. Callaway
G. G. Babington
R. Liston
J. M. Arnott
J. F. South
J. Morgan

R. R. Pennington
A. Ogilvy
R. H. H. Steel
T. Nixon
J. Borland
Sir S. Howard, Knt.
J. Gunning
W. Hey, sen.
R. Bloxam
R. Cartwright
T. Beckett
S. Woolrich
J. Annesley
G. F. Albert
H. Parkin
T. Kidd
J. C. Carpue
Sir J. Pitcairn, Knt.
H. Coates
Sir S. L. Hammick, Bt.
G. W. Young
J. Langstaff
J. S. Soden
C. Seager
W. H. Crowfoot
W. Percival, sen.
G. Norman
S. Dyer
J. Bacot
R. Wood
J. Harris
J. Badley
B. Vaux
Sir J. Chapman. Knt.
W. Attree
G. G. Campbell
G. Langstaff
S. Ludlow
J. Toogood
Sir A. West, Knt.
M. Thomas
T. Davis
W. Andrews
J. Dawson
J. Ridout
J. A. Knipe
V. C. Kemball
J. Wright
H. C. Standert
C. Farrell
J. A. Ransome
R. Bickersteth
C. Boutflower
K. Watson
J. B. Estlin
G. Champney
J. Ainsworth
A. Brown
R. B. Godwin
H. Blaker
W. Tuckwell
W. B. Lynn
J. G. Moyle
W. Goodlad
J. P. Sheppard
J. North
R. Thorpe
C. Wingfield
J. Lawrence
T. Martin
R. W. Brown
R. Blagden
C. Mayo
G. A. Mantell
S. Barnes
W. Cother
J. H. James
J. Needham
M. Pierpoint
W. Rae
J. Hogdson
S. Smith
H. Terry
A. Jukes
J. Clarke
J. Cooper
W. L. Thomas
C. H. Phillips
J. Baird
T. J. Pettigrew
W. Jackson
R. Tayler
J. G. Crosse
W. J. Wilson
W. Cleoburey
W. Hunter
J. Okes
J. Wardrop
M. Gosset
T. M. Greenhow
Sir John Fife, Knt.
J. R. Martin
W. Wright
W. Kingdon
W. C. Watt
R. Harrison
J. W. Braine
G. B. Knowles
R. Armstrong
T. Turner
J. Boutflower
H. G. Lyford
W. J. Wickham
J. W. Wilton
J. P. Garlick
J. Mawdsley
E. Tegart
Sir J. Webb, Knt.
Sir J. Adolphus, Knt.
J. Y. Arrowsmith
E. A. Lloyd
D. H. Walne
H. E. Burd
T. A. Stone
W. Hey, jun.
R. Hughes
J. Masfen
W. MacKenzie
A. White
G. Macilwain
T. Paget
J. Hopps
G. B. Bolton
R. Craven
R. Ceely
H. Mayo
P. C. De la Garde
F. P. B. Samwell
G. Sampson
R. Wade
J. P. Halton
R. Welbank
J. Scott
E. Cutler
W. MacKenzie
I. Hurst
C. A. Key
J. W. Johnson
Douglas Fox
J. Syme
R. T. Gore
C. H. Hawkins
R. D. Grainger
F. C. Skey
J. Harris
F. J. R. H. Thomson
J. Luke
J. M. Banner
T. P. Teale
W. Eccles
B. H. Norgate
W. F. Morgan
F. Huntington
P. B. Hallowes
D. B. Major
J. C. Taunton
R. A. Stafford
B. B. Cooper
W. S. Cox
T. Wormald
G. Pilcher
J. Bishop
J. G. Perry
G. Simpson
G. W. Mackmurdo
F. Kiernan
H. Heath
H. Russell
J. Harrison
T. Green
R. Hey
J. Malyn
G. Gulliver
E. W. Tuson
H. Clarke
R. Owen
J. Willimott
W. Coulson
J. Jordan
W. Overend
J. Dalrymple
S. Gregory
R. Middlemore
R. Partridge
J. Hilton
W. H. Bainbrigge
R. Quain
G. M. White
T. C. Buchanan
H. T. Chapman
E. Cock
H. Denne
S. W. L. Parker
S. Solly
T. Tatum
A. Shaw
J. Adams
A. Hamilton
G. T. Morgan
H. D. Carden
S. A. Lane
J. Avery
F. Dover
J. Hobbs
J. Farish
J. Dickin
W. Pennington
H. C. Attenburrow
D. W. Crompton
A. M. McWhinnie
E. Wallis
A. J. Wood
B. Phillips
H. Cooper
G. R. Tatum
C. Beevor
H. Jackson
G. Busk
T. W. King
J. G. Johnson
H. Thomas
H. Stubbs
C. Lestourgeon
W. Gill
R. Alcock
B. Travers, jun.
N. Smith
W. J. E. Wilson
T. Nunneley
R. Hughes
W. H. Fletcher
J. Harrison
J. Long
T. B. Curling
F. Le Gros Clark
C. Holthouse
J. F. Crookes
A. Dalrymple
E. F. Lonsdale
H. C. Johnson
H. J. Johnson
C. H. Browne
C. H. R. Harrison
P. B. Lucas
D. Embleton
H. Hancock
J. Gay
J. N. Tomkins
S. H. Amphlett
C. L. Parker
A. Ure
G. L. Cooper
W. Morrison
G. Newport
G. V. Ellis
J. Duncan
T. Morton
E. J. Chance
C. G. D. Morgan
J. Chippendale
J. Dixon
J. Paget
J. Hammond
P. G. Hewett
F. Hird
R. W. Tamplin
C. Hawkins
W. Trew
H. Smith

FORM OF MALIGNANT DISEASE IN THE FELINE CLASS OF ANIMALS;

ADVANTAGES OF COMPARATIVE PATHOLOGY.

Being the subject of a paper read before the University College Medical Society, at its last meeting for the Session of 1842. By JAMES B. THOMPSON, A. B. M. D. &c. member of several Medical and Scientific Societies.

(Concluded from the "Medical Times" of Dec. 16, 1843.)

It is interesting to observe the great similarity that exists between the varied affections and diseases to which all the lower animals are predisposed, and those to which our fellow-man is heir. Take the class of monkeys, oppossums, kangaroos, &c., and observe the similarity in the tubercular deposits,—go on further, and you can trace this down to the lowest possible state of animated nature,—remark the consequences of change of climate and temperature on the former, and see how soon *tubercle* developes itself, proceeds through its respective stages, and finally proves fatal.

In the common pig, for instance, we find a good

specimen of tubercular deposit; and in those animals in which it has existed for any length of time, it is interesting to notice how it affects the muscular tissue, rendering it very soft and flabby, and difficult to preserve; it also deprives the meat of its proper flavour. It is worthy of notice that pigs, fed on *acorns*, are comparatively free from tubercular disease; and from enquiries and some examinations which I was enabled to make in New Zealand—where pigs had been introduced by the distinguished navigators, Cook and Vancouver—and these, now, very numerous, and in a wild state, living principally upon the fern-root, are perfectly exempt from this disease, and the meat has a peculiar and agreeable flavour, is white, and not easily known from our English mutton when dressed in a similar manner. When the natives take these pigs and domesticate them, they will, in course of time, become affected with tubercle, shewing that in a wild state they are exempt from the disease. Whether this is owing to the confined, domesticated state, or the want of the fern-root, it is difficult to say; at least there is sufficient evidence to shew us that the animals fed on the acorn at home, and the wild animals living on the fern-root, &c., are comparatively exempt from the disease in question; and thus we must naturally attribute some preservative property to these substances, in guarding these animals against a disease which otherwise invariably proves prejudicial to them, and renders their meat of less value to man. We will observe that rabbits, too, are subject to these tubercles, and more remarkably so in a domesticated than in the wild state. Whether it be that the animals who are at liberty can have recourse to those plants which instinct indicates to them to feed upon, and which may have some influence in preventing the deposit of tubercular matter; or whether the confined and restrained position in which they are placed by man, and the irregular system of feeding them, may be charged with this frequency in the production of the disease in the one case, and its comparative absence in the other; these are subjects which, I trust, the Society will excuse me for introducing to their notice, for though no doubt they have previously been known to many of the members, still the matter is one of such importance, as bearing on the subject of this paper, that I was induced to submit these observations to their attention.

The Italian greyhound, the squirrel, and a great many other animals, present us with frequent instances of *dyspnœa*, *orthopnœa*, and *asthma*. I succeeded in relieving an Italian greyhound in a fit of orthopnœa, by means of a warm bath, an aperient emulsion with castor-oil, and eventually saved the animal by the use of lettuce lozenges, combined with some tolu and lobelia inflata lozenges, when the disease assumed a chronic form.

I was informed by Dr. Todd, of King's College Hospital, that he had lost two or three squirrels from attacks of orthopnœa. It was most painful to witness their sufferings: they stood up on their hind feet and panted and gasped for breath, just like a person in a fit of asthma, and death soon put an end to their sufferings, preceded by a general convulsive struggle. In these cases there was nothing to account for these fatal results. The usual care, as regards temperature, diet, &c. &c., was employed, as is requisite for these playful little animals. In some cases, where I had an opportunity of examining animals dying from affections of this nature, the lungs were found engorged with venous blood, and a well-marked stat of interlobular and vesicular emphysema generally diffused through the whole of this organ: the left side of the heart contracted, and the right side rather unusually distended and enlarged.

The specimens of malignant disease which I have witnessed in the lower animals, were in the mammary gland of the cat. I have seen the disease in the cat very well marked in the liver, spleen, and pancreas. I have seen it in the dog, owl, fox, &c. The disease, in all these instances, assumed a somewhat lobulated form, and had the round elevated margin so peculiar to diseases of this character. The poor animals are for ever licking the sores, and by that means kept them exceedingly clean and preternaturally red; you could, on this account, see with the naked eye the peculiar fibrous net-work at the bases of these sores. Whenever the animals are prevented from licking these sores, even for a short period, there was that very peculiar and most offensive smell perceptible, at a considerable distance off.

In no subject of enquiry, of a scientific nature, is there more benefit likely to result from our labours, than from that afforded by the microscope in pathological anatomy.

By means of the microscope, all observers are now very nearly agreed upon the primitive, formative bodies, nuclei or cells, but which will be always found to vary in size, shape, and appearance, and often, probably, from the inexperience of the observer himself; for, I believe, in no case are we so likely to arrive at wrong conclusions, unless we be well and constantly investigating subjects of this nature. Some gentlemen cannot see objects in a proper light, but through their own apparatus.

In recurring to subjects of more immediate import to this society, I would beg most respectfully to direct its attention to the difficulty and caution that is so requisite in bringing to Europe live specimens from abroad. I found a great difficulty in preserving some birds, and it was only after the loss of some, that I was struck with the fact, that it was necessary to equalize the temperature of the cabins in which they were kept, and that the perch should have been well swathed or wrapped up in cotton or woollen cloths. Where this has not been attended to, the birds are sure to die suddenly from a spasmodic affection, or pine away, and lose their claws, from an affection similar to that of dry gangrene; such as is observed in old people, and very like what affected the birds on the continent, from having been fed on diseased rye; this it was that led to the use of the ergot of rye as a remedial agent in cases of inaction of the uterus, and, more recently in the paralysis agitans of advanced life.

In some animals that I examined, the spleen was enclosed in a dense fibro-cartilaginous capsule curiously indented on the exterior—the animals were otherwise healthy. This will be often met with in hospital patients. I do not recollect ever having noticed it in the better classes of society. It is more prevalent in large towns and cities, and in broken-down constitutions; where the diet has been poor, and the blood impoverished. We often may observe those animals, the deer, the antelope, &c., affected with every variety of inflammation, from pneumonia to laryngitis. One case occurred some years ago, in the gardens in Dublin, and where the surgeon-general, Mr. Crampton, performed the operation of tracheotomy; but, from the difficulty in managing the animal, it could not well be expected to have proved successful. The only remedy on which you can place reliance, in similar cases, would be solutions of tartar-emetic, and partial depletion, with active drastic enemata. Animals do not seem to bear general depletion well; you run a risk of debilitating them too much, and probably cause them to sink under the ultimate effects; at least you are sure to prolong their recovery, and subject them to a permanent chronic complaint. Their food, during this period, should be of a very nutritious, fluid, and rather farinaceous nature, not at all exciting or stimulating.

In returning to the human subject, I have been often struck with the rather curious coincidence of meeting with the horse-shoe kidney in the same body with club-foot, and Dr. Holt Yates has informed me that he has noticed this in a few cases. It would be interesting to enquire if physiology could throw any light upon this remarkable coincidence and congenital malformation. And to what are we to attribute these deviations? May we not suppose that some of these cases may be attributed to the absence or lack of a due and proper supply of liquor amnii?—for practitioners in obstetric medicine must have observed that many cases do occur wherein no discharge, or at least very little of this fluid has come away, and presenting what old nurses term, a "*very dry labour*."

The absence of this fluid, so requisite to the protection of the future being, does, I apprehend, form a source of the many curious and anomalous cases which we witness every day, as well in the human being as in the lower animals: its deficiency must undoubtedly expose the embryo to more frequent and dangerous results, and render it more likely to assume an unnatural and constrained position in the uterus, and thereby produce, from pressure and other operating prejudicial causes, many such strange appearances as are to be seen in our museums;—if, under these circumstances, we admit that opposing delicate surfaces are likely to adhere together, we may easily imagine that such cases as the horse-shoe kidney, club-foot,—perhaps Siamese twins, and monstrosities, may be all thus accounted for. In these cases, where the liquor amnii is deficient, or has come away some time—say days before the birth—we are more likely to have the chord coiled around the neck, arms, or legs, unnatural presentations, retained placenta, and very generally hæmorrhage.

JAMES B. THOMPSON, M.D., &c.
9, Suffolk Place, Pall Mall, East,
London, Dec. 9, 1843.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

December 12.

Mr. Stanley, President, in the Chair.

The following paper was read—

Case of alarming syncope from the admission of air into a vein during an amputation at the shoulder-joint, by Bransby B. Cooper, Esq., F.R.S., surgeon to Guy's Hospital.

The patient, a female nineteen years of age, was admitted on the 17th of May, 1843, under the care of the author, for enlargement of the middle third of the humerus. She had suffered pain in the seat of the disease for eight months, but the swelling did not commence till six weeks before her admission into the hospital. From the history and the examination of the arm, the tumor was considered to be a malignant disease of the bone, and amputation at the shoulder-joint was resolved upon. This operation was performed on the 23d of May. The arm was removed in less than a minute, and with very little loss of blood. When the limb had been severed from the body, the patient who had borne the operation with great fortitude, expressed her thankfulness in a firm and audible voice. The subclavian artery was immediately secured, but compression was still retained upon the first rib, as there were small vessels requiring ligature. The author then proceeded to remove a gland, which was somewhat enlarged, from the axilla, and while dissecting it from its cellular attachments, he distinctly heard a peculiarly gurgling noise, like air escaping with fluid from a narrow-necked bottle; and at the same instant, the patient fell into a state of collapse, threatening immediate dissolution. The countenance was deadly pale, pupils fixed and inobedient to light, the pulse quick, small, and fluttering, although at intervals regular; the respiration was irregular, being hurried and feeble, and attended occasionally with a deep sigh.—The patient was directly placed in the horizontal posture; the flap brought over the wound, and retained by plaster, and various stimulants administered. An hour elapsed before she was sufficiently recovered to be removed from the operating theatre. Upon being placed in bed, she passed her fæces and urine involuntarily. When re-action was coming on, she uttered a continual whining cry, and maintained a constant action of alternate flexion and extension of the right leg, while the left remained perfectly quiescent, and seemed insensible to feeling, as well as motionless. She complained also of pain running up the right side of the head and neck. For several days she remained with

her eyes elosed, the lower extremities in the same condition as deseribed, and the pulse very frequent. It was found necessary to give her opiates at different times, which relieved her general restlessness and procured sleep. On the fourth day, the left leg was also affeeted with involuntary eontractions, but these subsided on the following day. On the 25th she was able to leave her bed. The motions of the right leg had ceased at this time, but she complained of great numbness and loss of power in the left leg. On the 3d of July, she was sufficiently recovered to leave the hospital, having no other unfavorable symptom but a slight dragging of the left leg.

The author concluded his paper by adding remarks on the consequenees of air being admitted into the veins, and pointed out the resemblance between the symptoms in his ease, and those presented in other similar eases upon record, as well as in experiments upon the lower animals, made to elucidate the subject.

He drew attention to the different effeets produced in man, compared with brutes, by the admission of air, owing to the influence of mental agitation on the motions of the heart in the former. He also dwelt on the various modes of death in such eases, according as the air introduced distended and paralysed the walls of the right cavities of the heart, or was sent onwards, mixed with the blood, to the lungs, or was transmitted by the arteries to the brain, and he ended by offering some practical remarks on the best mode of guarding patients from such dangerous occurrences in operations about the neck and shoulders.

Mr. Bransby Cooper observed, that before any discussion took place upon the paper which had just been read, he wished to say that it had been written some time, and that the disease had returned in the scapula of the opposite side, and he had reason to fear that the spine was also affected, as the poor girl had partial paralysis of motion and sensation in the lower extremities.

Dr. Gregory enquired of Mr. Cooper whether the explanation of the manner in which the air entered, had occurred to him at the moment and was acted on, or was the result of study afterwards. He thought the occurrence of the symptoms detailed in the paper admitted of another explanation, namely, the shock to the nervous system caused by so severe an operation.

Mr. B. Cooper stated that the explanation occurred at the moment, directly he heard the peculiar noise attendant on the ingurgitation of air, which was when the pressure was removed from the vessel; the patient then fell into a state of insensibility. He was of opinion that the shock of the operation was not great, because the patient shewed great firmness and resolution, and, previously to the removal of pressure, spoke cheerfully, thanking him for what he had done. He thought she did not suffer so much as usual from the operation. It was the peculiar noise which he heard that struck him, a noise so peculiar, that the French had attempted to imitate it in the name by which they designated the accident. They called it *glou-glou*, the sound of which perfectly corresponded to the noise made by the air when it entered the veins. He would hardly however call it the entrance of air, it was rather a regurgitation, for when his attention was directed to the part by the occurrence, he saw bubbles of frothy blood escaping from the vein.

Dr. Gregory remarked that the reason why he asked the question was, that he had seen a horse killed in the usual way in which it is done in the army, that is, by opening a vein and blowing in air; it was done by a single puff through a quill, and he thought that very little air was injected, nevertheless the horse fell down directly, was seized with violent convulsions, and died in an instant. In Mr. Cooper's case there were not any convulsions.

Mr. Dalrymple said that the paper that had been read was one of unusual interest. The occurrence was not very uncommon abroad, but it has happened very rarely in this country. It was certainly a cause of death in operations performed near the heart. The physical cause of its occurrence was perhaps difficult to understand. The action of the heart was not merely that of a force-pump; it had a suction-power, and the circulation of venous blood was aided by the formation of a vacuum during inspiration. This, he thought, was shown by Dr. Martin Barry's experiments. He believed, that when large veins near the heart, such as the jugular, or, as in this case, the axillary, were divided, the ingurgitation of air would take place during a deep inspiration. Another question of great importance is, how is death produced? True death seldom occurs in less than three to four minutes. About five or six months since, he saw an ass killed by the insufflation of air into the jugular vein. It was not a small quantity that was injected, but three or four good puffs; in about fifteen seconds the animal shuddered, became unsteady on its legs, and fell down ere the lapse of a minute. At the end of two minutes, as this was done not for experiment, but to destroy the creature, for the sake of humanity more air was injected. The animal then began to struggle, the fæces and urine passed involuntarily, and it died at the end of four minutes, presenting all the symptoms of asphyxia. The cause of death resembled that of persons dying by strangulation. The immediate cause was the obstruction produced by the air passing into the capillary circulation of the lungs. This accident may, in the human subject, cause insensibility early, as in the asphyxia of drowning persons, but he was satisfied that death did not occur until afterwards. The great difficulty consisted in the passage of the blood, rendered spumous by the intermixture of air, through the capillary circulation.

In Mr. Cooper's case the condition of the limbs might perhaps be occasioned by the state of the spine, which Mr. Cooper had mentioned since. It might, however, be partly referible to the brain being affected by the want of the requisite amount of the circulation of blood.

Dr. Bucknell referred the difference of symptoms presented in the cases narrated by Dr. Gregory and Mr. Dalrymple, to the respective nearness or distance of the vein that had been opened, from the heart. He thought that if a vein near the heart were opened and air injected, instant death would be the result, and if one more distant were operated on, a longer period would elapse. If the air were gradually introduced, it might not cause violent or fatal symptoms.

Mr. Benjamin Phillips stated that about thirty to forty deaths had occurred from this accident, and in every instance almost instantaneously, while the experiments on animals in by far the greater number of cases were not immediately fatal. He had kept a female catheter in the jugular vein of a dog for ten or twelve minutes, and no fatal results followed.

Mr. B. Cooper enquired if he blew in air through it?

Mr. B. Phillips answered in the negative, and added, nor do we in the operation when this accident occurs, blow in air. He thought it constituted an important point in the case, that in these experiments on the jugular vein, much force was used in injecting air. The accident had occurred in many cases where the operation had been performed at a distance from the heart. In Mr. Mott's case,—an operation on the face for the removal of a tumor, it had happened, and death was almost immediate. So also had it taken place in some cases of amputation of the breast, where the veins were necessarily small, and perhaps provided with valves. These cases, he thought, would hardly maintain Mr. Dalrymple's theory of suction. He thought therefore some other cause must be sought for, for the occurrence of these peculiar symptoms. In Mr. Cooper's case, the peculiar noise that was heard was certainly a strong point; but for that he would have been inclined to doubt the nature of the accident. He had once seen a case, where the patient was bled in the jugular vein for phrenitis; when the opening was made, a saucer was pressed against the vein beneath it, but from some cause it was removed before a minute had passed, and ere the lapse of another minute, the man lay dead upon the bed. In this case he did not hear any noise, although the death was instantaneous.

Mr. B. Cooper was inclined to doubt the occurrence of this accident in cases where the operation was performed at a distance from the heart.

Mr B. Phillips stated that he had given Dr. Mott's case.

Mr. B. Cooper thought that in that case it was the external jugular that was wounded.

Mr. Stanley remarked that Dr. Mott's operation was for the removal of the parotid gland, and the facial vein was the vessel divided.

Mr. B. Cooper reiterated his belief that it was the external jugular vein that was injured, and remarked with regard to the valves in the veins to which allusion had been made, that their presence would not impede the admission of air, as they were rightly situated for its passage.

Mr. Snow thought that the peculiar noise which had been mentioned was produced not by the admission of air, but by its regurgitation and exit from the wounded vessel, and he was further of opinion that in Mr. B. Cooper's case, a larger quantity of air might have entered than he was aware of, as it was impossible correctly to estimate the number of cubic inches that had passed into the vessel. There might be sufficient to fill up the calibre of the vein from where it was divided, as far as the heart itself.

Mr. Hilton was present at the operation, and confirmed the accuracy of the statement. The moment the pressure was removed by Mr. Cock, the patient became insensible, and fell as if she were dead, and so she was supposed to be by all in the theatre. He was not near enough to hear the noise which had been mentioned. He had seen two horses killed by the insufflation of air, and the symptoms they presented were precisely as Mr. Dalrymple had stated. In Mr. Cooper's case the heart was peculiarly liable to be disturbed by the entrance of air, in consequence of having just lost a large quantity of the circulating fluid by the removal of the limb that had been amputated, and when over-distended, had a difficulty in recovering itself, and hence the collapse. With regard to the local paralysis, he felt himself unable to explain it; had it been more general, he might have attributed it to the condition of the veins, all over the body, containing air-bubbles mixed with the blood.

Mr. Erichsen observed that when animals had been killed by the injection of air into the veins, on opening the chest, the heart was found to be distended and quiet,—the auricles,

perhaps, acting slightly, but the ventricles quite quiescent. They died of paralysis of the heart. If a vein were opened, where the flux and reflux of the blood were observable, and air entered into it, the symptoms would then be those stated by Mr. Dalrymple, and the animal would live for two or three hours. On opening the chest, the heart would be found small, not distended, supple, and acting, and the pulmonary artery containing frothy blood. The animal, in this case, dies from arrest of the circulation through the lungs, the immediate cause of death being, that no blood is sent to the left ventricle of the heart, and consequently none transmitted to the great centres of nervous influence.

There were generally considered to be two causes of the admission of air into the veins—one when a vein was wounded, where the flux and reflux of the blood were observable, and the other where the coats of a vein were thickened and diseased, so that they could not collapse. To these must be added the state of the thorax; air cannot enter a vein, except at the very instant of inspiration. The admission of air is aided very much by the peculiar nature of the breathing of patients during severe operations; it is short, hurried, and gasping, so much so that Mr. Erichsen expressed his wonder that the accident did not occur more frequently.

It is important to consider a means of prevention of this accident, as we have not any of cure; and this Mr. Erichsen thinks will be found in exerting a degree of compression on the chest, such as can be readily borne by patients, during severe operations involving parts near the heart, more especially towards the close of the operation, as it is generally during the last few strokes of the scalpel that the accident happens.

Mr. Campbell de Morgan stated that as there were a scarcity of cases of this kind as having occurred in England, he would venture to occupy the time of the society for a short time, by narrating one. A man was found in a state of insensibility. He was supposed at first to be intoxicated, and means were used for his restoration, which, for a time, bid fair to be of service, but soon lost that effect. The symptoms he presented being those of cerebral congestion, the jugular vein was opened, and with apparent advantage; the respirations which previously were only from seven to nine in the minute, increased in number, and the pulse rose; suddenly a noise was heard, and frothy blood issued; the man shuddered, sunk, and died almost instantly. In obedience to a notice from the coroner, the examination of the body was not made for thirty-three hours, but there were not any signs of decomposition. There were found globules of air in the veins of the head; the heart and larger veins were greatly distended, and when the heart was struck with the scalpel, it returned a tympanitic sound. When the scalpel was plunged in, it immediately collapsed, and air and frothy blood issued forth.

Ollivier had mentioned cases in which air had been spontaneously generated in the venous system, producing symptoms precisely similar to those caused by its accidental introduction.

Mr. Fisher confirmed the statement of Mr. de Morgan respecting the case he had narrated in every particular.

The next meeting will be held on the 9th of January, when will be read a case of synovitis and phlegmasia dolens, by Dr. Mayo, F.R.S., Fellow of the College of Physicians, and Physician to the Marylebone Infirmary; and a case of the removal of a diseased ovarium terminating fatally on the seventh day after the operation, by T. M. Greenhow, Esq. surgeon to the Newcastle Infirmary.

A case by Mr. B. Cooper, in which the same operation was performed, will also be read.

WESTMINSTER MEDICAL SOCIETY.

December 16.

Mr. Fisher in the Chair.

Dr. Chowne wished to know the experience of the society, regarding the post mortem appearances of wounds of the peritoneum; he had lately seen an instance in which a wound several inches long had healed, and at a post mortem examination no trace of a cicatrice could be discovered.

Mr. Fisher had made a post mortem examination of a man in the Bow Street force; he had had a wound in the lungs, in which instance no trace of cicatrices could be discovered.

Mr. Hancock had recently had his attention directed to the subject by having made post mortem examinations of persons, who had had operations for hernia performed; in one instance no trace of a wound could be discovered in the peritoneum.

Mr. Alcock knew of no rule by which serous should differ from mucous membranes in their cicatrices.

The president requested Mr. Field of the Veterinary College, to make some observations upon the manner in which death was produced by the admission of air into the organs.

After some remarks from Mr. F., a discussion ensued among the members as to the cause of death in these cases. Dr. Copland considered that in the admission of atmospheric air, it might be thus explained; it is well known that the contact of carbonic acid gas destroys the irritability of the vessels, and the circulation ceases in them. He imagined therefore that the carbonic oxide contained in the venous blood, uniting with the oxygen contained in the atmospheric air, produced carbonic acid, and thus destroyed life.

After a few observations on vaccination among several members of the society, the meeting adjourned.

ROYAL COLLEGE OF SURGEONS LONDON.

Gentlemen admitted Members on Friday, December 15th, 1843:—

J. Hales, F. F. Dukes, J. Phillips, G. C. C. Lunn, B. V. Asbury, T. Ballard, H. Terry.

Rupture of the Perinæum.—M. Danyan, surgeon to the Maternite at Paris, narrates six cases in which he performed the operation of applying the suture to the ruptured perinæum, immediately after delivery. Five of the cases did well, in the sixth, where the rupture was apparently the result of long-continued pressure, and the wound of considerable length, part of it an incised wound, four threads were necessary for the quilled suture, and five needles for the twisted one. The termination of the recto-vaginal septum which was lacerated, was included in the first suture. At first all appeared to be going on well; but on the removal of the pins on the fourth day, the lips of the wound were found in a sloughy state. After the separation of the mortified parts, a healthy suppuration set in, and union might have been obtained, but the patient would not consent to any further operation. She left the hospital on the twenty-fifth day without being cured. The recto-vaginal septum had united, but the lips of the laceration of the perinæum had cicatrized separately, and there was inability to retain the fœces.

Sloughing of the Bladder.—Mr. Fereday of Dudley describes the case of a collier upon whom he was in attendance for diseased bladder. He had attended him previously for inflammation of the mucous membrane of that viscus from which he never perfectly recovered. He had afterwards symptoms of abdominal mischief, the immediate source of the disease being indicated chiefly by the state of the urine, and smarting in the urethra after passing it. The bowels after a time sympathised with the irritation, and blood was passed by stool. The difficulty of micturition increased, and the catheter was required; the urine high coloured and offensive, depositing pus. The pubic region seemed much distended, and the bladder appeared to be full, but it frequently happened that no fluid could be drawn off, and when some was obtained, the tumour generally was as large and as hard as before. The disease continuing to become more severe, pure pus was passed by the urethra, and sloughs afterwards. After a time the urine escaped by the rectum. The poor fellow gradually sunk and died. On examining the bladder, the only part for which permission could be obtained, it was found much enlarged, in part thickened, and near the pubes so thin and soft that it gave way under the finger. The lining membrane was of an ashy grey colour, with sloughs an inch long hanging here and there; it was in parts wholly destroyed. There was an opening communicating with the rectum near where the trigone should have been, and further back was a pouch with indurated edges. A part of the mucous membrane was furrowed, forming a nidus for maggots, of which there were eight or ten in the part. There were also about two ounces of fœtid purulent fluid at the posterior part of the bladder.

Varicose Veins.—Mr. Hogg of Finsbury Place, narrates a case of varicose veins, complicated with ulceration, in which he effected a cure by destroying the continuity of the diseased vein with the potassa cum calce. He says he has seen several methods adopted for the cure of varicose veins, but this plan appears to be preferable to any other.

Extirpation of the Uterus.—Mr. Heath of Manchester has recorded a case, in which operating by the large abdominal section for the removal of an ovarian tumor, he discovered when the tumor came into view, that it was the uterus distended with solid matter. Nothing daunted, he proceeded to remove it *en masse*. He accordingly passed two double ligatures, by means of a sharp pointed aneurism needle, through the cervix uteri, each ligature firmly tied, so as to include one half of the neck of the womb and broad ligaments, and the parts excised and removed. Not more than three oz. of blood were lost during the operation. The patient died in seventeen hours, and on examination of the body, some indications of inflammation were observable in the abdominal cavity, where there were effused about fourteen ounces of blood, which had drained away from the cut uterus. Every organ was anemic. The diseased condition of the uterus appeared to be the fibrous growth, with some ground for suspicion of a tendency to scirrhus. The case altogether is one illustrating the abuse of an operation.

Westminster Hospital.—Mr. B. Phillips has been, we are glad to hear, elected without opposition to the surgeonship of this hospital. This seems, as at St. George's, a beginning of better things.

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LECTURES ON SURGERY.

By Sir B. C. BRODIE, Bart. Sergeant-Surgeon to the Queen.

On Paraplegia and Partial Paralysis—Delivered Dec. 6, 1843.

Gentlemen,—In my last lecture I spoke to you of cases of paraplegia affecting the lower limbs in the first instance, the arms becoming paralysed afterwards, and the brain, even, occasionally being implicated in the disease. Now, it must not be regarded as a matter of course that the paralysis should begin in the lower limbs; it may commence in the upper extremities, as a result of disease affecting the upper part of the spinal cord, either inflammation or diseased structure,—in fact, from the same causes as those which produce the paralysis in the lower limbs. A gentleman, a young man of irregular habits, who was frequently exposed to wet and cold while hunting, and who drank a great deal of wine, caught a severe cold; he suffered from intense pain in the neck, which he considered to be rheumatic, and neglected, going about hunting and drinking as usual. The pain after a time subsided, and he thought the disease had subsided too; but, three months afterwards he became paralytic, first in one arm, then in the other, but only partially so, some of the muscles being affected, and not the others. By and by, the arms became completely paralytic; he then came to London, and placed himself under my care. He had then tenderness of the neck, besides the affection of the upper extremities; after a time the lower limbs were paralysed, he became comatose, continued so for several days, and then died. On examination of the body, we found in the theca vertebralis, but outside the dura mater, a deposit of lymph, which had become organized, extending from the great occipital foramen to the fourth cervical vertebra. This was in sufficient quantity to exercise considerable pressure on the spinal cord, and, besides, there was effused lymph outside along the vertebræ, communicating with that inside the theca, by processes of lymph, extending through the foramina for the nerves. The immediate cause of death was the effusion of fluid into the ventricles of the brain, the irritation having ultimately, as is usual in these cases, extended to the lining membrane of the ventricles. There was not any disease in the lower part of the spinal cord. Here, then, we observe a case of paralysis affecting the upper limbs first, and afterwards the lower, following the usual course of the disease, when the upper part of the spinal cord is affected. The same thing occurs with respect to the bones, when diseased.

A lady came to London, to consult Sir Henry Halford and myself. She had paralysis of the upper limbs; by and by she had a difficulty in swallowing. As we believed that the disease was not under the control of medicine, we sent her into the country again, and there she died. I had not an opportunity of learning whether she became paralytic in her lower limbs, but the surgeon who attended her in the country, and made an examination of the body, wrote me word that there was ramollissement of the cervical portion only of the spinal cord.

These cases of paraplegia are not so common as those where the lower limbs are affected; nevertheless they are seen now and then; but I have only had these two opportunities in the course of practice, of verifying the cause of the disease by dissection. From them, however, I deem myself warranted in concluding that the disease is situated in the cervical portion of the spinal cord.

Caries of the Spine, you are aware, will produce paralysis of the parts below it, in a great measure resembling that to which I have adverted in this and the preceding lecture. Owing to this resemblance, cases of paralysis dependant on disease of the spinal cord, are continually supposed to be caused by disease of the bones. But this is a very great error, more especially as the treatment is essentially different; in *caries*, we frequently place the patient in the reclined position for a year or two, and have recourse to caustics, issues, setons, blisters, and other means of counter-irritation, with advantage; while, in paraplegia from disease of the spinal cord, these measures are useless and tormenting to the patient. I have over and over again seen patients, labouring under paralysis from the cord being diseased, treated thus by counter-irritants, &c., but never saw any benefit from it; and have often found it injurious, and cause the patient severe suffering.

Well, then, how are we to distinguish between paralysis from disease of the cord, and that induced by disease of the bones. In cases of caries, pain is experienced in the part of the spine that is affected; in one kind, which I call the *rheumatic*, the pain is very severe, and great pain is felt when the part is struck; in the *scrophulous* form, some pain is generally felt, and it is also experienced on percussion, but it is not constant, and in many cases of scrophulous disease there is scarcely any, or no pain at all. This then may aid us in our diagnosis, but it is not sufficient; we must have pain that is indubitable, not imaginary. If we can discover pain in one part of the spine, and that increased on percussion, we may be pretty sure it is a case of caries, and not of disease of the cord, but the absence of pain is not a proof that it is not caries.

The paralysis that attends caries of the vertebræ is peculiar; it does not take place at an early period of the disease; angular curvature of the spine generally occurs first. The patient has also cramps in the legs; in paraplegia from disease of the cord, the legs are stretched out, and the patient cannot move them, but in paralysis from caries, the knees are drawn up to the chest. By these signs we may form our diagnosis.

I shall now proceed to make some observations on the treatment. This should differ according to the nature of the disease, but we are not yet sufficiently advanced in knowledge to say whether it is of one kind or another. We could perhaps tell very well that there was chronic disease, but not whether that disease was softening of the spinal marrow, or tubercles, or effusion of fluid in the theca. We are not yet able to distinguish between them; in fact they are often combined, that is, one comes first, and the others follow afterwards.

Let us suppose a case of inflammation. The patient complains of dreadful lumbago, with numbness of the leg, and difficulty of moving it. The inflammation affects the lower part of the spinal cord. We take blood by cupping on the loins, and we repeat the operation according to circumstances, and we clear the bowels out well by purging. This is a thing that ought to be done in every case of inflammatory disease, and we must give calomel and opium, as we would do in cases of iritis. If I am not mistaken, I have several times seen the disease arrested by mercury; at all events the pain, numbness, &c. have been stopped by it. If called to the patient at a later period, there is nothing then to be done but to administer mercury, not as in the commencement of the inflammation, but as an alterative. Blisters should also be applied to the lower part of the back. The result will be different in different cases; it will depend on the time when the disease was attacked, whether a perfect or an imperfect cure will be obtained.

A gentleman who was travelling in a second-class carriage by railroad, was exposed for two or three hours to the north-wind. He was seized with intense pain in the neck, the upper limbs became paralyzed, and then the lower extremities. He was placed under the influence of mercury, under which he so far recovered as to be able to walk about and write, but he still remains partially paralytic.

The treatment in chronic cases must be generally empirical, as we are not able to form a correct diagnosis of the disease. I never saw any good from counter-irritation, and I have reason to believe, it has often caused mischief. The bowels are generally very torpid, and strong aperients are necessary, as it is quite essential that they should be kept open. The secretions of the digestive organs are very much disordered; the stools are quite black, like tar, and their lodgment must, of course, be very injurious. A calomel pill at night, and a black draught in the morning, may be occasionally given, as a common purgative, but it will sometimes fail. The following formula for pills you will find very useful; they do not cause the irritation that larger doses of croton oil produce:—

Two scruples and a-half of the compound extract of colocynth, beaten up into a mass with half a scruple of Castile soap, and a drop of croton oil. This is to be divided into twelve pills, of which two are to be taken occasionally, or every other night.

These pills are very efficacious, indeed. The disease will very likely prove to be incurable, but still, every now and then, it seems to be arrested, and the patient gets apparently better. The treatment which I should recommend, as most likely to effect this, is a grain of the sulphate of zinc made into a pill with the extract of gentian, to be taken three times a-day, and washed down with a draught containing twenty minims of the tincture of cantharides. The dose of the sulphate of zinc may be increased, but it must be borne in mind, that if large doses are given, it is apt to cause nausea and emesis, and then the patient will not continue its use. The disease is to be cured by the use of the medicine, in small doses, for a great length of time, and not by the employment of large doses for a short period. It must be given for many months.

The dose of the tincture of cantharides may be raised to forty minims, but it must not exceed that quantity, as it may produce irritation of the urinary organs. It is principally employed as a diuretic, and it is as such that it is supposed to do good; but it must also be regarded as a stimulant to the nervous system. I have already narrated to you a case in which, in a very large dose, it caused inflammation of the spinal cord, and subsequent paralysis; if a large dose can cause such effects, we may suppose, that a smaller one will act as a grateful stimulant. I have seen some cases of this disease apparently get well under this treatment, and others appear to be arrested, and not make any further progress, be, in fact, neither better nor worse for many years.

In other cases, benefit has been derived from the exhibition of small doses of the bichloride of mercury, in combination with the tincture of cantharides, about a sixteenth or a twelfth part of a

grain; to be taken three times a-day. It does not act like mercury, but appears rather to influence the system as a mineral tonic. In the great majority of cases, however, the disease proves to be incurable, but it may go on for years before it destroys life.

In the paralysis which occurs in cases of hysteria, and which apparently does not differ very materially from paralysis caused by a diseased condition of the spinal cord, the distinction is, not that the muscles do not obey the mandates of the will, but that the will is not exercised. You will often find, in an instance of paralysis of this kind, when the patient says she cannot use her limb, that when something has occurred to excite her, she can walk very well. Going one day suddenly into the room of a young lady, who was laid up with paralysis, I found her mounted upon a chair, trying to reach down a book. There is a peculiar condition of the mind to involuntary deception in hysteria; one person will pretend she is passing gravel in her urine, and will shew gravel which has been picked up out of the road, and another will state that she passes black urine, and will exhibit that fluid, after ink has been purposely mixed with it. These patients should not be exposed to their friends. We must make allowances for their hysterical condition, endeavour to engage their attention to other matters, and when the disposition to hysteria wears off, they will become good members of society.

As this is not a regular course of lectures of surgery, and I am not bound to take up subjects in regular order, I shall now proceed to notice another form of paralysis. It is not an uncommon thing for one side of the face to be paralysed, no other part of the body being affected. This is not in general a formidable disease, and soon gets well, unless it arises from pressure or injury on the portio dura of the seventh pair. A person is exposed to a draught of cold air; one side of the face becomes paralytic, but without pain. She will naturally be very frightened, and so will her friends, but there is not any cause for fear. She must avoid cold, take a blue pill at night, with a little opening medicine in the morning, and in nine cases out of ten, she will be better in a short time. The muscles will begin to act in two or three weeks, and in a month or two she will be well again. I cannot tell what is the pathological condition of the part; all that I know is, that there is not any inflammation.

A gentleman was attacked with pain in the ear, which increased, and became so intolerable as to keep him awake at night, and cause some delirium. He became paralytic of that side of the face. Dr. Chambers and myself were called in, and suspected it was a case of inflammation of the petrous bone. He was cupped, and got under the influence of mercury, by which means the pain subsided, and the paralysis was gradually cured.

In cases of inflammation of the tympanum, affecting the bone, the treatment to be employed is generally that which has been just mentioned; it generally succeeds: viz., taking blood from the part, and affecting the gums by calomel and opium.

A form of partial paralysis is occasionally met with affecting the upper eyelid, called ptosis, and dependant on a paralytic condition of the levator palpebræ. It is frequently connected with some affection of the system, and is sometimes relieved by a course of blue pill and purging. When the ptosis has continued a long time, and is not relieved by any other means we have adopted, we may conclude that it depends on some disease within the cranium,—such as a deposit on the nerve, or on the part of the brain whence the nerve arises.

A gentleman, who had long laboured under tic douloureux, was seized with epileptic fits, which were followed by ptosis. When the body was examined, there was found ramollissement of the cerebrum at the base to a considerable extent, and the third and fifth pairs were also in a state of softening, thus accounting for the tic douloureux, the epileptic fits, and the ptosis.

Ptosis is a very bad sign when it occurs in cases of inflammation of the brain following an injury; it is not so dangerous a symptom when it precedes inflammatory action, and is immediately consequent to the injury that has been inflicted, as, in the latter case, it indicates the effusion of blood on the nerve, and that may be absorbed; but when it follows inflammation, it is a symptom of deposit of lymph, or of pus on the third pair of nerves.

Some persons have a partial paralysis of a lower limb; the patient suffers from cold extremities, and cannot walk; the limb is partly numbed, and deficient in muscular power. It generally gets well under a course of blue pill and purging; it is an affection of the nerve itself, and has nothing to do with the nervous centre.

You will be sometimes consulted about a peculiar kind of paralysis affecting a limb, occurring in very young children. The child has had a fit, or has been threatened with water on the brain; one or more limbs are partially affected, and, perhaps, one set of muscles only is paralysed. The child grows up with a contracted limb, and it becomes requisite afterwards to divide a tendon. Sometimes, however, both the lower limbs are paralysed, or all the muscles of the limb have lost their nervous influence.

This partial paralysis is, in some instances, the cause of squinting, some of the muscles of the eye being paralysed, and not the others. I saw a child that had a very singular paralysis of this kind, the upper part of the pharynx, or some of its muscles only being affected. The child had exceeding difficulty in swallowing, and probably ultimately died of starvation. I know not to what state of the brain to refer this form of paralysis.

In cases of partial paralysis affecting the limbs, the disease rarely goes any further; the child grows up, does very well, may live to be old, and when death takes place, there will not be anything found to account for the paralytic affection.

In these cases the paralytic limb does not grow like the other, and great inconvenience is the result. The limb is shortened, and the patient must have an additional sole fixed to his boot, to enable him to hobble about the better.

If, when consulted about one of these cases, you see it in the first instance, you may, perhaps, do good by getting the child under the influence of mercury; it may be worth while to do this, within the first two or three months after the commencement of the disease, but afterwards you had better not interfere; it is then best let alone. I have seen all sorts of things tried, and never saw any advantage derived from their use. All that you can do under such circumstances is, when the child is growing up, to arrange a mechanical contrivance of some sort to enable it to walk.

COURSE OF LECTURES ON THE THEORY AND PRACTICE OF MEDICINE.

Delivered by C. J. B. WILLIAMS, M.D., F.R.S., Professor of the Practice of Medicine, and of Clinical Medicine, at University College.

Formation of Tubercle.—Now, I have hitherto considered tubercle as depending on a diseased condition of the plasma throughout the whole system; but there is good reason to believe that the causes of tuberculous deposition may sometimes be local, or, at any rate, they are certainly local in their operation, and it does not always require an entire degradation of the plasma of the whole material of the frame, to produce the phenomena of tubercles. It would appear that inflammation and irritation of a low character, excited again and again, are capable of producing a cacoplastic product; and, for proof of this, I need only refer to the products of chronic inflammation generally. I have mentioned, several times, that it requires a degree of degradation of the system for chronic inflammation to exist. Healthy inflammation cannot be chronic. There must be, to a certain extent, a weakness of the powers of the system to cause chronic inflammation; it depends on an injury of the whole constitution, or on the presence of some irritating matter that ought to be removed. Chronic inflammation may be detected by continued irritation. The presence of irritating matter in the body, as in the occupations of needle pointers, and other trades in which there is much dust, is followed by chronic inflammation, which appears at first in the bronchi, and by and by extends to the parenchyma of the lungs. This result is hastened by the irregular habits of the patient. If he lives moderately, and be a good deal in the open air, the result is retarded; the disease is slower in its progress; but it appears that in all those who are engaged in such occupations as knife-grinding and needle-pointing, the affection soon passes into organic disease. There is a chronic ulceration of the lung, and chronic bronchitis, with ulceration of the lining membrane of the bronchi. There is also chronic consolidation of the lung, which has in some cases been a source of confusion—some calling it tubercle, and others hepatization; but it seems to me to be something conjoining the action of the two. Now, if you examine the lungs of persons who have died of other diseases, but who have, at some period of their life, laboured under this form of pulmonary disease, you may see the process by which nature endeavours to repair the mischief. If you examine the lungs of these persons affected with the premonitory symptoms, and who have exhibited a limited form of phthisis, but have died of other diseases—you will find various lesions present. It is rather a rare thing to meet with a patient dying of this form of disease above the age of forty, but it is a still rarer thing to find them with lungs perfectly free from phthisical lesions. It appears that the disease is the result of local inflammation, of repeated attacks of bronchitis, and this seems to be the most rational explanation that can be given. Under whatever circumstances it may have been brought on, the causes of phthisis are twofold; and unless we hold that in view, in the means which we adopt to counteract its progress, we never can arrive at a satisfactory treatment of consumption. Now, let us take a short view of the different causes of consumption. You will observe that persons previously in good health, exhibiting no appearance whatever of habitual ill-health, by suffering repeatedly from coughs, which stick to them for a long period, passing off in the summer and returning again in the winter;—these persons become affected with the limited form of pulmonary consumption, without their constitution being decidedly deranged. Persons say this cannot take place without a state of ill-health; but such is the fact. It appears in some cases to be produced by the causes I have mentioned—frequent transitions of temperature, and a succession of attacks of acute bronchitis becoming chronic by repetition. Again, another case in which it may arise, is from acute pleurisy. Persons in previous good health, in many instances, have been affected with a severe form of pleurisy, or pleuro-pneumonia, and have not been treated early enough, nor with sufficient activity, or else the disease has resisted the treatment; and such persons have begun, from the period of their attack, to exhibit some of the signs of phthisical disease, and have ultimately become tuberculous. I have mentioned some such cases before, where, after death, tubercles have been found in the lung. These persons have, notwithstanding they were in previous good health, contracted the disease; it, therefore, appears to have been certainly of local origin, and that the matter has subsequently become tuberculous. The hypothesis among those who deny the inflammatory origin of tubercle is this: that the production of tubercles in the inflamed or hepatized lung, is consequent on the removal of the matter of hepatization, and the deposition of tubercle takes place instead. This is, in my opinion, very much like begging the question. When you find, as you do, in persons who have died of phthisis, every gradation of tubercle, having the outward aspect of these minute consolidations when examined by the microscope, I think it is absurd to suppose that it is not a conversion of lymph into tubercle, but rather a removal of the lymph, and subsequent deposition of another form of matter. We must remember, undoubtedly, in these cases, that the inflammation does injury to the constitution; and what I ask is so likely to injure the blood-making process as the continuance of this form of inflammation in the lung? We have to consider that under these circumstances, not only is the capacity of the lung diminished, so far as the function of respira-

tion is concerned, but, moreover, that the blood is continually circulating through diseased channels, channels no longer capable of aiding in that change which takes place in the lungs. And remember, one part of this change or process is the formation of fibrin. It is in the lung that the plasma is most decidedly elaborated : fibrin is the pure production of arterial blood. Everything seems to show that this is one part of the process by which life is maintained, and disease of the lung, from whatever cause it may arise, if it continue, interrupts this process, and thus predisposes to the production of phthisis. I ought, previously, to have mentioned the researches of Andral and Cruvelhier,as to the early condition of the blood in phthisis. It differs from that of all other cachectic states,and in most remarkable particulars from that of all febrile diseases. In most of the former states, there is a diminution of the red particles with an increase of the fibrin, or what is usually called such. You may recollect some speculations into which we entered in connexion with the oxygenization of fibrin. If there has been a plethoric or robust state of the system, with a predominance of the red particles of the blood, the instant you remove this and thereby degrade the system, you must in like manner degrade the products of nutrition. Here there is the production of the plasma in great abundance, but without the important instrument by which it is rendered vital. I merely state this as an hypothesis, and do not wish it to be mixed up with other views that may be more than hypothetical. The real fact is this, that in phthisis, particularly as the disease advances more and more, the blood is found to abound in fibrin, but to be deficient in the red particles. I have then mentioned the local origin from irritation; but there are constitutional causes.

There are some local causes which become constitutional, while others may be altogether constitutional from the first, and the most common causes of consumption which are met with, have this constitutional origin. Now these causes agree in this, that injuries to the constitution must obviously produce an injurious effect on the action or the character of the nutritive secretion of the whole body. Imperfect nutrition, from external or internal causes, may produce it. According to Laënnec, musicians and females are apt to have the constitutional form of phthisis induced, so that it begins in them without any exciting cause being apparent. Venereal excesses, and the inordinate use of mercury, are circumstances that tend to degrade the nutritive process; fevers long continued, irregularities of the excreting functions, and diabetes, all predispose to phthisis. I have entered rather fully into the consideration of the pathology of phthisis, both on account of its very great importance as a branch of the fatal diseases of this country, and likewise because the views I have exposed are not new and peculiar to myself. I have entertained these views, with very slight modifications, for nearly twenty years; these opinions have been greatly confirmed by the result of observation. But now the same views are adopted by various other authors; and it is because they have been established, and that information and observation is more extensive, that I have thought it worth while to dilate on it, in giving you a true view of the nature of phthisis.

Causes of Phthisis Classified.—Now, I was speaking of the subject of the operation of causes, and the mode in which phthisis may be induced in the system, or tubercles, or changes allied to them engendered, destructive changes which characterize tuberculous lesions—how these may originate in the system. I have pointed out two classes of causes; one class acting mostly locally, and these are commonly the causes of inflammation, such causes as actually do produce inflammation; hence phthisical diseases may be said to take their origin from an inflammatory attack. In other instances, as I have mentioned, all those causes that are capable of producing inflammation, but in a lower form, as damp and cold continually applied, occasion repeated attacks of inflammation, and by and by result in these lesions. All recent experiments seem to bear out this fact. The experiment of keeping animals, and exposing them to the wet and cold, short of that necessary to produce inflammation, has been followed by the gradual development of tubercles. I have mentioned these under the head of local causes, but I should state, that some of the most usual forms of consumption are those which result more gradually, and with a disordered state of the whole constitution, in which respect they may be considered as diseases of a constitutional origin ; the element is in the constitution, but it is chiefly developed by a disordered state of the nutritive function, by which the plasma is imperfectly deposited; and I have mentioned besides this, the various causes of imperfect nutrition, whether from external or internal causes, whether from the food being bad or deficient, or from the digestion and nutrition being faulty, owing to the body being in an unhealthy condition; this, by the Germans, has been thought the great cause of consumption. This is one way. Other causes which I have mentioned, as damp and irregularity of diet, will have the same effect; depressing passions, venereal excesses, various circumstances that decrease gradually the powers of the system, excessive use of mercury, idiopathic fevers, long continued discharges, more particularly the purulent discharge of an external sore, suppresson of cutaneous eruptions; all these, either singly, or combined, tend to destroy the balance of the functions, and to deteriorate the fibrin of the blood. These causes seem to act in more ways than one, not only by impairing the blood, but by disturbing the regularity of the system. The sudden suppression of discharges, to which I have referred, produces an unnatural fulness of the system, and the irritation thus becomes directed upon the lungs. It is under such circumstances, particularly, as in the case of fistula, which is attended with a considerable amount of discharge, that we are apt to find phthisis induced when the discharge is diminished or altogether suppressed. And yet, under any of these circumstances, phthisis may develope itself in the first place, and at the very moment that these causes begin to operate. In other instances, there is a condition of the system that precedes the development of these symptoms of phthisis pulmonalis, a cachectic state of the system, to which Sir J. Clark has given the name of *tuberculous cachexia:* a condition in which there is a gradual disposition to the formation of tubercle, which is particularly apt to show itself in the lungs first, in this country. It may be recognized by the following signs:—great weakness of the circulation ; the extremities cold ; disposition to flushing of the face ; local heats ; congestions of internal organs, as the liver and other viscera ; and with this imperfect circulation, the secretions are generally more or less disordered. The bowels are commonly torpid; the digestion imperfect, exhibiting all the varieties of dyspepsia; the urine is usually scanty, thick, and high coloured, and may be watery, pale, and loaded with the phosphates. There is a chronic form of phthisical disease, in which the circulation is weak, and there is, consequently, a considerable amount of languor and lassitude ; sometimes the patient does not lose bulk, but may even become fatter than usual, though not stronger. This is particularly observed in females. Now, this complication of symptoms is sometimes presented before the local signs of phthisis develope themselves ; and a cough beginning in this condition is always to be looked upon with suspicion. The more common way is for the cough to come on gradually, after a long continued disorder of the whole system, in which the patient has lost colour and become reduced in strength and flesh, so as to present a totally changed appearance. Again, there is a constitutional stage in which there is a degenerated state of the plasma, though not sufficiently so to cause tubercles; but if the deposit is still further deteriorated by any irregularity of nutrition, or any circumstance disturbing the circulation, or causing inflammation or pulmonary congestion, this will bring about a formation of tubercles.

The Lungs—the especial Seat of Tuberculous Formation.—I have already adverted to the reason why the lungs are especially the seat of disease in these cases; they are in more immediate relation to, and are more identified with, the changes which the plasma of the blood undergoes in the formation of fibrin, than any other organ. Inflammation, congestion, or determination of blood, may then lead to the development of this disease in these various conditions, though it may also be brought about more immediately by external causes. For example, particular ages may do it: at the termination of the period of growth, or the conclusion of youth, when persons have attained their full stature, and the plasma is no longer required in such large quantities, if there is a degraded or tuberculous cachexia present, stoppage of the growth is very likely to bring about an active development of phthisis; as also will the cessation of uterine gestation. So long as pregnancy is going on, the plasma is called away to other parts; under a peculiar exalted influence of the vital powers, even a bad plasma may be elaborated into a good product, as we see in the case of children born of unhealthy parents. We sometimes see an unhealthy mother, labouring under various diseases, yet producing a comparatively healthy child. There is a new life—a new vitality; but no sooner does this exaltation cease in the system, no sooner does the process of uterine gestation cease after pregnancy, than phthisis may develope itself in a very active state. Sometimes the lactation or secretion of milk may be carried on, and then the critical period commences at the stoppage of this. The healing of large sores may produce the same effect, acting as the immediate cause of the development of tubercle. The progress of the disease, under these circumstances, is sometimes very rapid.

The symptoms, of course, will vary with the amount of the lesion. From what we have said about the origin of these lesions, you will be ready to understand, that consumptive diseases, or diseases connected with tuberculous lesions, present an extraordinary amount of variety, so that the diseases, in some forms, can scarcely be said to resemble each other; there is every variety of combination, and sometimes, which is more important, every variety of degree. Phthisis, in its worst form, may be fatal in three weeks, or a month, particularly when accelerated by active inflammation. On the other hand, the more limited degrees of it may last for several years. There are many good cases on record, which we cannot refuse to place among the class of consumptive diseases, which have shewn themselves in the early youth of persons,and which have continued,more or less,throughout their whole lives,and yet they have died at an advanced age. In these cases, the lungs have been found to exhibit all the changes which are indicative of attempts made by nature to cure phthisis. Now, I have found it generally convenient to take the symptoms of consumptive disease, and to connect them with certain pathological changes, which the disease produces; and inasmuch as the first stage of phthisis is connected with indurations, either diffused or granular, we will take, first of all, the symptoms which are produced by this condition. Now, these indurations necessarily induce a state of irritation, similar to what would be caused by foreign bodies in the substance of the lung; these tuberculous consolidations being formed of a cacoplastic matter, endowed with a low vitality, and which is not conformable with the rules of the rest of the lung, but becomes, as it were, a foreign substance, causing more or less irritation, very much in proportion to the natural excitability of the lung. Under the head of these irritations may be classed, in the first place, *cough*: the presence of tubercles in the lungs may cause cough in quite the early stage of phthisis; and although the most constant symptom, we yet find some few exceptions to its presence. The cough is usually at first hacking and dry; it may occur in paroxysms several times in the day, but at the first period it appears to be excited by external causes:—going into the cold air from a warm room; exerting the voice, as in running or singing. Any of these circumstances may bring about a little cough; and from its being so excited, the patient troubles himself but little about it, and allows this condition to run on into more serious disease. It may come on merely under the influences I have mentioned, occasionally

in the course of the day, or only in the evening, or the morning. It is an important feature of this symptom, if it is found to last, day after day, and week after week, without cessation; more especially if it gradually increases, you will then have a suspicion of some permanent disease in the lung.

I shall continue this subject in the next lecture.

PARISIAN INTELLIGENCE.

(FROM OUR OWN CORRESPONDENT.)

Paris, Dec. 21, 1843.

On Serous Metastasis during Child-bed.—Dr. Lasserre has just published a memoir on serous metastasis in recently delivered females. The generality of authors attribute the infiltration of the lower extremities during pregnancy to a serous diathesis, or the pressure exercised by the gravid uterus on the venous system. It is probably this latter cause which produces it in the greater number of cases, as it disappears as soon as the return of the blood to the centre of the circulation is facilitated by the recumbent position. In some cases this takes place; in others it increases so much that the legs and thighs form regular cones, without any of the irregularities to be met with in the natural state of the limb; the labia pudendi form two swellings, often larger than the fist. Sometimes the œdema extends itself to the abdomen, arms, hands, and face, and the skin becomes distended, to the point of bursting. The urine, in a case of this description, was found to contain no albumine. When the œdema is slight, or not of great extent, it disappears quickly, but when considerable, decreases in the following manner. Immediately after delivery, it diminishes very much on the abdomen, upper part of the thighs, and labia pudendi; to facilitate the birth of the child, these last burst sometimes, and when that does not take place, it may be necessary to make small incisions, so as to allow the serosity to escape. This diminution, produced by the ease with which the circulation is performed on the uterus decreasing in size, receives a stimulus on the approach of the febris lactea, causing the serosity to be rapidly absorbed, and giving rise to a serous plethora, for the blood drawn from the arm in such cases offers a small coagulum, surrounded by an immense quantity of serum. The liquid thus absorbed is eliminated by the breats, kidneys, or skin. When this desirable event does not take place, it remains in the blood, and produces *serous diathesis*, characterized by the following symptoms:—face puffed, eyelids sometimes infiltrated, no pain, skin pale, or of a greyish tint, slight cephalalgia, wanderings, sight and hearing confused, drowsiness, dyspnœa; sometimes mucous rale posteriorly, with diminution of the vesicular murmur; pulse large, full, and hard. These are the symptoms of the first stage of the disease, and if proper remedies are not administered, so as to check its progress, serous metastasis may take place on some important organ, generally the brain or the lungs, giving rise to different symptoms, according to the organ affected. Thus, 1st, *for the brain*—intense cephalalgia, coma, ideas confused, answers made with hesitation, and very slowly; sometimes it is necessary to rouse the patient in order to obtain them; pupils dilated, contract feebly, all the surrounding objects seem enveloped in a mist, muscular motion performed with difficulty, suppression of the secretion of milk, œdema of the face persists, and even increases, especially in the upper eye-lids, where it is sometimes excessive, pulse small and feeble, dyspnœa, tendency to hydrothorax and hydro-pericarditis. When the disease has attained this period, it increases rapidly in intensity until death.—*Causes.* Not only the serous diathesis, but likewise grief, poverty, ennui, and all moral affections predispose to this metastase, from the state of erethism in which the brain is kept.—*Pathology.* In the above case, on removing the cranium, the dura mater was found hard and resistent, sinuses filled with liquid blood, cavity of the arachnoid containing some serosity, subarachnoidean cellular tissue so infiltrated that on the base of the skull the serum formed a layer, of from one half to three-quarters of an inch thick, which flowed out as soon as the arachnoid was cut; pia mater pale, infiltrated, easily removed from the surface of the brain; ventricles, containing from one and a half to one and three-quarter ounces of a light yellow transparent liquid; plexus choroides so infiltrated as to form two large granular cords; rachidian fluid so abundant that it filled the fossæ occipitales when the head was thrown backwards; brain pale, humid; when cut, presented small drops of serum on its surface, of a normal consistence; pericardium and pleura containing a certain quantity of liquid; peritoneum empty; slight œdema of the lungs; bronchi containing frothy fluid; heart flabby, and full of liquid blood mixed with clots; sub-cutaneous cellular tissue, especially that of the lower extremities, infiltrated.—*Diagnosis.* Œdema of the brain is distinguished *from meningitis*, because in the former the cephalalgia is deep-seated, obscure and transient; there is somnolence, an indifference to all passing objects, with abolition of the muscular powers; in the latter the cephalalgia is intense, persisting, a bright light intolerable; convulsion, delirium;—*from apoplexia meningæa*, because, notwithstanding the rapidity with which the former comes on, the latter is, when of any extent, much more so; besides which, the symptoms of compression are greater. Finally, in both cases the preceding state of the patient is sufficient to put the question at rest.—2nd. *For the Chest.*—It often comes on insidiously, and though the serous diathesis already mentioned is the principal cause, still others exercise an influence; thus, all the diseases of the lungs predispose, and especially bronchitis; as to the affections of the heart, they do not seem to exercise any very great influence on its production, for in one case there was a diminution of the left auriculo-ventricular orifice—so much so as to have caused several lobular sanguineous pulmonary congestions, and yet the serous metastasis took place towards the nervous centres. It would therefore appear, that the metastasis is not mechanical, but is produced by a special irritation, which differs from ordinary inflammation only from the serous condition of the blood. In all cases in which the lungs became the seat of the œdema, the abdomen was greatly developed. Might not the pressure exercised on the diaphragm have had some influence in its production? The patients during pregnancy suffered from dyspnœa on the slightest motion, and were troubled with cough caused by bronchitis, limited to a very small space; no rhonchus to be heard. Immediately after delivery, the breathing became easier, and as the local lesions were not of considerable extent, the danger did not seem imminent. Seldom, however, twenty-four hours elapse before new symptoms appear, which, though of a similar nature, may offer two forms:—1st. In general, for thirty-six or forty-eight hours after delivery, the respiration is somewhat easier, after which dyspnœa appears, at first very slight, but gradually increases in intensity, and is accompanied by a frequent strong pulse from eighty to a hundred; mucous, frothy expectoration; sonorous and mucous rhonchus, especially below and behind; diminution of the œdema; sometimes lochiæ very abundant, at other times as in ordinary cases. If at this period, the serosity is not eliminated by one of the excretory systems, the dyspnœa increases in intensity; the rales mask the vesicular respiration in the whole extent of the thorax; matity on percussion; pulse loses its force, and becomes more rapid; slight cyania of the lips; considerable diminution of the œdema of the lower extremities. These symptoms augment gradually, and unless some favourable crisis supervenes, death soon takes place by asphyxia.—2nd. In other cases, instead of coming on slowly and by degrees, the accidents appear instantaneously; orthopnœa; costal respiration; pulse rapid, small; disappearance of the œdema of the extremities in a direct ratio with the development of the symptoms. This constitutes *serous congestion of the lungs*, and comes on either immediately or on the third day after delivery.—PATHOLOGY: *Cavity of the pleura* contains a transparent liquid, sometimes serous, sometimes sanguinolent; the quantity appears almost always to increase after death, produced by a cadaveric transudation; membrane itself healthy. *Lungs*, voluminous, heavy, do not retract on the thorax being opened; separated from the heart and large vessels, and plunged in water, they sink so as to present only one-fifth or one-fourth of their volume above the level of that liquid; crepitant anteriorly, but red, and containing no air posteriorly; elasticity of their tissue completely lost, for on pressing it with the finger the mark remains; no appearance of pulmonary cells; when cut, a considerable quantity of a roseate serous liquid escapes, with hardly a bubble of air; on drying a portion, after the evaporation of the liquid, the pulmonary cells are found to be distended, as when previously insufflated; bronchi full of a red frothy liquid, the mucous membrane of a violet colour; finally, when decomposition is not too far advanced, a rose coloured frothy liquid is found in the trachea and larger bronchi, similar to that met with in drowned persons. *Pericardium*, containing a small quantity of liquid. *Heart*, cavities full of a liquid black blood. *Brain*, sometimes slight œdema of the membranes, and a little serum in the ventricles.—DIAGNOSIS: This disorder is easily distinguished from apoplexia pulmonalis, bronchitis, and bronchorrhœa, by the characteristic, and especially the commemorative, symptoms.—PROGNOSIS: Is excessively dangerous; the chance of obtaining a favourable result diminishes according to the length of time the accidents last, unless the secretion of milk, or some other excretion, eliminates the serum contained in the blood.—TREATMENT: In persons predisposed to œdema of the lower limbs during pregnancy, gentle exercise must be taken, but every species of fatigue must be avoided, as well as all pressure on the abdomen from stays, &c.; tonic and nutritious diet; dry and airy situation; steel internally; bowels kept free by means of enemas or gentle purgatives; if the œdema be very considerable, a band may be employed advantageously during labour, or immediately afterwards. If, though the œdema is considerable, there be no great functional disturbance, we may leave to nature the cure of the disease by some natural emunctory, taking care not to thwart its action; if there be any marked, though not dangerous symptoms, without any visible tendency to a spontaneous elimination, gentle purgatives, and diuretics generally suffice;—active medicines ought never to be employed, for in producing too great a perturbation in the system, they may counteract the development of a favourable crisis; but if the accidents, whether cerebral or thoracic, be such as to endanger the patient's life, active measures ought to be employed. *Venesection* ought never to be resorted to. *Emetics*, when the œdema affects the lungs, the following may be administered with advantage:— ℞ Antimon. tartar. gr. i., pulv. ipecac. ℈j; giving just enough tepid water to prevent the stomach being painfully affected by the retching; but if the brain is the seat of the metastasis, the antimonium tartarizatum must be given alone in the dose of from grs. iv. to grs. vj., in ℥iss. of distilled water, by table-spoonfuls every quarter of an hour, and between each dose a small quantity of tisanne. The vomiting which takes place clears the large bronchi, and the copious stools which succeed produce a marked amelioration. In general, one dose is not sufficient to obtain a cure, and it is necessary to repeat it the next day, but in smaller quantities, excepting when nature indicates by an increased secretion that it has chosen the means of throwing off the serosity. *Purgatives*: the bowels must always be kept free by gentle purgatives, and when copious stools do not take place from the action of the tartar emetic, a small purgative must be given immediately after. *Blisters* may be applied to the chest in cases of thoracic, and to the nape of the neck in cerebral, congestions; ought not to be allowed to suppurate, or to be applied to the lower extremities, for fear of gangrene. *Tisanne*: tepid pectoral drinks when the chest, acidulated when the brain, is the seat; in both made slightly diuretic. *Diet* ought never to be too severe, except in very dangerous cases; in general, broths may be permitted. During convalescence, tonics, good wine, country air if possible, nutritious diet,

steel drops, and other ferruginous compounds; mothers must never be allowed to nurse.

New Hospital.—The *conseil municipal* of the Seine will shortly give its decision upon an important question—the formation of a *model hospital*, to contain 600 beds, on the north side of the capital, where the want of such an establishment is chiefly felt.

On Children's Diseases, by Professor Trousseau.—Though almost all disorders, nosologically speaking, may attack all ages, there are some peculiar to certain periods of existence, or to certain sexes. Among those which affect children, I distinguish, 1st, such as are peculiar to that age; 2d, those which, though they appear at all periods of life, attack children in preference; 3d, those common to all ages, but which offer, when they affect children, on account of their constitution, a peculiar form or mode of development, and often require a different treatment. 1st, *Diseases which attack children exclusively*, such as lusus naturæ, errors of formation; cephalætoma; inflammation of the umbilicus, causing, in some cases, fatal erysipelas; phlegmasia of the umbilical vein, which extends sometimes to the liver, or peritoneum; scleromia; accidents attending on the first dentition, &c. 2d, *Diseases which attack all ages, but are principally observed during childhood;* cynanche trachealis, pertussis, crusta lactea, aphtha idiopathica, eclampsia, &c.: cynanche trachealis, it is true, may be seen at every period of our existence. I myself witnessed in the department of the Indre, an epidemic of this disorder, in which several aged persons fell victims, and among the number, an old man, ætat 75; but when it is sporadic, we see here and there a case in adults and old persons, whereas it is more often observed in children from 2 to 10 years old. The same remarks are applicable to eclampsia, which, though to be met with in recently delivered females, is far more frequent in children. 3d, *Diseases which, though common to all ages, are modified when they attack children, and require a different treatment.* Thus, pneumonia is almost always lobular in children, generally fatal, and accompanied with a diminution, rather than an augmentation, of the temperature, similar to what is observed in old persons; in adults, on the contrary, it affects the lobes, is less dangerous, and is accompanied by violent fever—the true type of synocha. Erysipelas is almost always mortal in childhood, whilst in adults it is generally benign, except in traumatic cases. The same remarks are applicable to cataracta, pleuritis, enteritis, dysenteria, exanthemata, &c., from which the following inference may be drawn, that almost all disorders offer during childhood a peculiar character. The period of life at which disorders lose their infantile character, and assume that common to them in adults, varies from the first month after birth to the tenth year. *Erysipelas*, from birth to 2½ or 3 years, attacks the whole surface of the body, and is often complicated with peritonitis, inflammation of the umbilical vein, &c. The danger decreases, and the disease takes the form it offers in adults, as the child grows older. *Aphtha* develops itself in analogous conditions, but is generally severer in children than in adults. *Aphtha idiopathica* is very common during the first month of our existence—seldom observed after two years. *Pneumonia lobularia*, *meningitis granulosa*, are seldom seen after the tenth year. This peculiarity is not confined to acute, it is likewise to be met with in chronic diseases, for phthisis makes as many victims in children at the breast, as in adolescents; in the former, it affects principally the bronchial glands, which tumefy, suppurate, and form abscesses, similar to those which exist in the lungs. Tubercles, also, frequently develop themselves after lobular pneumonia, and are then situated at the root and posterior part of the lungs, not the apex, as in adults; besides which, intestinal ulcerations do not exist. This form differs already at 7 years old, and disappears from 10 to 12, at which period, phthisis ceases to be infantile, taking the character it presents until old age, when, according to M. Beau, it offers a different form from that it had during childhood and adult age. Thus, after 10 or 12 years, infantile diseases no longer exist; many offer that peculiarity, but for a few months, or even a few days, after birth, and many begin, at the age of 2 or 3 years, to assume the character they present in after life.

Absorption of Corrosive Sublimate by the Endermic Method.—The following curious case occurred in the wards of the above Professor, at the Necker Hospital. A fine boy, two years old, was afflicted with fissure in the groin; on which the mother, after bathing the parts, was in the habit of sprinkling the powder of lycopodium clavatum. One day, after the customary ablutions, she took, instead of the usual powder, some corrosive sublimate: this last was no sooner applied, than the child screamed violently, and, in twenty minutes, a brown eschar, 1½in. in diameter, was formed, occupying the upper and inner part of the thigh and scrotum, surrounded by a red areola and a semi-transparent swelling, three-fourths of an inch broad, similar to that observed in urticaria. On the second day, the gums began to swell, were red, and covered with a white pellicle; tongue foul, and on each side appeared small spots, similar to those on the gums; breath offensive; sub-maxillary glands painful and swoln. These symptoms gradually increased in intensity; and, on the sixth day, the whole buccal mucous membrane was affected; greyish eschars were formed, under which the parts were fungous and bleeding; sphacelus of the gums; denudation of the edges of the maxillary bones; fall of several of the lower incisor teeth; breath extremely offensive; several violent hæmorrhages from the ulcerated parts; fever; and, finally, death on the thirteenth day. The eschar, on the third day, began to be detached from the surrounding parts, but suppuration did not take place until the sixth day. The topical applications were,—on the eschar, compresses imbibed, first with emollient lotions, and afterwards with a decoction of cinchona; finally emollient poultices; —on the buccal mucous membrane, cauterizations first with powdered alum, then with diluted chlorhydric acid, and, lastly, with nitric acid, by means of a hair-brush. Autopsy,—denudation of the edges of the maxillary bones, and the roof of the mouth; mucous membrane very swoln, of a greyish colour; parts under the eschars uneven and fungous; sub-maxillary gland increased in size and softened. The eschar of the thigh, of a dark green colour and offensive smell, was soft, and still adherent in its centre; it comprised the whole of the sub-cutaneous adipose tissue, so considerable in children, and reached to the muscles and os pubis. This observation is a proof that children, though more refractory to the action of mercury than adults, may still, like these last, be salivated. Professor Trousseau added another case illustrative of this fact; he had prescribed for a child, affected with chronic laryngitis, calomel lozenges and frictions, with mercurial ointment; but, fifteen days after the commencement of the treatment, the gums were so swoln as to necessitate the discontinuance of the medicine.

Review of Dr. Gouraud's Clinical Wards, at la Charité.—For some time past, the prevalent diseases of the season have offered but slight febrile reaction, even in cases where the fever is generally intense: this phenomenon is owing, probably, to the modification produced by the weather in the organism, characterized by a weak, slow pulse, and accompanied with symptoms of gastro-intestinal disturbance. There have been several cases of febris intermittens, icterus, and other abdominal affections, which seem to indicate that a very active antiphlogistic treatment would be injurious, even in the most intense inflammations. At No. 2, *Salle St. Jean*, was a case of pneumonia which terminated fatally, though the patient was bled, and tartar-emetic administered. In the same ward, a case of bronchitis, with disturbance of the abdominal functions, and slight fever; will probably yield to gentle purgatives, and an appropriate diet. No. 9—same ward—dysenteria with slight fever; this is very common in autumn, and ought to be treated as recommended by Stohl, *ratio medendi*, viz., by purgatives. It is necessary to watch over the patient during convalescence with the utmost care, as the slightest deviation from diet produces a relapse, generally very serious. No 13—women's ward—colluvies gastro-intestinalis, complicated with bronchitis, which yielded to a dose of ipecacuanha. There are numerous other cases illustrative of the predominance of the gastro-intestinal disturbance. Icterus is described as a disease, whilst in reality it is but the symptom of one, although productive of a series of accidents in the animal economy; such as a yellow tint of the skin, conjunctiva, and urine; these last, when nitric acid is added, become green. A German physician states that in persons affected with icterus, dropsy comes on when the urine becomes pale and limpid. I have not yet been able to verify th correctness of this fact. No. 10—*Salle St. Jean*—icterus, with hypertrophy of the liver, preceded by febris intermittens; on the partial disappearance of the hypertrophy, the spleen was found to be enlarged. No. 14—same ward—fall on the head, cephalalgia; some time after, icterus, with its usual symptoms, pulse very slow; this last is so frequent in icterus, that it has been called *icteric pulse*, and is supposed to be produced by the presence of bile in the blood, but as yet nothing proves that this is correct. In general, icterus is symptomatic of a functional disturbance of the liver, yet lesions of this organ exist without this symptom. I have witnessed one with hepatalgia complicated with biliary calculi. The only disease which invariably produces it, is an obliteration of the ductus choledochus; on the other hand, as other diseases than those of the liver, give rise to icterus, we must not therefore conclude that a morbid condition of this viscus exists whenever we see this symptom. The number of intermittent fevers are six, and as usual in those which occur in autumn, are more dangerous, and do not yield so readily to the remedies administered. No 4—women's ward—hysteria supposed to be caused by an induration of the cervix uteri; while under treatment for this disorder, febris intermittens supervened: administration of the sulphate of quinine without any effect; cauterisation of the cervix uteri; disappearance of the fever with the decrease of the local lesion.—No. 11—*Salle St. Jean*—febris intermittens, complicating epilepsia. In general, when a disease attacks a person already suffering from another, the latter yields to the remedies which cure the former; in this case such was not the result, for the sulphate of quinine cured the fever, and had no effect on the epilepsia. This negative fact is not sufficient to annul those announced by Dumas, of Montpellier.—No. 18—same ward—febris intermittens; the patient had contracted the disorder in Africa, first a quotidian; it afterwards became tertian; skin of a clay colour; characteristic facies; tongue pale, large; spleen enlarged. Two doses of the sulphate of quinine sufficed to arrest its progress. There are also several cases of ascites. Various causes may produce this disease; *organic lesions of the heart, liver, &c.*—dropsy then develops itself gradually, beginning with the lower extremities, and affecting, subsequently, the thorax and abdomen—*morbus Brightii*; it then offers great irregularity, appearing and disappearing several times before it persists definitely;—it may also be idiopathic, and is then to be distinguished by its mode of development, and the facility with which it yields to the remedies employed. No. 8—*Salle St. Jean*—anasarca and ascites, which came on suddenly; heart, kidneys, &c., free from disease; slight bronchitis, insufficient to cause the disorder, which is probably idiopathic. No. 16—women's ward—chlorosis, amenorrhœa, and slight ascites. I am somewhat disposed to call this last lymphatic, for it is evidently caused by the predominance of the serum over the fibrine in the blood, constituting what anciently was called, *serous diathesis*. Nos. 26 and 32—peritonitis, from different causes; ascites. No. 8—*Salle St. Jean*; is a patient, who after leaving the hospital, where he had been treated for a gastro-enteritis, produced by his having drank a certain quantity of eau de Javelle, with the intent of poisoning himself, returned with ascites, caused, as in the two former cases, by inflammation of the peritoneum. No. 22—same ward—ascites consecutive to rubeola; bronchitis is more frequent, ascites generally following scarlatina. No. 24—same ward—is a man whose mother died from phthisis. For some time past he had fared badly, and for the last three or four weeks, has been affected with diarrhœa, cough, nocturnal

sweats, and ascites. The thorax, attentively examined, revealed no signs of tubercles; still, the cough and nocturnal sweats will prevent my affirming, that such is not the case. As to the ascites, it was caused by cacochymia, and the state of exhaustion to which the patient was reduced. No. 27—same ward—ascites, complicating cancer of the stomach. The cause of the former must be attributed, probably, to an impoverished state of the blood, from impaired digestion, and to a disturbance of the circulation, produced by the pressure of the tumour on the vessels in that region.

Academy of Sciences; Sitting of the 18th Dec.—Professor Dumas in the Chair.—*On Vegetable Wax.*—Dr. J. Sigaud, physician to his Majesty the Emperor of Brazil, addressed several samples of vegetable wax received from Rio Janeiro. No. 1, of a pale yellow colour, is obtained in scales from the leaves of the *carnauba*, a species of palmæ, when they are allowed to dry in the shade. This tree is useful likewise for domestic uses; the fruit is used as food, and the pith of the young plant gives a white fecula. It is abundant in the northern provinces of Brazil, especially those of Fernamboue, Piauhy, and Parayba, and was described in 1810, by Dr. Manuel Anudada Camara, under the name of *corifa cerifera*; is from 25 to 30 feet in height, and grows on the banks of rivers and rivulets. This wax was analysed by Professor Brande, F. R. S.—*(Vide Philos. Trans.* 1811, *and Nicholson's Journal.)* No. 2. *Ocuba wax* is obtained from a shrub very common in the province of Para and French Guiana. The fruit, after being washed, is bruised and boiled, by which process a sort of wax rises to the surface, which resembles very much the former, and another the *sbicuiba*, described by M. de Humboldt on his return from America. There are a great number of these shrubs on the banks of the river Amazones, and the fruit is gathered in January, February, and March; 32 lbs. of which gives 6 lbs. of wax. Dr. S. likewise sent four samples of minerals.

Action of Gastric Juice in Nutrition.—Dr. Claude Bernard addressed a copy of his thesis on the parts performed by gastric juice in nutrition. From a series of experiments, the author concludes that a substance to be assimilable, must not only be dissolved by the gastric juice, but it must likewise disappear completely in the blood.

Mortality of Geneva.—M. Louis, physician of the Hotel Dieu, presented in the name of M. Marc d'Espine, a table of deaths at Geneva, during the year 1842. In it, the diseases were divided into acute and chronic, and were as follows:—phthisis, 124; still-born, 59; sudden death, 22; homicide, 1; suicide, 13; drowning, 9; burns, 2; accidents, 21; prompt deaths, 7; convulsions, 26; cerebral apoplexy, 49; pulmonary apoplexy, 1; metrorrhagia, 1; hemoptysis, 4; delirium tremens, 3; strangulated hernia, 2; ileus, 2; acute cephalitis, 7; acute myelitis, 3; pneumonia, 73; pleuritis, 11; acute catarrhus pulmonalis, 34; acute peritonitis, 3; acute enteritis, 30; gastro-enteritis, 18; hepatitis, 6; pericarditis, 1; phlegmon, 2; hydrocephalus, 43; cynanche trachealis, 31; typhus, 47; pertussis, 6; rubeola, 8; scarlatina, 2; febris intermittens perniciosa, 2; sporadic cholera morbus, 1; pregnancy, 1; accidents after delivery, 11; ascites, 1; diseases of new-born children, 2; local gangrene, 9; general gangrene, 1; arthritis, 3; glanders, 1; scrophula, 16; caries of the vertebræ, 5; caries of the pelvis, 2; caries of the articulations, 4; caries of the bones of the limbs, 1; tubercular peritonitis, 8; tubercular enteritis, 6; cancer of the œsophagus, 2; cancer of the stomach, 32; cancer of the intestines, 1; cancer of the liver, 3; cancer of the uterus, 8; cancer of the breast, or sides, 7; cancer of the glands, 3; cancerous diathesis, 1; other cancers, 6; chronic cerebral diseases, 14; chronic diseases of the medulla spinalis, 3; paralysis, 14; paralysis of insane persons, 1; insanity, 1; paraplegia, 4; diseases of the heart, 58; chronic pneumonia, 2; hydrothorax, 10; chronic catarrhus pulmonalis, 51; chronic ascites, 6; chronic affections of the ovary, 1; chronic enteritis, 12; chronic hepatitis, 16; chronic diseases of the bladder, 3; chronic diseases of the kidneys, 3; anarsarca, 36; syphilis, 2; chronic rheumatismus and podagra, 3; intestinal and vesical calculi, 2; errors of formation, 4; cyanosis, 2; senile marasmus, 56; undetermined, 123.—Total, 1284. Of these, 624 persons inhabited the country, and 660 the town. According to the months, the deaths were in

January....	Citizens 68..	Country-people 68=	136
February ..	Ditto 57..	Ditto 58=	115
March	Ditto 63..	Ditto 69=	132
April.....	Ditto 80..	Ditto 60=	140
May	Ditto 47..	Ditto 43=	90
June.....	Ditto 51..	Ditto 51=	102
July	Ditto 45..	Ditto 45=	90
August....	Ditto 53..	Ditto 40=	93
Sept	Ditto 45..	Ditto 60=	105
Oct.	Ditto 40..	Ditto 47=	87
Nov	Ditto 53..	Ditto 37=	90
Dec.	Ditto 58..	Ditto 46=	104
Total	660	624=	1284

M. Morin is elected member, (section of mechanics,) seat vacant from the death of Coriolis.

Academy of Medicine; Sitting of the 19th Dec.—Professor Dubois in the Chair.—M. Guillon addressed a letter in answer to one from M. Mercier, in which he states, that he had performed the incision of the valves of the neck of the bladder, the 4th August, 1831, at which period, M. Mercier had not graduated; and, secondly, that the instruments he made use of were described in the *Revue Medicale* two years previous to the publication of M. Mercier's treatise.

Partial Anencephalus,—Professor Dubois presented a child three years old, affected with partial anencephalus. The features of this child presented a peculiar aspect, the forehead being only about half an inch in height, and the head flattened, the hemispheres of the cerebrum not having been developed; the eyes constantly in movement; slight twitchings of the limbs. The mother questioned, said, that she had not suffered while pregnant, but that the child had experienced, during dentition, repeated attacks of convulsions.

Elections.—The Academy next proceeded to elect its president, vice-president, annual secretary, and members of the *Conseil d'Administration*, for the year 1844. The following members were named:—MM. Ferrus, president; Caventou, vice-president; Dubois d'Amiens, annual secretary (re-elected); P. Dubois, Londe, and Louis, members of the *Conseil d'Administration.*

GARLAND DE BEAUMONT, D.M,P.,B.L., & S.,
Honorary Physician to the Spanish Embassy.

PERISCOPE OF THE WEEK.

(Edinburgh Medical and Surgical Journal; Medical Gazette; Journal de Medicine et de Chirurgie Pratiques; Annales d'Hygiene—Lancet.)

POISONING BY THE LABURNUM.—Dr. Christison was consulted some months since respecting a case of alleged poisoning, by the bark of the common laburnum tree, the cyticus laburnum. It seems that a lad, being on bad terms with his fellow-servant, determined to play her a trick, and with that object in view, gave her a piece of the bark about one or two inches square, infused in broth, to cause vomiting. The symptoms it produced were very serious, and continued a long while. Soon after partaking of the broth, the cook became very ill, and was attacked with violent vomiting. The account of her illness is from circumstances very imperfect, but it appears that the retching and vomiting continued incessantly, throughout the whole evening, night, and subsequent day; that there was at the same time shivering, general pain in the belly, especially in the stomach, and such feebleness from the commencement of the complaint, that she with difficulty walked to her bed; severe purging also occurred on the second day. After some days she returned to her work, but the sickness, vomiting, and purging continued to recur, in some degree daily; she complained of pains around the abdomen; fell off rapidly in looks, flesh and strength; and about six weeks after she was taken ill, was forced to give up service. Her complaints went on without intermission except in degree from that date, (Whitsuntide), till November, when Dr. Ross saw her. He found her labouring under symptoms of gastro-intestinal irritation, such as vomiting, especially after food, pains in the abdomen, increased upon pressure, diarrhœa, with tenesmus and slightly sanguinolent stools, flatulent distension of the belly, &c. She had likewise great debility, impaired appetite, hurried and laborious respiration, a rather frequent and easily exeitable pulse, strong bellows sound over the roots of the large vessels at the heart, a pale countenance, bloodless lips, and a pale glazed tongue. Dr. Ross considered her at that time in a highly dangerous state.

From the peculiar circumstances attending the case, Dr. Christison who was after consulted, was led to suggest the propriety of a minute examination of every organ, with a view to ascertain whether there might not be some organic disease of one or other of the great abdominal viscera, with whose chronic disorder it is well known that the alimentary canal often remarkably sympathizes. No sign of such a state however could, after a careful examination, be detected any where, except in the alimentary canal, and the woman ultimately, but slowly, recovered.

As there are not any cases on record, nor any observations in works on toxicology on the effects of laburnum bark, experiments were undertaken to ascertain its real effects. A teaspoonful of the powder of the dry laburnum bark was given to a cat. Soon afterwards it was seen to writhe apparently in great pain; but in a short time it vomited violently, and thus cleared out its stomach. It looked languid and dejected for the rest of the day, and then quickly recovered. Sixty-nine grains of the same powder were then administered in porridge to a colley dog. In ten minutes it whined and moaned, then vomited violently all its food, and soon got well. On a second occasion twenty grains were found to be sufficient to act on this animal as an efficacious emetic. These experiments shew that laburnum bark is a powerful irritant, but the facility with which cats and dogs evacuate the contents of the stomach render them of minor value in other respects. To render the enquiry more complete therefore, Dr. Christison continued the experiments thus commenced, on the rabbit. He administered to a full-grown animal, by means of a catheter introduced into the stomach, one ounce of infusion of laburnum bark, containing the active matter of sixty-two grains. In the course of ten minutes the rabbit began to look quickly from one side to another, as if uncertain in which direction to go, then twitched back its head twice or thrice, and instantly fell on its side in violent tetanic convulsions, with alternating emprosthotonos and opisthotonos, so energetic, that its body bounded with great force upon the side up and down the room. Suddenly however all movements ceased, respiration was at an end, all the muscles became quite flaccid, no sign of sensation could be elicited, death in short had taken place, and that within two minutes and a half after the poison was injected into the stomach. The body was opened in two minutes more, and the heart was found gorged, but contracting with some force, and capable of contraction under stimuli. The stomach was filled with green pulp soaked in the infusion; the muscles were contracted. No morbid appearance was visible anywhere. This experiment was subsequently repeated by Dr. Ross, who found that one rabbit died in half an hour, and another in three quarters, after small doses of the infusion had been in-

jected into the stomach with a catheter; a third rabbit also speedily died after eating greens impregnated with the infusion. In all these instances convulsions were the leading symptoms induced.

From these facts, it appears, that this poison is of exceeding energy; that it is a narcotico-acrid poison; that in large doses, yet still in quantities of no great amount, it acts with violence and celerity as a narcotic, and that in small doses it is a dangerous irritant, acting with force both upon the stomach and intestines. Popular belief has long attached dangerous qualities to the laburnum, which has always been regarded as a deadly poison in this country. In some parts of the West Indies, it is occasionally had recourse to by the negroes to destroy those who have offended or injured them.

Strangulated Congenital Hernia reduced en masse.—Mr. Luke of the London Hospital, has narrated the particulars of a case of strangulated hernia, reduced *en masse*, which he proposes to be as an appendix to his paper on the same subject published in the Medico-chirurgical transactions. The details of the case reflect the highest credit on him. The patient, an artist, thirty-nine years of age, had had a hernia on the right side for several years, for which he had worn a truss for the last two years only. On the 6th of October last he called upon a surgeon at Islington, complaining of severe pain in the abdomen, and sickness. The pulse was seventy—no fever—and pressure could be borne over the entire abdomen; the hernia was not down. He was prescribed for at the time, and in the course of a few hours the surgeon was sent for, the symptoms having increased and formed a tumour about the size of an egg, hard, but not very painful. This was reduced by the taxis in three or four minutes, and the patient expressed himself relieved. After a time the complaint not yielding, Mr. Luke was called in, and found his patient suffering great pain, the countenance anxious, the pulse weak and depressed, the bowels had not acted, and there was frequent rejection of the contents of the stomach by vomiting. On inspection of the groin, he found that the right testicle had not descended from the abdomen, and that the neighbourhood of the rings was free from the external appearance of tumour, but there was, on comparison, found a slight fulness on the right side more than on the left. When the hand was pressed over the internal ring, a small tumour could be obscurely felt, but not painful to the touch, the principal seat of pain being the left side and pit of the stomach. The tumour was supposed to be the undescended testicle. It was further remarked that the external inguinal ring (which was large and admitted the introduction of the finger) was not occupied by any structures passing through it, such as might be presumed to pass through it, provided a hernial sac remained in the part after its contents had been reduced. It was therefore conjectured that the sac had been reduced with its contents, and the suspicion arose, from the persistence of symptoms of intestinal obstruction, that those contents were in a state of strangulation, and constituted the kind of case known as the reduction *en masse*.

Mr. Luke determined to operate at his next visit; he was summoned before the elected time, as the symptoms were much increased in severity, the countenance more anxious, and the prostration was very great; vomiting and hiccough were very distressing, and the pain at the pit of the stomach had increased to agony, the abdomen being tense and tympanitic. The steps of the operation were as follows:—the patient having been placed in a proper position, an incision between three and four inches in extent was made over the tumour, and by a little dissection it was brought into view, and found to contain fluid, which was let out, and upon its escape every appearance of tumour vanished. The opening having been enlarged sufficiently, a finger was introduced through the sac into the inguinal canal, as far as the internal ring, in which situation a rounded body was detected, which eventually proved to be the testicle, but rather small, and which, in Mr. Luke's opinion, formed the tumour felt on pressure over the internal ring at the first examination.

On introducing the finger beyond this, a second rounded body was felt lying deeply within the abdominal parietes, and extending as far as the finger could reach. The sac having been more completely laid open, the testicle was readily brought into view; but to expose the second rounded body was a matter of some difficulty, and was eventually accomplished by forcibly pulling the divided portion of the sac, by which means the remainder of the sac was drawn out from the abdomen, together with its contents. This latter consisted of a knuckle of intestine, about four inches in length, and somewhat dark in colour. It was found to be strictured by the neck of the sac, the stricture, before it was drawn out from the abdomen, being barely capable of being reached by the finger. It was requisite that the sac should be held by an assistant, while the division of the stricture was practised; after which the intestine was easily returned into the general peritoneal cavity. This was followed by almost immediate relief to the intense hiccough and pain. The wound was closed by sutures; no medicines were administered. The patient ultimately recovered, owing his life, we may say, without fear of contradiction, to the skill and decision of Mr. Luke. The case is highly satisfactory.

Fatty Urine.—A case of this rare occurrence is recorded by Dr. Golding Bird, as having been seen by him in a patient of Mr. M. Gossett. One specimen of urine that he examined, resembled milk in colour and general appearance, and was quite free from any urinous odour; it was faintly acid, of sp. gr. 10.20; the addition of either nitric or hydrochloric acid produced a considerable curdling. By repose, a cream formed on the surface of the urine, constituting a layer 1-10th the thickness of the whole volume of fluid. When a drop of this milky urine was placed under the microscope, no oily globules could be seen when examined with an excellent object-glass of 1-3d of an inch focus; the turbidity appeared to depend upon an immense number of particles, so minute, that under a magnifying power of 800 diameter, they resembled mere points.

From the results of this examination, Dr. Golding Bird was led to suspect that some addition had been made to the urine, more especially as when drawn off by the catheter, it was transparent and healthy.

The patient was an extremely fat, flabby woman, 35 years of age: her general health was good, and all that she complained of was the occasional milky state of the urine, as possibly threatening some impending ailment. This condition of the urine had existed at times for years, especially during part of her pregnancies: it was exceedingly capricious, lasting at times for weeks, and then disappearing for some time; there was not any apparent connection between it, and any existing cause; the only general rule that could be observed, was its most frequent appearance in voiding urine on arising from bed. It had become more frequent, since she began to get fat. On several occasions, the urine, although not milky, had gelatinized on cooling, so as to assume the form of the containing vessel, like so much ordinary jelly.

Three specimens of urine were shewn Dr. Bird, as having been passed recently; one contained a quantity of pinkish urate of ammonia, was acid, and did not contain any albumen; the second was subacid and albuminous, and the third appeared to be natural. On introducing a catheter, a pint of fluid escaped, possessing the odour, colour, and general appearance of hot milk and water; in fact not having any of the physical characters of urine. Its specific gravity was 1010; slightly acid; by repose, a cream like-layer formed on its surface. This urine, Dr. Bird examined chemically, and he found it contained a large quantity of albumen. By the action of pure ether, three layers were formed; the lowest consisting of urine, the second of fibrine, and the uppermost of an etherial solution of the fatty matters previously held in the urine. By the spontaneous evaporation of the ether, a large proportion of yellow fat, closely resembling butter in colour and odour, was left. It differed from some specimens of fatty matter obtained by an analogous process from milky serum of blood, in not presenting any tendency to crystallize. This yellow fat readily fused into a perfectly transparent oil, which slowly solidified on cooling, and it has not since undergone any change. Urea was discovered in the milky fluid. The urine was carefully examined under the microscope, but not the slightest appearance of oil-globules, blood-discs, or pus-granules, could be detected; the opacity appearing to depend upon the presence of particles so minute as not to present any defined form; appearing like mere irregular points, when examined with a linear power of 800, under an excellent achromatic microscope.

Continental observers state, that the oily globules can always be detected in fatty urine. Simon, of Berlin, describes three varieties; in one the fat is merely diffused through it, and collects on its surface; in the second, the fat exists, combined with albumen; and in the third, the fatty matter existed with casein as an emulsion, forming, in fact, true milky urine. In all these Simon states that fat-globules can be seen by the microscope.

In the urine examined by Dr. Golding Bird, he thinks there cannot be a question, but that the fat existed with the fibrine as an emulsion, so minutely broken up, and perhaps combined with the latter, as to lose its characteristic microscopic characters. The analytic power displayed by the ether was peculiarly interesting; by merely dissolving out the fat it left the albuminous matter in a position capable of concreting into a transparent fibrous clot; by repose, and by rendering the urine transparent, it at once demonstrated the cause of its previous opacity. The presence of the fat probably mechanically prevented the formation of a coagulum of fibrine, until it was removed by the solvent power of the ether.

Poisoning by the Sulphate of Potass—A physician prescribed ten drachms of the sulphate of potass as a purgative for a young woman, who had been confined about seven days previously. The quantity thus ordered was to be taken in six doses. Immediately after having taken the first, the patient complained of intense pain in the abdomen and stomach, and of cramps in the arms and legs; nausea and vomiting followed. The symp-

toms increased in severity, nevertheless the exhibition of the powders was continued, and by the time the fifth was given, one hour and a half after the first dose, the unfortunate patient expired. Under these circumstances, it was believed to be a case of poisoning, or that an error had been committed by the druggist, who compounded the prescription. Messrs. Bonassies and Bayard were appointed to examine the body, but the only abnormal appearance they discovered was, emphysema of the gastric and intestinal mucous membrane. The intestines and their contents were analysed chemically by Messrs. Bayard and Chevallier, the result shewing that the sulphate of potass had been correctly dispensed by the druggist.

M. Bayard observes upon the case, that the dose ordered was rather a large one; that, in fact, the sulphate of potass is rarely administered in larger doses than from half an ounce to an ounce, and that even then it occasionally produces dangerous symptoms, according to Messrs. Merat and Delens: (*Dict. Univ. de Mat. Med.*) They remark that it is a common purgative after delivery, in women who do not suckle their children, and the usual dose is from one or two to four drachms. It is more active and more irritating than the greater number of neutral salts. In 1821, an ounce of the salt taken in ptisan, by mistake for the salt of seidlitz, caused a kind of poisoning, inducing a sensation of burning, epigastric pains, vomiting, &c. Greisel even mentions the case of a patient labouring under fever, in whom half a drachm of the salt caused hypercatharsis and death: but the fatal result Messrs. Mérat and Delens are inclined to attribute less to the proper action of the salt, than to its inopportune employment.

Ten drachms is evidently, says the editor of the *Journal de Medecine et de Chirurgie Pratique*, too large a dose, but still insufficient to account for the fatal result. Recent events in this country have drawn the attention of the profession to the toxic and medicinal action of the drug, which has been so rarely employed by British practitioners, except in the Dover's powder, that the intelligence of its dangerous qualities seem to have come upon many medical men like a thunderclap. They were unwilling to believe that it possessed any noxious action, and regarded it as similar to the sulphates of magnesia and of soda, in its influence on the system. Indeed, one physician, the author of a work on therapeutics, publicly declared that the salt in question did not act as a poison, except by inducing an excess of purgative action, and that other salts employed with a similar view, would cause a similar result, if administered in an overdose. Yet here we have a patient, convalescent from her confinement, not suffering any inconvenience or pain, to whom the salt is given, not in the dose of ten drachms, (as alleged above) for only half the quantity ordered was administered, dying in one hour and a quarter, without any catharsis being produced, her symptoms being those of severe pain in the stomach and abdomen, cramps in the arms and legs, nausea and vomiting, in fact, symptoms, that may be referred to the action of an irritant substance on the mucous membrane of the stomach. Although we are inclined to attach a degree of importance to the explanation offered by Mr. Mowbray, of the cause of death in most instances being the insoluble acicular crystals of the sulphate inducing irritation of the gastric lining membrane, we are hardly prepared to admit that so rapidly fatal a termination could have been thus induced. For that we think other causes must be found, of which at present we are not cognizant, and we recommend our toxicologists to make it the subject of their inquiries. They would render a great service to the profession and to the public if they could discover the means of settling this disputed question. Meanwhile, a practical lesson of importance may be learned from this and other cases, that the sulphate of potass should never be prescribed, when other salts, possessing equally valuable purgative properties, without the deleterious action of the former, are within the reach of every practitioner.

TO CORRESPONDENTS.

Our next Number will be the first of an enlarged series. Our readers are already aware of the immense improvements we have engaged ourselves for—and, it is hoped, the names of Guthrie, B. Phillips, Wharton Jones, W. Fergusson, R. Hunter (*the late Andersonian Professor*), Pilcher, Simon, Hancock, Rutherford, Samuel Lane, De Beaumont, *and of several other distinguished friends who have honoured us by the promise of contributions, give alone a guarantee that our enlarged Series will offer an excellence, as well as extent of matter, hitherto unknown in British medical literature.—The price will be, 5d. plain, stamped 6d., or 6s. 6d. per quarter. Thus, the size will be enlarged substantially two-thirds, being 24 closely printed quarto columns—the price increased but one-fifth.*

The "Almanack" is this day ready, price 5d., stamped 6d.

Dr. Hunter Lane's address is, Egham Hithe.

We must crave, till next week, the indulgence of numerous correspondents.

A Handsome Portfolio on a novel plan, for preserving the current numbers for twelve months clean, and easily to be referred to as a volume, has been manufactured for the *Medical Times*, and may be had at the Office, or by order of any Bookseller in town or country, price 5s.; second quality, 3s. 9d.

THE MEDICAL TIMES.

Saturday, Dec. 30, 1843.

E flamma cibum petit.

When Sir Benjamin Brodie puppetized Sir James Graham, and wheedled or intimidated a half-reluctant Council to accept his Charter, he doubtless thought that he was carving out for himself a niche in lawgiving fame, lofty and spacious as those filled by any *other* Moses, Solon, Lycurgus, or Napoleon. In the amplitude given by a very vigorous conceit, he had long felt, amid the high honours of baronetted surgeonship and the large profits of dexterously used practice, that his *real* capabilities, like the peculiar poetic talents of a Richelieu, had not yet had their full play. However high in professional success, however cleverly he had crawled his serpentine or soared his eagle way to be the caressed of mannish Duchesses, and *ultima spes* of dowager Dukes, he knew, like the poet:—

He was born for much more, and in happier hours
His soul would have burned with a holier flame.

As Liston—*the* Liston—amid his comic triumphs, would solemnly assure a confidential friend that his real *forte* was tragedy, Sir Benjamin, naturally deceived by a certain resemblance of *finesse* to diplomacy, of scheming to lawgivership, was certain that his real excellence was that of a surgical Moses. He has not withheld the willing hand. His first public display of statesmanship in the *Quarterly Review*—a desert without manna or rock of gushing water, a Mount Sinai without thunder or lightning or voice from heaven,—all barrenness: his second and *last* (how speedy his growth alike in self-confidence and ruin?) was the practical experiment of our New Charter. His 'prentice and master hand—his *coup d'essaie* and *coup de grace*—followed close on each others' heels. No gourd of Jonah, no plant of tropic clime, ever grew or perished quicker than Sir Benjamin's conceit of lawgivership!

One title to a high place among lawgivers Sir Benjamin has certainly demonstrated. There is a profundity of design about his Charter that baffles all attempts at discovery or comprehension. What *view* he could dream to have had, the most erratic fancy is wholly, utterly, unable to imagine. If grave corporations, with presidents, vice-presidents, and mace-bearers, were like chalk figures on a diagram board, we could well understand that in a freak of fanciful enterprize, a busy baronet resolved on cheating fame, could have smeared out the old plan to see what chance, aiding his caprices, might do in limning something better. But the corporation in Lincoln's Inn Fields, we are told, was no such thing. It was a very serious reality, and this Charter a positive mutation of *things*—a real change in the relation of individuals—a small but actual social revolution. Now, most *systemed* revolutions have an object. Even fools stir not without a motive, leave well alone when well is profitable to them: at all events, do not change bad to worse without inducement. Such fools Sir Benjamin is plainly far above, or—far below,—for whence, from what smallest corner of the Charter, can even syophancy, in its most ingenious moment, deduce object, motive, or inducement?

There has been a great cry about the advancement of surgical science. Could Sir Benjamin's mind, playing the traitor so sadly to him, have presented this new scheme as an aid to that great object? Not so, surely, can his reason have failed him. Without troubling ourselves with the Charter's possible bad effects on the next generation—for they will not probably have to combat with it—who does not see that, for the present race, the whole system of honorary distinctions it raises, rests on the *scientiacidal* basis of private influence! The whole essence of the plan is, that twenty-one gentlemen, who have mutually elected each other to their offices on the score of personal agreeableness, shall, following out their plan, select out of the Profession a few hundred surgeons that please them, and unexamined and without reference to age, or skill, or character, raise them to honours and dignities! We can easily discern, in all this, vast encouragement for young men's cultivating the acquaintance and favour of their twenty-one

rulers;—but no microscope would shew us the smallest scintilla of encouragement for their devotion to toilsome studies, which, made the sure forerunner of elevation, are yet never too well requited.

Universal has been the feeling that self-election is a damning trait in the government of an enlightened profession of gentlemen. Can Sir Benjamin have thought he was removing it? By his own Charter—that document which so eminently exhibits his capacity for the office—he elects himself Councillor for life. Of course he only anticipated our selection; but why not have given us the high honour of his election, involved by the liberty of a rejection? Of course he did not distrust us. Our conclusion is clear then: the gentleman who elected himself by Royal Charter, did not frame that document to destroy self-election.

But we are properly reminded of the important fact, that the new fellows will elect the Council. *Who* are the new fellows? The elected of the Council! Mutually electing each other, we hope they will keep a good understanding; good turns on one side will deserve good turns on the other. *When* will the new fellows exercise the privilege? When the present Council is dead. We are much indebted to Sir Benjamin Brodie. If his Charter, and we, last some fifty years, or less, the fellows *he* has chosen will give us a new Council! Who shall say that the chivalry of generosity is extinct while the baronetage has a Sir B. Brodie?

Perhaps, Sir Benjamin, being a man of peace, and sparing no expence to secure it, benevolently invented the Charter, at all hazards to remove those unfortunate heart-burnings and animosities, so much the bane of our profession. But what tranquillizing, what oil and balm-pouring agency, could he expect from his twenty-one brother-Counsellors raising each their fourteen or fifteen friends to honours as fellows—and passing by, as unworthy, thousands of older, more respectable, more hard-working, more erudite members? Such is our nature that when there has been a public contest of merit, and an impartial decision, a preference of another is most unsavoury to our vanity, and wins with difficulty the approval of our understanding. But when another, whom we *know* to be our inferior, has been in *private* conclave set above us—when a whole city's judgment on our relative claims has been clandestinely reversed by a potent but utterly ignorant tribunal—when our social standing among our friends, and patients, and before the public, has been suddenly lowered without the slightest fault on our side—when we are presented abroad to our old connection as mere sham practitioners, compared with the nobodies honoured by a Royal College of England—when the studies, and labours, and virtues of a life have causelessly received from our *Alma Mater* an almost mortal blow, to the triumph of a less worthy rival,—when *these* things happen, every principle of rage, as of justice, in our nature takes fire, and all our worst passions, as members of an injured or injuring profession, are roused into fiercest vehemence. No, Sir Benjamin's Charter is no apple of peace for his medical brethren!

We repeat it: the Charter, in all its phases, appears to us utterly without a motive. It is true, it gives a little more patronage; it allowed an opportunity of trying a willing hand at lawgivership; it afforded a favourable occasion of shewing influence and power with a real cabinet minister,—but as these are things far below the aspirings of such a mind as Sir Benjamin Collins Brodie, Baronet, and Surgeon-Serjeant to the Queen, we must again affirm that a pretence of end, object, or motive, cannot be alleged for this most extraordinary measure. If the Charter be worth anything, the worthy baronet has really done a good turn, and had no object in it!

ROYAL MEDICO-BOTANICAL SOCIETY.

December 14.

DR. COOKE IN THE CHAIR.

A paper by Mr. Barham was read, on the *solanum dulcamara*, in which he corrected a prevailing error among botanists, by whom the plant is described as *twining*. Mr. Barham exhibited a large collection of stems of the solanum, none of which had the slightest pretension to be so described. They were not exceptions culled for the purpose, but a fair example of the usual character of the part of the plant employed in medicine. He observes, that he has long been familiarly acquainted with it in every variety of soil, from the top of a dry wall to a wet ditch, but has never met with a twining stem, so that he is of opinion, if such should ever have been observed, that it must be viewed as an exception—an accidental deviation from the usual character of the plant. The stem will not unfrequently be found about ten or twelve feet in length, sometimes nearly straight, at others presenting a zigzag appearance, and should it grow amongst bushes, from the support afforded, its growth will be upwards; if among grass, the part of the stem in contact assumes a warty appearance, and eventually becomes radicant.

The secretary afterwards read a communication by Mr. Hooper, of Pall Mall, on the essential oils of the anthemis nobilis, illustrated by very fine specimens. The blue oil was obtained from the flowers—the pale yellow from the herb after the flowers had been gathered. Mr. Hooper observes, that the flower from the plant of the first year's cultivation is best adapted for medicinal purposes, and yields a greater quantity of essential oil and extract. Many persons prefer the wild plants, on account of the cultivated variety degenerating after the first year's produce.

Specimens of the leaves of *conium maculatum*, dried in June, 1842, and of the strobules of the hop, dried in September last, by spontaneous evaporation, were exhibited by Mr. Hooper to the meeting, as illustrating the great advantages of that process. These specimens were very fine ones.

Mr. Mowbray next laid before the society samples of extracts prepared *in vacuo*, by a modification of apparatus, which had been suggested by the experience of many years' practice in preparing these remedies. The extracts shewn, were severally extractum hyosycami (bienn.) ext. hyoscyami (ann.) extractum taraxaci, containing albuminous matter, and ext. taraxaci, in which the albuminous constituents had been removed. After describing briefly the apparatus, and comparing its evaporating power with other arrangements, which had been described by various writers, he summed up the advantages of such preparations over those usually offered in commerce, under the following heads:—

The products manufactured by this modification of apparatus, possess all the sensible properties, and medicinal effects of the recent plant, or its freshly expressed juice.

Partial decomposition is not set up in the liquids submitted to the process. The scale on which they are prepared, admits of their production to the profession, on the same terms as the ordinary extracts.

Whilst, as compared with the ordinary extracts, their medicinal power exceeds these latter in the proportion of 20 per cent., that is, *four grains of these extracts are equivalent to five grains of the extracts usually delivered in commerce.* They may be kept without undergoing molecular change for a much longer period than the ordinary extract.

It was observed by several members present, that the powerfully narcotic odour of Mr. Mowbray's extract of henbane, as also the peculiar aroma which distinguished the extract of dandelion, appeared fully to corroborate their superiority over the extracts now met with in the shops, and it might be inferred *a priori*, that such preparations would maintain their medicinal efficacy much longer, than if the constituents had been submitted to the destructive distillation which occurs when, as is usual, the juices are evaporated in the open air.

In answer to a question from the chairman, Mr. Mowbray observed, that the highest temperature to which he had found it necessary to expose the evaporating liquid, was 110 deg. Fah., and that a pan of 3 feet diameter was capable of giving off about 60 gallons of liquid in the course of a day.

Dr. Thompson begged to offer the result of his experience in tropical climates, where the extracts usually sent out were utterly valueless, owing to their having suffered a kind of decomposition *in transitu*, so that although much attached to this form of remedy, he had been obliged to forego the use of extracts altogether, for the reasons above stated. He was of opinion, that the profession were under deep obligation to Mr. Mowbray for the production of these remedies on the large scale, which that gentleman had adopted with so great success, as the extracts then before the meeting plainly testified.

The chairman, having thanked Mr. Mowbray for his remarks on the interesting subject of extracts, enquired if that gentleman would favour the meeting on some future occasion, with a paper on the subject,—upon which

Mr. Mowbray replied, that should the society deem the subject of sufficient interest, he would be very happy to enter more fully into the details of his process, illustrating the same by diagrams, on the occasion of the next meeting of the society.

MEDICAL SOCIETY OF LONDON, DEC. 18.

Ovarian section: diseased heart; naphtha in phthisis; olive oil as an aperient.

MR. PILCHER IN THE CHAIR.

The debate on ovarian section was resumed this evening by Dr. Waller, who observed with respect to the superiority of the two operations, the major and minor incision, he should certainly advocate the opinion contrary to that held by Dr. F. Bird, and he should do so from facts, for the proportion of fatal cases was much greater where the small incision had been had recourse to, than with the larger. It is also much easier to operate, when we can see what we are doing; and if there be solid matter in the tumor, as there frequently is, it cannot be removed through the small incision, which would also prove an obstacle in case of adhesions. His mind was strongly made up in favor of the long incision,—that is of one long enough to allow the tumor to be taken out entire. He had not heard of any reasonable objection to the major operation; it might, perhaps, produce more pain, but not sufficient to counterbalance the advantages of the proceeding. Facts have shewn that large abdominal incisions may be made without necessarily causing greater danger or inflammation, as

shewn by the experiments of Dr. Blundell, made in 1804. It had also been remarked, that in cases where the peritoneum had been subjected to this unusual degree of pressure, it seems to lose its sensibility in a great measure, so as not to be so liable to inflammation, but upon this he would not decidedly rely.

He thought that one reason why the operation had been so successful in the hands of Dr. Clay and Mr. Walne was, the precaution they had taken to heat the room up to a certain degree of temperature before commencing. Dr. Blundell had mentioned three cases in which the operation had been performed; in one of them, the ovary had been removed through a very small incision, about three inches and a half in length. He had briefly stated that these incisions might be made in the peritoneum, without necessarily causing inflammation or fatal collapse. He (Dr. Waller) had been fortunate enough to see Mr. Walne's second case, and was delighted with the ease with which it had been performed, and some weight was to be attached to that, as, if this operation is to succeed, it must ultimately fall into other hands. Had he a relative requiring this operation, he should prefer the major incision.

Mr. Crisp thought that sufficient merit had not been awarded to a gentleman, who had operated successfully several years since; he alluded to Mr. Jeaffreson of Framlingham, who had removed ovarian tumours on three occasions, about fifteen or sixteen years ago, and he believed, but was not sure, successfully. Mr. King, of Saxmundham, had since then also performed the operation with success. One of his cases was a curious one; he had cut into the abdomen, supposing that there was an ovarian tumor, but, when his incision had been made, he could not distinguish any tumor at all, was obliged to close the wound; the patient recovered, and the tumor was not reproduced. A namesake of his, Mr. Crisp, of Halseton, had also operated successfully, and these operations were done before the cases of Dr. Clay and Mr. Walne had occurred.

With respect to the superiority of the larger incision, Mr. Crisp wished to ask Dr. Waller if he had any objection to a small incision being made in the first instance, and enlarged afterwards if necessary?

Dr. Waller stated that that was always done, in the shape of an exploratory incision, to ascertain the nature of the tumor, and whether adhesions existed. Five of the cases in which Mr. Jeaffreson had operated, terminated fatally. In each case he had employed the minor incision.

Dr. Risdon Bennett was inclined to attribute the brilliant success that had attended the operations of Dr. Clay and of Mr. Walne, to the adoption of the sedative plan of treatment, and the not having recourse to bleeding, &c., when there were indications of approaching inflammation. Had the antiphlogistic plan been employed, the patients would probably have died.

At a later hour in the evening, towards the close of the discussion, some allusion was made by several members to a fatal case of the operation, which had recently occurred to Mr. Walne, as an instance of the minor liability of the peritoneum to inflammation, after the extirpation of the diseased ovary. The wound of the serous membrane had healed, except at the lower part where a fibrous tumor of the uterus projected, and prevented adhesion taking place, and there had not been more inflammation than was requisite. The cause of death was supposed to be the existence of a fibrous tumor springing from the uterus, and which could not be removed. The entire of the ovarian disease was extirpated.

Mr. Hutchinson exhibited a recent specimen of disease of the semilunar valves, which he had taken from the body of a boy, sixteen years old. He had been under the care of a physician, and Mr. Hutchinson had seen him only when in *articulo mortis:* there was not then any pulse at the wrist, and the countenance was blue. Stimulants were administered, but he died in an hour. He had been the apprentice of a hair dresser, and had enjoyed good health until about ten months previously, when, with several of his comrades, he took an electric shock at one of the public institutions, which was followed by a sharp febrile attack, continuing for several days, and to which his parents attributed the illness which terminated fatally. About two months previously to his death, Mr. Hutchinson was called to him, when he was labouring under a convulsive fit, from which he soon recovered.

On examination of the pathological specimen, a large calcareous deposit was found on the semilunar valves of the aorta, and a small quantity of serum, about an ounce, in the pericardium. There were not any other morbid appearances. The deposit was upon the valves, and easily separable from it. Mr. H. remarked that he had never before seen an instance of calcareous deposit in the valves at so early an age. The boy had had a peculiarly bluish countenance since the fit, and had been languid, heavy, and dull; he complained also of tightness and severe pain in the chest. Another boy, residing in the house, he had been told, had died from the effects produced by an electric shock received at the same institution. Mr. H. added, that when a student, he had himself suffered very severely from a similar cause.

Dr. R. Bennett thought it was possible that the electric shock had caused an interruption to the circulation, and a rupture of the valves, and that the deposit had taken place afterwards, but he judged, from the appearance of the heart, that the disease had existed longer than ten months. He enquired if the boy or his parents had suffered from rheumatism or gout?

Mr. Hutchinson replied, not to his knowledge. The boy certainly had not had rheumatism.

Mr. Robarts was of opinion from the appearances, that the patient had had an attack of carditis some time before the formation of the disease; he should judge about the time of the shock, and probably the febrile attack alluded to by Mr. Hutchinson was in reality an attack of carditis. He had two hearts in his possession, presenting a similar pathological condition. One was that of a girl fourteen years of age, who, after an attack of endocarditis, had a deposit form on the mitral valve to such an extent, that a sixpence could not pass through the chink. The disease lasted four months, and the patient died with all the symptoms of obstructed circulation, and dropsy. The second patient lived a much longer time, about eighteen months. The valvular condition was similar in both. He considered that it was exceedingly curious that in Mr. Hutchinson's case, there were not any symptoms of obstructed circulation, or of dropsy.

Dr. Risdon Bennett enquired if any member had any experience of naphtha in diseases of the lungs, and more especially in phthisis?

Not receiving any answer, he observed that he had given it a trial, and was not satisfied with the result. In the first place it is a mistake to call it naphtha; it is what chemists call *pyro-acetic spirit.* Although he had not anticipated any benefit from its use, for, with a few exceptions, he was very sceptical as to the influence of medicines, he had tried it in five or six cases of more or less advanced phthisis, and in no case was the disease arrested, nor any benefit derived from its employment after several weeks. It was given in the dose of from fourteen to thirty drops in water or camphor mixture four times a day, or every six hours, no other treatment being had recourse to than the exhibition of a simple anodyne at night, or oftener if required. The symptoms were neither aggravated nor palliated. The naphtha did not produce any sensible effect, neither nausea, nor any action on the mucous membrane of the bowels. If any influence at all is produced, it is in relieving the breathing, as a slight anti-spasmodic.

Some conversation followed on the medicinal action of salad oil, which was stated by several members to be a mild aperient in half ounce doses, acting with as much certainty but less powerfully than a black draught.

The meeting was afterwards adjourned to the 15th of January next.

MEDICAL REFORM: THE NEW CHARTER.

(To the Editor of the 'Medical Times.')

Sir,—Much has been lately written to very little purpose respecting medical elections. What has been written merely amounts to this; it proves that there is nothing but bickering and discord even amongst those of the privileged and select class for whom medical conservatism reserves professional preferments and emoluments, and this too without even hinting, in the most delicate terms, at the cause, much less striking at the root, of the mischief. Indeed, most of the late communications in the public daily press, only seem to serve to keep the public more completely in the dark about medical matters. My attention has been particularly struck by the extreme stupidity evinced by two "correspondents" in the *Times* newspaper last week, which paper I may just observe, seems inclined, in unison with its general politics, to side with medical monopolies, and to put the best face it possibly can upon present medical affairs.

One individual, who styles himself "An Observer," states that "attainment of appointments at hospitals is considered, both by the profession and the public, as an acknowledgment of competency."

Now, Sir, I can scarcely conceive it possible that any person can be in any degree an "Observer," however superficially so, and advance so preposterous a position. Nothing, Sir, can be wider from the truth.

"Observer" knows, or ought to know, that the elections to the public appointments in our medical institutions are determined by private patronage, family ties, money influence, mixed up too frequently with chicanery and sycophantish cringing, disgustingly degrading to the actors in the scene, for the purpose of gratifying the most narrow-minded and selfish motives, and that the private certificates moreover, upon which some of the governors seem to set so much value, are frequently devoid of truth, bestowed as tokens of favour, and totally unworthy of credence; indeed, I have generally found in the course of my long experience, the more *certificates, the greater the fool.*

It is, Sir, this mode of election, and conferring of professional privileges, which excites most of the jealousy, bickerings, and strife, in the profession, sets at nought the claims of sheer merit, swallows up the patronage of the public, and chokes up the channel for the promotion of industry and talent, discourages moral and scientific emulation, whilst in the same ratio it demoralizes, it converts our charities into arenas of discord, compromises charity, the noblest feelings of the human heart, and the lives of the community.

Seldom, indeed, does the choice of private patronage and personal feeling fall upon the most competent; should it do so, it must be *a mere matter of accident.* It suffices not to say that there are *some* public situations occupied by men of undoubted talent; that is not the question. The real question to be considered is this: how many of the most deserving and proficient have never had an opportunity afforded them of laudably calling into due exercise their abilities for the good of themselves and mankind at large?

How many students have been discouraged and demoralized in the pursuit of their studies, who, under other circumstances, with the proper incentives of certain fame and emolument, in ratio to their worth, would have been a blessing to society? And if some individuals now chosen are clever, might not others, with ten times their talent and genius, have occupied the same situations, or similar? Instead of only having had one John Hunter, as the result of the chance patronage of a brother, might we not have had many of the like under a fair or certain system of rewarding merit? Lastly, is it not a fact well-known to the profession that the vast majority of those chosen to fill public appointments can scarcely lay claim to a mediocrity of talent and ability, and many are, to say the least, most indifferently competent to perform those duties which their private connections have forced upon them?

Medical merit in England, unaided, is as the leaf blown by the rude and adverse winds from

the noble oak: it is soon withered by the pestilential air of ignoranee and interest, neglected, unfostered, robbed of its rainbow of hope, and finally crushed by the giant foot of monopoly.

The following evidence of the late Mr. King, the private lecturer, (than whom a better informed and more deserving man could scarcely exist) given before the Committee of the House of Commons, is quite in point, and presents a humiliating contrast between England and France. I give it *verbatim*.

" Did you apply for, and obtain any professional honorary appointments during your studies in Paris?—Several.

" What appointment did you first succeed in obtaining?—I obtained the distinction of being a member of the Ecole Pratique, at the first concours, on the first attempt.

" Will you explain what a Medical Concours implies?—Concours is a test or trial of a man's proficiency, in any particular branch of the medical art; where every candidate entering for concours is subjected to public examination. A man to be a candidate must have studied a certain minimum of time, but that time he may exceed; so that if one can learn as much in one year, as others have done in two or three years, he may compete, and obtain equal distinction, if he deserves it.

" Does this act as a powerful stimulus to the students?—It acts as a tremendous stimulus.

" Does the examination occupy more than one day?—The lowest concours, which is that for the Ecole Pratique, occupies, I think, two days.

" How many hours each day?—I think it lasts from about one till four o'clock.

" Are the public in general, or merely members of the profession, allowed to attend the examination?—It is quite public.

" Does any inconvenience attend this publicity?—Not the least.

" What was the next appointment which you received?—The next I obtained, by a similar concours, was to be dresser at the public hospitals; and after that I competed for the prizes which are given every year, after public concours, to the members of the Ecole Pratique. At the end of my first year's study as one of those members, had a vacancy occurred, I had a right to compete for the office of Aide d'Anatomie; and had I obtained such an office, I should then have had the right to compete for the office of Prosecteur to the faculty; but as no such vacancy occurred, the next year I competed for the Interne, which is somewhat similar to the office of House Surgeon in our hospitals, and, on the second concours, I obtained the nomination as Provisionary Interne. In the following year, on the third concours in the hospitals, I was elected the second of the Internes to the Hotel Dieu. A man may remain a dresser for three years, and compete at the end of each year to become an Interne. I did not compete for the office of Aide or Prosecteur, because, when a vacancy did occur, I was already an Interne; and the faculty, deeming it difficult for a person to fulfil well the duties of both offices, passed a law, at the very time, that the two should not be held at the same time by the same person: I preferred retaining my office at the Hotel Dieu.

" Is any objection made to foreigners competing on these occasions?—At the time I was elected I had the good fortune to be unanimously chosen; and my name being most conspicuously an English one, and the trial public, the question arose, and was afterwards considered in the Council of the Hospital administration, whether or not, being a foreigner, I was eligible? After some deliberation, it was decided that foreigners should be admitted to the concours, and that they were eligible; and I recollect that the expressions used by the reporter upon that occasion were, 'that the Council, being influenced by motives of a high national order, had in their wisdom declared that France was the country of all the talents that would honour and serve her.'

" In speaking of the Council, do you allude to the Central Council, who have the superintendence of all hospitals in Paris?—Yes, I do.

" What other distinctions did you receive?—At the end of each year I obtained a prize; and during my service at the hospitals, I obtained by concours the gold medal, which is given for the best register of cases and the best report thereon. At this concours all the Internes of the different hospitals compete.

" Did you graduade in Paris?—I did.

" You became Doctor of Medicine?—Yes.

" Were all these honours awarded to you after the examination in public?—Yes.

" Before graduating in Paris you underwent an examination '*dans les lettres*?'—Yes.

" What was the nature of that examination?—I was examined in the Latin authors, such as Horace, Virgil, Cicero, and others; on History and Geography; also on Mathematics to a certain extent.

" Was Greek necessary?—Greek was not absolutely necessary then; I believe it is now.

" Ancient and Modern History, Ancient and Modern Geography?—Yes; and Natural Philosophy.

" A popular or mathematical knowledge of Natural Philosophy?—Not very deep.

" Was a knowledge of Rhetoric required?—Yes.

" Of Metaphysics?—Of Metaphysics also.

" Of Morale?—Yes.

" Of Arithmetic, Geometry, Algebra?—Yes,

" Are examinations had, and degrees conferred, in other parts of France, in the same way as at Paris?—Yes, there are three Academics, one at Paris, one at Strasburg, and one at Montpelier.

" Are they all under the same regulations?—Precisely.

" Are they under any public ordinance?—Yes; under the charge of the Ministre de l'Instruction Publique.

" One uniform system prevails throughout France?—Yes.

" Are candidates for the Doctorates in Medicine and Surgery in the University of Paris obliged to pass through nearly the same course of medical education?—Yes, the education is almost the same; the difference is scarcely worth mentioning.

" A student in medicine is obliged to study surgery, and a student in surgery is obliged to study medicine?—Precisely.

" Are the students, on quitting the University of Paris, to enter on the practise of medicine or surgery, more throughly instructed than our students usually are when they quit London, after receiving their licence and diploma?—Yes, unquestionable.

" To what extent might the French system be adopted in this country?—I see no reason why we should not have a uniform system here. I am quite persuaded that if the English students had the facilities (and encouragements) for studying medicine which the French have, the English school of medicine would be equal to, or rather superior to, all foreign schools; for the English students have patience and perseverance in a greater degree, I think, than the French."

Now, Sir, mark the difference between the policy of Frenchmen towards an Englishman, and that of Englishmen to Englishmen:—

" Were your certificates of study and professional distinctions at Paris admitted by the College of Surgeons?—No. I was not admitted for examination until after making several applications.

" They did at last admit your Paris certificates?—Yes, they admitted me to examination.

" Did you experience some difficulty?—Yes; there was some delay and some deliberation necessary, on the part of these gentlemen. According to the regulations of the College, I could not be admitted for examination; but the College having in special cases the power of suspending those regulations, after deliberating upon my qualifications, allowed me to be examined for their diploma.

" *Were you ever a candidate for any hospital office in London*?—Yes; I once was a candidate, certainly.

" What was the office, and where?—The Assistant Surgeoney to St George's Hospital.

" What was the result?—The result was, that I was given to understand by one of the full Surgeons of St. George's Hospital, that no man had any chance of becoming Hospital Surgeon, unless he had been an apprentice or pupil (I forget which he said) to the hospital."

" Does not such a regulation tend rather to occasion the election of men as hospital officers of inferior eminence to those who would be elected, were the choice made, as it is at Paris, out of the whole body of professors?—I think it impossible to conceive anything more injurious to the public interests, than a system that would limit the choice to a few individuals, who might happen to have money enough to buy them an apprenticeship (*i. e.*, to the hospital, which costs at least 500*l.*, sometimes 1,000*l.*) But even if the limitation extended only to pupils (of the hospital), it must operate injuriously upon the profession, and in the long run upon the hospital.

" Does not every regulation of this kind, which deprives the profession generally of such an object of emulation, deprive it also of a motive for exertion and good conduct; and so far tend to prevent its becoming a liberal profession?—Decidedly. I could mention to the Committee men of the first talent who have gone abroad to India and America, and other distant countries; and who would have conferred honour and been of use to their country, had they been retained at home, as they might have been by a reasonable prospect of advancement, by a system of open competition to public hospital appointments.

" Is the plan of limiting competition, which is followed at St. George's Hospital, the plan pursued generally in other London Hospitals?—I understand that in other Hospitals it is still more exclusive.

" Were the mode of electing to hospital appointments the same in this country as in France; and were these appointments held out to all the profession as rewards for professional science, and skill, and industry, and good conduct, would they not be highly instrumental in promoting the desired improvement in the education of medical men?—Most decidedly.

" Do you mean that all the Hospitals should be placed, as they are at Paris, under one uniform system of regulation; and that men of proper education should be allowed freely to compete for the medical appointments in the Hospital, of whatever country they might be natives?—Precisely so.

" Has the emulation which this system of concours has excited in France been the occasion of great exertion to improve the science of the profession, greater perhaps than during the same period has been made in England?—If you look over the names of the men who have done most for science abroad, you will find that they are almost to a man persons who were first brought into notice, and trained to habits of industry and study, by the concours; and, in fact, I believe it is to this system that medical science owes the principal discoveries that have lately been made.

" It is the hope of receiving pecuniary reward, or obtaining notoriety for their talents, that is the principal inducement to medical men in France to offer for the public concours?—Principally the notoriety. For instance, a man has an opportunity for bringing forward his individual views and discoveries, and of course, if he possessed any particular talents, they are in this way recommended to notice.

" Does the Government hold out any rewards to the men who, on these occasions, distinguish themselves?—Constantly; they are the men on whom the eye of the Government is constantly fixed.

" Are not the members of the ACADEMIE DE MEDICINE chosen out of those who have acquired distinction?—Those are the men who have a greater chance of being elected to those offices than others.

" Do you know the constitution of the BOARD FOR THE SUPERINTENDANCE OF HOSPITALS?—Yes.

" By whom are the members of it appointed, and what is its constitution? It is nominated, by the Government, and consists principally of Peers of France, or other distinguished men, who are eminent in the sciences. For instance, we had Count Chaptal, the Duke de la Rochefoucault, and men of that sort.

" Had you remained in France, might you not, in the course of time have become surgeon to a French Hospital?—I had a very good chance of becoming so; several of my former colleagues,

those who did not obtain the distinctions that I did, are now surgeons in Parisian hospitals.

"And by the hospital regulations that you have referred to, you are precluded from aspiring to stations in this country such as would be open to you in France?—Entirely precluded. It is generally admitted, and avowed in public, that such are the regulations.

"What do you mean by avowed?—Were I to become a candidate for a surgeoney in a London hospital, several of the hospital surgeons who are friends of mine, would say to me, 'Mr. King, the thing is impossible!'

"There exists no such class as those of our apothecaries. The apothecary there is a mere vendor and compounder of medicine?—Yes; but the pharmaciens there are a very learned body; their examination is more difficult and severe, more what an examination ought to be, *than even the examination for the Medical diploma.*"

Do let us for a moment assume the right of independently thinking for ourselves, and put the following facts together. The witnesses summoned before the Warburtonian Committee of Inquiry into Medical Abuses, at the House of Commons, 1834, were almost to a man medical monopolists, who, if not the originators, were perpetuators of the evils complained of; the evidence was regularly packed for the occasion, and gave the monopolists an opportunity to make the best of their cause. It was the most fortunate thing conceivable, that Mr. Guthrie was, upon the strength of his chancing to be president for that year, their champion, for no person could have cut, thrust, or parried, more dexterously in their cause than did he. Mr. Warburton was himself *bona fide* a monopolist; he felt as a monopolist having the success of his own individual institution at heart.

It is a fact, too, that when a reformed House of Commons having embodied in it a vast majority of liberal members, had passed the Municipal Reform Bill, and were eager to correct all existing abuses in our institutions, when everything was ripe for medical reform, what did Mr. Warburton do?—introduce a *practical* bill for the reform of medical corporations? Not he; but he proposes a bill that it was palpably impracticable to have carried. He, as an old practised stager in the House of Commons, must have known, as well as his friend, Mr. Wakley, that the House of Commons, as then constituted, would have strictly opposed the destruction of the medical corporations, whilst they would zealously have assisted in their reformation.

To say, that there was not time and opportunity to introduce a bill, is a vile subterfuge, and a point-blank falsehood. It is a fact, also, that this very experienced tactician, Mr. Warburton, in framing the Anatomy Act, purposely left out a most essential clause, viz. a clause to provide an equitable distribution of bodies to the schools, leaving the procuration of bodies to be entirely depending upon the parochial influence which the school might be able to exercise; which had well nigh proved the destruction of the private schools, and which I flatter myself I was the principal means of averting. As things, however, have worked, the Anatomy Act has mightily contributed to the building up of his own institution.

It is a fact, also, that the charter for his medical school, is as exclusive and as bad as a charter can well be. Put all these facts, Sir, together, and then tell me, whether the exertions of the two Mr. W.'s have contributed to the cause of monopoly, or against it? For the benefit of the profession, or to its disadvantage, by placing it in a false position? But they have answered their own ends; the words of Hamlet may be well applied to them by the profession—

"Why, look you, now, how unworthy a thing you make of me! You would play upon me; you would seem to know my stops; you would pluck out the heart of my mystery; you would sound me from my lowest note to the top of my compass; and there is much music, excellent voice, in this little organ. 'Sdeath, do you think I am easier to be p'ayed upon than a pipe!"

Our professional brethren have sunk into a state of lethargy under the burden of the disgrace of the profession, and have been disgusted by seeing their endeavours perverted by perfidious men, for the support of corruption. Let them once more awake from their slumbers, and exalt the standard of medical reform. The profession will not move resolutely for themselves; were they to act, they would attain, and easily too, what they want. A bill could be passed, even by the present House of Commons, to wholesomely purify the present existing institutions, which stink in the nostrils of the profession.

Let a bill be drawn out for reforming the present existing medical corporations, by a few men expressly chosen by a general meeting of the profession for that purpose, and for that purpose *alone*, aided by legal assistance, as to the legality of the wording of the bill. Let that bill be approved of, or altered, as may be deemed necessary, at another public meeting, and after it has been duly printed and published in the journals, even a third meeting could be called for its final approval. Let the bill be introduced by members of the profession using their individual influence with their members of Parliament to support the same, and IT WILL BE CARRIED. But they should begin to work in good time, before Parliament meets for the despatch of business. There are three evils which should be avoided, and which have hitherto rendered the endeavours of the profession fruitless, namely, beginning to act when the Parliamentary session is too far advanced, depending upon false friends, and lending too credulous and deferential an ear to those in office, instead of setting to work about their own business themselves.

I, for one, would be most ready to contribute my five guineas, or, if necessary, as much more, towards so righteous an object. We should, I am convinced, have, in the course of a few days, more than sufficient money raised to meet the expenses of carrying the bill through the House of Commons, if the profession saw that the matter was set about in a business, practical-like manner.

Let subscriptions, Mr. Editor, be opened at the "MEDICAL TIMES" *Office, for that purpose.*

Every medical reformer, Sir, with your powerful assistance, I am convinced, would zealously adopt this maxim as a rule of his conduct, (as applied to an object much more noble than that which served its original application, viz. the salvation of human life, instead of the wholesale slaughter of our fellow creatures, for the sake of political sway)—

"England expects every man to do his duty."

May God grant that the holy cause may succeed, is the devout prayer of

Your obedient servant,

G. D. DERMOTT.

Charlotte Street School of Medicine,
Dec. 26th, 1843.

ETHNOLOGICAL SOCIETY.

(To the Editor of the "Medical Times.")

SIR,—Having been present at the last meeting of this Society, I was much disappointed at the debate resulting from the reading of a paper of considerable research, from Major Harris—"On the Habits, Customs, and Peculiarities of the Abyssinians,"—being the result of his observations and hearsay testimony during his recent sojourn in that very interesting country. The subject which occupied, I must say unnecessarily, the time and patience of the very large meeting, was one of mere surmise and fanciful imaginings; namely—the supposed existence of a race of pigmies, or diminutive men, called in the native language, *Dooki, or Zzindgèro*, which means *apes* or *monkeys*; and that these—what shall we call them—assuming *prototypes* of the lords of the creation, are somewhat carniverous, so far as that they are supposed to live upon reptiles, and the still minor-sized grovelling creatures of the forests and districts where these supposed pigmies take up their abode. Some of the gentlemen who took part in this very profitless discussion, were rather disposed to wax *warm*, and insist on the existence of the monkeys, not only in Abyssinia, but in that very room—which assertion, though it created no small share of merriment to all present, still seemed to create some little alarm, so much so, that many were noticed to look more closely within themselves, and, as it were, to feel and try for the rudiments of a tail, &c. &c. Some more of our sapient audience seemed to think it very probable that there were still such beings in existence, not only in the country alluded to, but that time and future explorists in countries as yet unknown, or comparatively so, would prove the truth of this supposition; and adduced the case of Scotland, where, to this very day, some of the inhabitants will positively tell you that they have themselves seen very small men, which they call "*Fairies.*"* This gentlemen may extend his observation to Ireland also—but whether we are justified in giving credence to the testimony of these sight-seers, is a matter of much doubt, and one which we are not likely to be able to glean much information from. The evidence as regards the *Dooki* is of a similar nature. We cannot find any party who have positively seen them. They have only been told that such people exist, and that they have been seen by other parties. When we trace out those other parties, they refer you to another party, and so on *ad infinitum.*

That small races of Abyssinians have, and do still, exist, there cannot be a doubt; as, indeed, do in all known countries,—and that the mode of living, climate, and other operating causes, will still affect the physical development of mankind, is certain. The lowest in stature, of these people, are from three to four feet in height; and that there may be a still *lower* stature, would not be so surprising as it may appear to many. The diminutive size of the natives of Lapland, the Esquimaux, may be adduced as an instance of this; but it must be observed that there are other causes which are quite as likely as that of food to produce an inferiority in stature. These people procure little else but fish, and the flesh of whales and seals, and climate must have a very great influence on their physical characters.

Like the Hottentots and Bushmen, and also the Guanchees, the ancient but now extinct aborigines of the island of Teneriffe, there can be but little doubt that the Esquimaux, in great measure, owe the smallness of their stature to the peculiarities of race. That this is the case with the Hottentots and Bushmen, is clearly shewn by the contrast which exists between them and their almost

* Neither Johnson, nor any of his predecessors, have been able to trace the origin of this term: like the term, *genii*, which has also been supposed to be derived from the Latin, it is pure genuine Saracenic, and exists literally both in the Arabic and Persian, nearly in the same sense in which we use it. In original traditions and romances, a sort of deity, or imaginary genius, conversant on the earth, and distinguished by a variety of fantastical actions, either good or bad.

Among ourselves, they are most usually represented as females, of an order superior to human nature, yet subject to wants, passions, accidents and even death; sprightly and benevolent, while young and handsome; morose, peevish, and malignant, if ugly, or in the decline of life or of their beauty; fond of appearing in white, whence, by credulous people, they were often called, the *white ladies.*

That these imaginary beings are allied to the "*Fauns,*" or "*Fauni,*" of the ancients, there is no doubt, and who were considered a species of demi-gods, inhabiting the forests; called, also, sylvans (*sylvani*), and little differing from the satyrs. They were said to delight more particularly in vineyards; and they generally appear as attendants of Bacchus, in the representations of Bacchanal feasts and processions. They were represented as half men, half goats, having the horns, ears, feet, and tail of a goat, a very flat nose, and the rest human. Though the Fauns were held as demi-gods, yet they were supposed to die after a long life. Arnobius shews that their father, or Chief Faunus himself, only lived *one hundred and twenty* years.

It is probable that the tradition of these creatures of our own creation are the only source from which we, in the present day, are labouring to trace some analogy between the supposed *Dooki* and their progenitors of former days, when ignorance and credulity, approaching to gross superstition, was stalking over the land.

gigantic neighbours, the Caffres, who feed on animal food, and enjoy the same climate. There are many tribes which subsist chiefly hy hunting, and whose diet is almost exclusively animal.

On the other hand, there are our fellow-subjects of the East Indies, who live wholly on rice, maize, &c., and are, nevertheless, capable of great exertion.

Experience, too, has shewn us that man may live exclusively on either animal or vegetable food. It has often been questioned, what is the kind of food on which man is by nature destined to feed? To answer this question—as well as for other purposes unconnected with our present object—the digestive organs in man have been carefully compared with those of other animals, and the result of the investigation has been to shew us that the digestive organs in man hold an intermediate place between those of animals which in a state of nature feed wholly on vegetables, and others which as exclusively subsist on flesh,—then, there can be but little doubt that we are acting in obedience to the dictates of our nature in feeding partly on vegetables, and partly on animal substances. It is, however, the opinion of those most competent to decide the question, that the structure of man is most consistent with a diet very nearly, if not wholly, vegetable; although they readily admit that the habits and modifications which civilization has introduced, and the varieties of climate in which man has artificially placed himself, not only sanction, but render almost needful, that admixture which in most situations he is wont to employ. The North American Indians, during the winter season, live, with little exception, entirely on dried meat, and consider themselves in consequence peculiarly capable of exertion. Such is the force of habit in respect to the kind of food, that some of the inferior animals, whose digestive organs are unquestionably calculated for one or other kind of food exclusively, may be brought to subsist entirely on the opposite kind. This was proved by John Hunter. By habit, he brought an eagle, whose stomach (for it possesses a stomach rather than a gizzard) is that of a strictly animal feeder, to subsist entirely on bread and other vegetable substances: and, by similar management, he brought a sheep, which is as perfect a specimen as he could find of vegetable feeders, to live wholly on meat.

JAMES B. THOMPSON, M.D.

9, Suffolk Place, Pall Mall East,
Dec. 23, 1843.

MEDICAL USE OF MESMERISM.

(To the Editor of the "Medical Times.")

Sir,—A paper from Dr. Smethurst of Ramsgate, entitled, "Mesmerism Unmasked" having appeared in your impartial journal, it seems to me that the Doctor has arrived at a conclusion without sufficient investigation, and has allowed himself a latitude of expression in reference to the subject, which ought with more propriety to be applied to the individual attempting the deception.

It will unfortunately always happen that where any science partienlarly attracts public attention, there will be found numbers attempting the experiments of their more honest brethren, and thereby acquiring an ephemeral and specious notoriety, but eventually they are sure to be unmasked, and the blame and odium ought justly to fall on their heads and theirs alone. They ought not for the indiscretions of a few, to brand a science but yet in its infancy as false, and all its professors in consequence impostors. I have no acquaintance personal or otherwise with either Dr. Smethurst, or Mr. Weekes, and judge the matter solely from Dr. Smethurst's representation, and I cannot but regret that he should have been so unfortunate in his first intercourse with mesmerism. I would recommend him to visit some one of those gentlemen who are at present devoting their time and energies to the elucidation of the subject. In several instances I have experienced the power of mesmerism, one of which isdetailed in the 'Medical Times' of March 4th, 1843,—another remarkable case I subjoin, and shall be happy to furnish any person with the names of witnesses. Case.—Leah Crowdy of Sherburn parish, applied for medical advice. 3 months previously she had received a violent injury over the loins; in consequence of which she was confined to bed. was leeched and blistered over the spine and side with partial benefit. On my visit I found her incapable of moving the lower limbs, pain on pressure over the lower dorsal and lumbar vertebra, catamenia suppressed, and subject to violent fits of hysteria. I prescribed assafœtida and blue pill, with an eighth of a grain of strychnine twice a day, and a liniment of olive oil and sulphuric acid to be rubbed over the spine; in a week she was able to walk to my house, (a distance of two miles,)and all seemed going on well, the strychnine was discontinued; in a month she presented herself, complaining of an inability to move the right arm and hand, the fore-arm was flexed on the arm, and the fingers contracted—various topical applications were resorted to,as well as internal remedies, without any benefit whatever. I resolved to try the effect of mesmerism. At the first sitting she went to sleep in three minutes, when, to my astonishment, on passing my hand over the afflicted arm, it became as flaccid as the other, though previously no power which I could use was of any avail in straightening it. She awoke in ten minutes, and words are inadequate to express her astonishment and pleasure on perceiving she could move the hitherto rigid member. She continued to get better in every respect, being mesmerised twice a-week, till one night, being in bed asleep, some foolish companions plunged her hands into a basin of cold water: she awoke in convulsions: when I saw her, she was perfectly rigid in every limb, pulse 100, breathing hurried, countenance pale, heart beating violently. I instantly mesmerised her, and, while asleep, made passes over the chest and limbs; the heart ceased its hurried impulse, the breathing became natural, and the limbs obeyed the motions of hands, although the bed-clothes intervened. I let her sleep for half-an-hour, when she awoke composed, free from pain, and thankful for the relief so immediately afforded; having been insensible to the pain I had inflicted while opening a vein in the left arm (but from which no blood flowed, and was in consequence bound up). In conclusion, I would beg leave to direct the attention of Dr. Smethurst, and all who are anxious impartially to consider this subject, to a pamphlet entitled, "Mesmerism the Gift of God," by a clergyman, being an answer to the Rev. H. M'Neile's sermon. I am acquainted with a relative of the writer, and can vouch for its authenticity.

I am, Sir,
Your obedient servant
JOHN E. BOYTON, Surgeon.

Watlington, Oxon, Dec. 19, 1843.

MESMERIC CASE AT DEPTFORD.

(To the Editor of the "Medical Times.")

Sir,—If you deem the following statement of facts worth inserting in your valuable journal, I have no doubt they will be found interesting to many of your readers.

In consequence of the report in the papers and the letter from Mr. Hope, a young gentleman, who, I believe, is studying on board the Dreadnought hospital ship at Greenwich, I called to see the lad on Monday. He is of a pale complexion, with light hair—what would be described as a sanguine lymphatic temperament. I arranged to meet Mr. Hope at 10 o'clock the following morning. After waiting above half an hour, during which several of the leading medical men of Greenwich and Deptford had arrived, Mr. Hope sent a letter by a gentleman, who stated he was a reporter, excusing himself for non attendance, repeating his assertions, and calling upon Dr. Taylor, (who, he said, he understood,would be present) to upho'd the dignity of the medical profession in his absence. How the dignity of the profession should, in any way, be dependant on Mr. H., we could not conceive—at any rate he was wise to leave its maintainance to another; for certainly,if he continues to make public such rash assertions, he will find it trouble enough to maintain his own dignity; and, certainly, judging from the very gentlemanly, and, at the same time strictly winning demeanor of the gentlemen present, I should say they are quite able to maintain their own dignity, and can well afford Mr. H. all his time and energy to prove some of his assertions.

The reporter present undertook to forward a faithful report of what occurred; although being a friend of Mr. H.'s perhaps the report may not appear.

I proceeded to mesmerise the boy by looking at him at a distance of about four feet; in three minutes his eyes closed, and in seven his head fell back, he being in a state of mesmeric coma; the time was noticed, and the patient examined by, I believe, Drs. Atkins, Taylor, and Purvis. The patient's sense of hearing was very acute; he did not like to hear any speaking. By blowing, and making a few passes without touching him, he was deafened. The gentleman present endeavoured to obtain some indications of his hearing by shouting in his ear — some commanded — others spoke soothingly—but there could not be detected any motion, or action at all indicative of the sounds having been heard. Then at a sign from a gentleman present,I made adverse passes,and some one whispered across the room, asking him a question, to which he assented by nodding his head This experiment was several times repeated; the muscles of the legs and arms were made partially rigid, and then relaxed by passes. The medical gentlemen declared it to be their decided opinion that the boy *could* not *simulate* these conditions. Two of the phrenological organs were touched; the manifestations were correct, but very slight. Several other experiments with regard to the breathing and motion of the eye balls were successfully tried. Owing to the delicate state of the boy's health, it was deemed expedient to awake him. In fact,the object was to strengthen his system, and not to experimentalize upon him, or much more striking results could have been produced. Never having had five minutes conversation with the boy, it was impossible that there could be any understanding between us—in fact, if I could have any motive to deceive, I thereby should be able to succeed better, and would have had stronger manifestations. The boy was ordered to awake in three minutes; he opened his eyes in two; and stood up, but upon leading him into the next room, passes were obliged to be made to arouse him. The gentlemen present, whose conduct throughout shewed their sincere desire to discover the truth, expressed their decided opinion that any question of collusion or deception on the present occasion was out of the question; and that so far as the mesmeric experiments went, they felt justified in saying the subject appeared to be deserving further investigation; and it is intended, I believe, to make arrangements for a lecture at the Hall

at Greenwich, in which cases, illustrative of the different phenomena, will be shewn. Thinking it but justice to state these facts, in vindication of an important truth, as well as to shield a whole family from a charge of gross deception, and hoping Mr. H. will attend the investigation of this subject, and that he may have moral feeling enough to acknowledge publicly the error he has committed in making assertions upon subjects of which he is evidently ignorant, I remain,

Yours obediently,
W. J. VERNON.

Dec. 27, 1843

SOLUBILITY OF MERCURY.

(To the Editor of the 'Medical Times.')

Sir,—At a late meeting of the Pharmaceutical Society, a discussion arose upon the question.—"In what state does the mercury exist, in the blue mercurial ointment?" The gentleman who introduced the subject, expressed an opinion that "the metal is held in solution by the lard,—the power of dissolving it being acquired by the addition of oxygen." This is a new theory. I have had some experience in the preparation of the ointment, and, before I give an opinion, I will state a few facts connected with the process. I will suppose that I want to prepare 28 lbs. of the strong mercurial ointment. I take 14 lbs of mercury, *one* pound of prepared suet, and *three* pounds of lard, say *fresh* lard. I rub these together in a mortar, and the only point that I have to attend to, during the trituration, is to keep the matter *under the pestle*, as much as possible, by repeatedly scraping down that portion which adheres to the sides of the mortar, which, I have found by experience, would otherwise remain *totally unchanged*. When I have brought the mercury to such a state that, on taking a little of it out, and mixing it with its due proportion of the remaining lard, and then well rubbing it on a piece of brown paper with the finger, not a globule can be perceived, the object is so far accomplished. I then melt in a water bath the remainder of the lard, and when it is cooled down to a certain point, which practice determines, I add the contents of the mortar, and stir them constantly till cold. If the lard were made very hot, and the mercury added immediately, a considerable portion of the metal would *run into globules*. I have known more than one batch of ointment spoiled, from want of attention to this particular. From these facts I conclude that the theory of solution is quite untenable. If there were no other fact to guide us, we could not be easily convinced that *four* pounds of fat could, under any circumstances, possess the power of dissolving *fourteen* pounds of mercury. The revival of the globules by the heated lard is, however, conclusive against the theory of solution. Is the mercury, then, converted into an oxide during the trituration, or does it exist merely in a state of very minute division? There is no doubt that a portion of oxygen is absorbed from the atmosphere, but if the result depended *principally* upon the oxydation of the mercury, would not that portion which is thinly spread over the sides of the mortar become oxydated *first?* Would lard, heated even to the boiling point, be capable of *reducing the oxide?*

I cannot help thinking that a state of extremely minute division is the identical state in which the mercury exists in the preparation in question. I am aware that old ointment, or oxygenated fat, would produce the desired effect, in less time, than fresh lard. I think this is owing to the greater *viscidity* of those substances. Other *more* viscid substances, such as turpentine, will divide the mercury *sooner still;* and, for veterinary purposes, where the initiatory properties of the turpentine are not objectionable, it is often used. I should say it requires about *one-third* of the labour. Balsam of sulphur is often added in proportion of one drachm to each pound of mercury, for the purpose of diminishing the labour. We all know the nature of its action. It is not a necessary addition, and ought not to be used. Again, if the oxydation of the mercury were the result, the preparation of the hydrarg. c. creta would be a shorter process than that of the ointment, because the globules are more exposed to the action of the air: whereas it requires a much longer time—I think I may safely say, treble the time—owing, as I think, to the absence in the chalk of that *viscidity* which is possessed by the other substances. I doubt much if the mercury is ever sufficiently divided by mere trituration with chalk. I will only add, that if we can obtain an oxide of mercury by simple trituration, we ought to employ, as an auxiliary some substance soluble in water, which could be easily washed out from the oxide,—instead of lard or other fatty substances, which must, in a great measure, protect the metal from atmospheric action.

I am, Sir,
Your obedient Servant,
A. YEATMAN.

2, Little Moorfields, Dec. 18, 1843.

Naphtha in Phthisis.—Dr. Ranking, of Bury, St. Edmunds, has tried Dr. Hasting's remedy in eight cases, three females, and five males, and in each it has proved a perfect failure; three are already dead, and the others are dying gradually. They were advanced cases of the disease. In none could the most trivial benefit be perceived from the medicine, neither was the perspiration relieved, as is stated, by magic, nor were the cough and expectoration diminished. In two instances nausea was complained of, and each patient, without exception, implored its omission.

Enormous Enlargement of the Prostate.—Under this title, Mr. Hodgkins, of Bilston, narrates a case which it appears to us might be rather regarded as bearing more the character of inflammation of the body, the enlargement being the result of interstitial deposit. A little boy, seven years of age, after playing, returned home walking bent, and complained of having hurt his belly. In a few days he had difficulty and uneasiness in passing the urine, which he effected only by much straining. The symptoms increasing, Mr. Hodgkins was sent for, who found him lying in a bent position on the left side, with the legs drawn up close, complaining of great pain in the abdomen, heat, thirst, and other febrile symptoms, with constipation. There was also very little water passed. A purgative was prescribed, and repeated, and scybalæ were evacuated; the bladder not having acted, three pints of strongly smelling urine were drawn off by the catheter. A day or two after, a finger was passed into the rectum, when the coats of the bladder were found to be thickened, but no tumour could be discovered. The abdomen appeared rather full and tender. The catheter was used from time to time when required, but the disease gained ground. Nine days after the previous examination, another was made, and a large tumour, occupying the situation of the prostate gland, was found. Measures were adopted for its removal, but leeches were decidedly objected to. The disease continued to make progress; the bladder at length ascended as high as the umbilicus, and a hard substance could be felt across the hypogastrium, behind the bladder. The little patient at last died worn out.

On opening the abdomen, the bladder was found to occupy a very prominent situation, the neck being seen above the pubes, and the fundus in front of the arch of the colon, as high as the inferior curvature of the stomach. It contained about two pints of urine; its coats were very much thickened, and extremely varicose. There was a black patch of the size of a half-crown piece, as if gangrene had commenced on the posterior side. The peritoneal cavity contained about a pint of serum of a strong fœcal odor. Behind the bladder, a large tumour appeared, filling the whole cavity of the pelvis. It was rather firm to the touch, and so completely did it take up the whole cavity of the pelvis, that considerable difficulty was experienced in inserting a finger between it and the bones. On raising it out of the pelvis, it was found to be attached to the bladder in front, and to the rectum behind. It joined the bladder at about an inch above the entrance of the ureter, occupying the entire space of the trigone to the apex. The shape was precisely that of the prostate, and on cutting into it, its structure seemed to be that of the gland, seen through a magnifying glass, spongy in texture, and easily broken down. Its colour was very similar to that of fresh Castile soap. It weighed between three and four pounds.

Malignant Tumours in the Nose.—With respect to these diseases, Sir B. Brodie says let them alone. He never saw any ultimate good arise from any measures that were adopted for their removal; and, indeed, for the most part, malignant tumours in the nostrils have so broad a basis, that any operation for their removal is out of the question.

Nerves of the Gravid Uterus.—After carefully inspecting and examining Dr. Lee's dissections, Mr. Grainger states, that he is convinced they bear out fully and entirely the delineations and descriptions published by Dr. Lee. The preparations shew an unequivocal continuity of fibres, proceeding from undisputed nervous structures, the sympathetic and sacral nerves, to the newly discovered ganglia of the uterus, vagina, and ureter. (qy. urethra?) The nervous branches of the newly discovered ganglia join, in various directions, with acknowledged nerves, such as those of the inferior mesenteric plexus, furnishing the hæmorrhoidal nerves, and with the spermatic, descending on the uterus from the folds of the broad ligaments. The occurrence of small ganglia, and gangliform enlargements on the newly discovered nerves, are very characteristic and corroborative of their real nature. The nerves are accompanied by injected blood-vessels in a manner that is not seen in elastic tissue, although usual with the ganglionic nerves. The ganglia discovered by Dr. Lee present in this form and disposition, and in the openings which they possess, a perfect and entire correspondence with the larger ganglia of the sympathetic.

Different Kinds of Opium.—According to Dr. O'Shaughnessy, Bengal investment opium (for the Chinese market) contains two and a half per cent. by weight, of pure morphia; malwa opium, six per cent. ditto; Turkey opium nine per cent. ditto; and garden opium, Patna and Smyrna opium, ten and a half per cent. of morphia each.

Case of an artillery-man blown from a gun.—Mr. Bowstead, surgeon to the second grenadier regiment, N. I., at Sattara, was called to a native artillery-man, a powerful athletic man, 21 years of age, who had been the moment before blown from a gun, while in the act of ramming home a blank cartridge. On his removal to the hospital, he was found to have sustained the following injuries: both his hands and wrists were so dreadfully shattered, that nothing remained but shreds of muscles, tendons, and dislocated and fractured bones. The ulnæ and radii were fractured in several places, and the flesh lacerated; the right humerus was broken into pieces, and the parts forced into the shoulder-joint; the left humerus had a compound fracture about midway between the joints, with laceration of the soft parts. His face and eyes were fearfully burnt, and he had sustained a severe blow on the chest; this latter, however, was protected by the breast-plate, which was deeply indented by the ramrod. Finding that the nervous and circulating systems had not been overcome by the severe shock, and that the man continued warm and sensible, Mr. Bowstead amputated the right arm at the shoulder-joint, and the left about five or six inches below it. The poor fellow bore both operations exceedingly well, not becoming faint till at the close of the second. He was revived by a little brandy and water, and did not afterwards exhibit any indications of collapse. Notwithstanding the frightful nature of the injury that had been sustained, and the severity of the double operation, there may be said to have been scarcely a bad symptom afterwards. The accident occurred on the 6th of May last, and the man was cured by the 25th. The most interesting and extraordinary feature in this case consists in the fact, that no shock or collapse followed such extensive injury. Mr. Bowstead deserves great credit for the management, and successful termination of the case.

Presentation of the Anterior Fontanelle.—Dr. Elkington, of Philadelphia, was in attendance on a case of midwifery, a head presentation, when, finding that labour was progressing very slowly, and the patient becoming exhausted, he determined to apply the forceps, but not succeeding, sent for Dr. Hodge, who ascertained that there was a malpresentation of the head, the anterior fontanelle presenting to the centre of the pelvis, instead of the posterior. The occiput was somewhat to the left side of the promontory of the sacrum, and the nasal termination of the sagittal suture somewhat to the right of the symphysis pubis. Two difficulties existed, first, the occipito frontal, or longitudinal diameter of the cranium corresponded to the sacro-pubic or short diameter of the superior strait, and, secondly, the forehead was anterior, the occiput-posterior. For a favorable delivery, two indications were to be fulfilled; first, to cause flexion of the head, by which the vertex should descend first, and the occipito-pregmatic diameter of the head be substituted for the occipito-frontal; and, secondly, to cause rotation, so that the occiput might eventually come under the arch of the pubis, and not to the coccyx and perineum. This was accomplished by Dr. Hodge with the finger alone; he made pressure behind the symphysis, on the right side of the os frontis, pushing it upwards, so as to cause flexion of the head, and at the same time to the right and backwards, so as to direct the face towards the hollow of the sacrum, and, of course, the occiput from the sacrum to the left acetabulum and symphysis pubis. This having been effected, delivery soon took place.

Orthopedic Operations on the Hand and Arm.—In these days of cutting, when the knife seems to be in the hands of every one pretending to a knowledge of the medical sciences, whether he be fitted to use it or not, practical remarks from an orthopedic operator, discriminating cases and causes, will be of service. Dr. Little gives, in concluding one of his lectures, a few remarks on the utility of sections of numerous muscles of the hand and arm. Unfortunately, the universal tenotomists, who behold in a contracted limb,—a mere piece of mechanism held in an abnormal form by certain unnaturally tense cords, have, without reflection on the etiology and pathology of the deformities, proceeded with the knife to relax the contracted part, regardless of the numerous conditions requisite for a restoration of the function. In principle subtaneneous tenotomy is equally applicable to the upper and lower extremities, but a wide difference exists in the application of the principle. The movements of the ancle consists, it is true, of flexion, extension, adduction, and abduction, but in the act of walking, flexion and extension are alone absolutely necessary; adduction and abduction being required only under extraordinary circumstances. Operative orthopedy is capable of restoring a contracted useless leg, and fitting it for the ordinary purposes to which it is applied, but cannot adapt it to the extraordinary use made of it by the athletes or by the professional dancer. But in the case of the hand, every individual, from the labourer to the watchmaker, or the workman, in the minutest branch of the arts, avails himself constantly, not only of flexion and extension, but of pronation and supination—movements which are analogous to the inversion and eversion of the foot. The acts of pronation and supination are also far more delicate and elaborate, the movements of the hand more complicated, and the several fingers possess each their allotted muscles and consequent functions, so that although the principal orthopedic operations are equally applicable to the hands, the difficulty of applying the method is immeasurably greater. The anatomical conformation of the arm and hand, the smaller space in which is congregated a larger number of nerves, muscles and tendons, the difficulty of dividing those which may be contracted, without disturbing or exciting unnatural adhesions with those which may be normal in their action,—all combine to retard the progress of orthopedy in this direction. Operations on the elbow are usually successful: in the hand, also, when merely unnatural flexion or extension exists, paralysis being absent, the functions of the wrist may be restored by tenotomy. The following is the order of success in these cases—organic shortening of the muscles from long-continued relaxation, as from accidental injuries and inflammation; congenital contraction, spasmodic contraction; contraction from abscesses with loss of substance, gangrene, &c. Although the degree of restoration of function varies, yet in nearly every case the deformity has been removed. Dr. Little concludes his remarks by stating that a wide field remains open for future research and experience, and although he would *strenuously discountenance all rash and wholesale divisions of tendons* in these cases, he recommends the matter to the attention of those who have an intimate knowledge of the anatomy of the parts, and are endowed with a large share of patience to watch and elaborate results. The loss of a lower extremity is a great privation, but experience shews that the deprivation of the use of the hand and arm is felt as a far greater affliction: so much the greater, therefore, must be the reward of him who, by adding to the common stock of knowledge on the remedy of this, can so largely contribute to the welfare of his fellow-creatures.

The words we have put in italics should be written in letters of gold in the operating theatre of every orthopedic institution.

Spermatorrhea.—Dr. Bell has written a long letter to prove, that spermatorrhea can never be caused by continence, contrary to the opinion of Lallemand, and he supports his opinion by quotations from Cruveilhier and Andral. Cruveilhier distinctly states, that it is a known physiological law, that the less a secreting organ is exercised, the less secretion takes place, until it altogether ceases, and in such cases, the testicles are not long in becoming atrophied. We must confess, that reason and sense are in favour of Dr. Bell's position.

Hemiplegia, following Ligature of the Common Carotid.—Dr. Fairfax adds another case to the list of those in which this accident has happened. His patient, a middle-aged lady, much reduced by chronic disease of the lungs, died five days after the operation. The mental faculties continued perfect to the last. The hemiplegia affected the right side, not the face, and was not observed until an hour after the performance of the operation.

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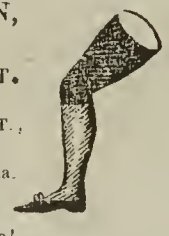
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ON THE PHYSIOLOGY OF HEALTH AND DISEASE.

AS APPLIED TO VEGETABLES AND ANIMALS, BUT MORE ESPECIALLY TO MAN.

By M. RASPAIL.

Organized or animated, morbiparous causes.

We have hitherto been considering those causes which, even where they might belong to the organized kingdom, yet act only after the manner of inert bodies, by the automatical effect of their special structure and of their presence in the interior of our organs. We have now to examine another class, possessing a more complicated and more lasting action, and which progress as it were, by multiplying themselves; I mean to speak of organized beings, which are susceptible of becoming developed in our organs, and living there at our expense. These causes of disease may be ranged into two principal divisions; the one, embracing organized beings which are injurious only by their development, augmenting in volume, and thus usurping the place, intercepting the communications, and distending the cavity of our organs; the other, comprising organized beings which not only develop themselves, but also disorganize our tissues. The presence of the one class of these parasitical bodies is merely an accidental intrusion, that of the other forms a constant cause of disorders and of evils.

First Division.—*Morbiparous causes which are injurious only by their development.*—I shall place vegetable seeds in the first rank of these causes, as forming a type of the mode of action of all others. Suppose, in fact, that in consequence of a depraved taste, one were to introduce into the stomach some small pieces of dry sponge, the most alarming symptoms would immediately ensue from this caprice, the property of the tissue of the sponge being to augment in volume, by imbibing moisture. It would be still worse, should a powder composed of the *detritus* of marine sponges become drawn into the lungs, through the medium of the inspiration; not to speak here of the silicic crystals which abound in these tissues, and which, by their separate action, are liable to determine in our organs all the symptoms of mechanical disorganization; by the simple effect of their swelling, we may readily understand how these particles would affect the lung. Now, this phenomenon is produced during the germination of seeds; and no seed can penetrate into the cavity of any of our organs, without being placed under circumstances favourable to its germination. In fact, the seeds there meet with moisture and with darkness; two conditions which suffice for their growth underground. Now every one knows that while germinating, the seed augments in volume, and often to a considerable degree; which fact alone will give rise to the gravest symptoms, even when to this phenomenon shall not be joined that of the development of the radicle and plumule—parts which shortly commence to shoot outwards. The records of science abound in examples of seeds, (beans, peas, French-beans, &c.) which have germinated in the auditory tube, where they have been by chance introduced. Hence the production of diseases of the ear which might deceive the physician as to their true nature, unless some accidental light were thrown on this unmedical though very natural cause of the affection. There is at first a defect in the hearing, with a slight itching in the auditory tube; shortly, total deafness on the affected side, fever becoming more and more intense, acute pains such as might be expected from the irritation of so sensitive a surface, upon which are spread the innumerable ramifications of the auditory nerve. If we bear in mind what anguish is caused in these parts by the motion of a simple ear-pick, when pushed rather too far forward, we shall be capable of judging of the excruciating pains which would be occasioned by a body susceptible of indefinitely augmenting itself in volume, in a cavity of such great sensibility. When once the mechanical cause of this disorder is discovered, the disease may be readily cured, by the extraction of the foreign body. But, as medical studies are at present directed, the idea of a foreign body acting as the cause of otitis, is nearly the last which would suggest itself; and it is, generally speaking, only from the confessions of the patient, that such an origin would be suspected.

The examples which we have been considering are presented under such dimensions, that it is impossible that they can long escape the observation or the remembrance. But there are seeds of all sizes; there are some which are so small, that their nature can be determined only by means of the microscope, and which, before their germination, are apt to be confounded with globules of pus or of blood; such are the seeds of the club-moss (*lycopodium*), of mosses in general, of the fungi, and of mouldiness; these small bodies are usually described by botanists under the name of *sporules, sporidies, &c.* Although of a larger calibre, the seeds of the *orchis*, the *orobanche*, the *cuscuta*—that canker of the *trifolia*, are still invisible, without the aid of magnifying glasses. How many kinds of seeds, moreover, do we find capable of being raised by the winds, in the form of dust, and of introducing themselves in this manner, within the cavities of all the organs of our body which communicate with the external air? Now, if this take place, and if they germinate there, by attaching themselves to the walls of our tissues, whether by their viscosity, or by the force of adhesion of their radicular appendages, what morbid entities may they not engender, leading the physician astray in his diagnosis, and abandoning him to the full scope of his ignorance as to the true cause of the disease. Supposing a condition of this kind to extend over a large space, and that it be accompanied by meteorological conditions favourable to its propagation, and to its dissemination through the gaping orifices of our organs, might we not then have a perfectly characterized epidemic, of which the cause would probably be sought in the atmosphere, while, in reality, it lies at our feet, and within our grasp? Now, who can doubt the realization of these accidents to be of very frequent occurrence? Let us consider what multitudes of *sporules* of mouldiness we must swallow and respire, in low and damp places, and how short a period these microscopic seeds require to germinate and run through the course of their growth and fructification; and then reflect on the dissemination of the *spores* of the *mosses* and the *lichens*, of the *sporanges* of the *ferns*, &c., and we shall be astonished to find, for the first time, in the invisibility of the air so many palpable causes of diseases, which had never previously been dreamt of. We admit that the simple inspiration of the dust of our granaries, which is composed only of starch, of bran, and of the hairs of the *cerealia*, may be the immediate cause of inflammation of the chest, and even of pulmonary phthisis; and can we then believe that the inspiration of those multitudes of *sporules*, which the inferior vegetables are constantly throwing forth into the air, can take place in a harmless manner? Do we not see how greatly those disorders would become aggravated, to which the miller is subject in consequence of the inhalation of the amylaceous particles, if each granule of starch were endowed with the germinative faculty? Now, this idea may, methinks, be most readily demonstrated.

But, you will say, these granulations will be quickly cast outwards by the action of expectoration from the lung, and by the excretion from all other organs. Undoubtedly, there are seeds and *sporules* which would undergo this kind of expulsion; but there are others which would resist it, and which would hold fast their position; such are the seeds of the plants which we call parasitical, because instead of attaching themselves to the ground, they adhere in preference to organised beings. These seeds fix themselves upon the medium on which they fall; the first radicle which they shoot forth is a sucker, which firmly attaches itself to the part. If by chance they become introduced into one of our organs, we shall find them adhere to its walls after the manner of a leech.* Now, what would be the result of such an accident? Each small sucker would act upon the principle of a cupping-glass, attracting the circulation into fresh regions, opening to it new canals, to deprive it of its vivifying principle, without restoring anything to it in exchange. Hence, inflammation of the surfaces against which it shall be applied, abnormal development of the tissues, rupture of the capillaries, and small aneurisms, in which the blood by its stagnation, becoming deprived of its vitality, suddenly assumes a tendancy to the purulent fermentation. What an opening is here created to fever and to disorganization! We will acknowledge that these causes of disease find less facility in developing themselves upon the intestinal parietes, by reason of the unfavourable action of the acid and alkaline liquids of digestion, upon the progress of germination. But the possibility of the fact must be admitted as far as regards all other organs, in which the introduction and development of these foreign bodies may

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* See a case in which some grains of oats germinated in the stomach, having off-shoots of several inches in length, and which were expelled by vomiting; in the *Journal de Médecine, Chirurgie et Pharmacie*, Vol. xv, 1761, p. 52. In 1685, Dr. Buissiére, of Copenhagen, relates in the following manner a case of this kind: "A soldier of a regiment in Zealand having eaten some grains of oats during the last winter, they remained in his stomach till towards the close of July; during this period, he suffered much from fever and an inclination to vomit. An emetic was administered, which caused him to reject some grains of oats, along with other offensive matters. These grains had taken root and germinated in the stomach, as if they had been sown in the earth; the straw which they had produced was somewhat feeble, and similar to the beard which grows upon the ears of wheat, not so coarse, but longer, and bearing upon it a grain resembling that from which this stalk had issued, to a length of between seven and eight inches, not in a single shoot, but intersected by three or four small knots, which appeared like little grains of oats." (This was a species of stubble growing in this dark or obscure medium, and which was favourable to the radicular development only). The author adds that, after vomiting this substance, the man was completely cured. (*Nouvelles de la republique des lettres*, July 1685, art. 6.)

give rise to a host of diseases capable of being characterized each by its own peculiar symptoms and denominations: in the cavity of the nose,* produeing coryza, polypiform excrescences, epistaxis; in the nasal fossæ, violent headache; upon the surface of the conjunctiva, ophthalmia; and fistula laehrymalis, if the foreign body penetrate within the nasal duct; in the respiratory passages, causing catarrh, bronchitis, peripneumonia, or phthisis, according as those bodies shall affix themselves more or less deeply within the tubes, and shall offer a greater resistance to the force of expulsion and expectoration; in the auditory tube,† leading to all the forms of inflammation and of suppuration, which characterize the various species of *otitis*. We shall limit ourselves to these cases, which will serve as types to all others, and of the frequeney of which one can no longer entertain a doubt, much less of their possibility; for, if we admit the possibility of the introduction, we must necessarily admit the reality of its consequences.

In reference to the foregoing subject, however, we cannot fail to establish a great difference between germination and vegetation. A seed, to germinate, requires only the presence of moisture and of darkness. But, on the contrary, for it to continue its development, and to run through even the first phases of vegetation, it is necessary that the radicle meet with an appropriate surface upon which to affix itself for support, and that the plumule shall come in contact with the solar light, there to receive its herbaceous green colour. If the concurrence of these two opposite circumstanees be wanting, the development is arrested, and, so to speak, stifled in its birth; and the seed decays soon after having germinated. The parasitic seeds of the soil do not vegetate in all earths; the parasitic seeds of plants do not send forth their radicles into all vegetables, nor even into all organs indiscriminately of the vegetable for which they have a special attraction. The seed of the *orobanche* requires, for its growth, the root of the hemp-plant; that of the *monotropa*, the roots of the oak-trec; that of the misletoe flourishes only on the green branches of the apple-tree and on other trees of this genus, &c.

It is, then, evident that after entering our open organs, seeds will in general be arrested at this first phase, and will perish before reaching the second; we shall have no occasion to fear that the grain of mustard-seed will herc become developed into a large tree. But it is, at the same time, quite certain that, although limited to this first stage of development, their germination will be the immediate cause of a host of serious diseases, in consequence of the mechanism which we have explained above. We may, in fact, judge of their action upon our internal organs, by their action upon the external surfaces of the vegetables to which they attach themselves. Observe that verdant trefoil which is suddenly fading away and becoming withered up, in consequence of the intertwining of those slender stalks of dodder. See those healthy branches choked up, and as it were asphyxiated, under the influenee of a few patches of lichen and of moss, which seem to seek there a mere point of support. Each of these radicular suckers of the parasitic plant may be compared to a leech which drains to its own profit an elaborating cell of the parent plant; which exhausts it and strikes it with death, however voluminous it may be; now, when another sucker is added to this first, we shall in like manner have a fresh cell deprived of its vitality; and thus the contagion will spread from point to point, in direct proportion to the development of the parasite, while the increase of this latter will depend on the favourable conditions presented by the elaboration of the plant which is the subject of it. There is, moreover, another circumstance which should be taken into account in the study of the morbiparous causes which attach themselves to vegetables; namely, that it is not always sufficient that the subject occupy a certain rank in our classifications, for the parasitic grain to be enabled to live at its expense; it is also neeessary that the elaboration of its juices take place in a certain manner; that it offer, by the slowness or by the irregularity of its development, certain predispositions which, by analogy, we are led to consider as morbid; it is requisite that it be in a languishing condition, for it to become attacked in preference to the individual which flourishes near it, and which braves the contagion by the very rapidity of its development. Poverty is a fertile field, in which all other evils flourish. We shall explain ourselves more fully in the following division.

Second Branch.—*Animated morbiparous causes, which act, not only by their development, but also by the mechanical and destructive action of their nutrition.*—The man who would cast aside his old and constricted notions of thinking—who would account for every thing that is passing on in this world which moves around him—must bring to this application of his mind a certain amount of moral courage; he must be prepared to wade through those mazes of disorder and confusion into which this sudden revolution from an old to a new order of ideas will infallibly lead him. It is espccially when we seek to compute the benefits which nature has bestowed for our exclusive use,—to enquire within ourselves whether it was for us alone that she created all those provisions of which we avail ourselves, it is then that, finding on all sides a proof to the contrary, we feel our pride humbled within us, and our self-sufficiency abased to the level of our own nothingness. Without the benefit of the superiority of our intelligence, what would become of us? We should be the most imperfect, the least protected of all animals. For, unless the instinct of association, by drawing us together and thus affording to each a mutual support, had increased our forces a hundred-fold, we are in ourselves so feeble and so vulnerable, from the very instant of our birth up to that of our death, that our race would long since have been extinct for want of food, or would have been annihilated under the attacks which are directed against it on all sides.

Now, what are the preliminary notions which are suggested to us by a consideration of animal and vegetable anatomy? This flesh on which we feed, under so many forms, is but the muscle which served to the movements of an animal which has been killed expressly for our use; this bread, which in itself would suffice to sustain us, is kneaded up with the farinaceous molecules which, in the grain, served as aliment to the germination of the embryo, and to the re-production of the species; there are here thousands of living individuals which have been destroyed to contribute to our existence! We live but by destruction and by devastation. Lords of the universe, we reign at the expense of our subjects, which themselves can exist only by devouring one another, and ourselves among the first, if they found us in a defenceless condition! Life is, then, but a mortal struggle, a fierce and unrelenting combat! Conquerors or victims, such is our alternative, at each moment of our development! We defend ourselves against the strength of a colossus, to fall beneath the insidious attacks of an insect! The world is a grand amphitheatre, in which we are opposed one to another, and where every living being meets in a death-like struggle; in which the conquerer devours the conquered; where the general life arises from the partial death, and combination results from decomposition! For, as nothing can proceed from nothing, it is clear that organization must continue its phases at the expense of that which exists; with what could combination be effected, unless with the elements of decomposition? How could a new being take its rank in the scale of creation, if it were not by displacing some other? A grand and eternal creation, without beginning and without end! A general life, in which individual existences are but the food and the elements; where life is a continual death, and death an incessant resurrection; where man, he who is raised above all other created beings by the superiority of his intelligence, sacrifices so many things to his devouring hunger, and is forced in his turn to dispute each moment of his existence, more frequently with enemies of an extremely minute size† than with animals of his own height. When he rejoices, it is because he is a conqueror; when he suffers, it is that he is a victim; the seat of his defeat is indicated to him by pain. Our sufferings result from the enjoyment of a destructive parasite, whenever they are not the effects of one of those accidents which we have considered in the foregoing divisions.

We have now to consider this contest of life with life, this struggle of animated nature with itself; living beings engaged, on all points of the globe, in one of those deadly combats of cast against cast, which would seem as though it must end in the extermination of the one or of the other, if it were not for the inexhaustible fecundity of nature, which is present to repair all losses, and to replace on the instant even those who fall in the ranks. In a word, all organised beings are by turns both parasites and pasture; they live only by consuming one another. The vegetable is implanted on the *debris* of the tissue of animals; animals in their turn are nourished, some upon vegetables, and others upon this or upon that animal species, to serve at a later period as the prey or as nutriment to some other being. The conqueror devours the conquered; such is his natural right, a right which the neeessity of living imposes on every being; a revolting necessity, which is now happily purged by the progress of civilisation, from almost the entire human race.

We shall not occupy ourselves, in the following remarks, with the ill effects which result from injuries inflicted on us by animals of a large size. Such cases come under the head of operative medicine, and may be classed along with wounds in general. Our task is limited to the study of those causes which become infiltrated into our tissues by some chemical process, or else which insinuate themselves there by some mechanical means, but which is unknown to us, and takes plaee in a manner invisible to our sight. The living beings which introducc the source of disease within us, and deposit in our tissues the germ of disorganisation and of death, proceed to this work, either as a measure of self-defence and of vengeance, or clse for the sake of nourishing and propagating themselves. The bee and the viper sting us only for the purpose of repelling our attaeks, and revenging our pursuits. The mite burrows into our flesh, there to seek its nutriment, and to deposit its *ova* securc from all attack. We might adopt this species of classification, in forming our divisions of these insect-causes of disease; but then we should be liable to combine together the most dissimilar beings, and to separate those which have the greatest resemblance to each other.

Our object being to describe the morbid effeets of a certain cause of disorders, it would, perhaps, be more suitable to class these causes according to the characters of their mechanism, and of their mode of action; for this mode of action varies with the structure of the apparatus, which by their play give rise to disease. But the structure of these apparatus frequently escapes our most delieate researches, and we should thus be obliged to have rccourse to an arbitrary system of classification. We havc, therefore, under all considerations, deemed it better to follow the classification employed in zoology, and to group the morbiparous animals according to their characters, rather than by the nature of their effects. We shall admit, then, the following principal divisions:—1° *reptiles* and the *batracii*; 2° the *crustacea*; 3° the *arachnides*; 4° *insects*; 5° the *annelides* and the *helmintha*. This order in which we have ranged them, will

* We read in the *Journ. de Med.* vol. xv, page 525, that at a consultation of physicians, it was decided that a tumour in the nose of an infant was a polypus; its extraction was proceeded with, when a pea which had germinated in the nose was withdrawn.

† In the *Journ. Gen. de Med.* vol. xliii, page 28, is related a case of otitis attended with pains in the right side of the head, caused by the presence of a bean in the auditory tube, and which had been in this situation for 52 years. This body was incrusted, and so to speak, embalmed by the antiseptic action of the *cerumen*; it was brought away by means of injections.

† "It seems to me," says Nic. Hartsoeker, "that all animals having been made to serve as nutriment one to another, the large eat the small, and are eaten by them."—*Lettre a Andry, De la Génération des vers.*—This brief and seemingly chance remark contains the whole proposition which we are here attempting to develope.

permit us to pass, by uninterrupted transitions, from the less frequent to the more habitual causes; from beings which are merely hostile to us, to those which are parasitic to our tissues, and which propagate themselves there by their innumerable *ova*. After having grounded our principal divisions on the nature of the zoological characters of the morbiparous causes, we shall draw our sub-divisions from the difference of the effects produced by the mechanism of their action.

LECTURES ON SURGERY.

By Sir B. C. BRODIE, Bart., Sergeant-Surgeon to the Queen.

On Foreign Bodies in the Nose, Ear, Pharynx, Œsophagus, Stomach, and Intestines—Delivered December 13, 1843.

GENTLEMEN,—About two or three years ago I was consulted respecting a young lady, who had some complaint of the nostrils. There was a purulent discharge, and symptoms indicating diseased, or dead bone in the nose. Such was my opinion, and I prescribed sarsaparilla, and treated her accordingly. The disease had been going on from childhood, and when I saw her she was about eleven or twelve years of age. Not long since, while blowing her nose, something came out of the nostrils—a large substance—which her friends thought was the piece of dead bone that had been expected. After it had been sent to me, I saw at once it was not dead bone; it had the appearance of organised lymph; it was convex on one side, and concave on the other, as if it had been applied over a nucleus. Dr. Prout was good enough to analyse it chemically for me, and he found that it consisted chiefly of mucus and phosphate of lime, which had been secreted by the inflamed membrane of the nose. I had then reason to believe that there had been originally a foreign body of a round form introduced into the nose, which had excited a degree of inflammation, acted as a nucleus for this deposit, and had caused all the symptoms of disease of the bones under which my patient had laboured.

A little boy had a putrid discharge from the nostrils for two or three years, and it was thought there was disease of the bones, but on looking into the nose, something was seen projecting at the upper part, which seemed to be too large for a piece of dead bone. I took hold of it with a pair of forceps, and removed it, when it proved to be a tamarind stone, which had been introduced into the nostrils by the child, without the knowledge of his friends. After it had been removed, all symptoms of the disease ceased.

In another case, that of a little girl, who had a discharge from the nose, I could not see anything on looking into it, and I concluded from the symptoms that there was disease of the bone, and accordingly I prescribed sarsaparilla. She one day suddenly blew out a small piece of sponge, which was covered with mucus. This the child must have thrust in herself.

It is not a very uncommon thing for children to thrust foreign bodies into their nostrils, and in these cases, as you may perceive, a serious error may be committed. In two of these cases the substance was blown out; in one, where the tamarind stone had been introduced, I was obliged to use the forceps. In other cases a different plan of extraction must be adopted. A child was brought to me with a glass bead in its nose. I tried to remove it with a pair of forceps, but the blades slid upon the smooth surface of the glass, and I could not effect my purpose. I then bent a probe in this manner [shewing a curved probe], passed it behind the bead, and got it out.

Foreign bodies are sometimes passed into the external meatus auditorius. A child was brought to me with a piece of slate-pencil in the meatus. Now, it may seem to you to be a very easy matter to extract a foreign substance when in this position, because the part is more in sight than when it is in the nose; but it is not so. When the substance is in the nose, you may employ very rough usage in extracting it, and no great harm done. I have already told you, when speaking of polypi, how much violence you may use to the nose with apparent impunity. But you cannot act in the same manner with the ear. A child was brought into the hospital, having a pea in the ear. A great many attempts had been made to extract it, previously to its admission, and the child presented very alarming symptoms of inflammation of the membranes of the brain, and soon afterwards died. On examination of the body, the membrana tympani was found to have been destroyed by the violence that had been used; the pea had been forced into the tympanum, and the rough usage of that cavity had caused inflammation, that had extended to the membranes of the brain. There was pus between the bone and dura mater.

It is a very difficult thing to extract a foreign body from the ear with the forceps, but I have done it with a slight pair of forceps, made for that purpose, having previously placed the patient in such a position that a ray of sunshine might fall into the ear. Then passing a blade of the instrument on either side of the foreign body, I have been able to remove it. It should never be attempted, unless the ray of sunshine can be thrown into the ear, as, unless great care is taken, the body, instead of being extracted, may be driven against the membrane, rupture it, be forced into the cavity of the tympanum, and cause great mischief. The death of the patient may be caused by a want of care.

We shall more frequently succeed in extracting the foreign body by other means: I placed the child I spoke of just now, as having a piece of slate-pencil in the ear, opposite the light, and injected a stream of warm water, which passed in by the side of the pencil, where there was sufficient room, and as it returned, it washed out the slate-pencil. A case of a pea in the ear was brought to the hospital, and I tried every means to extract it, but failed. It so nearly filled up the meatus, that I could not wash it out by injecting warm water, so I directed the friends to let it alone for a time; the pea would probably soon decay, and could then be more easily washed out.

In one case I succeeded in extracting the foreign body with a bent probe, carefully introduced.

Having thus called your attention to the cases in which foreign bodies have been introduced into the nose and ear, I shall now proceed to notice their introduction into other passages of the body.

Foreign bodies may be occasionally found in any cavity of the body having a natural outlet. They may be swallowed, and either pass into the stomach, or stick in the œsophagus or pharynx. Some may not descend beyond the pharynx or œsophagus from their bulk, others from their irregularity of form, and others again, although small in size, may be caught by their sharp edges. They may stick even in the tonsils. It is not an uncommon thing for a fish bone to do so. The patient experiences an uneasy sensation about the throat, and has pain in swallowing, and on holding down his tongue and looking into the throat, it may be seen sticking there. It is easily taken hold of with a pair of forceps, and extracted. It may be out of sight lower down in the pharynx; but although we cannot see it, we may be able to ascertain its position by the touch, and using the finger as a guide, can remove it with the forceps. The foreign body may, however, be situated out of the reach of the finger, at the juncture of the pharynx with the œsophagus. It is then generally just behind the cartilages of the larynx, where it is arrested because those parts cannot dilate.

The treatment must differ according to circumstances—according to the nature of the body swallowed. If it be a piece of meat, and within the reach of the finger, extract it with the forceps; and if it be lower down, it must be pushed into the stomach with an œsophagus bougie, previously well oiled. Now a little skill is required in passing the bougie. A few years ago there were Indian jugglers here, who used to exhibit the feat of pushing a straight sword into the stomach, and they used to do this by throwing the head back as far as possible, which they could effect to a greater extent than we can, from early practice, and thus they made the œsophagus nearly a straight line. Well, you must do the same. You must place your patient, and it is generally in hysterical women that this accident occurs—you must place the patient's head as far back as possible, guide the bougie by the finger into the pharynx, and when you meet with opposition use moderate force, and push it into the stomach. A surgeon, who in a similar case used great force, pushed the instrument through the coats of the stomach into the posterior mediastinum, and the patient died.

We will now suppose it is a piece of bone and not meat that constitutes the foreign body; if it be within the reach of the finger, it should be taken out with a pair of forceps, of which you should have several pairs in readiness, shaped like these [shewing a pair of curved forceps]. They should be of different kinds, opening in various ways as may be required. A long pair will be needed if the bone be situated low down in the pharynx. Let us now suppose that the foreign body cannot be felt by the finger. Are we to attempt its removal with the curved forceps? We shall find it very difficult and not always safe to use them in the œsophagus; they might be driven through its coats without much force. We must, therefore, use other means. It will probably be the best plan to push it into the stomach, for if small enough to pass into the œsophagus, it will probably be small enough to pass through the pylorus. For this purpose we may use either a common bougie or a probang, the sponge end being introduced into the œsophagus to push down the foreign body, or else passed down below it, if it be possible to get it by its side, and then drawn up, dragging with it the foreign body. A sort of blunt hook is sometimes attached to the whalebone end of the probang for a similar purpose.

The fact is, if we do any thing at all, we had better push it into the stomach; it is the best plan, and most easily accomplished. Although it is very easy to speak of dislodging these extraneous substances, it is not so easy to effect it in practice; if it cannot be done, it is best to let it alone, if the patient does not suffer much inconvenience, and it is not within the reach of the finger. In such a case, it is better to let it alone from the beginning, as nature will generally do what is required; the fibres of the œsophagus will dilate below and contract above, so that it is

forced down into the stomach, or else it may be hawked up.

A gentleman came to me, complaining that he had a fish-bone in his throat. I could not feel it with my finger, and I could pass the bougie into the stomach without encountering any obstruction. As his life was not in danger, I determined to let it alone, and in three or four days' time he hawked up a large piece of bone from a cod's head, as big as the top of my thumb. It had lodged somewhere in the œsophagus, out of the reach of the finger.

If you fail to remove it easily, do not continue to meddle with it. I never saw any harm from leaving them alone, although cases are recorded, where from the pressure on the trachea, suffocation was threatened. If such a case were to occur to you, you would first open the trachea, to relieve the breathing, and then attend to the œsophagus. Cases have also been published of incisions having been made into the œsophagus to remove the foreign body, and other cases of suppuration in the neck being caused by it, and the foreign body being found in the centre of the abscess, but these cases are very rare. After looking over the cases detailed in the Memoirs of the French Academy, where an operation has been performed for the removal of a foreign body from the œsophagus, I must say that in the majority of cases, I believe the patients would have done much better if they had been left to nature.

Let us now suppose a foreign body to be in the stomach—what is to be done then? Small bodies over and over again are swallowed, and come away afterwards, such as sixpences, farthings, &c. It is astonishing what foreign bodies may pass through the whole length of the alimentary canal. An insane gentleman one day swallowed a pair of compasses, which passed into his stomach, and I was requested to see him. I advised that he should be let alone, as it was certain that he must have swallowed them with the blunt end downwards, or they could not have passed. At the end of a fortnight, during which he did not suffer any colieky pains, the compasses were found in the close-stool. The patient lived for a long time afterwards, and did not suffer any inconvenience.

There are some persons who are in the habit of swallowing large bodies, and getting money by it. There was a sailor in America, who in a drunken fit swallowed a large clasp-knife. He suffered, as a consequence, from colicky pain, but it passed away at stool. Three years afterwards he did the same thing, and as he found people were astonished at it, and he got money by it, he made a practice of doing so. By and bye he got into ill-health; he suffered from colicky pains in the abdomen, became feverish, his stools were always black, and he gradually sank and died. On examination of the body, several blades of knives were found partially corroded, but the real cause of death was, I believe, a large knife which lay right across the rectum, and had transfixed both sides of the gut.

A large majority of the things that enter the stomach, will pass through the pylorus, and out at the anus, but there are particular parts of the intestines where they are likely to stick, more especially in the cul-de-sac of the cœcum. A woman was admitted into the hospital who had a tumour on the right side of the abdomen, which on examination after death, was found to be an abscess connected with the cœcum, containing a pin. This, I believe, had stuck in the cœcum, made a slight wound, through which feculent infiltration took place, and the abscess formed.

They also generally stick in the rectum, and I believe that abscesses about that part, and fistulæ, are frequently caused by foreign bodies. A gentleman came to me, complaining of great irritation in the rectum, which I thought might be caused by internal piles, but on examination with the finger, I felt a rough body, which on its removal, proved to be an apple-core which had stuck in the bowel. Had it not been taken away, it would, very probably, have caused an abscess.

I saw a gentleman who had a large abscess by the side of the rectum, which I considered contained putrid matter, on account of his having a brown tongue and typhoid symptoms. I opened it, and discharged a large quantity of putrid pus, and afterwards examined the abscess with the finger, when I discovered a large fish bone, at least two inches long, which had stuck in the rectum, and traversed the abscess. It had evidently been swallowed without his knowledge, had passed through every part of the alimentary canal without difficulty, until it arrived at the sphincter ani, where it had got turned to one side, had wounded the coats of the bowel, caused feculent infiltration, and abscess. There are many cases recorded where foreign bodies have produced abscess and fistula.

When the foreign body is in the stomach, you must recollect it is out of your reach. You may administer a mild aperient, so as to induce a gentle action of the intestines, but not violent purging, as if it be a pointed body, the powerful peristaltic action thus caused, may force it through the coats of the intestines. There is, generally speaking, but little cause for apprehension; small bodies pass in a few days, large ones in a fortnight. The patient should be directed to use the close stool, which should be afterwards examined on every occasion, until it has come away.

There is another matter of practical importance to which I wish to draw your attention, with respect to bodies stuck in the œsophagus. A woman was brought to town, who had swallowed a bone, which remained in the œsophagus; it could not be felt with the finger, and the œsophagus bougie and probang could be passed into the stomach, without meeting with any obstruction. I then suspected that she was merely suffering from the sensations produced by the abrasion of the tube, caused by the foreign body having been there. Conjurers have a trick of pressing a half-crown firmly in your hand, slipping it away, and closing your hand directly; they will then enquire if it is there still, and from the impression previously created by the hard pressure they had caused, you will think that such is the case, while in fact it has been previously removed. The sensation remains for some time afterwards. In the same way if you get a particle of sand in the eye; it is removed, but from the inflammation that follows, you experience a feeling as if it were still there. I thought then it was the same thing in this case, and as the patient could not swallow, I ordered her an opiate clyster, by which she was much relieved, and in a day or two her complaint went away, shewing that the sensation was caused by the injury to the œsophagus, and nothing more.

I had another case in a lady's servant, where nothing could be detected in the tube with the œsophagus bougie or probang. I treated it in the same way, and in a day or two the symptoms left her. I suspect this is not an uncommon case. I have often seen it in persons who have swallowed a fish-bone. I generally leave them alone, and in a day or two all these sensations disappear.

I had intended to speak of foreign bodies introduced into other parts of the body—into the flesh, the bladder, and elsewhere—but I find our time will not allow me to complete the subject, so I must defer what I have to say until next week.

ON POISONING BY COPPER.

By Messrs. DANGER and FLANDIN.

[This paper is yet under the consideration of a commission of one of the French Royal Societies, and is now for the first time published in the "Medical Times."]

Copper, found in abundance in various parts of the world, is one of the metals the most extensively employed, not only in the arts, but likewise in domestic economy. If not poisonous in its normal state, it at least becomes so when oxydated, or combined with an acid, and may then prove the source of serious accidents, which the greatest prudence cannot always prevent. The danger becomes still greater when it is given with the intent to poison, and every possible precaution ought to be taken to counteract its fatal effects, and to discover its presence in the human body.

As far as public hygiene is concerned, it is unnecessary to add aught to the analytical processes adopted by chemists in their researches on metals in general, and on copper in particular; but these processes must be performed far more rigorously to be of use to therapeutics or toxicology. This is the question we intend endeavouring to elucidate in the following memoir, in which we have treated several points concerning legal medicine and physiology, and hope to succeed in throwing some light on this arduous subject.

Gmelin, Tiedemann, and especially Wibmer, were the first chemists and physiologists who demonstrated that when copper was administered with a criminal intention, it was absorbed and carried into the deep-seated organs. Their experiments were published several years before those which indicated the presence of arsenic in similar cases. But it appears that every important discovery is destined to carry a shadow with it, rendering it obscure; thus, arsenic, copper, lead, and another metal yet unknown, are said to exist in the human body in its normal state. Messrs. Devergie and Hervy, in a memoir read to the Academy of Medicine, the 16th October, 1838 (vide *Bulletin de l'Academie de Medicine*, vol. iii.), expressed themselves thus:—"In conclusion, it is now certain that copper, lead, and probably another metal, of which, however, we are not yet positive, form constituent parts of all the organs in man and animals."

Professor Orfila, whose opinion is received as an ultimatum in toxicology, confirmed by his own researches the result announced by Messrs. Devergie and Hervy; and it appeared that on this subject doubt could no longer exist—for in the last edition of his *Toxicologie*, published this year, he describes the process to be followed in order to avoid mistaking normal copper from that given as a poison. This process is similar to that recommended by the celebrated professor in the researches on arsenic, and consists in boiling the suspected organs in water, which dissolves only the copper, lead, or arsenic accidentally introduced into the system, and has no action whatever on these metals which exist in the normal state of the human body. But in adopting this opinion, the professor forgot that he asserted, in a memoir read to the Academy of Medicine (vide *Memoires de l'Academie de Medicine*, vol. viii. p. 483, and *Annales d'Hygiene Publique et de Medicine Legale*, Oct. 1840, p. 307), "That broth, made with a sufficient quantity of meat, may contain arsenic, and furnish spots similar to those described in the 20th, 21st, and 22d experiments of this memoir, and which proceeded from muscles," and that copper had likewise been found, especially in the *bouillon*, or broth, known in Paris under the denomination of *Bouillon de la Compagnie Hollandaise*.

While speaking of this species of *bouillon*, we cannot refrain from answering, as briefly as possible, a claim made by M. Chevreul, at the sitting of the Academy of Sciences, on the 24th April last, as to the priority of the assertion that copper did not exist in the human body; for he had affirmed

this fact in a report read by him, on the 19th March, 1832. In the *compte rendu* of the sitting the said claim made by M. Chevreul was thus inserted :—

"After this communication (the above-mentioned), M. Chevreul handed over a report on a memoir read to the Academy on the 19th March, 1832 (printed by his orders), on the analysis made by him of the *Bouillon de la Compagnie Hollandaise*."

M. Chevreul therein opposes the opinion of those authors who consider copper as one of the constituent parts of vegetables and of animals (p. 16, 17, 18, and 33 of the *Memoires*). He founded his conclusions, 1st. On the very minute quantity of copper which he found in certain samples of vegetable and animal matter; 2d. Because other samples of these same substances, chosen and carefully prepared by him, did not give, when analysed, any traces of this metal, though he operated on ℥vj at a time."

But in this memoir, published by M. Chevreul's order, he thus expresses himself:—"If I had examined only the *bouillon* of the Val de Grace, which is made in copper boilers, it might be said that the metal it contained came from that source; but without affirming that such is not the case, still it cannot be the only one, for this metal is to be found in the *Bouillon de la Compagnie Hollandaise*, prepared in iron boilers; and in broth made in tin and earthen vessels; finally, in beef, mutton, and veal. But is copper one of the constituent parts of organic matter? The fact is doubtful, even in supposing that the experiments made by Messrs. Meissner and Sarzeau be correct, for the quantity of copper found by them in cinchona, garance, coffee, wheat, and the blood of oxen, is excessively minute. On the other hand, we found no copper in the samples of beef, veal, and mutton taken from a butcher's stall and carefully examined. I do not, however, wish to insinuate that the organic matter analysed by these gentlemen contained fortuitously a minute quantity of copper, because, having examined the same substances, I could not find any; the less so that I operated on smaller quantities than *they* did. But I wish to establish that meat may sometimes furnish a small quantity of copper, and at other times the same meat, carefully prepared, does not contain any.

"Whatever, however, may be the opinion as to the existence or non-existence of copper in organised beings, it is nevertheless true that this metal is to be found in our food, and especially in broth; but the quantity is very minute, and does not exceed one *milligramme* for two pints of broth, or 0·353 oz. in weight. In speaking of the quantity of copper contained in our food, I must, however, remark that it is too small to have any influence on us; and will add that, in medico-legal cases, when it becomes necessary to discover if it exists in a body supposed to have been poisoned by a salt of copper, the chemist must be accustomed to similar researches, in order to be able to indicate to the tribunal not only proofs of the presence of the poison, but also the quantity found in the matter examined. There is so great a difference between the quantity of normal copper and that found in cases of poisoning, that no error can exist if the experiment is properly executed, thus depriving criminals of the advantage of pleading the existence of normal copper, to hide their nefarious project.

"From new researches made with different substances the following results were obtained :—The cinders of 10·587oz. of wheat bought at a shop gave a very minute quantity of copper; 17·645oz. of wheat, gathered by myself in the *Commune de l'Hay* (environs of Paris), from the ear, were carefully washed, burnt to a cinder, and analysed, but did not give any traces of copper. I do not, however, *positively* conclude that the chemists who affirm having found copper in vegetables were mistaken as to its origin; for salts of copper may form part of the soil, and, after being dissolved by the water contained therein, be absorbed by the roots, and carried into the different parts of the plant. But the conclusions which I draw from my experiments are, 1. That every sample of wheat does not contain copper; and 2. That in neglecting to take the necessary precautions, we may find in animal matter a certain quantity of copper, introduced accidentally."

From the preceding extract, it is evident that the learned chemist did not seek for copper, either in the blood or in the viscera; and he certainly could not conclude, because he sometimes found it, and sometimes did not, in the *Bouillon de la Compagnie Hollandaise* and in wheat, that it does or does not exist in the human body. Again, he could not, in 1832, refute an opinion which was not proclaimed before 1838, from which period, up to the present year, it has been generally admitted as a fact, by toxicologists at least, and without his saying aught against it, until my memoir was announced. It is probable that, had he declared, in 1832, that copper did *not* exist in the human body in its normal state, no chemist (so great is the renown he has deservedly attained) would have dared to assert, a few years after, that copper *did* exist therein.

Drs. Cattanei di Momo and Camillo Platner are the only two chemists who doubted the correctness of the discovery made by Messrs. Devergie and Hervy. They expressed their opinion after having analysed, first, the digestive organs of a still-born child, and second, the lungs, heart, liver, and spleen of a fœtus, and of a child which died the twenty-fifth day after its birth, having taken nothing but the breast. But these distinguished chemists pursued their investigations no further, having read in the *Journal des Connaissances Medico-Chirurgicales*, Avril, 1839, No. 10, p. 72, that Messrs. Delens, Dumeril, Pelletier, and Caventou, had, in a report to the Academy of Sciences, declared the opinion of M. Devergie to be erroneous. But this report was on another memoir of that chemist, viz.:—On the necessity of modifying the processes actually employed for detecting hydro-chloric acid and hydro-chlorate of ammonia in cases of poisoning. It is, however, just to state, that Professors Cattanei di Momo and Camillo Platner were the first who endeavoured to combat an opinion which may become a source of error in medico-legal cases. Their efforts were not crowned with success: will ours be more fortunate? At all events, the patronage of M. Chevreul is a favourable augury.

It is well known to physiologists as well as to physicians, that inassimilable substances act in small doses on the human frame; and materia medica has derived benefit from the knowledge of this fact, the result of which has been exaggerated by homœopathy. When toxical or medicinal substances are introduced into the human body, part is rejected by the eliminatory act proper to all living beings; the remainder is absorbed, and carried into different parts of the system, rendering its discovery more difficult. In ordinary cases it is not necessary to carry the analysis beyond the thousandth parts, but in physiological researches it becomes necessary to attain ten thousandth parts, and even more if possible. In medico-legal cases, the fact of the choice which each poison makes of a certain organ, to which we have called the attention of experimentalists, will greatly abridge their researches in cases of poisoning.

In our former researches we endeavoured to prove, and we trust successfully, that it is possible to discover in organic matter the ten thousandth part of arsenic and antimony; at the same time we declared that the presence of animal matter was an obstacle to the free action of the tests, and ought, therefore, to be completely destroyed ere we can hope to obtain any satisfactory results. This has not been forgotten in our present researches on copper.

One of the most powerful agents for carbonizing animal matter is sulphuric acid; but it cannot act sufficiently if employed alone. To effect this, in our researches on arsenic and antimony, we employed Marsh's apparatus, with an addition to it which we made; but for fixed metals, such as copper, lead, tin, bismuth, silver, gold, &c., it is of no use. It became, therefore, necessary to replace it as efficaciously as possible.

We first thought that incineration might be substituted for carbonization, and the following is the method we employed :—

Process of Incineration—Carbonize the animal matter by adding to it from one quarter to one-third of its weight of sulphuric acid; mix the charcoal with boiling chloro-azotic acid, and then with water; evaporate the liquid and incinerate the residue with sulphuric acid and nitrate of potash. The operation is thus considerably shortened; but notwithstanding its advantages it is not easily performed, and the excess of potash is often an obstacle to the discovery of the copper by the tests.

Process of Carbonization—After repeated trials we found that the following is the most efficacious. Carbonize the part by adding to it one-third of its weight of sulphuric acid; expose the residue to a red heat; reduce it to a fine powder; then moisten it with sulphuric acid, and boil it until nearly dry; finally, add a sufficient quantity of water to dissolve the salt of copper. It is on this liquid that the different tests must be tried. It may be supposed that it would be advisable to mix the charcoal with azotic acid, in order to oxydate the copper, but we have always found that sulphuric acid is sufficient to convert the copper into a sulphate, probably on account of the extreme division in which it exists in the charcoal.

This process is so very easily executed, and so certain in its results, that it ought to be preferred—the more so, as by its means we discovered a hundred thousandth part of copper, mixed with animal matter, and this was proved not by one test only, but by three; viz.: by the precipitate produced by the addition of sulphydric acid; by the appearance of the metal on a plate of iron; and by the blue-coloured flame when burnt with the hydrochlorate of ammonia. The same plan may be followed for the other fixed metals; the only difference consists in employing—if it be lead, chlorhydric acid—and *aqua regalis* if it be tin, gold, &c. If several of these metals are mixed together, they may easily be separated by ordinary chemical processes, and then be distinguished by their characteristic properties.

(To be continued.)

PARISIAN INTELLIGENCE.

(FROM OUR OWN CORRESPONDENT.)

Paris, Dec. 28, 1843.

Polypus uteri.—M. Lisfranc makes the following remarks on this disease:—When polypus uteri is complicated with anemia from repeated hæmorrhage, and when the least loss of blood may occasion fatal consequences, it is impossible to use the knife for its removal, on account of the hæmorrhage which may ensue; or the ligature, because, it may cut the pedicle like a knife, or may include a portion of the uterus when the pedicle is formed wholly or partly of the tissue of that organ; or it may be applied, but with considerable difficulty, and produce serious accidents; and, finally, it may give rise to injurious effects from the presence of the instruments in the vagina, and the fœtid matter resulting from the sphacelus of the tumour. I would advise the following treatment, varying it according to the seat of the polypus.—*Polypus situated in the vagina.* If the strength is not too reduced, the tumour may be removed, but if hæmorrhage exists and the size of the polypus be such as to permit its being reached, it ought to be cauterized with the proto-nitrate of mercury so as to stop the flow of blood; this attained, the patient gradually gains strength, after which the customary operation may be performed with infinitely less danger. If, on the contrary, the tumour is so large as to render it impossible to cauterize the whole surface, the ligature must be employed.—*Polypi contained partly or entirely in the uterus.* In the former, after introducing a speculum, the part contained in the vagina must be cauterized; this I have always found sufficient to stop the hæmorrhage. In the latter, the cervix uteri must first be dilated and the proto-nitrate employed; the blood ceases to flow almost immediately, though but a very small portion of the polypus be cauterized: this is easily explained, it being pressed on all sides by the uterus, and the blood can only proceed from the part corresponding to the cervix uteri. When the cauterization checks the hæmorrhage, the polypus ought not to be removed before the strength of the patient be such as to preclude all danger; should it however not suffice, the ligature must be applied immediately. It sometimes happens when the polypus is entirely in the uterus, that the hæmorrhage continues to such an extent as to put the life of the patient in danger, and that it is impossible to dilate the cervix. Here death may ensue if relief is not

procured; consequently, the cervix uteri must be seized with a sharp hook (erigne,) drawn gradually and gently down to the labia pudendi and divided, after which the ligature, knife, &c., may be employed according to circumstances. In these last, the danger is greater and relapses more frequent than when the tumour is in the vagina.

Statistics on Re-vaccination.—In several of the late sittings of the Academy of Medicine, re-vaccination having been discussed, it may not be uninteresting to record the following facts published in the *Gazette Medicale de Montpellier* by M. Villaret, surgeon, in the army. In December, 1839, variola reigned epidemically at Tours, where the 7th dragoons, composed of 645 men, was quartered. Of these 153 *had had variola and bore evident marks*, vaccination succeeded in 97, failed in 56.—401 *offered true cicatrices of vaccine*—1st. trial succeeded in 307 cases, 2nd. trial in 7 more; failed in 87 cases—41 *doubtful cicatrices*—1st. trial succeeded in 22 cases, 2nd. trial, 6 more; 3rd. trial, 5; failed in the remaining 8; 50 *had neither been vaccinated nor had variola*—1st. trial succeeded in 37 cases, 2nd. trial in 8 more, the remaining 5 were constantly refractory to the influence of the virus. During the years 1840, 1841, and 1842, 760 men were incorporated; of these 123 *had had variola*, vaccination succeeded in 89 cases, failed in 34—447 *offered true cicatrices of vaccine*, succeeded in 402; failed in 45 cases—83 *doubtful cicatrices*, succeeded in 61, failed in 22 cases—107 *neither vaccinated nor had variola*, succeeded in 102, failed only in 5 cases. Thus in 276 men who had had variola, vaccination succeeded in 186 and failed in 90 cases—on 972 who offered cicatrices of vaccine, it succeeded in 810 and failed in 162 cases—and, finally, in 157 who had neither been vaccinated nor had variola, it succeeded in 147 and failed in only 10 cases. In the epidemic of 1839, when the disease attacked recent or anciently vaccinated individuals, it was generally very benign, being much more intense on those who were refractory to the action of the virus, or who had previously been affected with variola. In 5 cases in which vaccine and variola complicated each other, they both went through their stages as usual. From these facts M. Villaret concludes, 1st. that vaccine is in some cases a preservative from variola, and when this last takes place it is generally benign: 2nd. that its preservative properties become weaker and weaker, *it therefore ought to be renewed every ten years:* and 3rd. that if this operation were performed in all the army as in the 7th dragoon regiment, many men would be placed beyond the reach of a disease which yearly makes many victims.

Hydrocele, with Hœmatocele, cured by an abscess. Dr. Ducasse, director of the school of medicine of Toulouse, has consigned in the *Journal de Medicine et Chirurgie de Toulouse* the following curious case, M. — aged 40, was affected with a voluminous hydrocele, for which he had been operated on three times; in each a considerable quantity of a limpid yellowish liquid escaped. The fourth operation differed from the preceding ones; at first a serum darker than usual flowed, but was soon followed by a thicker liquid of a dark red or even black colour, inodorous, similar to blood already liquified by a slight decomposition. The tunica vaginalis could not be entirely emptied, nor the position occupied by the testicle precisely ascertained. Ten months after the patient consulted M. Ducasse again; the scrotum, since the previous operation had remained constantly distended, but caused no pain. On plunging the trocar into the swelling nothing but blood escaped; the hydrocele, without any known cause, had been changed into hœmatocele; shortly after an erysipelato-phlegmonous inflammation developed itself on the scrotum, chiefly on the left side, accompanied by fever, thirst, cephalalgia, insomnia. Notwithstanding the constant application of emollient lotions and poultices and a strict antiphlogistic regimen, the swelling increased in size—the redness extended itself to the groin—the fever became more intense, and on the twelfth day an eschar was formed and allowed an immense quantity of pus to escape. An incision of about eight inches was made, through which, for six days, a pus mixed with a bloody serum and several eschars came away. The swelling then gradually decreased; the testicle appeared in the upper angle of the wound; the general state of the patient was improved; healthy granulations appeared in the testicle and surrounding parts; and after three months assiduous care and attention, the cicatrix was complete and the radical cure obtained.

Utility of Dr. Junod's Instrument in Eclampsia.—In the *Annales de Chirurgie*, Dr. Cazeaux has inserted two cases to show how useful Dr. Junod's instrument (vide *Med. Times*, No. 202, Aug. 1843, p. 300) is in Eclampsia. 1st. Dr. Cazeaux was called in at 6 a.m. to a lady in child-bed, whom he delivered by means of the forceps; for three hours previous to the birth of the child she had complained of intense cephalalgia in the sinciput, but an hour after, the pulse was at eighty, the cephalalgia less intense, and the facies natural; the patient was ordered to be kept perfectly quiet. At midnight she was taken with an attack of convulsions which lasted half a minute, followed by a deep sleep for five or six minutes, alternating with convulsions. In spite of copious bleeding, cold applications to the head, calomel, purgative enemata, blister to the nape of the neck, the accidents increased in frequency and intensity, so much so that the life of the patient appeared in imminent danger. The state of the pulse counter-indicating bleeding, Dr. C. decided upon trying the effect of Dr. Junod's instrument; consequently it was applied, under the superintendence of the inventor himself, at 1 p. m. on the leg and lower half of the left thigh. Half an hour after its application, the convulsions ceased; it was then removed and placed on the right leg, the patient being then in a comatose state. At half past two, the face became deadly pale, and the pulse filiform; it was therefore considered prudent to discontinue the operation, and the instrument was removed. From 3 to 6 p. m. no new attacks of convulsions, only every half hour there was a slight agitation, after which the patient remained perfectly motionless. At half past six, second operation, during which she was not the least agitated. A purgative enema and cold applications to the head were ordered. During the night, coma, but no convulsions. The next morning the patient opened her eyes and appeared to recognise surrounding objects, though still unable to answer questions. The instrument was then applied for the third time, and removed only when syncope appeared imminent; during the whole time the lady, by her sighs and physiognomy, showed pain. The remainder of the day passed off without accident; the patient drank easily, spoke, though with some difficulty. Under the influence of tonic and exciting remedies she gradually recovered. 2nd. In this case, Eclampsia came on before delivery, venesection, calomel, &c. having failed. Dr. Junod's instrument was employed three times with complete success, and without producing any bad effect on the patient, who was delivered of a fine lively child.

On the action of nitrate of silver in venereal diseases or those supposed to be such.—The nitrate of silver, says Dr. Desruelles, may be considered in certain diseases as one of the best external antiphlogistic remedies we possess. It is very efficacious in venereal disorders when the irritation is superficial, or when the inflammatory stage begins to decline; acting in both instances as an hyposthenic. When employed on portions of the mucous membranes exposed to atmospheric influences, the result is more certain, than when it is applied to the deeper seated parts; but when it causes general reaction this phenomenon disappears much sooner, and the cure is more rapid in the latter than in the former. Its action differs according to the part to which it is applied, thus:—*On portions of the skin or mucous membranes affected with acute erythema;* it acts as an astringent and produces, after combining with, and changing into a shining dark grey the normal colour of the epithelium, a considerable degree of adstriction. The sulphate of copper also causes the epidermis to assume a greenish hue which it soon loses; the salts of lead whiten, harden, thicken, and crisp it without altering its texture; the salts of alumen simply crisp it. On the mucous membranes, the nitrate of silver seems to drive the blood back into the deeper seated organs, for when applied on their surface they become paler, lose their turgidity, seem to be contracted, and except when there is an excoriation, *the stronger the dose of the nitrate in the solution, the less the pain*; probably because it then acts as an escharotic, whereas in smaller quantities it is an irritant.—*On a mucous membrane affected with erythema and complicated with alteration of the rete mucosum.* Its action is the same as in the preceding; but as it must be repeated, the 1st. application must be made with a weak solution, the second with a powerful one.—*On an external surface hypertrophied or covered with granulations.* At first the causticum lunare must be applied pure, and persevered in as long as any granulations exist: when nothing remains but a slight redness and sensibility a strong solution must be substituted.—*On the granulations or papulæ which appear on internal mucous membranes.* On that of the vagina, cervix uteri, os tincæ, fauces, a strong solution must be employed (nitrati argent. 3ij to 3iv, aquæ distill. ℥ss), in the urethra the dose must be reduced.—*On excoriated surfaces.* It always causes smart pain, and an eschar if a strong solution is kept some time in contact with the part. The reaction thus produced soon ceases, without causing any bad effect.—*On fungous parts*: if applied superficially, it irritates and gives rise to hæmorrhage from the capillary vessels; this does not take place when it is kept long enough on the part to permit its combining with it and producing an eschar.—*On ulcerations*: it prevents the growth of morbid granulations when they are simply touched with the solution; but when this last is kept some time in contact with the ulcer it cauterizes deeply.—*On the denudated surfaces of the conchæ and septum narium*, of little use. A peculiarity in the action of this salt is, that it is not limited to the part it touches, but extends to the neighbouring ones; for instance, when employed to cauterize a fistula urinaria, as soon as the cauterization is effected internally the external orifice whitens; again, if a strong solution be applied on the cervix uteri or upper part of the vagina, the labia pudendi become paler. This explains why the whole mucous membrane of the urethra or vagina is modified when a portion [of it only is cauterized, and though it is impossible to affirm that the same phenomena take place in the uterus and bladder, yet it is certain that their internal surfaces are also modified.

The diseases in which the nitrate of silver may be employed with advantage are *Balanitis;* yields with rapidity on applying, twice a day, on the glans penis, a bit of linen moistened with a solution of nitrat. argent. 3ss. to 3j., aquæ distillat. ℥j. *Posthitis*, same solution—*Balano-Posthitis*, same treatment; when complicated with phymosis, injections of the solution. In some cases the following lotion is very useful:—℞ collyr. Lanfran. ℥j.*; aqua rosæ ℥vj.; vin. opii ℥j. *Paraphymosis;* yielded to an application of a solution of 3j. of the nitrate in ℥ss. of distilled water. In all the preceding affections, the stronger the solution the more rapid the cure. *Blenorrhagia—Ophthalmia Blenorrhagica.* The internal surface of the eyelids must be cauterized with the nitrate of silver, after which a few drops of laudanum must be instilled into the eye; this is repeated if needful. The consecutive inflammation is combated with antiphlogistics and mercurial frictions.—*Venereal ulcers.* Cauterizations prevent their development if employed in an early stage; they succeed sometimes, but often produce serious accidents when the follicles are the seat of an ulcer offering a hardened base, and a short stage of incubation; are always injurious when the ulcers increase in size and suppurate abundantly: are useful when cicatrization is beginning; produce adenitis, ulcerations of the fauces, granulations of the anus, papulæ or pustulæ on the skin when applied to ulcers with a hardened base or phagedenic ulcers.—*Ulcers of the amygalæ, pharynx or velum palati.*—First, the nitrate alone, and afterwards the strong solution.—*Ulcers of the conchæ.* To be cauterized with a sort of paste made of the caustic.—*Vaginitis with or without complication of urethritis.*—After subduing the inflammatory symptoms, the speculum must be introduced and the parts cauterized with a solution containing 3ij. of the caustic in an equal quantity of water, after

* The formula of Lanfranc's collyrium is: ℞. Pulv. Orpimenti 3ij.; pulv. acetat. cupri 3j.; pulv. myrrh. pulv. aloes. â.â ℈iiss. aq. rosæ, aq. distill. plantag. Major. â.â. ℥iij.; vin. albi. Hj. To be well shaken when used.—G. De B.

which a dossil of lint smeared with an ointment containing nitrate of silver is placed in the vagina. Chronic vaginitis yields to the same treatment, but it is necessary to apply the solution much oftener. —*Erythema of the cervix uteri with engorgement of one or both labia, and fall of the uterus*, yields to an application every third or fourth day of the strong solution.—*Erythema of the os tincæ with superficial ulcerations or granulations.*—In this case the diseased part must be touched with the lunar caustic, and afterwards a hair brush, moistened with the strong solution, introduced into its cavity.—*Chronic metritis with induration of the cervix, and even of the body of the uterus, erythema and inflammation of the os tincæ, and internal surface of the uterus.* A hair brush must be introduced into the cavity of the uterus and allowed to remain there for half a minute or a minute; after which a second is applied to the os tincæ; both moistened with a strong solution. —*Itching of the labia pudendi.*—Applications of a strong solution repeated according to circumstances.

On Insanity.—At the last sitting of the *Société Medicale d' Emulation*, M. Belhomme read a memoir on the causes of insanity, wherein he states that in 1839 he had declared that this disorder was produced oftener by physical than moral causes, including among the former cerebral congestion, apoplexia, paralysis, hysteria, epilepsia, excess of liquor, onanism, mercury, vitiated menstruation, amenorrhoa, pregnancy, &c. The conclusions of this memoir are—that physical causes produce insanity as often, if not oftener, than moral causes; that all systematic ideas ought to be set aside whilst appreciating the frequency of these causes; that, more than all, hereditary predisposition ought to be considered; that the disease is often produced by a succession of both causes, so that it is difficult to say to which the disorder is to be attributed; that, idiotism ought not to be included among the causes of insanity; that epilepsia is a frequent cause; that more physical than moral causes have been produced by civilization; that it is impossible to produce any influence on the intellectual part of man without influencing at the same time his organs; and that to make a statistical table really valuable, it ought to be drawn up by the physician who attended the patients.

Necrology.—The last pupil of the celebrated Linnæus, M. P. d'Afzelius, professor at the University of Upsal, Sweden, has just died in that city, aged 93.

Aberration in the appreciation of Colours.—Dr. Boys de Loury published the following case in the *Revue Medicale*:—Mr. H—— was obliged to give up his business as a dyer on account of his being incapable of distinguishing the different colours. The orange was yellow, a bit of brown and orange-coloured silk was of a uniform darker yellow, apricot was yellow, lilac was blue, violet was grey; garance, crimson, vermillion, were all violet; rose was a dirty white, brown was black. The author, after passing in review the different causes, thinks that it ought to be attributed to an atrophy of the retina.

Cure of Burns.—Dr. Fenaille proposes the following remedy in the treatment of burns. After opening the vesicles, if they are formed, the part is dipped in cold water and then plunged, still wet, in flour, keeping it there for a minute or two; by this means a certain quantity adheres to the part and prevents the access of the air. It is remarkable that the flour falls in scales from the surrounding parts the next day, whilst on the burn it remains adherent.

Academy of Sciences. Sitting of the 26th December, Professor Dumas in the chair. *On the Temperature in Children.*—Dr. H. Roger read a memoir on the temperature of children in health and during disease. Professor Bouillaud was the first who employed the thermometer, to discover the degree of the temperature of the patient during disease. Since then Mr. Donné has published some remarks on the state of the pulse and respiration during disease, compared with the temperature. Professor Piorry in his treatise on diagnostics states, that in health it is 104° F.; in prurigo without fever 108° 75, and in typhus 117°; and lastly, in his lectures, Professor Andral pointed out the state of the temperature in adults. The end the author proposes to attain is, 1st. to point out the modifications produced by disease in the temperature of children. 2nd. to search out the laws which may be deduced from these facts; and 3rd. To make use of the laws for the diagnostic. But before indicating the state of the temperature of the child during disease, it is necessary to fix precisely the degree when in health, thus, *on coming into the* world, the thermometer placed in the axilla marked in one case 100° and in another 98°. *Three minutes after* it descended to 96° 80, then 95° 90, and finally 95° 45. The next day it was as on coming into the world. On thirty-three children from one to seven days old, the average was 98° 60; a greater activity in the circulation, male sex, &c. seemed to produce a slight elevation. On twenty-five from four months, to fourteen years old, the maximum was 100°. the minimum 98°. As to the circulation, digestion, and respiration, they seem to be without any influence.

During disease the state of the temperature varies according to the affection. Professor Andral says, that in adults the maximum is 105° 60, the minimum 95°; but in children the difference is much greater, the maximum being 106° 50, the minimum 74° 30. Their diseases may be classed under the following heads. 1st. *With an elevation in the temperature;* every disease, however different in its nature, is accompanied with fever the moment there is increased heat. In febris ephemera the thermometer marked 104° 90; in febris intermittens during the hot stage 100°45; in typhus, in the first stage 103° 80, in the adynamic stage from 104° fell gradually to 99° 50 and 98° 15, after which it decreased in a direct ratio with the strength; no disease offers so elevated a temperature with so few pulsations; thus in one case temperature 104° with 92 pulsations, in another 104° with 112 pulsations; scarlatina average heat 102° 50, variola 101° 75; rubeola 101°. The diseases of the digestive organs may be classed thus; peritonitis, dysenteria, stomatitis, enteritis, aphtha; in the 1st, the temperature averaged 103°, and in the last 100°. In cynanche trachéalis 100° 85; bronchitis with fever 101°; pleuritis 102° 20, pneumonia 104°. As in health the temperature of the brain is inferior to that of the thoracic and abdominal organs, so in disease the same result is observed. Thus in cerebral ramollissement, in 11 cases out of 14 it was only 101° 30, the maximum being 103°; in cerebral or cerebro-spinal meningitis average heat 102°; in this disease the heat is greater in the 1st and 3rd stage than in the 2nd.—*With a normal temperature*, there are hydrops, tubercles, pertussis, chorea, anemia, rachitis. In some cases, phthisis produces an augmentation by inflammation of surrounding parts; pertussis when complicated with bronchitis, and hydrops when inflammatory, *with a lower temperature*, may be partial or general. In the forms of paraplegia, and hemiplegia, the seat of the disease offers less heat than in the normal state; gangrene of the mouth, on the eschar 90° 50, in the other parts of the mouth 99° 80; in the axilla 99°; in the late sporadic cholera, the difference between the heat in the axilla and in the fold of the arm was 7° 20, whilst in health the difference is only 1° 80. Œdema of new born children; the temperature was in 37 cases on an average 90°; in 22 it marked less than 95° descending to 86°, 82° 40, 80° 60, 78° 80, 77°, and death took place at 74° 30. This excessively low temperature does not destroy life immediately, for a child lived 2 days, the themometer marking 77° 90, and another when at 74° 30, lived from 7 to 8 hours, the pulse being at 60, respiration 16, in a comatose state and already colder than a child which had died 10 hours previous. From these facts the following practical observations may be drawn. 1° That whenever an infant presents a degree of heat above 100° 40 F. it may be affirmed that fever exists; whereas it may offer from 120 to 140 pulsations, and 40, 50 and even 84 inspirations in a minute, and yet be quite well, 2° That the thermometer shows that fever exists, but does not indicate its nature. 3° That the highest temperature is observed in typhus, pneumonia, and meningitis. 4° That meningitis may be affirmed to exist if the thermometer is more elevated in the first and third stages than in the second, offering in the last from 96° 80 to 95°. 5° That when a high temperature (104° to 105° 80 in the axilla) coincides with a slight acceleration in the pulse, typhus may be said to exist, and enteritis if the thermometer marks only 100° 40 or 101° 30. 6° That when the thermometer marks 104° or 105° 80, with quick pulse and accelerated respiration, pneumonia exists; on the contrary, bronchitis if the thermometer is at 100° 40. 7° That the temperature decreases in certain diseases, paralysis, gangrene, intermittent fever, cholera, œdema of new-born babes. 8° That if in a child from one to eight days old the thermometer marks only 96° 80, œdema is to be feared; and its development is certain if the temperature descends to 93° 20, 89° 60, 86°. And 9° That this instrument is extremely useful in establishing the diagnostic of different diseases.

Physiological Researches on the Phenomena developed during Incubation; Memoir read by M. Baudrimont. The experiments performed by the author and M. Martin Saint Ange lead them to conclude—1° That oxygen is necessary for the development of the embryo contained in the fowl's egg; the same remarks are applicable to those of the duck, guinea-hen, pea-hen. 2° That there is a loss of water. 3° That the carbon and hydrogen are burnt. 4° That the quantity of carbon burnt increases as the period for the birds being hatched draws near. And 5° That eggs have a heat of their own, produced by the combustion of the oxygen and hydrogen, independent of that communicated by the mother.

On the Circulation of the Blood.—M. Ducros addressed a memoir on the circulation. From his experiments on frogs the author concludes—1° That in the arterial system the globules repulse one another, on account of an electric power which they possess. 2° That, in the veins, the globules attract one another, whence the return of blood from the extremities and lungs towards the heart.

Academy of Medicine; Sitting of the 26th Dec.; Professor Dubois in the chair. Dr. Mercier addressed a letter in reply to one from Dr. Guillon, read in the preceding sitting, in which he states that he operated, in 1838, at the Charité, with his instruments; that he described them in his lectures at the Ecole Pratique, in 1839; that those he employed to cut the valve of the neck of the bladder were described in a sealed note, addressed to the Academy of Medicine, in the same year; and that in a sealed note, addressed, in 1836, to the Academy of Sciences, he described those which he made use of to remove tumours situated on the neck of the bladder.

Lithotomy by the high operation.—Dr. Souberbielle presented a patient on whom he had operated on the 2d inst., and from whom he removed a stone 1¼oz. in weight, of a soft, friable texture, with his wonted dexterity. M. Souberbielle, though upwards of ninety years old, after the operation carried the man, though corpulent, to his bed. The patient had undergone once lithotrity, but the pain was so great that he was taken with violent spasms followed by syncope.

The names of the members composing the deputation to compliment his Majesty on the new year, was drawn by lot, after which the Academy proceeded to name the members who were to form part of the different commissions for the year 1844.

Garland de Beaumont, D.M.P., B.L., & S, &c.
Honorary Physician to the Spanish Embassy.

Dr. Heine's Bed for Dislocation of the Hip, resulting from Disease.—The bed used by Dr. Heine consists of a firm frame-work, covered with a hard mattress, and furnished with means for the reception of the patient's evacuations. A strong girdle of leather, well padded, is passed round the pelvis, from the front of which two straps pass over the patient's groin and the perinæum to two points on the back part of the girdle opposite their attachment in front. When this girdle is fixed, either to the mattress or by straps to the post at the head of the bed, the parts above the hip joints are necessarily fixed, and counter-extension can be conveniently made by force applied to the lower extremity. The lower extremity is laid upon a splint, well protected by pads, and furnished with a shoe: to this latter a screw is fixed, which, by its connexion with a rack-work fixed at the foot of the bed, can be lengthened or shortened, and thus draw the foot further from the pelvis, necessarily lengthening the shortened limb. With some modifications this apparatus is applicable to fractures of the neck of the femur.

COURSE OF LECTURES ON THE THEORY AND PRACTICE OF MEDICINE.

Delivered by C. J. B. WILLIAMS, M.D., F.R.S., Professor of the Practice of Medicine, and of Clinical Medicine, at University College.

I WAS yesterday speaking of cough in the first stage of phthisis; I stated that it was generally dry; but there is sometimes a little mucous expectoration which is thought nothing of. The disease although very limited—small in amount—may sometimes go beyond the first stage. A few tubercles may exist at the apex of the lungs and cause the cough I have mentioned; and this, first of all, is accompanied by no expectoration, or a little expectoration like that of simple bronchitis, more like that of bronchial flux, and less viscid than in bronchitis. The cough may be excited by pressure on the chest, sometimes by irritation of other parts; as when the bowels are disordered and the liver engorged, and when these temporary causes are removed the cough may subside. Hence the whim very commonly prevalent, that these coughs are stomach or liver coughs. The same thing occurs in those females who are subject to an irregularity of the catamenia. This is only an epiphenomenon. The convulsive character of the cough may be cured though it will not actually subside, there being only a slight hacking once or twice in the day. Then pain is another symptom that may occur as a proof of the irritation of the lung; and this at a very early period. The pain is very uncertain; there are many cases in which the patient does not complain at all, and I should be inclined to say that the existence of pain is rather a favourable symptom than otherwise—to say that it is not favourable, is implying that no disease is present in the lung; but favourable, is implying that the disease is accompanied by a tendency to a reparative process. The cases in which I have observed this to exist generally, are those in which the disease is of an inflammatory origin, or where there is some inflammation accompanying it. Now the worst cases of phthisis are those in which the disease seems to steal on very rapidly with very little pain, and but little obvious inflammation; the pain that exists is dependent upon the inflammatory process connected with the tubercle, often tending to remove the tubercle or to circumscribe it, rather than with the tubercle itself. In some cases it is certain where there is a most rapid development of tubercle, where the whole lung becomes invaded very rapidly, there is little pain complained of; and you can scarcely suppose that the presence of tubercle is the chief thing that produces pain. The pain complained of is often only connected with the decay of the tubercles; it has some association with the contraction of the lung, and the contraction of the tubercles is a matter itself often tending, not to softening, but to another mode of termination, such as puckering and obliteration. The situation of the pain is on one side of the sternum, underneath the clavicle, or sometimes it appears in the intercostal spaces, and not unfrequently pain may be felt on pressure. The pain is sometimes felt too by exposure to cold, and there is an uncommon sensibility about the air tubes, such as I have mentioned before, not unfrequent in phthisis. The pain may be very severe, and in some cases independently of the tubercle itself, which depends on the condition of the constitution, and occurs in highly sensitive or nervous subjects. In such cases a superficial tenderness exists over a considerable part of both sides of the chest, associated with tenderness on the spinal column. There is sometimes seen a contraction of the muscles, a remarkable irritability, so that when pressed on strongly on percussion, they will rise up into knots. This is not at all distinct in phthisis, but occurs in many other cases. Weakness of the pulse is a more common and constant symptom than pain, but not so constant as the occurrence of the cough, and not so constant in the early stages as in the limited form of the disease. I have had a great many cases of phthisis, which in their early stages presented little or no acceleration of the pulse. The quickness of the pulse usually begins at a certain time of the day. It is first perceptible commonly in the evening, and during the night it regains its ordinary frequency, and may be quite low in the morning, slower than usual. This condition of the pulse increases as the disease goes on: it becomes more and more frequent towards the evening, and gradually as the disease advances, it does not lower its frequency during the night. Added to this indication of the pulse there are usually more or less signs of slight febrile excitement; heat of skin, thirst, and some other symptoms of febrile derangement. In the morning, on the other hand, there are more or less chilly feelings. So likewise even in the early stages at this period, the febrile movements that occur in the evening may not last through the night. The febrile movements, except in the very rapid cases, are generally of the slight kind, and for a long time are scarcely perceived. They may be shown by getting an unusual flush towards the evening, and having the thirst I mentioned before; the heat being complained of only partially, in the palms of the hands, and the surface of the face; but the palms of the hands exhibit more or less of the dry heat. Often in connexion with this stage of phthisis, there are other irritations. There is irritation for instance, at the upper part of the intestinal canal; gastric dyspepsia is very common, and I have known it to occur in so great a degree as to create a great deal of nausea. With this there is frequently a disposition to costiveness, and often in gastric dyspepsia there is irritation of the upper part of the canal, accompanied by torpidity of the lower part. The urine is disordered, and exhibits a deposition of the lithate of ammonia and other matters, being deposited of a darker colour than usual,—this occurs as the fever passes off.

These indurations produce not only signs of irritation, but besides these, there are the signs of obstruction. The indurations, deposited in the lung, mechanically obstruct the passage of the air in and out of the lung. When these consolidations are very numerous, the obstruction to the entry of the air into the lungs, is such as to cause the breath to be very short. This is an early symptom in extensive cases, where there is a considerable amount of disease in the lung. When you take that into consideration, you must take also into account the strength of the patient. You find a patient who is weak may complain, while the patient who is strong may have it also. This is to be taken into consideration. When you find a person who is not very weak complaining of short breath, you may be sure something is wrong, and you may be led to the suspicion that there are tubercles. I have seen several cases of very extensive disease of the lungs, particularly those that have originated in inflammation, that have left the body free from any great degree of weakness, and yet the patient complained of shortness of breath. Where the disease is very extensive, there is usually shortness of breath, and the shortness of breath is felt chiefly on exertion, such as that consequent on going up a hill. This is a more serious form of shortness of breath, than that arising from nervous causes, which are the common causes of shortness of breath. The patient cannot go up hill without feeling his breath short. The same cause that gives rise to obstruction of the air in its passage through the lung, gives rise to the condition of emphysema to a certain amount. There is another thing, too, it produces:—a physical sign I shall presently have to advert to; an obstruction of the motions of the chest. But, to go on with the general symptoms connected with the obstruction of the blood vessels, from the consolidation being scattered through the lungs: there may be various symptoms, sometimes of congestion of the lung, with more or less uneasiness coming on from time to time, arising from this cause, and sometimes relieved by bronchial flux; sometimes this is the case, as in bronchial hæmorrhage or hæmoptysis. This is a sign of the early stage, and is of common occurrence. Connected too with these obstructions to the circulation, I may mention palpitation of the heart. This is a common sign in the early stages of phthisis, where the obstruction is considerable. Palpitation of the heart you find, in a great number of cases, to be complained of—it sometimes occurs with shortness of breath or cough, and it occurs in some cases, too, with hæmoptysis. Sometimes there are effusions into the pleura in connexion with this—pleuritic stitches. The pain is, even in the early stages, referred to the lower part of the chest, obviously connected with the pleuritic stitch, and probably it arises from obstruction. The hæmoptysis in the early stages of phthisis, is generally caused by the obstruction, and it may constitute a very serious accident in the course of phthisis, as it may endanger the life of the patient by the quantity of blood lost. Sometimes the patient loses an immense quantity—30 or 40 ounces in a day or two, and sometimes more. A day or two ago I saw a patient of mine who lost 40 or 50 ounces in two days, and was very nearly dying from syncope; yet the patient is now in a state of apparently good health, though he is not free from the physical signs of disease of the lungs.

Physical Signs.—I think I have said enough with regard to the general symptoms, and I now proceed to the physical signs of the first stage. The physical signs will vary, too, in proportion as the indurations are extensive or partial. It is just possible that the indurations before they directly affect the sounds on percussion or the sounds of the voice, may excite a partial bronchitis, which may be recognised by its usual signs, sibilant, or sonorous rhonchus passing into the submucous rhonchus, and sometimes to the subcrepitant. This would be thought nothing of in the general way, but here there are circumstances that render the occurrence of it very suspicious. It is not usual for common bronchitis—bronchitis occurring as the result of a mere cold—it is not usual for it to occur quite at the apex of the lung, and I do not think it ever occurs there without its occurring in other parts of the lungs. There it arises from cold without tubercle; but here it is produced by tubercle. It is occasionally apt to be produced, and therefore the occurrence of the signs of bronchitis, the sibilant and sonorous rhonchus occurring under the clavicle and passing into the mucous or submucous—any of these signs of partial bronchitis limited to the apex of the lung, should be looked on with extreme suspicion, and, in connexion with cachexia, should be considered as almost conclusive of tubercle. Therefore, the occurrence of the signs of partial bronchitis, if heard day after day in the narrow part of the lung only, render it a case of suspicion, even before any modification of the sound takes place.

The next sign to be mentioned is the modification of the sound on percussion which I consider to be the earliest indication of disease of the lungs; on careful examination of the upper part of the chest, it is found that the one side differs from the corresponding part of the opposite side. This is a matter that requires great care and experience as well as great attention. If after examining with great care——taking care to put all circumstances aside likely to interfere with the elucidation of the true sound, and taking care to make the comparison of the sides as perfect as possible, if after these examinations, you find one side different from the other and this in combination with the symptoms I mentioned before, it is a pretty sure sign that there are tubercles at the apex of the lung. If too in combination with disease at the lower part of the lung, you find very slight disease occurring at the apex, and this in connection with the general symptoms, there is almost conclusive evidence of the existence of tubercles in the lung. The best mode of examination is to use percussion in different ways; use it by strong percussion, the fingers closed together; each one by practice will gain the best mode, if he gives due time to it. The mediate percussion is always the best, taking care to place the fingers in the intercostal spaces between the ribs, (this is always better than on the ribs) and percussing carefully with the fingers placed between the first and second rib, (which is one of the best positions) and then doing carefully the same thing on the opposite side, placing yourself in such a position that you strike equally both sides. The same mode of percussion may be applied to the spine and the scapulæ; using a greater degree of force than usual, above the spine and super-scapulary spaces.

The percussion may also be exercised above the clavicles,—in the hollow immediately above the clavicles, taking care to apply the fingers to the disc of the plexameter with an equal force; on one side you will find a great difference in the sound from that of the other. This is the mode in which forcible percussion should be used, but it is not always the best mode of distinguishing the sounds. Gentle percussion,---filliping with the finger may be used; and also broad percussion on the back of the hand: either on one finger, on the intercostal space, or on the broad part of the hand. It is only when this mode is employed to point out the difference between the two sides, that the indication can be considered exact. The axilla is, you find, peculiarly suited for exploration. It is the apex that is affected, and the posterior part of the apex more than the inferior; and you see the manner in which the lung is raised, so that the axilla comes almost in contact with the apex of the lung. You see this is a very fit part for comparison, and when you are doubtful about other facts you desire the patient to lay his hands on his head, and then percussing the two sides, you soon see the difference when it is not apparent under other circumstances. The intrascapulary region is an important part; I have lately come to the conclusion that where there is any degree of dulness at the apex of the lung, there is a perceptible dulness at the root of the lung. I have observed this as a fact, and for a long time I was struck with the occurrence; and I was inclined naturally to come to the conclusion that this was an indication of the existence of disease in the bronchial glands, but whether it is connected with the absorption of tubercles or whether the bronchial glands are simultaneously affected in so vast a number of cases, we cannot determine here. I speak the fact as I have seen it. In most of these cases when there is any dulness in the

apex of the lungs, there will also be found to be dulness on the corresponding root of the lung. This is not so apparent because it requires more care in percussion. Now I have stated the difference in the sound, and I have mentioned several times, the views we ought to take with regard to the character of the sounds. It is not only the dulness of the sound, which constitutes the disease—it is rather the change in the tune of the note. On one side the tone is of a lighter key than on the opposite side. There are some forms in which a flaccid emphysema may exist to modify this, but there will always be found a dull spot; and also a spot in which the sound is of a lighter key. It is very difficult to decide which is the diseased side. I have seen students and practitioners, of every description, young and old, privately disputing which was the dull side. Dulness on percussion will vary very much in different cases, in some it is manifest only on certain states of respiration, sometimes full expiration. The other sounds of respiration are not so constantly varied. There are many instances of this in the very earliest stages where little or no modification can be detected in these sounds; the modifications are not constant, as I have already explained, as occurring in connection with some other consolidations. In these same situations, keeping clear of the natural track of the bronchial tubes, the sound instead of being purely vesicular is more or less of a whiffing character. I have used the term *whiffing*, for it clearly is not entirely synonymous with *bronchial*, and is of a lower degree; the sound is sharper and more blowing or whiffing. In the next lecture I must notice the phisical signs and then dass on to the other stage of phthisis.

PERISCOPE OF THE WEEK.

Intus-susception.—Mr. Taylor, a surgeon at Guildford, narrates in a recent number of the *Lancet*, the particulars of a case of intus-susception occurring in the person of a male infant, 20 months old, and terminating fatally on the 4th day. The principal symptoms were severe pain in the abdomen, but no tenderness, the presence (on the second day) of a tumor indistinctly felt in the right iliae fossa, vomiting, at first only bilious, but afterwards having a decidedly fœeal smell, and no passage by the bowels. On examination of the abdomen thirty six hours after death, and tracing the ileum from its commencement towards the cœcum, extensive invagination of its lower portion was found, having a knotted and twisted appearance, at first sight quite inextrieable. The bowels having been included in ligatures, the parts were removed, and the following displacement was made out:—The termination of the ileum, to the extent of six or seven inches, the cœcum and ascending colon were filled with inverted bowels. The portion of ileum above mentioned was puckered up so as to form a mass searcely an inch in length, and of a dark chocolate color: this was now seen to have formed a second invagination into the cœcum to the extent of two inches. It would appear as if the further descent of bowel had been checked by the unyielding nature of the mesentery, or rather of the mesenterie vessels, and the continuance of the peristatic action had caused the double invagination. The colon beyond this was much contracted, but otherwise healthy. On laying open the included parts, the bowel within was found in a state of gangrene. Mr. Taylor remarks on this case that it is in one respect peculiar, inasmuch as certain symptoms laid down by some writers as diagnostic, were absent. There was not any tenesmus nor discharge of bloody mucus from the bowels; neither was there any distension of the abdomen, nor other sign of consecutive enteritis: on the contrary, there was some sinking of its parietes, with a retracted navel. The formation of the elongated tumor was also slow and progressive, instead of occurring suddenly, and this circumstance might serve to distinguish the case from one caused by fœcal accumulation. With regard to treatment, Mr. Taylor suggests the endeavour to suspend the peristaltie action at the first invasion by a full dose of opium, and in the case of adults by the tobacco enema in addition, while the use of purgatives should be carefully abstained from. In this way, he observes, spontaneous recovery would at least not be frustrated. In some cases the only chance for life would be by surgical interference. The requisite abdominal incisions would not be longer than those needed for excision of ovarian tumors, and manipulations as severe are occasionally practised in operations on voluminous herniæ.

Products of the Distillation of Meconic Acid.—The memoirs of the chemical society contain a paper on the products of the distillation of meconic acid, by Dr. Stenhouse. When either meconic or komenie acid is subjected to distillation at a temperature varying from 510° to 550° Fah., it yields pyromeconic acid, which passes into the receiver, partly as an oily liquid, and partly as a crystalline sublimate. Towards the close of the distillation a few crystals of another acid appear on the sides and neck of the retort. Pyro-meconic acid when first obtained, is rendered impure by the presence of empyreumatie oil and acetie acid, from which it may be freed by pressure between folds of blotting paper, and cautious redistillation at a comparatively low temperature; the pyro-meconic acid is then nearly colourless, and if again pressed and repeatedly crystallized out of spirits of wine, in which it is very soluble, may be easily obtained in large colourless prisms. If exposed to the air in a moist state for any length of time the crystals become coloured. A portion of pyro-meconie acid thus purified and analysed in the usual way, gave the formula C_{10}, H_3 O_5 + HO. or 54·046 carbon. 3·530 hydrogen, and 42·424 oxygen. Pyro-meconie acid, when pure, hardly, if at all, reddens litmus paper, and if a single drop of any of the alealies be added to its solution, it is immediately rendered alcaline. In this and in other respects it elosely resembles pyro-gallic acid, except that it is not so easily oxydisable. On adding solutions of potash and ammonia to a solution of the acid, and crystallizing, the acid was obtained nearly free from the alcali, not having combined with it. The only salt of pyro-meconic acid of which any account has hitherto been published is the lead salt. It was formed by Robiquet by adding hydrated oxide of lead to a hot solution of pyro-meconic acid. When the acid was nearly saturated, the lead compound precipitated. Robiquet found the salt to be anhydrous, and to consist of C_{10}, H_3 O_5 + PbO.

Pyro-meconate of Copper.—When an excess of hydrated oxide of copper is boiled for a short time with pyro-meconie acid, the solution becomes of a bright green colour, and when filtered, an emerald-green coloured salt is deposited on cooling. It crystallizes in long slender delicate needles, which are very brittle. They are but slightly soluble in hot or cold water or alcohol. Its composition is 42·522 carbon, 2·099 hydrogen, 27·822 oxygen, 27,577 Cu O: giving the formula C_{10}, H_3, O_5, + CuO for the constitution of the salt, and the number 1301·78 for the atomie weight of the acid, the calculated number being 1302.

Pyro-meconate of Iron.—When the acid is boiled with hydrated peroxide of iron, it combines with the oxide, and forms a brownish-red powder, which, when neutral, is very little soluble either in hot or cold water. The addition of a few drops of an acid assists the solution, which becomes of a deep-red colour, and it is deposited on cooling in small cinnabar-red crystals. The best way of obtaining this salt in crystals of considerable size and beauty, is by adding the persulphate of iron to a tolerably dilute boiling solution of the acid, and allowing it to cool very slowly. After some hours they are deposited in very distinct rhomboids, having a blood-red colour, and a lustre very much resembling garnets. Though not large, their crystalline form is easily discernible by the naked eye. They are hard and brittle, and their powder is of a cinnabar-red colour. They are soluble in hot or cold water with great difficulty: the solution is of a reddish-yellow colour. Their composition is 46·80 carbon, 2·43 hydrogen, 30·71 oxygen, 20.06 Fe_2 O_3. It is evident from these analyses that the iron salt is neutral, the atom of acid being as three to two. It gives precisely the same formula C_{10}, H_3, O^5, for anhydrous pyro-meconic acid, as the lead and copper salts: the atomie weight found being 1299·7; the calculated, 1302. When oxide of silver is added to a cold solution of pyro-meconate of silver, it immediately combines with the acid and forms a bulky light-greyish compound, which is but slightly soluble, and has very little permanence. It quickly decomposes even in the cold, becoming of a deep black colour. When boiled in a glass tube, the oxide is reduced without the evolution of any gas, and the inner surface of the tube becomes coated with metallic silver. This reaction with oxide of silver, together with the red colour which the acid strikes with a persalt of iron, forms a very easy means of detecting pyro-meconic acid. A bright-yellow gelatinous precipitate is formed by the addition of pyro-meconic acid to a solution of the ammonio-nitrate of silver, which is pretty soluble both in cold water and alcohol; it quickly changes its colour, even *in vacuo*, becoming dark brown, owing probably to partial decomposition. The examination of neutral pyro-meconate of silver is attended with considerable difficulty, owing to its little permanence. Pyro-meconie acid does not occasion any precipitate in solutions of salts of lime, barytes, or strontian. If hydrate of lime, however, is heated in a solution of pyro-meconie acid, it dissolves, and when the liquor begins to cool, the lime-salt is deposited in small hard crystals. Pyro-meconie and pyro-mucic acids are isomerie bodies, their composition in one hundred parts, and their atomie weights being the same. They are not identical substances, however, and may be easily distinguished, among others by the following particulars:—pyro-meconie acid gives a fine red with persalts of iron, while pyro-mucie acid gives only a dirty-green colour: pyro-meconic acid does not precipitate basic acetate of lead, while pyro-mucic acid does: pyro-mucie acid reduces oxide of silver with evolution of gas as a black powder, while pyro-meconic acid precipitates it as a metallic mirror; lastly, pyro-mucie acid, when boiled with alcohol and sulphurie acid, forms an ether; this pyro-meconie acid fails to do. An ether cannot be formed either with meconie or komenic acid. *** Pyro-meconic acid may be produced in considerable quantity by distilling the acid meconate of copper; it may also be obtained, but in smaller quantity, by the distillation of the neutral meconate of the same metal. Empyreumatic products only are obtained by the distillation of the meconate of lime.

Pyrokomenic acid.—When meconie and komenic acids are distilled at a temperature varying from 510° to 550° Fah., towards the end of the process, a few feathery crystals of pyrokomenie acid condense on the sides and neck of the retort. This acid was first noticed by Gruner and Robiquet; the best way of procuring it is by sublimation, but even this yields it in very small quantity. Dr. Stenhouse calls it the parakomenic. The crystals of para-komenic acid may be easily separated from the pyro-meconic acid with which they are mixed by washing them either with cold water or alcohol, in both of which para-komenic acid is but slightly soluble, while pyro-meconic acid very readily dissolves. Para-komenic acid, when first sublimed, is usually of a deep yellow colour, of which it is deprived by dissolving it in boiling water, and digesting it with animal charcoal. The filtered solution, when cool, yields the acid in hard crystallized grains, with merely a faint tinge of yellow; their powder is quite white. If not quickly dried, they become of a pale red colour; in appearance, degree of solubility in water and alcohol, and in their strongly acid taste and reaction, they closely resemble komenie acid; their composition is 46·622 carbon, 53 hydrogen, 50·85 oxygen, or C_{12}, H_4, O_{10}. The composition and formula of komenic and para-komenic acids are the same. Though this is the case, and though they closely resemble each other in most of their properties, the two acids may be easily distinguished by the following reactions:—1st, para-komenic acid produces no precipitate in a solution of acetate of copper, while komenic acid causes a copious yellowish-green precipitate; 2ndly, when added to neutral acetate of lead, para-komenie acid throws down a small quantity of a white granular precipitate, which instantly disappears if the liquor is stirred, being apparently dissolved by the free acetie acid present, for it reappears and remains permanently on the addition of a few drops of ammonia. Komenic acid, on the contrary, causes in acetate of lead a bulky, slightly yellowish precipitate, which does not dissolve even when treated with a great excess of acetic acid. Neither komenic nor para-komenic acid precipitate salts of lime, barytes, nor strontium; they produce no change in solutions of corrosive sublimate or

chloride of platinum; they agree in giving a pale red to a solution of tartar emetic, but cause no precipitate. Para-komenic acid also closely resembles the komenic in its silver salts, of which, it appears to form two. When a solution of the acid is added to nitrate of silver, it occasions a copious white granular precipitate, and when the acid has been previously neutralised with ammonia, it gives with nitrate of silver a yellow gelatinous precipitate. Both acids also give a similar deep red colour with persalts of iron, and, on standing for a few hours, they both yield a quantity of small, hard, jet-black crystals, in which no difference could be distinguished, whether formed by komenic or para-komenic acid. They have a considerable resemblance to coarsely-pounded charcoal, but they possess a much higher lustre; they are very hard, are gritty between the teeth, have scarcely any taste, and are but slightly soluble in hot or cold water. Their composition is 34·94 carbon, or 2·61 hydrogen, 43·80 oxygen, 18·63 $Fe^2 O^3$. Analyses give the formula K O + 2 H O, + K O + H O + $Fe_2 O^3$ + 4aq = $C_{12} H_4 O_{10}$, + 2 H O C_{12}, H_4, O_{10} + H O + $Fe_2 O_3$ + 4aq. The peroxide of iron is reduced by the komenic acid to the state of protoxide.

Influence of Solitary Confinement.—Mr. Dendy, in a letter published in the *Lancet*, alluding to certain statements which have appeared in the daily press, with reference to the injurious effects produced by solitary confinement, expresses his opinion that the writers in question are looking through a false medium, and prejudge the question, from prejudice & a morbid sympathy with criminals. At all events their observations are drawn forth solely by isolated and extreme cases, and the objections therefore to the solitary system become a question merely of degree.

Poisoning by Arsenic.—The case of a young woman, who is supposed to have swallowed about five drachms of white arsenic, is detailed in the *Gazette des Hopitaux*. A grain and a half of tartar emetic was at first given, and a clyster with three ounces of olive oil. Vomiting of a greenish liquid and blood, containing arsenious acid having taken place, the hydrated tritoxide of iron was immediately administered in a large dose, and continued until two pounds and a half had been taken. Vomiting took place after each dose; diuretics were given in the evening. The eighth day the patient was convalescent.

Leprosy.—The natives of the Sandwich islands, Oahee, suffer from a species of leprosy, which they call the *craw-craws*; to cure it they have recourse to the *kava-root*, a powerful alterative and narcotic.

Treatment of Chancre.—M. Ricord disapproves of greasy applications, which often cause irritation or even eczema, around the chancre. Common cerate, with a few grains of opium is admissible, and sometimes calms irritation; but mercurial ointment is an injudicious application.

State of Medicine in Minorca.—Dr. Foltz, in a paper contained in the *New York Journal of Medicine* states, that the medical faculty of Minorca is under the direction of the Royal Medical Junta at Madrid, without whose license no one is permitted to practise medicine or surgery within the Spanish dominions. There are several respectable practitioners there, but they are eclipsed by a host of illiterate pretenders, who purchase by a bribe the license to practise. At the head of these is a man of much tact and great effrontery, combined with great moral courage, who is ever ready to rush into every operation, generally to the ruin of his patient, still he monopolises the most lucrative practice of the place—he was originally a barber. The medicines most in repute for every form of disease are Morrison's pills and Leroy's purgative mixture; charms, amulets, &c., also are had recourse to. The priest sells amulets to ward off fever: keeping a cross from the fig-tree over the heart they say will have the same effect. The only hospital in Mahon is a hospital for foundlings, which is liberally endowed. There is not in the island a dispensary where the poor can obtain medicines gratis.

Blood and Urine of Chlorotic Subjects.—The experiments recently made by Herberger (*Auszug aus Buchner's Repertorium*) confirm fully the results previously obtained by Andral, Gavarret, and Simon. He examined these fluids before and after the exhibition of iron, and found that there was an extraordinary increase of hæmatoglobulin in the blood after the iron had been given, but that the fibrine had diminished, and that the quantity of albumen continued the same, both before and after the treatment. Bequerel has shewn that the urine of chlorotic girls contains less urea than usual, and this was found to be the case by Herberger; the urea was materially increased in quantity after the patient had been taking iron for some time. Herberger further satisfied himself that the urine during the process of cure contained iron, more especially in the morning, and that it was also contained in the perspiration. His patient, after her recovery, indulged her appetite very much with animal food; by the supply of so much nitrogenized food, the increased quantity of urea may be partly accounted for.

Period of Incubation of the Plague.—From an article in the *British and Foreign Medical Quarterly Review*, written expressly to prove the contagious nature of the plague, we obtain the opinions of several practical physicians as to the period of incubation of that dreadful scourge of the East. M. Ségur-Dupeyron, who has examined into the various cases of plague that have occurred in the European lazaretti since 1720, and has also extended his researches to the East, where he received much information from the consular authorities, states, that the disease was conveyed and communicated by men, and that, with two or three exceptions, it showed itself during the voyage. In the report which he has drawn up, from the data furnished him by the consuls, he shows that, out of sixty-five cases of maritime importation, the disease broke out on board fifty of the vessels during the voyage. Unfortunately he has not given returns of the actual length of the voyage, nor cited cases upon which reliance can be placed in determining the exact period of latency. He states, however, as the result of his inquiries, that eleven days may be considered as the extreme period. He records a curious fact, which bears both upon the duration of the period of latency, and the infecting power of the merchandise. A ship, commanded by Captain Maranguvich, arrived at Venice, in 1818. His ship was submitted to thirty days of quarantine. Two days only were required to be admitted to free pratique. when a passenger, named Micheli Cetti, rummaged his trunk to find his purse, and immediately contracted the disease. It was afterwards discovered that, owing to the carelessness of the guard, this trunk had never been opened. This is all M. Dupeyron states of the case; and if the facts be correctly stated, and that the rest of the merchandise had been purified at the time of the ship's arrival, either a period of latency of twenty-eight days must be allowed, or the possibility of infection by mediate contact. Dr. Aubert, in a memoir read before the Academy of Sciences in Paris, Sept. 1841, states, that in the space of 124 years, sixty-four vessels having plague on board have arrived in the lazaretti of Europe, and that in twenty-six only has the disease continued after the arrival: that it has never shown itself after the arrival, unless it had previously appeared during the passage; and that the period of latency on board has never exceeded eight days from the date of departure. At Malta, in 1813, the disease was said to show itself *generally* from three to six days after communication. Dr. Williams quotes from Aubert the fact that four criminals condemned to death were inoculated for the plague, and they all laboured under the disease before the fifth day. Clot Bey believes the mean period to be from three to six days, and that the extension to eight days is rare. The whole creditable evidence goes to prove that the period is much shorter than is generally supposed; but more accurate information must be obtained before satisfactory conclusions can be arrived at.

Inoculation of the Plague.—On this subject the evidence is contradictory. Clot Bey inoculated himself with blood and pus from a plague patient without any result; while Dr. White, after two unsuccessful attempts, caught the plague after the third, and died in three days. Dr. Valli, in 1803, died after a similar experiment. Deggio, a Russian army surgeon, inoculated himself at Bucharest, in 1775, and took the plague on the fourth day, but survived. In 1818-19, Dr. Sola inoculated fourteen Spanish deserters at Tangier, seven of whom are said to have taken the disease. M. Bulard inoculated four persons with blood and pus from the buboes, and serosity from the phlyctenæ of the carbuncle of plague patients; one only took the disease, and he recovered; he was exposed to the infection of a diseased neighbourhood. Dr. Grassi, Protomedico di Sanità, at Alexandria, has recorded the case of a physician who pricked himself on the ring finger of the left hand in opening the dead body of a plague patient; four days afterwards he had cold chills, vomiting, headache, and lumbar pains, which continued during the next day, when he noticed a small phlyctena on the finger, and a painful swelling of the corresponding axilla; on the following day, the general symptoms increased to delirium, and the finger and axilla had become the seats of plague carbuncle and bubo. He ultimately recovered.

Condition of the Urine.—M. Becquerel states that the urine voided in the course of twenty-four hours, or that passed in the morning by the same individual, is never of the same composition identically on any two consecutive days or occasions; the mean quantity of each chemical element is never precisely the same. Generally speaking, the variations in the quantity of each element are trifling in amount, but they may become seriously large. For example, M. Lecanu found that the quantity of urea passed by the male in twenty-four hours might vary between 22·446 grains and 9·119 grains, and by the female between 17·983 and 9·881 grains. There is an important inference from this, when the quantity of any principle is found in specimens of urine voided by persons out of health, to be but slightly above or below the mean standard, namely, that the deviation discovered must be considered one compatible with a healthy constitution of the fluid.

Fatal Dropsy after Scarlatina.—From M. Becquerel's work "On the Semeiology of the Urine," we learn that children dying with dropsy after scarlatina and without Bright's disease, present the following conditions on post-mortem examination; the subcutaneous and sometimes the deep-inter-muscular cellular tissue is infiltrated with serosity: the peritoneum, and in some subjects the pleuræ and pericardium contain serosity, generally straw-colored and transparent: all the organs are remarkable for their pallor and anemia; some of them infiltrated with serosity—for example, in many cases the submucous cellular tissue of the coats of the intestine. The lung is almost always distinctly and considerably œdematons; the liver soft, flaccid, pale, and on incision giving issue to serum. The kidneys present peculiar appearances which are referrible to œdema of their substance, occurring in two degrees. In the first degree, the kidneys appear harder and more swollen than natural; the capsule may be completely separated: under it the tissue appears of a dull white colour (without any trace of a yellow hue) interrupted here and there with vascular streaks. The entire of the cortical substance, even that prolonged between the tubuli, appears of the same colour, and presents neither granular texture nor vascularity. The tubular substance has its natural form, and by its reddish hue stands on in strong relief from the surrounding pallid ground. Pressure forces out a certain quantity of serosity from the altered tissue: and when this is removed, the kidney loses its swollen and turgid aspect, and becomes soft and flaccid. This change may affect the entire or a part only of the cortical substance: in the latter case it would appear chiefly in the neighbourhood of the hylus. In the second and more advanced stage, the kidneys are decidedly larger and harder than natural; the capsule continues easily separable, the cortical substance is of a slightly yellowish white colour, or perfectly white and shining: no vascular appearance is visible, more serum can be forced out by pressure: the tubuli look paler, but still are obviously distinguished by colour from the surrounding cortical substance. Both kidneys are always affected: and it can only

be regarded as a very advanced evidence of the general tendency to dropsy, like the infiltration of the liver, &c. The albumen in the urine in such cases appears to be furnished by the serosity pervading the renal tissue, which makes its way by a sort of infiltration or transudation into the excretory passages: be that as it may, M. Becquerel considers that his cases justify him in the inference that in the present kind of dropsy, the urine only contains albumen, when the kidneys participate in the general serous infiltration of the body. In some cases of dropsy after scarlatina, where the urine did not contain any albumen, he found the kidneys slightly paler than natural, but otherwise unaltered.

Gurjum Balsam.—The produce of the *dipterocarpus lævis*, recommended by Dr. O'Shaughnessy as a cheap and efficient substitute for balsam of copaiba. We have tried it in a few cases, and have found it, when combined with cubebs, to be equally as efficacious as copaiba, while it does not produce the distressing nausea and eructations so frequently caused by that medicine.

Fibrous Tumour mistaken for aneurism.—A soldier, nineteen years of age, was admitted into the hospital, under M. Engelhardt, with a swelling in the left ham, as large as a goose's egg, partly compact, partly fluctuating, and distinctly pulsating on moderate pressure. This, he said, had shewn itself suddenly while walking, about three weeks previously. Compression was at first tried, and afterwards the femoral artery was tied. The tumour continued to grow, notwithstanding. The patient presented symptoms of diseased lungs, and gradually sunk. On examining the body, the internal organs were found healthy, except the right lung, which was completely converted into a brain-like mass. The tumour in the ham was fifteen inches long, and twenty-four inches in circumference: it was pear-shaped, and lobed, and adhered firmly to the periosteum of the femur and tibia. On its surface were five sacculi, holding between five and six ounces of a sero-sanguinolent fluid, and apparently formed by the separation of the two layers, of which a tough fibrous membrane enveloping the whole tumour, was composed. The tumour itself consisted in part of a dry fibrous reticulated tissue, divided by partitions of looser tissue into lobes, and separated into two chief portions by a plate of bone; and in part, of a softer substance, easily broken, rose-coloured, interspersed with fibrous tissue, and containing many cells filled with serous fluid. The femur and tibia were healthy: so also was the joint, except that there was a small mass of soft substance, like that just described, on the inner surface of the synovial membrane. The artery ran over the tumour, and between two of the sacs of fluid on its surface: and through these its pulsations had been so communicated, as to give the sensation of the whole tumour pulsating.

Gangrenous Inflammation of the Abdominal sub-cutaneous Tissue.—Dr. Kerst narrates the case of a man, forty-one years of age, to all appearance of a healthy constitution, who had enlarged testicles, which had degenerated into a kind of medullary substance: they were both removed at once—in the evening, the patient complained of pain and tenderness of the abdomen, presented all the characters of acute peritonitis, and died on the fourth day. On examination of the body, all the thoracic and abdominal viscera were found to be healthy, but the whole of the superficial fascia and the sub-cutaneous tissue of the walls of the abdomen, and sides of the trunk were converted into a greyish black, soft, pulpy mass, mixed here and there with pus. The degeneration extended from the scrotum to the axillæ and scapulæ; but near the latter had not reached so extreme a stage. The spermatic cords and inguinal canals were healthy. Similar symptoms presenting themselves soon afterwards in a man who had been tapped for hydrocele, and from whom a portion of the tunica vaginalis had been removed, Dr. Kerst made free incisions through the integuments of the abdomen, by which large portions of dead cellular tissue were discharged; healthy suppuration followed, and the patient recovered.

Deafness of Tuberculous Subjects.—Impaired power of hearing, or actual deafness, is occasionally observed in tuberculous subjects, and is traceable, according to M. Ménières, to the development of tubercle in the substance of the membrane of the tympanum, leading to its more or less complete destruction.

Graaffian Vesicles.—How long *post coitum* is it before the Graaffian vesicles burst? On this head there has been considerable difference in the statement of different observers. But it is pretty certain that the time varies in different species of animals, if not in the same. As regards the rabbit, Barry's numerous observations show that the average time is between nine and ten hours. Bischoff agrees in this. In the dog the time is variable, but later. As regards man nothing certain is known. It was supposed by Prevost and Dumas that in the rabbit all the ova of one impregnation are not discharged about the same time. Bischoff agrees with Barry in contradicting this.

The Epidemic Ague, or Fainting Fever of Persia.—Dr. Bell, physician to her Majesty's mission at Persia, has published an account of this disease, with which four-fifths of the inhabitants of Teheran were attacked, and above one-sixteenth of the whole population died of it. It presented some points of analogy with the cholera asphyxia in its nature and habits, and pursued the same north-westerly course which that epidemic took some years since, when it visited Europe. Although dangerous when left to maturity, it is most amenable to treatment. It is essentially a quotidian ague. The following are the principal modes in which it produces its dangerous or fatal effects: general venous congestion, and consequently impeded action of the heart and cessation of the circulation, sudden effusion into the lungs, exudation from the capillaries generally into the cellular tissue, diseased spleen, constantly recurring ague, general dropsy, and failure of the powers of life. There may have been other causes, but these Dr. Bell was unable to note, from not having been able to obtain post mortem examinations. There were several varieties of the disease, more or less marked in their character, the more severe merging into true cholera. The treatment consisted in the exhibition of quinine with iron and sulphate of magnesia, and in bleeding from the arm, where requisite. The blood generally presented characters similar to those noticed in cholera.

Febrifuge Medicine.—Dr. Foltz has found the following formula very serviceable in the treatment of the most obstinate intermittents both in America and in Minorca. An ounce of powdered bark, two drachms of the bitartrate of potash, and a drachm of powdered cloves infused in a pint of port wine:—dose, 1 ounce to be taken every hour, for six hours preceding the expected paroxysm.

Ethnological Society.—*Pigmy tribes in Abyssinia.*—The attention of the meeting was engaged, December 20, in hearing a paper from the pen of Major Harris, the celebrated traveller, who has recently returned from Abyssinia with a costly collection of presents for her Majesty, from the reigning King of Shoa, to whom Major Harris had been accredited on a diplomatic mission by the British government. The paper was entitled "On the Galla tribes and the inhabitants of Abyssinia, south of Shoa." Of all the isolated remnants of the ancient Æthiopic empire to the south of Abyssinia, Susa appeared to Major Harris to be the most important and powerful. Sugga Surro was king over Susa. On his death-bed he bequeathed the sceptre to his son Hoti, who after a reign of ten years was exiled to Goma. His sister Balee is queen of Caffa, the inhabitants of which country carry on a constant traffic with northern Abyssinia. The patriarch of the Abyssinian church has the power of blowing the breath of the Holy Ghost into a leathern bag which is deposited in the churches. Ecclesiastics are ordained by the process of opening the bag and causing a puff to pass across the face. Beyond the extensive wilderness which bounds Caffa on the south, are the Doko, a short and perfectly wild race, not exceeding four feet in height, of a dark olive complexion, and in habits even more uncivilized than the Bushmen of southern Africa. They have neither idols nor temples, nor sacred trees, but pray resting on their heads with their feet against a tree. The country inhabited by the Doko is clothed with a dense forest of bamboo, in the depths of which the people construct their rude wigwams of bent canes and grass. They have no king, no arts, no fire-arms, possess neither flocks nor herds, are not hunters, do not cultivate the soil, but subsist entirely upon fruits, roots, mice, serpents, ants, reptiles, and honey; the serpents they beguile by whistling, and although the forests abound with elephants, buffaloes, lions, and leopards, they have no means of destroying or entrapping them. Both sexes go perfectly naked, and have thick pouting lips, diminutive eyes, and flat noses. The hair is not woolly, and in the females reaches to the shoulders. The men have no beard. The Doko in Major Harris's opinion are unquestionably the pigmies of the ancients, and agree in every respect with the type of Herodotus, who describes them as found only in tropical Africa, and "it is a curious fact" he states, "that the people of Caffa represent their forefather Boogazee to have issued from a cave in the forest—a tradition which cannot fail to call to mind the Troglodytes, who are also described by the father of history to be inhabitants of this portion of the African continent." In speaking of the Galla, Major Harris remarks that the females are fair and comely, which cannot be said of their sisters of Shoa. They wear red and blue striped trowsers reaching mid-leg, with a loose shift and a robe, also partly-coloured, the former enclosed by a zone of beads. The hair is dressed like that of the Amhara, in the shape of a beehive, with minute rows of elaborate curls; and the odour of rancid butter with which these are crisped, is somewhat alleviated by the liberal application of oil of cloves. Near the mouth of the Toob or Gochob are the Wardai Galla, who bleed the living animal and drink with avidity the reeking blood. The men shave the head, except at the crown, where the hair is suffered to grow long and is twisted into as many tails as the wearer has slain enemies. At the conclusion of the paper, Major Harris exhibited many interesting specimens of their art, more especially such as are worn in Shoa as marks of distinction by the king, princesses, and successful warriors, as ornaments by the women, or as charms against disaster. Most of them were composed of silver, which is obtained in the form of dollars and worked up by native artisans, whose workmanship displays a degree of skill which may be referred to a higher state of civilization than now exists. An animated discussion followed, in which Dr. Hodgkin, Walter K. Kelly, Esq., J. A. St. John, Esq., and the secretary, Dr. King, took a leading part. Among the papers announced for a future meeting, was one from the Baron de Ritgen, dean of the faculty of medicine at Giessen, in Germany, entitled "On the Human Pelvis and that of the lower animals."

[By a misadventure we much regret, this very interesting report escaped the attention of the printer at its proper time: it should have appeared contemporaneously with the observations of Dr. J. B. Thompson, many of the points of which it appears to explain away.—Ed.]

ROYAL COLLEGE OF SURGEONS.

List of Gentlemen admitted Members on Friday, Dec. 29, 1843:—T. H. Houchen, T. Coulson, B. Baker, A. Gosden, B. Kemp, J. B. Boridick, J. H. Brown, E. W. Adams, H. L. Hogg, T. T. Chadwick, H. J. Stokes, and W. Crofton.

Antimony in the Urine.—At the sitting of the Royal Academy of Medicine, December 8th, 1840, M. Husson stated that he had given a scruple of tartar emetic to a patient affected with pneumonia, in twenty-four hours. It produced neither stools nor vomiting, and on the urine being examined by M. Orfila, with Marsh's apparatus, it afforded the antimonial stains in great abundance.

THE NERVE OF HEARING.—The acoustic or auditory nerve, according to M. Flourens, is not a simple nerve, but a complex one, consisting of two essentially distinct trunks, the nerve of the cochlea, and the nerve of the semicircular canals. The first of these is the true auditory nerve, the cochlea being the true seat of the sense of hearing. M. Flourens asserts that he has on several occasions succeeded in destroying the cochlea of rabbits without injuring the vestibule, and that the sense of hearing was totally destroyed thereby. In amphibia and fishes, where there is not any cochlea, hearing must however take place through the vestibule and semicircular canals. The nerve of the semicircular canals consists of three fasciculi, each of which has a distinct origin and a distinct termination, whilst the true auditory nerve has but a single origin. One of these roots is derived from the transverse peduncles of the cerebellum, another from the anterior peduncles which enter the crura cerebri, and the third from the posterior peduncles, or corpora restiformia. These three fasciculi are distributed to the horizontal, anterior vertical, and posterior vertical canals respectively. It is evidently from the nervous connexions with these parts of the encephalon that the semicircular canals derive the remarkable power which they have been shown to possess.

THE MEDICAL TIMES.

SATURDAY, JAN. 6, 1844.

Eia age, rumpe moras, quo te spectabimus usque?
Dum quid sis, dubitas, jam potes esse nihil.

In entering on a new year, how surely do we look forward to more from it than we get! One element of the year's false hopes, are our false hopes of ourselves. We are to be different creatures to those which pleasured through the last year. We were then just as we were—as nature, or ourselves moulded us—we shall be now just as we wish or ought to be. We then gave a loose rein to impulse, we shall now be under the curb-chain of duty. Alas! Time's fugitive, like he of country, may flie far, and ne'er escape himself. It is but our hopes, and not our schemes that are altered. Time has fettered our limbs with a chain, we cannot shake off by a wish; habit has impressed a force of necessity on us which leaves us little better than automata for improvement. Another secret of our miscalculation is that in our large hopes, we think only of the *events* of life. We forget that as smallest insects build up hugest rocks, the longest of lives is absorbed mainly by its trifles. Between sloth, listlessness, forgetfulness, reluctance, momentary relaxations, pleasing avocations, the year passes, leaving but few of the great things done we had bargained for at its commencement.

We know that it is thus not less in public than in private life; yet with every allowance for the natural deceptions of hopeful fancy, we cannot forbear the opinion that 1844 will be great in medical annals. Year after year, for so long a series, ending fruitless to him who sighed for some more perfect and enlightened system of *scientific* polity—his heart may have grown sick with hope deferred. To such we say *Sursum corda*! The throes and heavings of a disorganized profession and *medically* abandoned public are reaching their *denouement*, and 1844 will turn to profit the forgotten but not barren labours of previous years. The coming session's horizon beams with action for medical men and medical subjects. Mr. Guthrie's letter to us, a fortnight since, announced that the Campaign of Poor Law Medical Amelioration was about being opened under the generalship of Lord Ashley, not ill seconded by the veteran who sounds to the charge. Mr. Chadwick's report, adding Poor Law Commissioner's authority to the startling facts exposed by a professional brother, G. A. Walker has made the extinction of Intraurbane interments inevitable, and offered an invincible argument for a medical police. In Edinburgh large meetings assemble to give enthusiastic aid to the great sanatory improvement, by which the cleanliness of baths shall be made accessible to a whole population. Our emphatic protests against the tolerance of quackery, have received circulation and support from public journals the most influential, good evidence of an improved public opinion. The charter of the College of Physicians cannot be much longer delayed; that for the College of Surgeons, which will rouse to activity the opposition that slumbered—cannot escape revision and Parliamentary cognizance; and if Sir James Graham value his pledge, the status of the Apothecaries Company will, this session, be settled for ever, and with it the whole system of our medical government. With such a prospect before us, we betake ourselves hopefully to our post for another twelvemonth, taking our place in the professional watch tower, to proclaim the dawning of brighter days, or shout aloud the danger that threatens in darker.

Ulceribus, Galene, vales tantummodo nostris.

WHICH is it, *our* want of the "intellectum," or *its* want of the "intelligibilia," that with our best efforts we cannot understand the *Medical Gazette?* The creation of hospital surgeons—the money-made advocate of things as they are—the *Journalization* of the ideas which would make promiscuously all hospital officials so many Astley Coopers by the sole grace of their election—on which, if gratitude be more than a name in St. George's, Sir Benjamin Brodie's finger should press as heavily as the loins of ten other men—this purchased creature, this hired tool, this paid advocate of systems as they are, or as their enjoyers would have them, came out this very last week (incredibile dictu), with its editorial announcement that the new charter of its great patron will "give occasion to much discussion, to many heartburnings, to jealousies, and a vast amount of envy, malice, and uncharitableness;" that it contains "glaring defects," that its clauses in reference to examinations are "obnoxious and hateful," deserve "to be expunged and drummed out;" are "enormities" offending against what is "decent, fitting, and just;" that the council in making their post for life have acted against "the spirit of their own regulations;" that the "distance" clauses are ridiculous—the exclusion of accoucheurs from the council little short of mad, and that in short its founder's famous charter, on finishing which he inwardly exclaimed,

"Exegi Monumentum ære perennius,"

should go back to the Queen for revision! Did we say truly we could not understand this? Who else that with us would think well of human nature could? Reflecting on it, our face is covered with an editorial blush: we sigh to think of such an instance of editorial vacillation, and exclaim, "Oh brother Editor, whom we will not name, till something more to thy honour can be told, thou too perfect illustrator of that too illustrated phrase, 'Nusquam tuta fides'—thou, true to no colour but that of thy ever verdant wrapper reminding us of the Church yard sod 'neath which so much of dry bones and corruption repose, hand over to *us*, for decency sake, thy wearying motto—"Liceat omnibus—liceat etiam me *dignitatem* artis Medicæ tueri;' and let us, in the friendly spirit of fraternal chastening, tell thee that though we much rejoice to hail thee pell-mell skeltering to our victorious ranks, we could, for honesty's name, if not its essence, have had thy flight fixed at less critical moments. For as the great prototype's defeat was not complete till Grouchey's desertion sounded in his ear, so our Napoleon of Saville-row could have nursed till now doubts of his Waterloo, if desperate hopelessness had not too certainly flashed on him from thy fugitive heels! But let us forgive thee in the retributory lesson of thy last phase of Gazette history! Raised, as it was, at a rare expense by hospital surgeons and physicians, reared with the delicate attentions one pays to a too tender exotic, brought at length, through a thousand perils, to the moment it was to yield a myriad cares some slight return, it commends to its producers' lips a sickly fruit, sour as varges, and poisonous as hemlock. Thyestes, condemned to feed on his own child, had no more "obnoxious and hateful" regale. Our hearts bleed over the disappointment.

And if we cannot understand the *morale* of our contemporary's move, neither can we fully appreciate the common sense involved in the details of its accomplishment. Without absolutely adopting the notion, that the man, whose *explications* leave everything in the dark, is dealing with a sinister matter, we must own to some small suspicion when we meet Cromwellian obscurity in rather unusual excess. That our readers may see that the stupidity is not ours, let us give them the following passage:—

"We come now to explain to our readers the *machinery* which the charter puts into operation for *conducting* the election of the council—that important body, to which is to be entrusted the entire government of the College, subject to no controul whatever, save that slight one to which we shall hereafter advert. It is obvious that *these regulations* may be very simple and very effective, but, on the other hand, they may be of such a nature, so involved, and so mixed up with essential conditions, but, at the same time, conditions so difficult of fulfilment, as to neutralise in a great degree the advantages which an elective council might be expected to draw in its train, compared with the system of *self-election which has hitherto prevailed.*"

The passage is complete, for no further reference is made to the subject, and no word about "regulations" preceded. The last phrase in italics is, no doubt, intended as information, and makes no small appeal on the curious readers' gratitude.

Our contemporary, however unsatisfactory as an engaged partizan and standing advocate, is equally so as a renegade. Who, after hearing what we have already quoted from him on the new charter, would expect to hear him telling us in the same article:—

"That, as a whole, the new charter is a prodigious step in the way of improvement cannot for a moment admit of doubt. It may not go so far as some even of the moderate class of reformers would wish, we are prepared to admit, but it contains the seeds of great good. It will promote a good understanding among the scattered members of the College, now a mere rope of sand, bound together by no common interest. It will raise the character of the British surgeon, high though it now so deservedly stands!"

Can any thing be more incomprehensible? The courtier quadruped holding with the hare and running with the hounds, the barrister supporting briefs on both sides, the arbiter deciding that the upholder and impugner of a mathematical axiom were both right, or Lord Brougham in the Upper House, are all nothing to the comprehensive powers of our contemporary. He is doubly armed against defeat; whichever side wins his argu-

ments prevail: the winning side is his. In moments of triumph we remember only aids; and which side has the *Medical Gazette* not aided?

On one point our literary Captain Dalgetty is precise, and of course nothing the better for it. The words offer a good comment on the last quotation about "*promoting* a good understanding."

"We know that the exclusion of the general practitioners from a seat in the council will give *great dissatisfaction*. It will be said, why cast this stigma upon men whose crime is, that while doing all that you do, they do yet more, viz. supply the physic which others only direct. We hold, however, that the distinction is a just and valid one; and that he who devotes himself to the study of disease exclusively *takes* a higher place than he who (if he does his duty) divides his time between the study of disease and regulating the details of practical pharmacy. Let him eschew the *cares and* superintendence of the *shop*, and *in five years afterwards he becomes eligible to the council board!* The remedy is at all times in his own hands! *We consider the council quite right here.*"

The deuce you do! "Lieeat omnibus—lieeat etiam me, te dicere inceptum," *dear* contemporary, if this be the way thou would'st maintain the honour of the profession. The understanding must be little given to "consideration," it strikes us, which can hold it quite right, that on one hand a boy who passed the College yesterday, without proving, and perhaps without possessing a knowledge of even good grammar, or correct spelling, can be chosen to be "distinguished as Fellow," and subsequently as Councillor, and that on the other, a gentleman, who having passed the College examination, and that still severer of the Hall, has added years of constant study and attentive practice, shall be banned as ineligible to councillorship, because an assistant dispenses in his house or SHOP (as the sneerer construes it), the medicines prescribed—nay which holds it right, that even if he make his assistant cease dispensing, he shall not himself reach his juniors level until five years penitence has purged him of the defilement. The writer likes the arrangement, but owns that it will cause great dissatisfaction. We told him so months since; and this fact so admitted, is the Charter's irrevocable condemnation. The College of Surgeons is not constituted for the twenty, but the thousands; and their "great dissatisfaction," if there be such a thing as common sense in Government or Society, is the *mene, tekel, upharsin*, of the whole measure. The writer tells us the question of *practitioner stigma* will be raised. We have raised it and claimed equality of position, not on the silly ground that general practitioners "supply physic, while the others only direct it;" but on the higher basis, that general practitioners undergo longer courses of study, prove higher qualifications, learn vastly more from the great educator—actual experience—than the pure surgeon. Take a pure surgeon and general practitioner, men of equal standing and equal natural endowments, exactly ascertain their respective skill, and in 99 cases in the hundred, the better SURGEON shall be he who "supplies his own physic." On the truth of this we would rest as individuals our fortune and honour; and few pure surgeons would venture to gainsay us. We can hardly, therefore, restrain our impatience, when we hear this impersonation of the incongruous and incomprehensible innocently telling us that the pure surgeon, as a matter of course (takes indeed) a higher place, and that it will require five years utter forgetfulness of Pharmacy to restore the equality. If space allowed, we should be tempted to say a word on the easy assumption that the pure surgeon is the devoted student of disease exclusively. We respect too much pure surgeons (who are useful in their vocation) to tell them such nonsense, but if they be, we take leave strongly to recommend their polite attention to the good-looking cranium of their formidable advocate. It must form a splendid subject for their "devoted study."

The question of examining fellows—involving, our contemporary says, "an enormity—" is one of insuperable difficulty, with which the Council's forgetfulness of their own principles, and the want of reliance in the profession or their own merits, have overwhelmed them. If the Council had allowed the Profession to elect its own governing body—no great peril, no great irrationality among *enlightened* men, we should have thought—the College heads would be an unsuspected, as unpolluted, source of honour and distinction. They could have chosen Fellows without examination—and the distinction would be unequivocal: they might have appointed an examining body, and required proof, private or public, of high qualifications, and the honour of success would be sought with avidity by surgeons the most distinguished. As it is, they are at fault either way. Do they not examine? Elected by favour and personal kindness themselves, favour and personal kindness is supposed their rule of election for others. They *do* examine, and their consistency is sneered at, their right contested, and the ordeal winning no respect, is shrunk from by men who would keep a reputation, and little desired by those who would seek one. The Council are, in truth, in a cleft stick. Beginning in bad faith—stumbling at the threshold—there is nothing right they omit, nothing right they do.

As the election of the three new Councillors is, in Sir Benjamin's great fear of external interference, delayed to July next, we need scarcely say a word on the power which the Council give themselves of regulating all the preliminaries, and consequently all the concomitants and results of the election. Patience would fail a Job while thinking of so shabby and *suicidally* chosen an arrangement. When a bishop dies, the dean and prebends have the *privilege* of electing his successor; they are at *full liberty* to choose the gentleman named in the minister's *congé d'elire*. And thus it is hoped, in perfect ease and without observation, to cheat a free association of fourteen or fifteen thousand surgeons. "The lawgiver" who supposed any such thing—good easy man—must have had a high notion of his own craft, or a low one of ours. The trick that is thought so cunning, is visible to an infant, and its only annoying feature is the insult of its trial.

There is, or was a journal called the *Lancet*. If defunct, it died and made no sign against this Charter. The *Medico-Chirurgical* lives and in robust health, and Dr. Johnson comes out, and is silent about it. Dr. Forbes appears and says something; it is not the plan *he* (in the plural number) would have framed, because in some respects better—it incurs for us a debt of gratitude to Sir James Graham, and is in many respects creditable to the Council. The *Medical Gazette* has spoken its duplicities for and against, with interest to itself, if to nobody else's profit—but despite silence here, ambiguity there, and panegyric further on, we repeat our *intimation*, THE CHARTER CANNOT LAST. The Profession's pulse is in our hand; we feel the beats, slow, quick, quicker,—each instant stronger, more wiry, jerking, fever heat in intensity, high, very high! We are deceived if, by disgorgement or alvine dejection, the gigantic patient will not right himself, and clearing off a thousand peccant humours and functional derangements, walk abroad in the beauty of his natural health, in the benignant majesty of his heaven-born strength. Whoso will aid him in his hour of need, now seems to be the time.

—"hic niger est: hunc tu, caveto!"

WE have a short case of personal misconduct to place before our readers. We do not understand the feeling of our professional brethren, either in Ireland or nearer home, if they be not unanimous in the opinion, that its author is a disgrace to his cloth, and wholly unworthy a place among gentlemen.

In the last number of a journal, called the *Medical Press*, a notice is given with peculiar appropriateness to its "correspondents." Its first clause states, that while sending an advertisement to their Journal, we declined inserting theirs in ours.

On this *true* statement, we have nothing to remark, except that the Proprietors of the *Medical Times* believe that the advertising and other mercantile arrangements of their *Journal* form a matter within their discretionary control, and that, being happily beyond the need, it is not worth their while, for half a dozen shillings, to lend their large circulation, to aid the opposing efforts of obscure rivals. But the Press, not stopping at this very *serious* impeachment of our respectability, proceeds by a *natural* transition, to charge us with having republished, in our Journal, without apology or acknowledgment, its Lectures by Mr. Carmichael; an offence, which if committed, must have occurred some three or four years before. Now, this is a rather weighty charge, and might, if there were any great amount of stupidity, have been made in honest sincerity, for although our total change, two years ago, of management, proprietorship, of every thing indeed, down even to the printer's devil, was pretty notorious to the medical world, and can scarcely have been unknown to a medical Editor discharging, even by fractions, his duties; (the event was widely advertised, and at least once inscribed in full letters on the very pages of the *Medical Press*) we could, nevertheless, have supposed that some idiosyncracy of ineptitude, some genius for non-observation, had saved the writer, while making his charge, from the dark and guilty testimony which not only says that which is not, *and* which it knows is not, but says it to the attempted injury of a brother's fame. But what will be the profession's opinion of the man, when it knows that *after* receiving a letter, acquainting him in brief, but *well authenticated* terms of the falsehood, he writes to the injured party, telling us that our exoneration cannot be inserted, even if paid for as an advertisement. Such an act as this, so un-English, so every way despicable, speaks trumpet-tongued for itself, and entitles us to say that, whoever this person be who has assumed to watch over, in whatever small degree, the honour of the profession, we trust, that if the jails of the three kingdoms were sifted for their worst specimen, that worse specimen would feel deep injustice done him, if not acknowledged as his better in the redeeming characteristics of fair play and manly honour.

One further incident deserves a mention. We paid, as Mr. Churchill will testify, for a full advertisement page; the Editor of the *Medical Press* honours us by sharing it. His advertisement and ours take the page between them. We have no objection to do good turns

where good turns are so much needed; but to ask us in this off-handed style to advertise this gentleman of nice honour, in his own pages, at our expense, is a *little* too much for even our charity—albeit a charity painfully excited at so sad a spectacle of physical distress and moral destitution.

PENCILLINGS OF EMINENT MEDICAL MEN.

BENJAMIN COLLINS BRODIE, BART., F.R.S., SERJEANT-SURGEON TO THE QUEEN,

Is the grandson of a Scotchman, who commenced business in Piccadilly, and was celebrated for the sale of Shetland hosiery. He sent his son Peter Bellinger Brodie to College. He became ultimately rector of Winterslow, and was the father of the subject of our present sketch. The late Dr. Denman married his aunt, and introduced the young aspirant for professional honors to the Hunters and Dr. Baily, and was by them favorably recommended to Sir Everard Home, who afterwards employed him as his private dresser; and with whom he lived on terms of friendship, until a coolness arose from professional jealousy, which prevented Sir Everard Home supporting him in his first canvass for the Assistant-Surgeoncy of St. George's Hospital. He then became surgeon to the Maison de Santé, which was established in the New Road, but which turned out a failure. On a subsequent occasion he was elected Assistant-Surgeon to St. George's. About this time he delivered lectures in a room at Thompson's the cutler's in Windmill Street, opposite the Hunterian Museum. He afterwards removed to that School, and delivered a course of lectures on Anatomy and Surgery, in conjunction with Mr. Wilson. His lectures were then meagre and miserable performances. He excused himself on the ground of his rejecting the ornamental in his desire to confine himself to the useful, to the deductions of experience! He naturally possessed very little command of language; he tried to compensate for his deficiency in descriptive power by conciseness and simplicity, by the pith, perspecuity, and concentration of his matter, which at that time his audience did not appreciate.

His elder brother is the eminent barrister and conveyancer; another brother was successful in trade became a banker at Salisbury, and afterwards represented it in Parliament. This gentleman was an indiscriminate supporter of the Whigs, and his interest materially contributed to procure the baronetcy for his brother. In 1808 Mr. B. was appointed assistant to Sir Everard Home, and officiated for him during his fits of intemperance, and for Mr. Gunning, who was permitted to retain his situation in the Hospital while absent with the army in Spain. He filled this situation for an unusually long period. He was not elected Surgeon until the resignation of Mr. Griffiths, in 1822. He continued to lecture until 1830. In 1819 he was appointed Professor of Anatomy and Surgery to the Royal College of Surgeons, and held this office until 1823.

He was elected a Fellow of the Royal Society in 1810, and won the Cropley Medal in 1811 by his physiological contributions to the Philosophical Transactions. Upon the death of Sir Everard Home, with whom his reconciliation was complete, he was appointed one of the Serjeant-Surgeons to the King. He attended their Majesties George IV, and William IV, and is now Serjeant-Surgeon to the Queen.

It has been stated, and long regarded as authentic, that Mr. Brodie owes his success to one of those lucky incidents in life, which taken advantage of, leads to fame and fortune. Sir Everard Home was sent for by Leech, the Master of the Rolls, who suffered severely from an urinary affection. The Baronet had that evening offered libations oft repeated to the jolly god, which prevented him visiting his Lordship. Brodie was sent, and by his solicitude and attention to his patient, made him an earnest and attached friend. Home's intemperate habits and unprepossessing manners, led many of his patients to prefer the services of the assistant to the principal. The feeling to which we referred, gave Brodie opportunities which he was too much a man of the world to neglect. In his Hunterian oration, Mr. Brodie thus deliberately expresses his opinion of Home. It must be accurate, as every line had been scanned almost every day in the year allotted for its elaboration. He says—"There was another distinguished individual, the last of the school of the Hunters who was joined with Dr. Baillie, in instituting this annual commemoration of his relative and preceptor; and whom I feel the more called upon to mention, as I was indebted to him for many acts of kindness in my professional career, and as I cannot doubt that some circumstances, to which it is painful for me even to allude, and into the consideration of which I certainly do not feel myself called upon to enter, have tended to cast a shade over the merits which he really possessed, I shall endeavour to describe Sir Everard Home such as he appears to me to have been when I first became acquainted with him. He was a great practical surgeon. His mind went directly to the great leading points of the case before him, disregarding all those minor points by which minds of smaller capacity are perplexed and misled. Hence his views of disease were clear, and such as were easily communicated to his pupils, and his practice was simple and decided. He never shrunk from difficulties, but on the contrary seemed to have a pleasure in meeting and overcoming them. Much valuable information is to be found in his surgical works, and his observations on ulcers, and those on diseases of the prostate gland, may be perused with interest by the best educated surgeon of modern times. His earlier papers on comparative anatomy, communicated to the Royal Society are of great and acknowledged value. But unfortunately for his reputation, his ambition rather increased than diminished, while his mental powers were gradually declining under the influence of an *indifferent state of health* and increasing years. In his latter days he had an overweening anxiety to appear before the world as a discoverer; and his friends in the Council of the Royal Society too readily inserted whatever he offered them in the Society's transactions, and the result has been that many of his later communications are of such a nature, that his best friends must now regret that they were ever published." He omitted to mention, that this gentleman purloined and plundered the invaluable papers of his relative and friend, John Hunter, that were entrusted to him as executor; and having published and appropriated some of their contents, like the miscreant of Ephesus, he burnt those monuments of genius and industry, lest in those voluminous records, any evidence of his dishonesty or spoliation might be discovered. Thus by the promptings of selfishness and vanity, the labours of a most acute observer a man most profound, gifted with the greatest powers of generalization, of philosophical and praetical knowledge, were for ever lost to the world.

The prepared and posthumous panegyric of his brother Baronet furnishes a very poor palliation of the enormity of the crime of which he was guilty, and with which can only be equalled by the never dying infamy the perpetrator must be regarded by posterity, in every country where science is cultivated or esteemed.

There have been many sketches of Mr. Brodie. Flattery, interest, and friendship, have essayed to represent him in the most favourable light and perhaps the warmth of the personal estimat eprevented it being a correct likeness. There was a portion of truth in each critical or characteristic delineation, and we willingly avail ourselves of that which does truly apply. Few men says one, have launched their bark on the tempestuous ocean of busy life under more favourable auspices than *him*. Educated in an excellent professional school that of the illustrious Hunter, with much talent, untiring industry, and a mind comprehensive and well prepared, the protege moreover, of a man who whatever may be his foibles now, stood once at the very pinnacle of his profession, he entered upon the duties of his vocation with an ardour and devotion seldom surpassed." While we admit the justness of these observations, we oppose the extravagance of the eulogium which others confer on him. We prefer the Daguereotype style which gives the man as he really is without fiction, flattery, or fallacy. We turn with disgust from very many of the portraits painted by the subjects themselves which appeared in Pettigrew's gallery. Many finished the work themselves. They are amusing as they prove how eloquent, how glowing, how minute in detail men become when inspired by self-love—how ingenious they are in putting a good face upon a bad cause, the little difficulty they find in magnifying a mole into a mountain, and the ease of execution by which they can convert a very little into a very great man. Some only furnished the matter. Every useless thesis, every obsolete lucubration, and literary antiquity which they had compiled and manufactured, was dusted and forwarded. They gave a few outlines, leading lineaments, Pettigrew liberally provided the gilded frame, the fancy's sketch, the vermilion and varnish.

Sir Benjamin Brodie is a very hard working, clever, and intelligent man, an accomplished surgeon and studious physiologist. He has no pretensions to genius. Some of his injudicious friends when they place him on a very elevated pedestal and genuflect before it and offer up the frankincense of adulation, make themselves and the object of their idolatry, ridiculous. His career has been marked and advanced more by consummate tact than commanding ability, favoured by auspicious circumstances and sustained by untiring perseverence. He is no exception to an observation which I had occasion before to make, namely, that nature has wisely equalised her gifts: the talents of the great mass of mankind are very little different when we balance the advantages which each possesses: one shews more reflective, the other more perceptive power: one man distinguishes himself in oratorical or conversational talent, the other may as much excel him in the more useful faculties. To opportunity and cultivation, the disproportion which we find in the attainments of different persons, may, for the most part, be attributed. It is a fact incontrovertible, that for one who is wanting in knowledge from inferiority in intellect, one hundred are ignorant from a deficiency of the proper means of learning. How very seldom do we find a man, directing, concentrating his attention on one subject without making himself master of it! If heaven gives the material, it is art and industry which shape, fashion, and mould it into perfection, power, and utility. From his first paper published in 1809 in the 3d volume of the Transactions of a Society for the improvement of Medical and Surgical knowledge, "A case of Abscess of the Brain which discharged matter by the Ear" to his last lecture on the pursuit of Medicine, we learn how assiduously he has been engaged in professional knowledge. He instituted years ago a regular distribution of his time and labour, from which no honours or pleasure could divert him. He lives wholly by rule; he has laid down a regimen from which he scarcely departs; he rises and retires early; in his lectures, no pains are spared to make them perfect, in his Essays and Orations, all is mechanical regularity—he adds line to line, sentence to sentence, page to page, like a carpenter making a chest of drawers. He is not particular from where he takes his materials. In every thing he is cautious, cold, calculating, deliberative, every turn, every step is weighed, every word is balanced upon his lip before it is uttered. The simplest act is enveloped in mystery; he fancies himself the prince of Medical Diplomatists; he loves intrigues; he is regarded as the Ulysses of Surgery; language he thinks given to conceal his thoughts; he is the most natural Jesuit we ever knew. It is not the triumph of art in him—it is his disposition. St. George's has been the theatre of plots, and schemes, and counterplots since he became connected with them; he affects to encourage all the candidates; like the despot of Syracuse he appeared not to mingle in the rivalry or strife, but unseen he pulled the strings; furnished the elements of contention; and only regulated the movements by his own interest. On the last election he pretended to remain neutral, at the last moment when he thought, that Hawkins was certain of success he threw his weight into the scale and sustained as he deserved an ignominious defeat. In his manifold manœuvres to carry the election of his fag Cutler, he manufactured governors and resorted to every expedient to effect his purpose; nothing could equal the ingenuity with which fair dealing was excluded from those transactions.

To such a height of corruption had this iniquitious system arrived at St. Georges's, that the Baronet reckoned upon filling all the places with his sycophants. It has been a subject of general congratulation by the public and the profession, that the Governors had public spirit sufficient to emancipate themselves from his Machiavellean rule. It is another illustration of the truth of the remark, that the mode in which elections at the London Hospitals and other medical institutions are conducted is most disgusting, and that it needs no comparison or argument to prove that no plan could be devised more injurious to the poor or to the meritorious members of the profession, or totally to pervert the benevolent objects for which they were founded. Ignorance and intrigue take place of talent and worth, alike to the injury of science and humanity.

Success on such occasions depends not on ability or discernment, nor even competency, but on interest, wealth, and family influence. Slow rises worth by poverty depressed in any profession; in medicine there is no hope, no probability of reaching its highest honors; no scientific qualification will weigh against a well-filled purse. In it there is nothing to elicit the genius, the electricity of mind, the latent slumbering fire which under a more generous and emulative system might have burned with so bright a flame. Such considerations are not understood by the majority of the Governors who take an active part in such matters; they are incapable to decide upon the respective merits of the rivals, and are on such questions an ignorant confraternity of jobbers,

from whom we can expect nothing. Parliament can alone remedy the evil. Talent is frozen into hybernation or repose from the uncheering and heartless institutes or ordinances of the College; the sunshine of patronage is bestowed through the chilling medium of monopoly, and the natural consequences are that in the council and in public situations instead of men of originality of genius, or of great discoveries, like Harvey, Hunter, we have a stunted dwindled, degenerate unproductive crop of intellect—of mental cripples, the offspring of the pernicious atmosphere in which they moved and had their being.

Contrast their places with their performances, the offices with the men, the assertion becomes an axiom. The evil does not rest with them, it affects all. Few will enter the lists to contend when the prize is adjudged by a junto whose selection means servility, or congeniality with their narrow principles; whose talent means dulness, and whose judgment is the award or pre-arrangement of elective predestination.

In Sir Benjamin's Croonian Lecture, in 1810, the subject selected was, "On some researches respecting the influence of the Brain on the action of the Heart, and the generation of animal heat." The conclusions which he drew from this enquiry are as follow:—

1. The influence of the brain is not directly necessary to the action of the heart.

2. When the brain is injured or removed the action of the heart ceases, only because respiration is under its influence; and if, under these circumstances, respiration is artificially produced, the circulation will still continue.

3. When the influence of the brain is cut off, the secretion of urine appears to cease, and no heat is generated: notwithstanding the functions of respiration and the circulation of the blood continue to be performed, and the usual changes in the appearance of the blood are produced in the lungs.

4. When the air respired is colder than the natural temperature of the animal, the effect of respiration is not to generate but to diminish natural heat. Subsequent investigations have considerably modified those views. He also made experiments on the influence of poisons in which he was assisted by Professor Brande. The celebrated Dr. Black contended, that the extrication of animal heat, was attributable to a kind of combustion going on in the lungs. He demonstrated the similarity of the air expired to that produced by burning charcoal. Lavoisier supported this view, and contended that heat must be generated by the formation of carbonic acid in the lungs. To them succeeded Crawford, who pointed out this truth more accurately, and advanced upon both. His able essay has been pronounced to be one of the most interesting and beautiful specimens of the application of physical and chemical reasoning to the animal economy that has ever been presented to the world. Sir Benjamin had the temerity to try to overthrow his doctrines, and to prove that animal heat is mainly dependent on nervous influence. He instituted a series of experiments, and supported it by much specious reasoning. Dr. Philip, Dr. Hastings, Le Gallois and others, proved that the evolution of heat bears an uniform relation with the consumption of Oxygen. Magendie, Henser, Müller, Carpenter, and Liebeg, have demolished all the ingenious but erroneous statements upon this subject, and with it all claims to great discovery in Physiology.

He has recommended dividing various veins of the leg by a peculiar bistoury, the skin being left as entire as possible, and pressure being applied to check hæmorrhage. This operation, having been succeeded by inflammation of the veins and death, may be considered as abandoned.

In the 14th volume of the Transactions, he published a paper on "Injuries of the Brain," also in the 20th volume, on "Injuries of the Spinal Chord." In 1818, he gave "Pathological and Surgical Observations of the Diseases of the Joints, in one volume. In his dedication to Sir Everard Home, he says "the following pages contain a series of observations which were begun several years ago, and which have been continued, not without considerable labour, up to the present period." In 1834, the same work was re-edited, but so altered that no one would recognize the original; there were not two chapters which appeared in their former shape; he added to the materials whatever information he was able to acquire. This work was written principally in the form of cases, plain and unpresuming, on a subject that had been much neglected; the composition simple, perspicuous, and full of judicious, if not original opinions. The circumstance of his being an examiner at the College, urged the pupils to purchase and make themselves acquainted with his views, and increased its sale. We doubt that in twenty years it will be found in the hands of the pupils as at present. Bolder treatment and different views are already disputing the ground with Sir Benjamin Brodie, and many clever surgeons have registered their dissent from his doctrines. In 1832 he published his "Lectures on Diseases of the Urinary Organs." Ten years after, in 1842, this volume was re-edited. Several errors were here corrected, many of the opinions which he entertained were modified, and a great deal of new matter added.

In 1837, he delivered the Hunterian Oration, and three or four lectures on certain local nervous affections, also on local hysterical affections. He shows that the most distant and heterogeneous symptoms arise from one and the same cause, an affection of the nervous system.

"I have, he observes, in several cases, examined the parts to which hysterical pains have been referred, but I have never been able to discover in them anything different from what belonged to their natural condition; dissection affords little assistance here. In neither brain or spine were traces of organic lesion found." He attributes many of these affections to general debility, want of tone, want of generation, of nervous energy. In some instances, the disposition to hysteria depends on an original malconstruction of the nervous system, which probably has been transmitted from the parent to the child. In others it is the result of injudicious management in the early part of life, exercise in the open air, muscular exertion. The confinement of females, and their entire system of education predisposes to it. This paper is valuable, and should be generally read, in order that young practitioners should not mistake cases of nervous affection, for those of real local disease. Hysteria used to belong exclusively to the province of the physician; yet the Serjeant-Surgeon, the Ex-President of the College of Surgeons, the Lycurgus, who takes upon himself to make laws for the profession, writes a good paper full of the deductions of his extensive practice upon a disease, which if his absurd system was rigidly carried out, he dared not prescribe for. So much for the consistency of those who make medicine and surgery distinct.

There are several small articles of the Baronet, that will bear perusing, but not transcribing, that appeared from time to time in his favourite channel of communication, the *Medical Gazette*. He takes care to keep his name before the public eye at stated intervals; he loves notoriety, though he is too wily not to affect to avoid it; he always continues to present the sunny side of his character to the view. In the trials between Mr. Bransby Cooper, and Mr. Wakley, he admitted that he, and some other hospital surgeons, subscribed to pay the expenses of the publication in which they had the opportunity of being their own panegyrists, and of every week offering incense to their own perfections.

Indeed, it seems to be a law of nature, that where a man has the chance of praising himself, he will generally give himself the full benefit of his own approbation, and carefully avoid giving prominence or reference to unfavorable particulars that might tend to lessen the extent of his reputation. Bransby is great in this respect: this is his forte; he is eloquent on his own merits; he would make an iron statue shed tears and feel sympathy for his sufferings, if the estimate of his worth should happen to slide a degree or two below his own standard.

We must acknowledge that in the case of Miss Cashin, to whom Mr. Brodie was called, after being rubbed by St. John Long, there was a most unaccountable disagreement between his opinion and his treatment. his diagnosis and prognosis were erroneous. He gained no honor, nor did he add to his credit or skill, in the indefinite manner in which he gave his evidence on the trial; it afforded the judge an excuse to let the quack off by a pecuniary punishment. Sir Benjamin Brodie is about 60 years of age, and looks younger and better than he did ten years ago: like a creaking door that hangs long on the hinges, he promises to survive many of his heartier looking friends.

He is a spare, delicate man, with a sharp intelligent, care-worn face. His features are good—a prominent well-shaped nose placed obliquely, gives him two distinct profiles, so that, like a Roman divinity, he may be said to have duplicity stamped on his countenance—his forehead is more broad than high, an indication always in our mind of the possession of talent—eye sunken, denoting absence of great command of language, perceptive organs very much defined, secretiveness and acquisitiveness large, and self-esteem towering above all the rest. The eye is sharp, penetrating, reminding us of the canny expression which is to be seen so common in the highlands of Scotland — comparison and causality are well developed, and in consonance with this. He is admitted to be a man of quick and nice discrimination; his detection of disease rapid; his treatment bold and decided. His features, on the aggregate, are expressive of intellectual activity, mingled with a good deal of severity of thought—his mouth denotes determination of character. His mind, though not sufficiently original or creative to be classed with men of genius, possesses a great fertility of profound and practical reflection. His profession has been the food of his meditation—the ardour with which he has cultivated, proves that it has been enlivened with his warmest predilections. As an author, plain, precise almost to a fault — no ornament, no illustration, there is no appearance of effort or art in it. This style, though so simple, is very difficult to be attained, as the poet truly observes—

Ut sibi quivis
Speret idem, sudet multum frustraque laboret
Ausus idem.

He appears to be more studious of the idea than the dress in which it is clothed. In his two principal works, he gives a variety of cases, and then a few observations at the conclusion of each chapter. In his hebdomadal discourse, it is evident that he has written it, and committed it to memory; if he wishes to impress a fact upon the mind of the pupils, he repeats it in the precise words he had a minute before delivered. He never takes up any leading principle, and places it in a variety of views—argues, and decides on its merits like a man of eloquence, and conscious of his powers. His is the plain didactic style of communicating knowledge, which is rendered valuable from the great experience and practice he has had. His style, though simple, like his writing, is marked by scrupulous solicitude. He whom success has made confident of his abilities, often claims the privilege of negligence; not so with him—he is as painstaking now as the first day, and insists on having the revising and correcting of everything that appears in his name.

They say that some dissimulation or rather indecision marks his course in general politics, that he plays Pangloss well, and is all things to all men, and is only consistent in consulting the instincts of his own interest. He was regarded as a medical reformer, until his evidence before the Committee of the House of Commons astonished us with its startling tissue of contradictions, in which he subtilized and sophisticated until he succeeded in rendering himself unintelligible. The narrow and illiberal views what he sketched out then, he has carried into effect in his late notable scheme of professional degradation. We first apprised the profession of his stolen interviews with Sir James Graham, and forewarned them of the mischief they were concocting. No one would believe that he would have had the presumption to attempt to legislate for 20,000 intelligent men without consulting them. We knew from the breathing egotism, which, with all his tact and gloss, he cannot conceal, from the self-conceit with which he superabounds, that there is nothing that he does not consider himself equal to.

Nihil est quod credere de se non possit. He merely embodied in his Charter the views he advanced before the Committee: every one recognized the miserable abortion; the audacity of its provisions maintain an equal contest with their injustice and absurdity. All Napolean's laws were profound, and astonished the Legists by their justness and originality; poor Brodie's bewilder us by their injustice, shallowness, and illiberality. We were insulted, degraded before; this is malevolently adding weight to the stone of Sysiphus. We were debased in order that twenty men might be exalted. Having elected themselves by this vile scheme, they were empowered to elect 300 others without reference to age, skill, or character, to raise them to a standard of distinction which they themselves have erected; each member of the council was thus enabled, without examination or proof of merit, to put ten of his own toadies or satellites on the list of Fellows, a right which they have availed themselves of now.

We can forgive a man paying homage to genius, but despicable must be he who buzzes about the animalculæ, the miserable creatures who fill situations in hospitals. We may now indeed adopt, verbatim, the line—

"Worth makes the man, the want of it the Fellow."

The emulation that has long prevailed among those genteel pure gentlemen, with no patients, but with neat brass plates on other people's hall-doors, is, and has been, who shall be the most cringing, obsequious slave. We must not, from want of space, attempt to shew that the comparative usefulness of this or that denomination of medical men is altogether invidious, and should not be entertained by men who have received a liberal education, who are practising a liberal pro-

fession in a liberal and enlightened age. How galling must it then be, that a class in acquirement and utility our inferior, should thus be attempted to be lifted over our heads, and that the College which, by its mercenary schemes, plundered and appropriated our property, should have the power of reducing our station in society at the will of an uninformed Secretary of State, who arrogantly presumed to legislate without consulting Parliament, and by a petty conclave, who never dared to consult, because they knew they were outraging, and defying the Profession!

Every form of government, from Plato's republic to Coleridge's Pantocracy, gives the right of representation to intelligence; our new Municipal Law gives it to a five pound householder; every society of tradesmen possesses it. The great body of the profession, being of a subordinate rank (?) would not use it discreetly! By an unaccountable perversion of reasoning, the prejudice is not only increased against all those who practise midwifery, but it is made a principle of exclusion—they do not understand it—they have never studied it. Their opinion regarding it, is founded upon a bigoted, false, and stupid philosophy, as unjust as it is injurious. Midwifery is of all parts of Surgery the most necessary, the most useful, the most indispensable. It requires a good knowledge of anatomy, great manual dexterity, skill and moral fortitude, to practise it successfully. Do they reflect that no capital operation is equal in importance to craniotomy, or to the manipulation of some instruments in midwifery, upon which the lives, not of one, but of two individuals depend? Does the little Baronet know that Dupuytren, who had performed some capital operations, who had a reputation more extensive than a dozen Brodies, not only acknowledged its utility and importance to society, but was proud to practise it? He has left behind him some remarks on the subject, which Sir B. had better read as soon as possible. Does he not know that a few years ago some pures, great men in their own conceit, used to boast that they could not write a prescription? They are despised now, so will Brodie and his project be ten years hence. Did he explain to the Secretary of State the insult and injury he was offering to the women of England, by the discredit he was trying to throw upon a branch of medicine specially dedicated to their welfare?

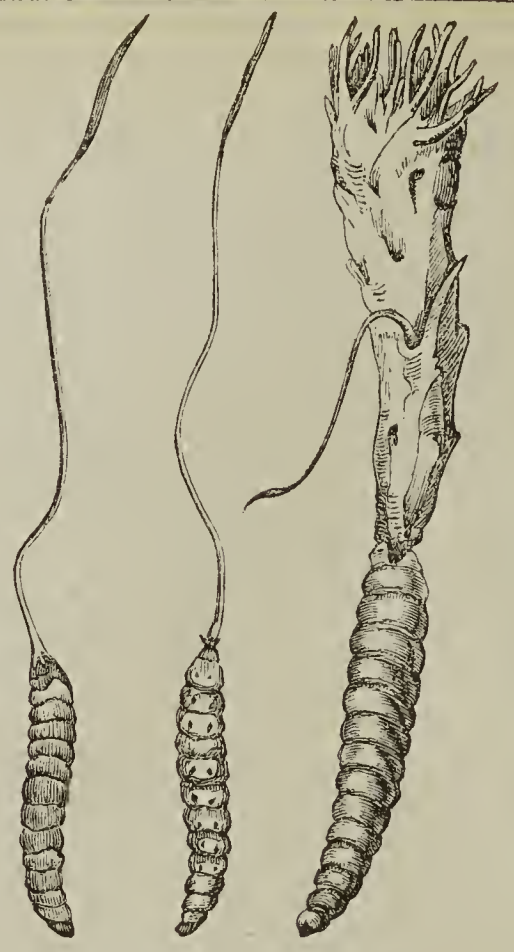
Sir Benjamin is a vastly exaggerated man; he so lamentably failed as a legislator, that we cannot dismiss without begging of him to reflect upon the following fable:—"A glow-worm, well knowing that he was admired for his extraordinary splendour, whenever he made his appearance on a dark evening, grew exceedingly vain and conceited of the notice that was taken of him. He could not rest contented in his abode, but burnt with inward fire to come forward and display himself in bright day-light to a gazing crowd, and accordingly, having placed himself in a conspicuous situation, he had the mortification of being informed that his beauties were not of a quality to excite admiration, for when exposed in the sunshine he proved to be a mere grub."

PROBE.

THE VEGETABLE OR BULRUSH CATERPILLAR.

By J. B. THOMPSON, M.D.

This very remarkable plant, which is indigenous to New Zealand and New South Wales, may be considered as one of the most curious vegetable productions with which we are at present acquainted, and therefore merits as minute a description of its botanical characters as we are capable of giving from our very recent knowledge of its very peculiar characteristics. The New Zealanders have been long acquainted with it, and have used its top, when burnt, as colouring matter for their tattooing, rubbing the fine powder into the wounds, in which state it has a very strong animal smell. The natives eat these plants too when fresh, as they do also the fern-root. In the number of the Medical Times for Nov. 4th, 1843, is a short report of some remarks made at the meeting of the Westminster Medical Society, on the occasion of my exhibiting the drawings of this vegetable, and at which time I offered some remarks on the opinions entertained by Sir William Hooker and Prof. Owen, regarding the change produced in the caterpillar by the seed of a parasitic plant or fungus.



Sphœria Robertsia, New Zealand. Sphœria Innominata, New S. Wales.

There are birds which dispossess others of their nests, and marine animals which take up their abode in deserted shells; but this plant surpasses all, in killing and taking possession; making the body of an insect—and that, too, in all probability, during the life-time of the insect—the origin from which the future plant rears its stem, and the source from which it derives its nutriment and support. We, therefore, may look upon this vegetable as one of the most surprising links between the animal and vegetable kingdom, yet noticed, and as such it deserves every attention, and as correct a description as our present imperfect acquaintance with it will admit of. The natives call it the *Ameto-Hotete*.

The *Ameto* is only found at the root of one particular tree, the *Rata*. The female *Pohuta Kana*, the root of the plant, which in every instance exactly fills the body of the caterpillar in the finest specimens, attains a length of three inches and a half; and the stem, which germinates from this caterpillar's body, is from six to ten inches high; its apex, when in a state of fructification, resembles the club-headed bulrush in miniature, and, when examined with a powerful glass, presents the appearance of an ovary. There are no leaves; a solitary stem comprises the entire plant; and should this stem be, by any accident, broken off, a second stem arises from the same spot, which is one of the peculiarities of this plant, and not known to occur in any other plant with which we are as yet acquainted in the vegetable kingdom. The body is not only always found buried, but the greater portion of the stalk as well, the seed vessel alone being above ground. When the plant has attained its maturity, it soon dies away. When recently dug up, the substance of the caterpillar is soft; and when divided longitudinally, the intestinal canal is very distinctly seen. Most specimens possess the legs entire, with the horny part of the head, the mandibles, and claws.

The vegetating process invariably proceeds from the nape of the neck, from which it may be inferred that the insect in crawling to the place where it inhumes itself prior to its metamorphosis, and whilst burrowing in the light vegetable soil at the foot of the tree upon which it was previously suspended, gets some of the minute seeds of this fungus between the scales of its neck, from which, in its then sickening state, it is unable to free or disengage itself, and which consequently causes it to die; and thus this seed, being nourished by the warmth and moisture of the insect's body, vegetates therefrom, and not only impedes the process of change in the chrysalis, but likewise occasions the death of the caterpillar.

It is now quite clear that the vegetating process thus commences, and that, too, during the life-time of the insect. It is not improbable but that it might have received this seed while adhering to the tree, as there is no doubt but these seeds float about, and are suspended in the atmosphere, and are thus carried to a considerable distance beyond their parent *locale*.

It is also more probable that the caterpillar has got this seed in its body previous to its inhuming itself; though it is the opinion of some very high authorities that it is after its inhumation, that it gets the seed of this fungus.

The reason of assigning the process of vegetation to take place during the life of the insect, is this: that when changed into a plant, it always preserves its perfect form; in no one instance has decomposition appeared to have commenced, or the skin to have contracted or expanded beyond its natural size.

There are abundance of these plants to be found in New Zealand in certain districts, and always in a light peaty soil, where these trees are to be found upon which the caterpillars are being suspended previous to their inhumation. There are some very good specimens to be seen in the Museum of the Royal College of Surgeons.

A plant of a similar kind has been discovered on the banks of the Murrumbidgee River, in New South Wales, in a rich alluvial black soil. The insect in some specimens was six inches long, and the plant about the same, springing, as in the case of the New Zealand (Sphœria Robertsia) from the nape of the neck. This plant is quite different from the other, in this respect: the New South Wales (Sphœria Innomminata) has a thick stem, formed by the close union of several stalks which unite at the top, and are surrounded by a fringe, which, when expanded, assumes the appearance of a full-blown flower upon the surface of the soil, the rest being buried in the ground; this top has a brown velvety texture. Numerous empty shells and holes were observed in the soil in and about the place where these plants are to be met with; and at night, the numbers of large brown moths were most remarkable, so much so, as to extinguish a lamp. Both these specimens are cryptogamous plants. Insects having a vegetative process of a similar kind, have been discovered in other parts of the world; and, probably, when the Flora of each country is more carefully examined, similar instances may be found in each of them.

At the Bristol Association for the Cultivation of Science, held in August, 1836, a paper was read by Mr. J. B. Yates, on the vegetating wasp, found in the West Indies, and in which the author likewise was of opinion that the vegetating process commenced during the life of the insect; and the careful examination of these caterpillars will, I make no doubt, favour this hypothesis, which is now, I believe, very generally the received opinion.

If these views should be corroborated by future investigations, and found to be correct,

the ease of these plants and the changes produced, will be an instance of a retrograde step in nature, where the insect, instead of rising to the higher order of the butterfly, and soaring aloft to the skies, sinks into a plant, and remains attached to the soil in which it buried itself.

There is some analogy between the mode in which these plants are produced and that of our own missletoe (viscum), which is supposed to be propagated by birds, especially the fieldfare and thrush, which feed upon its berries, the seed of which pass through the bowels unchanged, and along with the excrement adhere to the branches of trees, where they vegetate. The missletoe of the oak has, from the time of the ancient Druids, been always preferred to that produced on other trees; but it is now well known that the viscus quercus differs in no respect from others.

In former times the Greeks attached many medicinal virtues to this plant, but we learn little concerning its efficiency from the ancient writers on the materia medica. It obtained great reputation for the cure of epilepsy; case given by Boyle: and Colbach has given several instances of its good effects in various convulsive disorders. It acts as a tonic, and is useful in hysteria and other nervous affections.

9, Suffolk Place, Pall Mall East, January 1st, 1844.

CASE OF SPONTANEOUS CURE OF FEMORAL ANEURISM.

John Ward, aged 47, in November, 1841, presented himself at St. Georges' Hospital with a strong pulsating tumour about the size of a pigeon's egg, situated just below Poupart's Ligament, over the femoral artery and communicating with it. On his admission he described himself as a navigator used to wheel about earth and raise heavy weights—possessing ordinarily good health and living moderately, sometimes taking more or less porter according to the greater or less amount of exertion required by his occupation. With regard to the tumour, he said, it came suddenly whilst lifting a sack of potatoes with rather a sharp pain, and gradually increasing, he applied for assistance. Daily the aneurism increased in size whilst he was in the hospital, and extended beneath the ligament some distance.

A consultation of all the surgeons was held, and the man's tone of health being much above the average of labourers, the operation upon the external iliac was proposed as the only possible chance of saving him. So perfect a case of aneurism, running on quickly from its commencement to assume a most dangerous aspect, is rarely met with, and every one was anxious to witness the formidable operation to which the patient was to submit; but though on the brink of the grave, and at that time no chance but operation presented itself, the patient refused "to be cut," and chose to resign himself to his fate in preference. He left the hospital on November 24, 1841, and thinking that persuasion might still have some effect I followed up the case; not succeeding, however, in my object, and feeling the most lively interest in his case, I visited him frequently at his residence some distance from town, and had him occasionally up to the hospital.

During my early visits the aneurism went on steadily increasing in every direction above and below Poupart's ligament, and to the same extent laterally. It increased so much that once when he came to the hospital, Mr. Babington declared the operation on the external iliac as no longer practicable.

I directed him to live abstemiously, on no account to walk any distance, and to keep the thigh semiflexed on the pelvis by supporting it on a chair. That he followed my directions implicitly was evident by the reduction in the patient's strength and size. He occasionally took aperient medicines and this was all.

On visiting him in December 1842 I noticed a diminution in the pulsation of the tumour though it retained the same area; I looked upon this circumstance merely as the effect of coagulation in the sac, the ordinary course of aneurism when attaining a large size. Some two months afterwards, I found the pulsation had ceased altogether, further enlargement had not taken place since my previous visit, and on applying the stethoscope the ordinary phenomena had disappeared; the external iliac did not pulsate above the tumour; the artery below seemed blocked up, and though I could hardly anticipate the result, I directed the limb to be kept warm that the collateral circulation might meet with encouragement should such be setting up.

In the summer of 1843 the patient presented himself at the hospital perfectly well, and I have to offer confirmation of the fact up to December 3rd, 1843, in the following observations made at his residence:—

General health remarkably good; pulse 70, full and equable; tongue moist, skin cool, natural; all the secretions and excretions regular.

On applying the stethoscope over various parts of the abdomen and thorax I could not detect the existence of aneurism in any part of the thoracic or abdominal aorta; I allude to this because spontaneous cure of aneurism of the extremities has taken place from what may be called a counter aneurism. The aneurism is reduced to a very small compass by absorption, and the eye cannot now detect the existence of any swelling, though to the touch much hardness is still evident in the situation of the sac. I should think that the sac since the cessation of the pulsation has diminished one half or two-thirds, and the patient finds it gradually decrease more and more.

The femoral and external iliac artery on the right side seems quite obliterated—there is not the slightest pulsation sensible to the touch, and hardness alone indicates the situation of the femoral artery. The remote arteries– the anterior and posterior tibials, are either obliterated or else the circulation is carried on so feebly as to be imperceptible. On the *left* side the circulation is perfectly free, from the external iliac to the ultimate branches. The diminished circulation in the right limb has given rise to; *first* diminished heat, the temperature being perceptibly lower than in the left, both to the patient and by applying the hand to the one and the other. Secondly, deficient nutrition as evinced by slight wasting of the muscles of the side. Thirdly, the muscles are more easily fatigued, and pain of a rheumatic character is felt if they are exerted more than ordinarily. This man now gains his livelihood by thatching or other employment requiring little exertion of the lower extremities, as I pointed out the risk he would run of a relapse if he returned to his former laborious occupation.

There are several cases on record of spontaneous cure of aneurism, but none, I believe, so well marked, or so interesting as this has proved to be. At present a guess can only be made of the *quo modo* by which nature has effected a cure here—from the ease with which the collateral circulation in the limb was set up, it is evident that the obliteration of the vessel extended no further up than the external iliac; the branches of the internal iliac, the gluteal, ischiatic, and obturator, carrying on the circulation in those cases where the external iliac has been tied.

Of the several ways that have been assigned as the mode by which aneurism is spontaneously cured, I should be inclined to think that pressure has had great influence in effecting a cure in this case. First, because the situation of the artery allowed the aneurism itself to make some degree of pressure upon it as it passed beneath Poupart's Ligament. Secondly, the ligament would keep up always a certain amount upon the sac; and Thirdly, the position the patient retained for a long time would cause the weight of the trunk to rest upon it. The diseased artery might possibly have inflamed and so have become obliterated by the effusion of lymph, though, during the whole period, I could not discover sufficient pain, heat, or tenderness, to attribute the successful issue of the case to this cause.

ALFRED EBSWORTH.

HOSPITAL REPORTS.

KING'S COLLEGE HOSPITAL, Dec. 18th, 1843.—Elizabeth Allen, aged 18, admitted under the care of Mr. Partridge. Prostitute. Has been living on the town for twelve months. Enjoyed good health till seven months ago, when she perceived a thick white discharge from the vagina, unaccompanied either by pain or difficulty in making water. She became in consequence an out-patient of this Hospital, and was ordered an alum lotion, and saline medicines, but as she experienced no relief she soon left off using them. About three weeks after this, she observed several sores on the sides of the labia, but paid them no attention. Six weeks ago they became painful and increased much in size, and about the same time a papular eruption appeared on the abdomen, thighs, and legs, which has been getting gradually worse. She was prevented by circumstances from paying any attention to her complaints, till they became so bad that she was obliged to apply at the Hospital for relief.

At Present. Both labia majora are covered with large elevated venereal tubercles, which extend backwards as far as the anus; they have ulcerated, and are now covered with scabs, having thick yellow pus beneath them. The abdomen, thighs, and legs, are covered with a papular eruption, interspersed with large tubercles. There are also numerous mucous tubercles on the inside of both nymphæ, on the right angle of the lips, and on the tongue. Has never had any sore throat, nor sores in the vagina. There is no discharge at present. Has had no connexion for seven weeks. Catamenia have not appeared for three months. Has been living well but not intemperately. Her general health appears to have suffered but little.

Sumat Haust. Sennæ co. ℥j. statim.
Potass Iodid. grs iij.
Inf. Quassiæ ℥ iss. ter die.
Lotio Plumbi.

Dec. 10th.—The scabs have been detached from the warts on the labia; they are to be lightly touched with nitrate of silver.

Sumat Pil. hydrarg. chlor. co. grs v.
omni nocte.
Balneum calid. alt. quâque die.

13th.—The warts on the right labium to be smeared with the ung hydrarg ammon chlor, those on the left to be touched with nitrate of silver every day, in order to ascertain which of the two applications will prove most beneficial.

Potass iodid grs jv ter die.

Dec. 22nd.—The tubercles on both labia are very much diminished in height, evidently owing to the medicines she is taking internally rather than to the external applications, as those on the abdomen and thighs are equally improved, and the papular eruption has nearly disappeared. There is some discharge from the vagina.

Inj. argenti nit grs ij in ℥j.

27th.—Has been improving rapidly. The tubercles are now scarcely above the level of the skin, and all but a few large ones have disappeared altogether. Tongue and lips quite well. General health good. Discharge from the vagina continues.

Inj. argent. nit. grs. iij in ℥j.

Jan. 2nd.—Discharge better. A few red spots only are left, which mark the situation of the larger tubercles.

Discharged cured.

November 9th--William Carlyle, aged 22. Admitted under Mr. Partridge. Single. Tailor. Native of Cumberland, has lived in London for the last five years. Had good health till August last, when he contracted gonorrhœa, for which he took cubebs. A fortnight after the appearance of the discharge, he had a large and deep chancre on the glans penis, for which he was treated with mercury so as slightly to affect the mouth; this he states had some effect upon the chancre, but did not cause it to heal. Ten days after the chancre had made its appearance, a bubo formed in the right groin, and he was admitted on Sept. 6th into the hospital, under Mr. Partridge. The bubo was opened, and on the 10th he was made an out patient, as the incision and the chancre were healing, and the discharge had ceased. The right thigh was inoculated with the matter of the bubo, but without any result. A fortnight after his discharge from the hospital the chancre healed, but during this time a second bubo formed in the immediate neighbourhood of the first, which was opened in the track of the first incision. At present pale and considerably emaciated. There is a thick papular eruption on the face and limbs, which appeared about three weeks ago; the papular spots are assuming a tubercular character. There is also a rupial sore upon the face, and two larger ones upon the left shoulder.

He complains also of nocturnal pains in the limbs, which are so severe as almost entirely to deprive him of sleep. He has also cough and night sweats, and expectorates a small quantity of viscid mucus, occasionally streaked with blood. There is some ulceration with redness of the left arches of the soft palate. No appetite. Pulse 110, weak. Bowels regular. Throat to be fumigated every other day with cinnabar.

Sumat potass. iodid. grs iij.
Middle diet Inf. quassiæ ℥ ij ter die.
Pil. hyd. chlor. co. grs v alt. nocte.

Nov. 13.—Ulcers of the throat looking cleaner, and the redness diminished.

15th. Throat better. Still complains of severe nocturnal pains in the limbs which prevent him from sleeping. Cough and night sweats still troublesome. Little or no expectoration.

Sumat linctus communis pro re nata
Morphiæ mur. gr 1-6H. S.

17th.—Cough better. Sleeps a little under the influence of the morphia. Appetite improving. Throat nearly well. Discontinue the fumigation.

Potass. iodid. grs v ter die.
Full diet.

22nd.—Better in every respect. The eruption on the face is much improved, and the rupial sores are rapidly healing. Sleeps pretty well at night. Very little cough.

Potass iodid grs vj.
inf. quassiæ ℥ij ter die.

29th.—The eruption has nearly disappeared from the face, a few scars only remaining. The rupial sores have healed. He says that he feels much stronger than when he came into the house. He has gained a good deal of flesh, and is manifestly improved in condition.

To be made an out patient, and continue the medicine for a fortnight longer.

INTERNAL USE OF TOBACCO FOR TETANUS.

By JOHN ROBERT REYNETT, Esq., of Portlaw, Waterford.

John Barry, aged about forty, a spare, hardy man, complained of the usual symptoms of tetanus, which he attributed to having gotten cold, namely, pain and constriction of chest, and stiffness of shoulders and neck, for which I gave a smart purgative, then a diaphoretic mixture, and a blister to the chest.

On the 23d. On inquiry found he had fallen, running to open a gate for Lord Waterford, a week previous, and slightly hurt his thumb. His jaws were now closed to about half an inch. He had a troublesome short cough, which aggravated all the symptoms, for which he got calom. gr. xv, opium gr. xij, in pil. vi. 1 2 dis horis.

25. Opii ℥ß, calom. ℈ i, camphoræ gr. vj, in pil. x, st. j, 2 dis horis.

26. Symptoms same; pulse feeble, quick; skin clammy, with diarrhœa. ℞ opii 3 ß, plumbi acetatis gr. xij in pil. x, st. j, tertiis horis dum perturbantur intestinæ et injiciétur enema anod. astringens; infric. ungt. hyd ℥ij; he stopped his medicine one day, as he seemed better.

28. Spasms so severe on coughing or turning, that his legs used to spring up off the bed; great anxiety and restlessness; cold, clammy perspirations, pulse quick and feeble, thirst great, but afraid to drink on account of the action causing spasms. ℞ Opii ℥ß Camphoræ gr x, Nicotianæ tabaci, gr. iij, in Pil. xxx. st. j, quaque hora.

29. Repetantur pilulæ ut heri.

30. Opii ℥ß Nicotianæ gr. v. Hyd. c. cretâ ℈j. P aromat gr. x. Ol. Anisi gt. x. in Pil. xv. st. j. 2 dis horis.

31. Continuentur pilulæ et app. vesiccat verteb dorsali.

Feb. 1. Bowels relaxed, spasms much relieved; jaws an inch open. ℞ Opii gr. x, in pil. v. st. j, tertiis horis.

2. Rept. Pilulæ ut 30 Januarii.

4. ℞ Quininæ sulph. ℥ß acid sulph. Dil. ℥j, aquæ font ℥ vj, M. st. ℥ß bis terve die. Spasms subsided.

5. Opii gr. xxjv, Nicotianæ gr. iv. P. Aromat. gr. x. Ol. anisi gt. x, in pil. xij, st. j. ter die.

9. Rept. Pilulæ st. j, mane nocteque.

14. Mist Quininæ ut antea. ℞ Opii gr. x ij, in Pil. xij, st. j. omni nocte. The Opium and Quinine were continued for some time; he also got a liberal allowance of wine and strong broth all through, having lost several incisor teeth before, by a fall from a horse, which enabled us to adminster his medicine, &c.

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A work called, "On Man's power over himself to prevent or control Insanity," has just come in our way. Among a number of striking passages, we were much pleased with one in which, after referring to the astronomer giving, chilled and fatigued, his midnight hour to voluntary observations which will most probably only lead to the knowledge of some great law of nature, long after the observer lies in his grave, exclaims:—"I know but of one solution of the difficulty: there must be some element in man which we have not yet taken account of; some untiring, undying energy which eludes the finger and the microscope of the anatomist, but which exercises a despotic sway over the animal mechanism."

CASES IN PRACTICE.

By JACOB SPROULE, Esq., Dromore.

Uterine Hæmorrhage; trial of the acetate of lead without effect.—Mrs. M'Quaid came under my eare a few nights ago, reduced to the lowest state, from the hæmorrhage that had continued at intervals for periods of two hours. I gave gr. j acetate of lead, and I was much frightened at the effect; it had not been more than two minutes in the stomach, when she complained of most violent pain in the head, and in three minutes more she eommenced vomiting convulsively, which tended to increase the hæmorrhage. I then gave a restorative, and in ten minutes after gave a dose of nitrous acid in infus. rosæ, which when she had taken, quite relieved the pain in her head. I had passed my finger before the administration of either of the above medicines, to aseertain the fact of a fœtus being in the womb. The os uteri was dilated to about the size of a five shilling-piece, and what turned out to be a clot of blood pressed down through the os uteri, and was firmly attached to the internal parietes of the uterus. I sat by the bedside for six hours: the hæmorrhage returned in gushes, though at the beginning I had bandaged and plugged the vagina. I removed the plug, passed my hand gently, brought away the clot of blood, made pressure on the internal edges of the os uteri; the uterus contracted—expelled my fingers with another clot, and the hæmorrhage *ceased.* In my opinion, when large clots of blood are in the womb, and attached to its parietes, they ought immediately to be brought away, as the uterus cannot take on its tonic contraction while soft, heated bodies, such as clots, are within its grasp. This is best exemplified by the effect cold has on the womb. I have seen a thousand cases of uterine hæmorrhage, and I never saw one where the hæmorrhage ceased before all the clots were removed. There was in all cases a slow continuous stream, or periodical gushes.

Sloughing produced by gonorrheal matter.—John Cerosbee applied to me for an affection of the above kind, the scrotum and the internal parts of the thighs were in a most filthy state. I ordered sulph. cupr. ℥j; aqua lbj; tinct. catech. ℥j; M. ft. lot. The parts to be washed twice every day. The above made a cure in a very few days.

DR. PALMER'S PENTAGLOT DICTIONARY OF MEDICINE.

(To the Editor of "The Medical Times.")

SIR,—In vindication of my own character from the charges of indolence or neglect, which may, otherwise, be brought against it by persons unacquainted with the facts of the case, I beg leave to announee, through the medium of your widely-circulated Journal, that the manuscript of the Third and last Part of my "Pentaglot Dictionary of Medicine" was completed on Monday, the 24th of May, 1841; and that I received from the printer, in the beginning of the following June, a copy of the last sheet of the work, including the title-page, preface, and the last pages of an elaborate German index of scientific terms, by which the Dictionary is concluded.

In proof of the correctness of this statement, I confidently appeal to Dr. James Johnson, Editor of the *Medico-Chirurgical Review.* That gentleman received from me, in the commencement of 1842, the only copy of the "Pentaglot Dictionary" which I possess, and gave a short but highly flattering review of it

in the April number of his well-known journal of that year.*

By the inexplicable procrastination of the publisher† of my work, I am thus placed in a situation of peculiar hardship and vexation. My object in undertaking that Herculean labour, was not the paltry remuneration in books and money, which I consented to receive for it; but that reputation as a literary and philosophical physician, which I might reasonably expect to acquire from the successful execution of such a work; and which, for the last forty years, has unceasingly constituted the goal of my ambition.

For the sake of my own literary reputation, and from a sense of justice to those gentlemen who possess the first two parts‡ of the "Pentaglot Dictionary," I am still anxious that my unfortunate work should appear. To purchase and publish it at my own risk is, however, a measure which neither prudence will sanction, nor my other engagements conveniently admit of.

I have the honour to remain, Sir,
most obediently yours,
SHIRLEY PALMER, M.D.

Birmingham, Dec. 27, 1843.

* See page 589 of that number.

† Mr. John Chamberlayne Barlow, formerly of Birmingham, now of Bilston, Staffordshire.

‡ Published in 1834 and 1836, respectively.

MR. BRAID ON MESMERISM.

(To the Editor of the "Medical Times.")

SIR—I now forward the contribution which I promised at the conclusion of my last communication. I trust my remarks may tend to remove some erroneous notions which have prevailed, and which have tended, in no small degree, to keep up unwarrantable prejudices against the introduction of a most important mode of treating various intractable diseases.

The credulity alone of the marvellous in some of its friends, and the inveterate hostility of its opponents, have been equally prejudicial to mesmerism. Each party has drawn conclusions too hurriedly, and from too narrow a field of observation; and opinions, and prejudices once promulgated have been contended for in many instances, with a zeal and pertinacity inconsistent with all true philosophical inquiry. Could a more eminent example of this be adduced than Mr. Wakley's experiments and observations in reference to the Okey's afford? Dr. Elliotson had set forth that certain metals had the power of mesmerising patients, whilst others had no such influence, and he offered to allow Mr. Wakley to operate on the Misses Okeys to prove this. Mr. Wakley operated with the *non*-mesmerising metal, whilst the patient was led to *believe* he was operating with the *mesmerising* one, and *she fell asleep* again. He operated next with the *mesmerising* metal, *whilst the patient believed it to be the* OTHER, *and no sleep resulted.* Now, this was a well-contrived and well conducted experiment to prove *whether the metals really possessed such opposite influences*, and the experiments clearly proved that Dr. Elliotson had been in error in regard to his *theory*; but then Mr. Wakley promulgated an equally erroneous, and far more heartless one, in publishing to the world, and reiterating and glorifying in it *that the patients were impostors;* and that, consequently, *all mesmeric phenomena were unmitigated imposture.* My paper will illustrate the subject, and prove that the legitimate inference which should have been drawn from these experiments, was the extraordinary power of imagination, sympathy, and habit over those previously impressed. As recorded in page 61 of my work on Hypnotism, "I have varied my experiments in every possible form, and clearly proved the power of imagination *over those previously impressed,* as the patients have become hypnotised (the term I use instead of mesmerised) or not by the same appliance, according to the result which they previously expected."

Again, the circumstances detailed by Dr. Smethurst in your last number, are well calculated to give a handle to sceptics; but granting that the whole of what he witnessed that night was gross imposition from beginning to end, he is by no means thus warranted to draw his rash conclusions, that therefore "thus ends, I trust, at least in these parts, mesmerism, a thing too contemptible in itself to engage the attention of any but such as the Great Wizard of the North or a pantomimic actor."

I would beg to remind this gentleman and others of the same temperament, that neither the theoretical errors; the extreme credulity, or ignorance, or intended imposture of a few of its professors can *now* stop—and the greater the pity if they *could* stop—the progress of such important investigations as mesmerism and hypnotism, the objects of which are the developement of modes of acting, by which we can exercise such a powerful control over the nervous system, and through it over the whole body, producing remarkable phenomena, and which may be turned to such useful purposes in the cure of disease, as may be readily demonstrated to the conviction of every candid and intelligent mind. Even the French commission of 1784 bore testimony *to the reality of the phenomena.* What they disputed was Mesmer's power of proving to them the existence of a magnetic fluid as the *cause* of the phenomena. They vaguely attributed the phenomena to the influence of the imagination, instead of to that of a magnetic fluid as alleged by Mesmer. This was the real extent of their condemnation, which has been so constantly and triumphantly referred to in opposition to the pretensions of mesmerism.

Again, the second French commission prosecuted the inquiry for five years, drew up a report of the whole with great care, which was read to the Academy in 1831. After a variety of references to particular phenomena which followed certain experiments, and bearing testimony to its curative powers, as demonstrated in cases so treated in their presence, they recorded the following important remarks:—"Considered as a cause of certain physiological phenomena, or as a therapeutic remedy, magnetism ought to be allowed a place within the circle of the medical sciences; and, consequently, physicians only should practise it, or superintend its use, as in the northern countries. Your committee have communicated, in their report, facts of sufficient importance to entitle them to think that the Academy ought to encourage the investigation into the subject of animal magnetism, as a very curious branch of psychology and natural history."

When it is considered that these opinions were given *after five years' investigation,* and that the report was signed by Bourdois de la Motte, President Fouquier, Gueneau de Mussey, Guersent, Husson, Itard, I. I. Leroux, Marc, and Thillaye, it ought to put to shame those who presumptuously venture to pronounce an opposite opinion upon and condemn what they have never had opportunity, or taken pains, practically, to understand. Is it not notorious, that the great opponents of mesmerism and hypnotism are *those who never studied it practically,* or who *have done so in the most superficial manner;* whilst those who were most violently opposed to it *through theory and book knowledge only,* have soon become convinced of the reality of the phenomena upon personal and careful investigation? I myself am of the latter class, and whoever will investigate the subject with an honest desire to arrive at truth, cannot long remain in doubt as to the reality and extraordinary nature of the phenomena, whatever difficulty he may experience in ascertaining the true cause of them. I would earnestly recommend all who engage in this study to endeavour as much as possible, to separate *facts* from *theories*—to study each apart. Let each individual conduct experiments for himself in the different modes recommended, and with an honest desire to arrive at truth, and there can be no doubt but he will soon be convinced, that by artificial contrivance the nervous system can be thrown into a new condition, which may be rendered eminently useful in the cure of disease. It appears to me that the knowledge of this fact, and the best modes of applying the agency, is of far more consequence than disputing about theoretical quibbles, which may never be determined to the satisfaction of all parties, as to the *modus operandi* of the means by which we produce our results.

I remain, Sir, your most obedient servant,
JAMES BRAID, M.R.C.S. Edinb., &c.

3, St. Peter's-square, Manchester, 16th Dec. 1843.

[We hope to publish Mr. Braid's paper above referred to in our next number.—ED.]

THE NEW FELLOWS, AND PROFESSIONAL HARMONY.

To the Editor of the "Medical Times"

SIR,—Of the twenty-four medical men—four physicians and twenty surgeons—resident in this town, I perceive, by the last number of your journal, it has pleased the Council of the College of Surgeons to enrol three amongst the new batch of Fellows, viz.:—Messrs. Burd, Dicken, and Arrowsmith, purely because these gentlemen happened to be the surgeons to the Salop Infirmary, and notwithstanding we have amongst us practitioners on whom the distinction would have been more justly conferred. Why Mr. Arrowsmith, who practises chiefly as an apothecary, or Mr. Dicken, who has scarcely any practice at all, should have been preferred to Mr. W. J. Clement, Mr. Foulkes, or Mr. Keate, is no slight puzzle to those able to estimate the relative merits of the parties as practical surgeons. Mr. Clement's talent and standing as an operating surgeon, are not unknown to Sir Benjamin Brodie, and most assuredly would have insured his admission to the rank of Fellow, if the selection had been confided to the members of the College amongst whom he resides.

The senior Infirmary surgeon, Mr. Burd, is so delighted with his new diploma, that he carries it with him in his daily rounds, and expatiates with becoming self-complacency on the profound scientific knowledge and experience demanded of those whom the College has dignified with the title of Fellow, and who are henceforth to rank as the heads of the profession.

Such selections as these disgust the profession, degrade medical science, demonstrate the existence of a vicious system of medical government, and prove the necessity for medical reform.

I remain, Sir,
ONE OF THE DEGRADED.

Shrewsbury, Dec. 26, 1843.

[It is out of our usual plan to publish letters in which names and persons are so freely dealt with; but we have thought it right to give this, just to show the sort of feeling which the policy pursued by Sir B. Brodie is engendering among our professional brethren. The writer, we have reason to know is, in standing as in practice, among the *élite* of Shrewsbury practitioners: if *he* can thus write, what must be the thoughts of less cultivated minds—the feelings of less well-regulated passions?—ED]

REVIEWS.

Cases of Dropsical Ovaria Removed by the Large Abdominal Section. By D. H. WALNE, Surgeon. London: LONGMAN, BROWN, &co.

THIS small volume contains the reprint of three cases of successful Ovarian Extirpation, published some time ago. The very important operation for the removal of diseased ovaria, was first attempted in the British dominions by the large section by Mr. Lizars, of Edinburgh, since which time no one had attempted it (except Dr. Granville in an unsuccessful case, which was by *a smaller incision*), until Dr. Clay, of Manchester, recorded five cases in the MEDICAL TIMES, the first of which is dated September 12th, 1842.* As no professional account of Dr. Granville's cases is recorded, we think Dr. Clay is fully entitled to the merit of its introduction into England. Indeed, we may go farther, and state that Dr. Clay and Mr. Walne have fairly

* We say this subject, of course, to the validity of the claim made by Mr. Crisp for Mr. Jeffreson of Framlingham, Mr. King of Saxmundham and Mr. Crisp of Halserton. see "Medical Times" No 223,

established the legitimacy of this operation. As might be expected, considerable opposition has been, and is yet exhibited, by the more timid part of the profession, an opposition (we may say *en passant*), not of the most charitable description, but the operation has now progressed so far and so successfully, that no power, still less the partiality displayed by some reviewers, will prevent its adoption as a settled operation in proper cases. The three cases of Mr. Walne's, the single cases of Mr. Southam, and Mr. Morris, with those of Dr. Clay, altogether *thirteen*, will abundantly outweigh any arguments brought against it by those who write articles on surgery, with no nearer acquaintance with the subject than that possessed by the easy chair on which they sit. The three cases under notice were well selected, the diagnosis correct, the operation well performed, and the after treatment equally well managed. They were all fortunately without adhesions, and in this respect they differed materially from the previously published cases of Dr. Clay, where the most extensive adhesions were successfully overcome, and the patients recovered almost without a bad symptom. In Mr. Walne's cases great care was taken to close the integuments as the mass emerged, to prevent exposure of the viscera to the atmosphere. Dr. Clay exposed the parts as little as possible, but seems to think less of the effects of exposure, provided the room be of a proper temperature. As far as non-exposure of the viscera is concerned, we do not see any advantage in Mr. Walne's over Dr. Clay's cases. In the treatment of his cases, Mr. Walne follows pretty nearly the plan practised by Dr. Clay, and we feel pleased at his straightforwardness in acknowledging to whom he is indebted for information. This is as it should be in the profession, and very different conduct to that of Dr. F. Bird, who states that he found little to learn from the cases of either Dr. Clay or Mr. Walne. Perhaps not, for *learning* implies something more than subject matter. Yet, Dr. Bird's treatment was so strikingly analagous to theirs, that we must confess we are puzzled to find out its originality. Dr. Bird, like a gentleman in *The Critic*, is happy in his *coincidences*. We have seldom seen cases more minutely reported than those of Dr. Clay; and far indeed from perfect must be the man who could not derive some advantageous hints from them.

Mr. Walne's third case, and Dr. Clay's seventh, "plainly demonstrate that under proper precautions the youth of the patient need not deter the surgeon from attempting her cure." The following remarks are too just to be merely hinted at, they form the conclusion of the work.

"With regard to the propriety of performing a formidable operation like this for such a disease, it may be briefly remarked that no means on which any reliance can be placed, except an operation, are, as far as I can learn, known to the most experienced *practical* physicians of the present day, any more than to those of past ages: none, at least, which unequivocally cure or mitigate the disease when arrived at such a stage, as to require an operation. A mistaken idea prevails in some minds, that the disease does not tend to shorten life, as well as to destroy its comfort. I shall hereafter show that this opinion is totally at variance with facts. Like many other erroneous opinions, it is repeated on authority by men whose position might easily enable them to ascertain that it is devoid of truth. Compilers are apt to follow such men. How should they do otherwise? They themselves, with few exceptions, are little engaged in the observation of disease, and cannot be expected to form opinions, except upon the report of others. The rising generation of practitioners derive their instruction principally from men of these two classes, who thus propagate error from age to age, mixed up, indeed, with so much useful information, as gives additional influence to the mischief. Equally faulty in fact and in tendency, is the suggestion, that the operation itself is necessarily one of easy performance, requiring little anatomical knowledge, or skilful surgical adroitness. It may, indeed, be truly said of any operation, that the amount of mere anatomical knowledge required for the mechanical part of the surgeon's act, is not greater than a diligent student might acquire in a few months; and certainly not more truly of *this* operation, in which the separation of adhesions to the abdominal parietes, and to the viscera themselves, may be necessary; but it is the possession of correct physiological, pathological, and therapeutical knowledge that enables a practitioner to cope with the real difficulties of operative surgery, those which endanger his patient's life, or after health and comfort. If to perform an operation so rapidly as to excite the astonishment of a large class of staring students, and for the sake of this worthless display, to cause the greater mutilation of the patient, as in amputations, in order to avoid its consequences; if to disregard the preparation of the patient, so that dangerous symptoms must almost inevitably ensue; or so to mismanage the after treatment that the patient's life is lost, when he might be otherwise cured;—if to undertake without hesitation the performance of an important and hazardous operation in ignorance of those precautions which other men have shown to be both necessary and effectual for the patient's preservation: if in short, the dexterity of the mere anatomist be thus mistaken for perfection in the art of surgery, then, indeed, is it high time that such erroneous notions should be corrected, and that the profession should see the advantage of a different combination of qualifications for its *useful* exercise.

"That the removal of dropsical ovaria by the large incision, will become a legitimate operation in the hands of qualified surgeons, there can, I think, remain but little doubt on the minds of practical men who have looked into the subject. I know that *many such* already consider the operation as established by the cases of Dr. Clay and myself. My own experience confirms me in my opinion of its humanity, usefulness and practicability, when properly conducted in well selected cases; and that, so conducted, it will be the means of averting much suffering, and saving many valuable lives, I entertain not the slightest doubt. As a comparative novelty, however, it has to contend with unjust prejudice on the one hand; with ignorant rashness on the other. The former will gradually give way to conviction, or be reduced to silence; but the latter, in its reckless eagerness for distinction, may do much mischief by its unjustifiable proceedings, and so bring into undeserved obloquy what will otherwise be deemed a valuable improvement in surgery."

This quotation, though long, will be excused, from its excellence. It gives us pleasure to know (and we possess the means of knowing it) that a great number of the highest ornaments in our profession, both at home and abroad, are decided advocates for the large incision extirpation of diseased ovaries, since the publication of Dr. Clay's and Mr. Walne's cases, and if anything could be added to confirm the principle, it is the able exposition of facts by Mr. Southam, of Manchester, in our contemporary *The Medical Gazette*, where he proves that the average duration of life existing under ovarian disease *from the first tapping*, does not amount to more than *one year and eight months*. This is a startling fact, and will surely open the eyes of those who are inclined to throw an uncharitable opposition in the way of extirpation.

To those who have analagous cases under their care, the facts recorded by Mr. Walne, are highly valuable, and before taking any decisive steps, they will not throw away their labour by consulting the cases we published of Dr. Clay, particularly if there be any probability of adhesions. The cases of the latter gentleman are excellently illustrative of that point. The operation is becoming more general every day, and though the statistics are somewhat difficult to collect at present, they are flattering, and we opine the day will shortly arrive, when the directions for diagnosis being more clearly made out, that this operation will stand as high in its claims to usefulness as any of the important operations in surgery.

Practical directions for the Preparation of Aërated Waters, &c., by R. Venables. Knight & Son.

The object of this little work is to draw public attention to "Bakewell's patent apparatus" for producing aërated waters. The author describes it and gives it just claims to simplicity of construction, facility of use and great cheapness. We are then favoured with an instructive essay on carbonic acid, the alkaline, earthy, and metallic carbonates, whence the author passes into a rapid *resume* of the therapeutic virtues of carbonic acid considered in itself and as aiding the usual medical agents. To the acid alone he attributes not only narcotic, cathartic, diuretic, lithontriptic, refrigerant and diluent, but tonic, astringent, and emmenagogue agencies; and when combined with other remedies he makes it of essential service throughout the whole range of morbid action, not excepting either tic douloureaux or phthisis. If this course be a little unreasonable, the author at least deserves the credit of following it in a most reasonable way. A certain air of moderation marks all his statements, and when he gives us a rather strong opinion he introduces some new element in combination with his specific—or refers to some not impossible fact in his own practice to attach *vraisemblance* to his statements. Here are his observations on Hæmatemesis.

This consists in the evacuation of blood from the stomach (generally dark) by vomiting, in contradistinction to hæmoptysis, in which the blood (frothy and of a florid red) is brought up by coughing. Alum is the most effectual styptic in such cases, but it so frequently disagrees, producing nausea, that it is difficult to manage its administration. The least objectionable mode hitherto devised, is that of alum-whey, made by curdling a pint of boiling milk by two drachms of pounded alum. But even so, I have often found it difficult to continue the use of the astringent to the requisite extent. Having had a short time since a case of acute hæmatemesis, in which even alum-whey could not be continued for more than a single day at a time, the disease in the intervals attaining its original severity, it occurred to me that the aërated lemonade might be advantageously made the vehicle of administration. The dose, therefore, being introduced into the bottle the aërated vehicle was received upon it; and in this particular instance, although the stomach was highly sensitive to every other mode of administration, yet it bore this form extremely well, and the medicine frequently could be continued for ten or twelve days at a time.

In *Menorrhagia*, the aërated fluid will often present to us a vehicle which will reconcile the stomach to our remedies, and enable it to tolerate what otherwise it could not endure.

Here again we have him with his carbonic acid for

Dropsy.—In certain forms of dropsy, attended with great debility, and an albuminous state of urine, these preparations of iron are very advantageously conjoined with the diuretics. In the case of a man aged sixty eight, afflicted with general dropsy, and which had invaded the scrotum and prepuce, the ferro-citrated protocarbonate of iron,*

* Some such terms, though perhaps not *chemically* correct, yet as distinctive and highly expressive, are retained.

with nitric ether, compound spirit of juniper, and a little nitre, completely emptied the cellular tissue in the course of ten days, and in less than three weeks this patient was perfectly cured, and now remains well after an interval of nearly four months. The supertartrate of potass was given at the same time, but no pre-eminent virtues can be assigned to this diuretic, as it had been administered previously for a long time in vain. In the other forms of dropsy, I have had no opportunity of proving the efficacy of this remedy.

The author more fully enlarges on *phthisis*. He takes the opinion that it originates in a tubercular condition of the blood. He uses for it the combination of oxymuriate of mercury with tincture of bark used by Sir Astley Cooper for scrofula. He says he has used it in thousands of cases of pulmonary affections with great success, and claims to have cured many undoubted cases of well marked consumption. Prefixing that Dr. Venables must be a very fortunate practitioner, we give the secret of his success.

I usually give from the twelfth to the twentieth of a grain of the oxymuriate, with from an eighth to a quarter of a grain of the hydrochlorate of morphia, three or four times in the day. It is best given in distilled water, but the addition of a little diluted hydrochloric acid, will in most cases prevent any decomposition of the oxymuriate, even when combined with some vegetable astringents and certain other decomposing agents. The above is rendered more palatable and agreeable by the addition of a sufficient proportion of syrup of lemons, or of simple oxymel. Tincture, infusion or decoction of bark, sulphate of quinine, &c., may be added to this formula, where a tonic influence is required to develope more fully the alterative agency of the mercurial.

We must here stop with the remark that though medical agents, assisted by aërated liquids may not be of all the use Dr. Venables claims for them, their more frequent conjunction in ordinary practice would doubtless be a great improvement in medical practice. With this conviction on our minds our readers will not be surprised that—armed as it is with the credentials of cheapness and portability—we introduce Bakewell's Apparatus at once to their patronage, and to the society of approved scientific appliance.

Chart of Skin Diseases. By George Alfred Walker, Esq., author of "Gatherings from Grave Yards, &c. &c." Longman.

With this Chart before him, the practitioner can voyage through the Archipelago of skin diseases with ease and certitude, as much to his own reputation, as his patient's comfort. With an excellent classification, we have a synoptical review of the nature, seat, diagnosis, prognosis, and treatment of the whole range of these diseases. It is well got up, is cheap, and if practitioners want our further recommendation, they have it more practically in the liberal use we have made of the Chart's contents in our Almanack.

The *Chemical Gazette* for Dec. 15, and Jan. 1. The *Pharmaceutical Journal* and *Chemist* for Jan. 1.—

Taking these in the order of their merit, the first singularly enough is the only one, we believe, edited by a scientifically educated chemist. It is under the care of Mr. Francis, a gentleman who studied in the Universities of Berlin and Giessen. The difference we should *à priori* expect from so remarkable a distinction is displayed, and is particularly striking when the comparison is directed to the third named publication. This one circumstance, in reference to the Editorship of our scientific Journals, offers a significant proof of the advance Chemistry has made among its more general British Cultivators. Perhaps the only objection that can be made to the Chemical Gazette springs out of its being beyond the public; it is too much *caviare* to the general. A few samples will appear next week under the head of Pharmacentical Varieties.

"The Pharmaceutical," under the charge of Mr. Bell, druggist, is not without its interest this month. It gives an editorial article on the use and abuse of certificates of merit. The use is shortly glanced at as an incentive to exertion: the abuse is as briefly got rid of by a notice that Pharmacentical members misuse their diploma to the gain of medical practice—and are to be censured rather than the Society. The body of the article is a defence of the Pharmaceutists, who, unexamined themselves, exact examinations from those that would join them. The only ground Mr. Bell takes is that no Pharmaceutical Society would have been formed or supported without the incongruity—and that the success of the Society justifies that with all other parts of its policy. The Editor in so many words appears to us to admit that the governing seniors could not sustain the examination they desire from the governed juniors. After this come the events of the Pharmaceutic meeting given in the *Medical Times*, Dec. 16, presented at large, and some well-selected articles given from foreign journals. (Vide Pharmaceutic Varieties, next No.)

Our notice of the *Chemist* must follow the proportions of its scientific merit, and be extremely short. Indeed in "shooting the folly as it flies," we but act in the spirit in which a Catlin takes portraits of thick-lipped Indians. The proximity of extinction gives an interest to traits intrinsically worthless—if we do not notice them now we may never have another opportunity—and it cannot be quite useless to let scientific posterity know with what garbage in the name of science their fathers were (albeit for a short time) satisfied.

Speaking of proximate extinction, there are some bad auguries in reference to it in the present number. The editors talk of "an intimate acquaintance of four years with their readers," which argues about a parlour full of them; certainly a more select than remunerative body of admirers—speak of numerous professional engagements awkwardly interfering with editorial labours—so soon turned into a respectable reason, for by editorial secsssion—own that they have "found promises of contributions more often broken than fulfilled," and while one announces by advertisement that he has (alas!) set up as seller of the books he reviews, both content themselves with the very moderate prayer that their future efforts may be as effectual as the past. In addition to these bad symptoms there is this worse one: the two young editors, like knaves under the executioner's axe, positively engage themselves for an utterly impossible amendment. "They are determined," they say, "to *deserve* the good opinion which it has been their *unusual* good fortune to obtain." We gladly wait their great efforts. If contrary, as they say, to their *usual* luck, they really *have* obtained a good opinion, the fight against flesh and blood and nature must be very considerable which would enable them to *merit* it. We shall gladly hail their entry into so new a course, and promise to chronicle their doings in a field of enterprise in which the world knows so much lies open for achievement. But of all the things of this world, jests and water are those most thrown away when poured on a goose of full proportions. Let us at once then in a proper regard for the dignity of the editorial cloth, and in the utter disgust which empty-headed pretensions and insufferable puppyism provoke, record our settled opinion, that as "the chemist" has always existed as a hundred mile-stone measure of editorial ineptitude, it can now survive but as a small thing of huge disgrace to its remaining readers' taste. Contact with it is libellous, and we own that we shall not be wholly satisfied of the respectability or mental standing of the word chemical, till, good feeling, learning and talent getting their due respect, "the Chemist" fall down to have as many readers as writers, a retribution as near as it is deserved.

The Phrenological Journal for January.—This Philosophic Journal reaches, we see, its twentieth year with the present number, and exhibits every evidence of a lusty and vigorous manhood. Papers by Mr. Hytche, Mr. W. R. Lowe, Dr. Kombel, Mr. Combe, and Sir G. Mackenzie, to which we hope to recur—enrich the present number as original articles, and its monthly intelligence, and complete notices or books and journals must keep the Phrenological student *pari passu* with his science. If we are not mistaken, the new year is commenced with a number somewhat larger than usual.

A NEW METHOD OF TREATING FEVER.

(To the Editor of "The Medical Times.")

Loughrea, 16th Dec. 1843.

Sir,—About twelve months ago, I published in the *Dublin Medical Press*, a short account of a new method of treating fever, which I had for some time adopted, and found successful beyond my most ardent anticipations.

The treatment by depletion, founded upon the belief that fever is essentially a disease of vascular turgescence, or indeed of inflammation, this treatment, it was my firm conviction, was by far the least successful of any, which my experience of fever had afforded me an opportunity of observing. I had seen the treatment applied in every form, and to every extent; had seen one physician depend upon the daily administration of purgatives, with occasional venesection; another depend chiefly on the latter evacuation, and, as I conceived, with the same unvarying termination, except that in proportion as the loss of blood had been great, so was the fatal result more likely to ensue.

Turning these things in my mind, and being also of opinion that post mortem examination by no means favoured the doctrine of inflammation, I resolved in my own mind that fever must have its origin in some other source, and certainly be combated by other means than those founded on the doctrine in question. During five years that I was a pupil, and physician's assistant, in the Royal Infirmary of Edinburgh, I had frequently seen that inspection of the bodies of those who had sunk beneath aggravated attacks of fever, afforded no clue whatever to the immediate cause of death, and if I had sometimes seen sanguineous effusion and congestion in the brain and its membranes, in the stomach, and adjoining viscera, these I believed were but the consequence of vitiated or impaired circulation, arising out of primary disorder of the nervous system.

'Twas true that I had, generally, if not invariably, seen the disease marked by those symptoms deemed characteristic of excited circulation or congestion, but other diseases, as hysteria, delirium tremens, &c., evidently depending on nervous lesions, afforded appearances not less characteristic of disordered circulation. Summing up, therefore, every thing which I had observed, the conclusion which I arrived at was, that fever, whether the consequence of depressing passions, of vitiated air, of cold, fatigue, poor living, &c. &c., was a disorder of the nervous system, and that suspended secretion, a principal result thereof, induced vitiated circulation, and that general disturbance, so common in the disease, and generally attributed, but, as I now thought, erroneously, to vascular lesion.

To the nervous lesion, therefore, or impairment, it occurred to me that my remedies were to be applied with the best prospect of success, and having frequently had occasion to witness the happy effect with which the carbonate of ammonia is administered in certain conditions of nervous degeneration, it occurred to me, that in a disease, which, as I thought, there was strong reason to charge upon an impaired or incapacitated condition of the nervous system, it was, at least worthy of a trial.

Accordingly, after feeling my way with extreme caution in several cases of fever, I at last administered the ammonia from the commencement of the disease, watching closely its effects, and my success was most unequivocal; and having now given it, with the same unvaryingly prosperous issue, in about thirty cases of fever, many of them affording the presumed indications of extreme congestion, if not inflammation, as intense pain of head, intolerance of light, tinnitus aurium, &c. &c., I deem my-

self justified in recommending it, as by far the most successful practice in fever of any hitherto in use.

I invariably administer the ammonia in the liquid form, a drachm of it being dissolved in eight ounces of cinnamon, or plain water, sweetened with sugar, and three or four drachms of spt. æth. nitros being added thereto. Of this mixture I give at first two table spoonfuls every second hour for five or six doses, or until some benefit, by abatement of headache or otherwise, be produced to my patient, and then it is generally given about every third hour, more or less frequently, according to circumstances.

(To be concluded in our next.)

A SELECT PRACTICAL FORMULARY.

TRANSLATED FROM THE FRENCH OF M. FOY, PRINCIPAL PHARMACIEN OF THE HOSPITAL SAINT LOUIS, AT PARIS.

BALSAM ODONTALGIC (*Desforges*) one ounce of bruised cloves, one ounce of bruised nutmegs, half an ounce of coarsely powdered cinnamon, one drachm of balsam of Peru, and one drachm of liquid laudanum, digested for eight or ten days in a quart of alcohol at 36°, then filtered, and half an ounce of sulphuric ether, and twelve drops of essence of amber added. *** A much more simple and equally efficacious balsam may be prepared by combining equal parts of the tincture of bark and spirit of horseradish.

BALSAM OPODELDOCH, Vogt, a druggist at Wildbad, has given the following formula for a liquid balsam opodeldoch: —three parts of white Venetian soap, twenty parts of alcohol, four parts of spring-water, and three parts of camphor:— dissolve the soap in water, the camphor in the alcohol, mix the solutions together, filter, and add, one part of essential oil of thyme and of essential oil of lavender, and two of liquid ammonia:—it should be kept in well-stoppered bottles.

BALSAM OF PERU.—Stimulant, rarely employed: dose, ten grains to thirty in bolus or pill.

BALSAM OF SULPHUR WITH ANISEED.—A preparation not often used, made with one part of sublimed sulphur, and four parts of essential oil of aniseed.

BALSAM OF TOLU.—Powder, ten to forty grains in bolus, or pill, or emulsion; syrup, one to two ounces; the balsam possesses the same properties as the benzoin.

BALSAM SEDATIVE, an oily solution of the narcotic principles of the solanœ, and of the essential oils of some aromatic plants; used in frictions, in rheumatic affections, one or two ounces at a time.

BELLADONNA (leaves and roots), powder, freshly prepared, two to four grains in bolus or pill; tincture (an uncertain preparation) five to fifteen drops in draught or julep; extract two-fifths of a grain to three or four grains, in bolus, pill, or solution; pulverulent conserve, four to thirty-six grains in bolus or pill; externally, the extract is employed in frictions in the dose of four to eight grains to facilitate the reduction of hernia and of paraphymosis, to relieve tic douloureux of the face, to diminish the pain attendant on the operation of cathetcrism, (a small quantity, a grain or two, being placed on the end of the instrument). Dissolved in water, four to six grains in half a drachm of liquid, it is used to dilate the pupil previously to the operation for cataract, and mixed with an ounce of cerate to two drachms of extract, it has been used with success in rigidity or spasm of the neck of the uterus. Combined with equal parts of strong mercurial ointment, the extract is employed in frictions on the forehead and temples, in the treatment of retinitis, iritis, and sclerotitis. Belladonna is also of service in convulsive cough, hooping-cough, scarlatina, neuralgia, and a contracted state of the pupil, to soothe the severe pains occasioned by stulæ, spasmodic constrictions of the anus, painful irritation of the vagina, &c. In Germany it is regarded as prophylactic of scarlatina. Dr. Thiébaut, who has repeated the experiments of the German physicians, and who fully agrees with them in the opinion, gives the extract in the dose of from two to five grains in an ounce of cinnamon water, and fifteen drops of rectified alcohol. According to the Italian physicians, and the partisans of the doctrine of contra-stimulism, belladonna possesses hyposthenic properties; it is adapted for those cases where antiphlogistics are indicated; its action is always certain and devoid of danger, if its exhibition be regulated according to the laws of tolerance or of the morbid capacity of the system. Its effects appear to be chiefly exerted on the ganglionic system, and consequently on the sensitiva principle of animal fibre.

DEUTO-BROMURET OF MERCURY, the same properties, uses, and doses as the deuto-ioduret of mercury, but it is less irritating to the salivary glands. *** M. Foy mentions the deuto-ioduret, but also speaks of the salt to which he compares the deuto-bromuret as corrosive sublimate; it is very probably the deuto-chloride that he means.

DEUTO-CHLORIDE OF MERCURY, internally, made into eight pills with an inert powder; one, two, three, four, five, &c., of the pills daily. *** Van Swieten's liquor contains eight grains to the pint of water; that used at the venereal hospital is made sometimes double the strength. In large doses, corrosive sublimate is a most violent poison; in small doses, it acts like all the mercurials, and it is used either alone, or combined with opium, according to Dzondi's method, in the treatment of venereal diseases, especially those which are obstinate or inveterate. Its use requires the greatest caution; it is employed to combat acute and chronic inflammation of the conjunctiva of the ball and eye-lids, in collyrium, one grain to the ounce of distilled water.

DEUTO-PHOSPHATE OF MERCURY (Italian hospitals), a salt employed in Italy in syphilitic ulcers and chancres, and as discutient for buboes; it is combined with lard in the proportion of five parts of the salt to fifty-five of lard.

DEUTOXIDE OF IRON, four grains to thirty in bolus or pill.

DEUTOXIDE OF LEAD, used externally only, as dessicative and maturating, in the form of plaster or ointment.

DIASCORDIUM, an electuary much employed as an astringent in diarrhea and dysentery, in the dose of twenty-four, thirty-six, and seventy-two grains, in bolus or pill, or with a little water, wine, &c. *** Each drachm of the electuary contains about two-fifths of a grain of extract of opium.

DIGESTIVE, PLENK'S, eight parts of clear turpentine triturated with four parts of yolk of egg, then add twenty-four of alcohol, eight of common honey, and sixteen of water. This digestive is employed to assist suppuration; it may also be injected into fistulous canals.

DIGITALIS POWDER—2, 4, 12, 24, 36 grains progressively, in bolus or pill, or by the endermic method; infusion, half a drachm to two drachms to a quart of boiling water; ethereal or alcoholic tincture, ten to twenty drops or more in an appropriate menstruum; expressed juice, half a drachm to two drachms, and more—pulverulant conserve, 8, 16, 32 grains; syrup, half an ounce to an ounce in draughts—extract prepared with the expressed juice, (rarely used) one-fifths, two-fifths, three-fifths, and four-fifths of a grain; hydro-alcoholic extract, same doses as the preceding. In small doses digitalis is often employed for its sedative effects on the circulation, in nervous palpitations, hemoptysis, asthma, nervous coughs, &c. The Italian physicians administer it in large doses as contra stimulants: in inflammatory diseases. Its special action on the urinary organs, and an absorption renders it of service in dropsies, albuminuria, &c.; and finally, some practitioners believe it has the power of diminishing morbid secretions: other speak of it as antiserophulous and antiepileptic.

DRINK, ANTIPHLOGISTIC, one ounce of prepared barley, boiled for a quarter of an hour in a quart of water, strained, and one ounce of syrup of vinegar, and one or two scruples of nitrate of potass added: a cupful to be taken every hour in inflammatory fevers.

DRINK, ANTI-GONORRHEAL (Lisenmann), one drachm of muriate of ammonia, two grains of aqueous extract of opium, dissolved in a quart of cold marsh mallow root infusion: several small cupsful to be taken during the day, in the third stage of gonorrheas.

DRINK, LAXATIVE, half an ounce of tartrate of potass, and two ounces of honey, dissolved in a quart of infusion of wild chicory; several cupsful in the course of the day.

DANDELION (RHIZOMA), ptisan, two to four drachms to a quart of water; emollient and diuretic, in inflammatory diseases, and especially in those of the urinary organs. *** The dandelion must be washed with boiling water before it is used for the ptisan.

DULCAMARA, powder, half a drachm to a drachm in bolus or pill; extract, as above, a decoction two to four drachms to a quart of water. Although a member of the family of the solaneæ, the duleamara possesses very weak narcotic powers: it is prescribed as a sudorific in rheumatic and venereal affections, in the itch, dartrous eruptions, scrophula, engorgements of the abdominal viscera, &c.

ELATERINE, or ELATINE, active principle of the juice of the elaterium, used in the following manner.—a grain of elaterine dissolved in an ounce of alcohol at 36°, with four drops of nitric acid added; dose, thirty to forty drops in two or four drachms of cinnamon water, as a drastic purgative, in ascites and dropsies in general.

ELECTUARY, ANTISPASMODIC (Swediaur), six drachms of powdered valerian and orange leaves mixed and made into an electuary, with a sufficient quantity of syrup of wormwood; dose, one or two drachms to be taken two or three times a day.

ELECTUARY DENTRIFICE (Codex), four parts of porphyrized red coral, two parts of bitartrate of potass, one part of cochineal, one-eighth of a part of alum, ten parts of the best honey, the cochineal and alum to be triturated together, then set aside for some time, and afterwards the other substances to be added, and rendered aromatic with a sufficient quantity of some aromatic oil. This electuary is used to keep the teeth white and clean; with this view a small quantity is put on a very small brush, and rubbed on the teeth.

ELECTUARY OF TIN, equal parts of tin and honey; dose, one to two ounces as an anthelmintic in tænia.

ELECTUARY, FULLER'S, twelve parts of powdered yellow bark, two parts of wild valerian and juniper berries, made into an electuary with a sufficient quantity of honey; dose, half a drachm to a drachm, as tonic and febrifuge.

ELIXIR, BITTER (Dubois), one ounce and a half of sliced gentian root, macerated in a quart of brandy for five or six days, and then a drachm of carbonate of potass added; filter and bottle it: dose, two to four drachms or more, according to age, in the treatment of serophulous diseases. The antiscrophulous elixir of Peyrilhe is a nearly similar preparation, the carbonate of ammonia being used instead of the carbonate of potass.

ELIXIR, ODONTALGIC (Desforges), three ounces of bruised bark, five ounces of rasped guaiacum, three ounces of sliced pyrethrum, five drachms of bruised cloves, two drachms of orange-peel, half a drachm of saffron, and two drachms of benzoin, macerated for five or six days in four pounds of alcohol at 32°, and afterwards filtered and bottled—mode of exhibition, one or two drachms in a glassful of water to wash the mouth with.

ELIXIR, PAREGORIC (Codex), two drachms of dry powdered opium, three drachms of benzoic acid, half a drachm of essential oil of aniseed, three drachms of saffron, five ounces of liquid ammonia, digested for seven or eight days in eleven ounces of alcohol at 34° Cartier, filtered and bottled. Dose, twenty to thirty drops in the day on a lump of sugar, or in an appropriate menstruum; used in asthma and hooping cough.

ELIXIR, HOFFMAN'S VISCERAL, half an ounce of bitter orange-peel, macerated for seven or eight days in a quart of Hungary or Spanish wine, then strained and expressed, and two drachms each of the extracts of cascarilla, aqueous extract of myrrh, of carduus benedictus, of the lesser centaury, and of gentian, dissolved in it: filter two days afterwards, and bottle it; dose, one or two drachms daily in an appropriate menstruum; stomachic, anthelmintic, and febrifuge.

ELIXIR, MYNSIOTH'S VITRIOLIC, this elixir is prepared with calamus aromaticus, galanga, camomile, sage, wormwood, mint, cloves, cinnamon, cubebs, nutmegs, ginger, aloes-wood, citron-peel, and sugar, macerated for twelve or fourteen days in a mixture of alcohol and sulphuric acid. It is given in the dose of fifteen to twenty drops on sugar, or in a little water, as antiseptic, cordial, antispasmodic, &c.

EMBROCATION OF ACONITINE, nine grains of aconitine to two ounces of rectified alcohol,—mix.

EMBROCATION, OPHTHALMIC (Sichel), four drachms of sulphuric ether, two drachms of caustic ammonia, one or two drachms of caustic ammonia, one or two drachms of olive oil—mix, and shake each time of using it.

OPTHALMIC (Sichel), four drachms of sulphuric ether, two drachms of caustic ammonia, one to two drachms of olive oil; mix and shake each time of using it; or

—— (Sichel), an ounce of spirit of rosemary, one to three drachms of compound spirit of turpentine, and one drachm of acetic ether, mix; or

—— (Sichel), a solution of four to ten grains of strychnia in four drachms of sulphuric ether, to be rubbed three or four times a day on the forehead in torpid amaurosis.

EMBROCATION, VERATRINE, one part of veratrine in sixteen of rectified alcohol.

EMETINE, the active principle of ipecacuanh, employed in the same cases, but more active than the latter: in powder, one-fifth of a grain to one grain in bolus or pill, or in solution, or else by the endermic method: syrup, two to four drachms in an appropriate menstruum. *** Coloured or impure emetine ought to be given in doses four times as strong as the preceding.

EMETINE IN SOLUTION, one-fifth of a grain to a grain dissolved in a quart of veal broth, penne or tamarind water, &c. To be taken by cupsful or glassesful during the day as a purgative.

EMULSION, ANTI-GONRRHEAL (Graeff), one to two drachms of the chlorurct of lime, four to six ounces of simple emulsion, one to two ounces of syrup, twenty to thirty drops of tincture of opium; a teaspoonful every hour.

EMULSION, ASTRINGENT (Cadet), one ounce of powdered gum arabic and of syrup of tolu, to be triturated together in a porcelain mortar, and an ounce of copaiba added gradually, then six ounces of rose water, and a drachm of sweet spirit of nitre; half to be taken evening and morning for five or six days in inveterate gonorrheas.

EMULSION OF COPAIBA (Form. hop. Paris), one once of copaiba, lettuce water, orange flower water, and syrup of white poppies, two drachms of powdered gum arabic; to be taken by spoonsful in the day in acute and chronic gonorrheas.

EMULSION, DIURETIC (Swediaur), two drachms of gum ammoniacum, rubbed down in a porcelain mortar with the yolk of an egg, and eight ounces of infusion of parsley gradually added, in which two drachms of nitrate of potash had been previously dissolved; the solution to be strained, and given by tablespoonsful in dropsies.

EMULSION, STIMULANT (Swediaur), one drachm of cajeput oil, rubbed down in a porcelain mortar with three drachms of mucilage of gum arabic, four ounces of water being added gradually; to be given in coffee—spoonsful in nervous and rheumatic affections, &c.

EMULSION, OILY (Hufeland), one ounce of oil of sweet almonds rubbed down with half an ounce of powdered gum arabic, one ounce of syrup of marsh-mallow, and eight ounces of pure water gradually added; mode of exhibition, by by spoonsful during the day, in the treatment of pulmonary and gastro-intestinal inflammations.

EMULSION, LAXATIVE (Rush), an ounce of castor oil, rubbed down in two drachms of mucilage of gum arabic, three ounces of dill water, and a drachm of tincture of jalap gradually added; to be taken in one dose in the morning, fasting.

EMULSION, PURGATIVE, eight grains of resin of jalap, or six of scammony, rubbed down in a porcelain mortar with six drachms of sugar, four ounces of milk of sweet almonds being added gradually, with a few drops of essence of citron; to be taken in one dose.

EMULSION OF GUAIACUM RESIN (Cullen), ten to twenty grains of guaiacum resin, rubbed down with a drachm of gum arabic, and four ounces of water added; mode of exhibition, one or two teaspoonsful to be taken in the treatment of the gout; this remedy is superior to that of the Caribbees.

EMULSION, TEREBINTHINATE (Hôp. de Montpellier), an ounce and a half of Chio turpentine, washed in brandy, rubbed down with the yolks of two eggs, and twelve ounces of pellitory of the wall infusion added gradually; mode of exhibition, three tablespoonsful to be taken evening and morning in a glassful of sugar and water; to be given in the treatment of the diseases of the kidney and bladder.

EPITHEMA, ANTI-CHOLERICA, an epithema, much praised by Roule, is prepared with the following articles: solid ointment of conium, diachylum plaster, powdered camphor, powdered sulphur, tartar emetic, &c.

ESSENCE OF SOAP, twenty four parts of soap dissolved, thirty two of distilled water, and sixty four of alcohol in 22° to these are to be added one part of carbonate of potash, and a sufficient quantity of essential oils to scent it. The liquid to be filtered and bottled —To be used in frictions either in rheumatic and other pains, &c.

ETHER, WITH ACETIC CANTHARIDES (double) one part of powdered Spanish flies, macerated for two or three days in sixteen parts of rectified acetic acid—and the supernatant fluid to be decanted; mode of exhibition, two drachms to be used in frictions, in palsy, in chronic engorgements of the cellular tissue, chronic rheumatism, &c; stimulant.

ETHER, CAMPHORATED, one part of camphor dissolved in four parts of ether; antispasmodic; dose, twenty to sixty drops in a draught.

OUR WEEKLY GOSSIP.

THE Licentiates of the College of Physicians are on the *qui vive* in reference to their *Charter*. The class of extra Licentiates having been declared by Dr. M'Leod doomed to a speedy decay—it is apprehended that they will be raised to the position of Licentiates, while these will not rise a corresponding step, taking the name and honors of Fellows. The hardship alleged is, that the Licentiates have passed as good an examination as the Fellows, and are kept down, and that the extra urban Licentiates have passed an inferior examination and are raised.

The election of the Assistant-Physician to Middlesex Hospital took place on the 28th ult., and terminated in the election of Dr. Seth Thompson by a majority of 126 votes over his opponent, Dr. Woodfall. The number of governors voting was 610. The singularity of the event is that while Dr. Woodfall, who had been a pupil of the Institution, was opposed by the Hospital Staff, Dr. Thompson who had not, was supported by them. Dr. Crawford succeeds Dr. Watson as Physician.

The *people* of the Taunton and Somerset Hospital want a House-Surgeon and Apothecary with all the necessary legal qualifications. He is to reside in the Hospital, avoid practising out of it, and will receive the liberal salary of £50 per annum, with board at the Matron's table.

Mr. Charles Hawkins affirms to us, that Sir Benjamin Brodie neither directly nor indirectly supported him in the recent election. It is added, that the Baronet neither voted, nor took any part whatever on either side.

A correspondent draws our attention to the state of Medical Journals on the tables of the College of Surgeons-Royal Medico and Chirurgical Society. The Journal most "thumbed," we are happy to hear, is the *Medical Times*; the *Lancet* follows, then the *Medical Gazette*. The *Medical Press*, and *Provincial Surgical Journal*, *lie*, week after week, with their pages uncut. The writer suggests that a party should be weekly paid a high salary to read through, or at all events, to cut the pages of the two journals. For our part, we think they have been already cut by all thinking readers. The evidence lies in the fact given by our correspondent, a fact we have often verified by our own observation.

The two youngest sons of Cherif-Pacha, President of the Privy Council of the Viceroy of Egypt are arrived in Paris to commence their education under the care of M. Granet, one of the Physicians to the King of the French.

Parisian medicine, we learn from our contemporary, the *Gazette des Hopitaux*, is beginning to play an important *rôle* in civic affairs. Dr. Thierry has been elected on the General Council of the Department of the Seine. For the office of Mayor, M. Segalas, Professor Dumeril, and others of the French faculty received majorities of votes in different arrondissemens, and though not elected, the circumstance is alleged as a proof that medical men in Paris are getting better known, and are rising to their well deserved position. It is remarkable that all the medical men thus distingnished are in opposition to Government.

The Salisbury Infirmary wants a house surgeon and apothecary. The salary is to be £50, with board, &c. No restriction is advertised of extra hospital practice and a gratuity is promised if the gentleman behave himself well.

The French papers announce the death of Dr. Petit, a gentleman favorably known as an author. Bathing in the Nile, a crocodile seized him in view of his companions, who could give no help.

A French physician, in want of practice, has recently been advertising the gift of one franc to every one consulting him. The first patient that dropped in, told his malady, got advice, and while shuffling away towards the door, reminded the doctor by expressive looks, that the franc had been earned and was expected. The doctor quickly undeceived him by an offhand request for five francs. "How," exclaimed M. Canard, "didn't you promise a franc?" "True—exactly—true—and that's my way. My charge is six francs; I ask from you but five. I give you the other." The recorder of the anecdote, M. Raimond, doubts its actual correctness, and so do we. It is the old trick of our mountebanks.

By recent elections at Edinburgh, we find the following to be the office bearers of the Royal Society of Edinburgh:—President Sir T. Macdougall Brisbane, Bt., Vice-Presidents; Lord Glenlee; Dr. Hope; Sir D. Brewster, K. H.; Earl Cathcart; Dr. Abercrombie; Very Rev. Principal Lee. General Secretary; Professor Forbes. Secretaries to the Ordinary Meetings; David Hilne, Esq.; Professor Kellamid; Treasurer, John Russell, Esq., Curator of Library, Dr. Traill, Curator of Museum; John Stark, Esq. Councillors, Cadell, M'Clagan, Wilson, Terrot, Parnell, Carson, Macneill, Mackenzie, Lauder, Stevenson, Gibson Craig. — *Royal Medical Society* of Edinburgh. Presidents Fdck. Renand, Alexander Fleming, Dr. J. W. J. Johnston, Dr. W. S. Steven. Curator of Library, R. T. Maitland, Esq., Hon. Secretary B. Bowman, John C. Da Casta, Maderia; Treasurer J. F. Macfarlne. *Hunterian Medical Society*. Presidents R. G. Lord, M. W. Taylor, T. Wright, F. H. Johnston. Hon. Secretaries R. B. Wigstrom, R. Byne, Treasurer, D. Marr, Librarian, Mr. L. R. Wynd. It is remarkable, that many of the officers elected reside in Ireland and England.

A correspondent of the *Times*, under the signature of "Anti*billious*," strikes out some humorous remarks on a change in the shape of doctor's bills.—Instead of box of pills for Mrs. ——, so much cupping, so much, &c., he complains that his Christmas bill has come in "For rendering attendance, &c. on self and family, as per ledger," so many pounds. The letter is only valuable as shewing the anxiety of British patients to know precisely the pro quo for which their "quid" is demanded. The public clearly is not yet in temper, we fear, for the omission of drug prices lists as the medium of professional remuneration.

We are to have shortly another royal medical Charter. Mr. Turner and six other members of the Royal Veterinary College, London, announce that they have applied for a charter of incorporation and for royal sanction that the veterinary art may be styled and held to be a "profession." The council is to consist of a president, six vice-presidents, and twenty-four Councillors, six of whom are annually to go out of office.

TO CORRESPONDENTS.

Our first Number is now before our readers. They will observe that our preparations are, this first week, not so entirely perfected, as our plan essentially provides for. This was to be expected, but we believe there is nothing in the present number to disappoint the scientific student, if not more than reasonably sanguine. Next week we hope to give a lecture by Mr. Guthrie, and thence, in successive weeks to present an increasing number of contributions from the very many eminent hands who have favoured us with their promises. Our firm resolve is that the MEDICAL TIMES *shall take the highest possible position as a scientific journal; and we pledge ourselves that no practicable improvement shall escape unused, till this object be attained. The aid of our readers in sending us important cases, or furnishing us articles of sterling worth cannot but be of great service to us, and is earnestly solicited. Our extracts from German journals with Pharmaceutical notices from the English journals are precluded admission till next week; the same remark applies to papers from several correspondents.*

M.D.—*We shall very early notice Mr. Chadwick's book. On the matter of a contemporary, our correspondent's opinions and ours perfectly coincide. Eighteen months ago, we threatened publicly that two Journals we named should either lower their price, or move out of the market. We may add, that if they are not extremely well-behaved, they shall do both. "The flag of distress" is, indeed, "hoisted," and the mischief is this, that the attention given to the misfortune only hastens the dangers of shipwreck. Are people such fools as to think such lusty cries are for nothing, following exactly one week the fact of our running it down? As to the "wings of the Press," stamps our contemporary, has hitherto been a groundling, as earth bound as a fat duck or clipped jackdaw.*

We have received several notes as to the letters "M.R.C.S.L." *As the College of London is no longer in existence, the ortholox way would be "F.R.C.S. of England," a sufficiently awkward affix. For our part, we should like to see the old members calling themselves,* as they are, *Fellows of the College of Surgeons,* London. *If they occupy the third rank in the College of Surgeons of England, they occupied the second in that of London. Some unanimous concurrence, however, would be perhaps required for this.*

P.—*We should, for our correspondent, prefer Dr. Copland's work.*

Mr. D.—*We have not space for the report, which scarcely suits our pages.*

X.Y.—*Vol. 2 is partly out of print. The other volumes may be procured through a bookseller.*

The Almanack Sketch on Anatomy, we owe to Mr. Gutch's Register.

A Phrenologist.—*We are not acquainted with Mr. Bray's work on "Necessity," and can give no opinion. It is published by Longman & Co.*

Mr. Mill's Inquest Case.—*We have received Mr. S.'s note on this awkward "fix." Mr. Wakley's deputy coroner and factotum, has his master's objection to hearing surgeons on inquests. We shall probably revert to this matter, so full of importance to medical men, in our next.*

A DRUGGIST *asks if the Apothecaries Hall will give "Pharmaceutical" examination to druggists. We cannot say. Since our suggestion the matter has been much discussed in the proper quarters. It would be the signal of "evaporation" for the Pharmaceutical Society: while guaranteeing the public competent druggists, it would secure the profession from dangerous practice. Omitted, the Apothecaries Company becomes a thing that was, a subject of speculation for the Antiquarian Society.*

W. H. *The question involves a personally offensive reply, and we must decline an answer.*

RADICUS.—*Sulphuretted Hydrogen in solution has before been recommended for chronic diseases of the skin. We believe the suggestion came first from Dr. Paris.*

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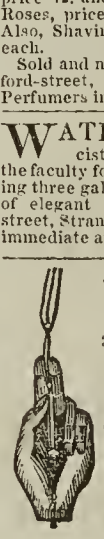
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Infiltration Theory of Glacier Motion. By John Sutherland, M.D.
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The Arts and Manufactures of the Esquimaux. By Richard King, M.D.
The Causes of the Daguerreotype Image.
Witchcraft and Mesmerism. By Thomas Stone, M.D.
The Supply of Water to Ancient Rome.
Gems and Precious Stones. By J. Tennant, Esq., F.G.S., Lecturer on Mineralogy at King's College.
The Metropolitan Scientific and Literary Societies, their several objects, and the appointed Meetings for the Season.
REVIEWS:—
Fresco and Encaustic Painting. By W. B. Sarsfield, Esq.
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THE MEDICAL TIMES

A Journal of English and Foreign Medicine and Medical Affairs.

No. 225. Vol. IX. LONDON, SATURDAY, JANUARY 13, 1844. FIVEPENCE. Stamped Edition 6d.

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ROYAL WESTMINSTER OPHTHALMIC HOSPITAL, CHARING-CROSS.

Encanthis: Pustular Inflammation.

Clinical Lecture, delivered by Mr. Guthrie, Friday, January, 5, 1844.

Gentlemen,

I draw your attention to three cases of encanthis, which have lately attended, and two of which are now attending at the hospital, because we have not seen three others during the last three years. They are all of the simple kind, resembling little warts or excreseences, giving to the eyelid when closed a fringed-like appearance, and causing some little deformity and irritation at the inner corner of the eye. The complaint is named encanthis, from its situation at the canthus or angle of the eye. It usually follows some slight inflammation, perhaps the result of the application of a mildly irritating animal secretion. I have had two ladies under my care in the course of this year, who had been lately married, and each had on the edge of the lower half of the vagina excrescences which could not have been distinguished from those on the eye-lids of the patients with encanthis. They yielded to the same treatment—removal with the scissors, and the application of the very strong acetic acid to their bases; and they do well even without the seissors. The conjunctiva lining the very edge of the lid is a mucous membrane, as well as where it covers the caruncula lachrymalis, and so is the membrane at the orifice of the vagina, and that which surrounds the corona glandis, which part is often infested by these excrescences from an apparently similar cause.

The caruncula lacrymalis is sometimes, although very rarely the seat of an abscess, which usually bursts or is opened from the fourth to the fifth day, when the patient is relieved from pain. The part may remain however, some time in a state of chronic irritation, and the excrescences I have alluded to are sometimes, although rarely a consequence; an increase of the natural secretion, of a mere viscid nature, being the more usual result, accompanied by a slight defect in carrying off the tears, both of which symptoms are generally removed by any mild stimulus, if they should not disappear of themselves.

Continental surgeons write about some malignant and cancerous diseases which affect this part. I have noticed their opinions in my work on the "Operative Surgery of the Eye," and the Assistant Surgeons in publishing the new work, will bring the views taken by those gentlemen before you. As I have not seen any such complaints during my opportunities for observation, which have been to say the least, as great as those of most people now living, you will readily excuse my taking up your time with them at the present moment, which is more aptly devoted to what we can see, and consequently more accurately judge.

Simple inflammation of the conjunctiva is a complaint of little consequence, although often very troublesome, and particularly when it passes into a chronic state. In the acute stage it may be treated by either cold or warm applications, on the principle commonly adopted in all other simple inflammations, of their giving relief whilst used. When cold lotions cause the part to feel stiff, and do not give comfort, they should be changed for warm fomentations, of which the old decoction of poppyheads and camomile flowers appears to be the most suitable, together with leeching, cupping, bleeding, purging, as the state of the constitution of the parties may require. As simple inflammation of the conjunctiva is however usually combined with other forms of disease, whether dependent on local or general causes, especially with the catarrhal, I shall take these up as they may happen to appear before us, so as to give the opportunity of illustrating our observations by a sufficient number of apposite examples. With this view I have drawn your attention during the last three weeks to the treatment pursued in cases of pustular or phlyctenular inflammation.

Pustular or phlyctenular inflammation, known by the appearance of a pustule or pustules on the conjunctiva, at or near the edge of the cornea, or on the cornea itself, is often confounded with strumous inflammation of this membrane, because most or many of the persons who are subject to pustular ophthalmia, suffer more or less from a scrofulous diathesis. I am disposed, however, to consider them as distinct complaints in many instances, although they may be often more or less combined. Pustular inflammation is a common complaint of children from two to fourteen years of age, although it often occurs at a later period, although rarely in adults unless it has prevailed in them in childhood. It is usually a simple and easily-managed complaint, although it may become serious from neglect or from improper treatment, both local and constitutional. It sometimes attacks only one eye, more usually I think both, or passes from one to the other. I divide it into two kinds, 1, When the pustules are confined to the conjunctiva of the selerotica; and 2, When they form on the cornea; and my reason for doing it is, that a different and more vigorous treatment is required in the second than in the first.

The complaint is essentially marked in both by the appearance of the pustule, which follows a slight redness of the eyeball, coeval with some intolerance of light, but which bears no proportion to that which is experienced in the true scrofulous inflammation, which is not essentially pustular, and of which this excessive intolerance, and the spasmodic contraction or closure of the upper lid are the most ostensible signs.

In mild cases of pustular inflammation, the redness of the ball of the eye is confined to a fasciculus of vessels, which is necessarily a little raised above the surface of the conjunctiva, beginning at the circumference of the eye, and frequently proceeding from the outer and inner angles at the same time, by one or two vessels which run towards the cornea. These branch out and anastomose as they approach that part and terminate in a pimple, pustule or vesicle, sometimes containing a matter resembling pus, at others a watery fluid, when it is said to be a phlyctena or vesicle, which is not larger than a small pin's head. At other times there would seem to be an attempt to form two or three, near to each other, but without success; and the straggling vessels forming the fasciculus terminate in a raised patch close to the cornea, in which the attempt to form two or more pustules may be perceived. In these cases the intolerance of light is greater, and in all the secretions are augmented, the eyelashes are loaded with them during sleep, and they collect at the inner corner of the eyelids. In some cases the pustules are numerous around the cornea, and the surface of the conjunctiva of the globe becomes altogether alike red, the distinct appearance of the fasciculus running to each pustule being nearly lost, whilst some deeper seated vessels of a pink colour may be seen beneath.

The complaint may be considered as mild when only one or two pustules appear in a circular form or spot, and of a yellow colour, in which case the investing membrane soon yields, the principal part of the contents is discharged, and the little ulcer which remains soon heals, although it sometimes becomes irritable, and requires an appropriate stimulant and sedative treatment for its cure. When the little elevation contains a more watery fluid, and is therefore vesicular or phlyctenular rather than pustular, it is less likely to heal rapidly; and more usually requires good local as well as general treatment. A vesicle is more disposed to form in a weakly child than in a strong one, and the redness of the vessels is of a deeper colour: but I frequently see vesicles in young persons and sometimes in older ones, in whom there is no appreciable defect of bodily strength or of constitution, when compared with other persons of similar age and appearance, in whom the eruption as it is often termed, is a pustule; nor am I aware that in exanthematous diseases, the appearance of a pustule or of a vesicle, or whether it shall be one or the other, depends so much on the strength of the patient. It is possible we may have too much of theory and too little, not of practical observation, but of practice in this matter.

When a pustule forms in the cornea the complaint is more serious, for the little ulcer which the pustule leaves on breaking, usually forms in healing a spot, which is more or less opaque and white, constituting a personal defect and positive impediment to distinct sight in many instances. In some cases the ulceration extends and becomes a deep hole, which may even penetrate the cornea, whilst in others it enlarges more superficially, leaving a greater mark or cicatrix. These evils rarely however occur, unless the case has been neglected or has been improperly treated.

This disease is common at all times among children; it prevails much in spring and autumn, and especially if they happen to be very damp, rather than cold. With respect to the treatment of the complaint, when the pustules are confined to the conjunctiva at the edge of the cornea, it is usually very simple, and frequently requires that nothing should be done; the pustule breaks in due course, the little ulcer heals, and the child gets well, under the application of warm water only. With the more severe cases, I adopt various modes of treatment, not that I am without a preference, but because I am desirous you should see many ways of arriving at the same point and of judging for yourselves. The complaint being most common in children who are of a strumous habit in the upper classes of society, with the addition of having been badly and improperly fed in the lower, has made me unwilling to apply leeches or blisters unless there is a tendency to catarrhal inflammation; sometimes I give an emetic of ipecacuanha wine at night, but more generally depend on aperients composed of the hydrarg. cum creta, with jalap or rhubarb, every night or second night, as the case may seem to require, with a little senna in the morning, and a mild and well-regulated diet, which, whilst it is not irritating, shall tend to support the general strength. This should be further preserved by fresh air and moderate exercise in fine weather. I do not, therefore, confine persons to the house in the middle of the day, unless during the severity of the attack when it happens to be acute. Since the first establishment of this hospital,

the trays of medicine which stand on the tables before you have always had several compartments filled with powders of mercury and chalk of different strengths, alone or combined with rhubarb or jalap, and occasionally a little carbonate of soda, which are given every night or three times a week, and with quinine, the carbonate of iron, the iodide of iron, and the vinum ferri, form principally our materia medica for the constitutional treatment of these cases. In private life I have given lately a compound of the citrate of iron and quinine; three grains of the former to one of the latter. It is made in shining scales, by Mr. Bullock, of Conduit-street, and mixes readily with water or syrup, and has the advantage of being an elegant as well as a new preparation. It keeps well in these scales or in powder, whilst the iodide of iron is readily decomposed even when in solution, although it is an excellent remedy when administered with attention to this point.

It is in the local treatment that the practice of this hospital is perhaps peculiar, especially in the use of the argentum nitratum in solution or in substance, and the division of the vessels leading to a pustule. Some of my very able friends admit they have not tried these methods of cure themselves, but, nevertheless, they say they are sure they must be bad, because they do not theoretically understand how they can be good. Others do not like them because they have not grown up together; whilst a few, adopting them at the wrong time, or in an inefficient manner declare their *pronunciamento* against them, as the result of their experience. You, gentlemen, must judge for yourselves. I am so far from being obstinate or opiniated on any point, that you see me inviting every foreigner who pays us a visit, to give us the benefit of his experience. You saw Dr. Gulz, of Vienna, treat cases and operate for artificial pupil. Dr. Vanzetti, from Italy and Russia, and Dr. Fresch, from Germany, have each cases under their care at this moment, although always under my observation; and an hospital like this is of no use to the profession, and little to the public, if every opportunity of acquiring information and of improvement is not strictly attended to.

It is a debatable point in pathology, whether the pustule forms as a consequence of the vessels having advanced to that point, before they develope the peculiar action which gives rise to it, or whether the irritation is set up first at the part where the pustule is situated, and the vessels gradually become enlarged as they are called upon to furnish the necessary means for its continuance. I am disposed to consider that in pustular ophthalmia the latter principle is the most correct, and that the treatment which should be founded upon it is, to cut short the complaint when any mischief is likely to result from its continuance. When then, I see a well-formed single pustule close to the edge of the cornea, I either do nothing, or touch the centre of the pustule with a very fine point of the argentum nitratum, which turns it white, and although it causes a little more inconvenience at the moment, this very soon subsides, the patient feels easier afterwards, and is free from disease in half the time he would have been if I had given him all the lotions in the world in common use, from the water of young maidens taken the first thing in the morning, to the watery solution of the lapis divinus of the German Ophthalmologists. When there are two or more pustules, and the vessels of the conjunctiva between them are injected, so as to resemble a net work, I use sometimes the solution and at others the ung. argenti nitratis, in the manner I shall point out to you when speaking of the treatment of chronic inflammation, and I do this in general with advantage, even when the sub-conjunctival vessels are affected, and fears may be entertained of the sclerotica being implicated, which is shown by the pink colour of the deeper vessels. I applied the ointment in the case of Sarah Haulter, who is now in the house, for the purpose of showing its effects in such cases to Drs. Vanzetti and Fresch, and although the girl ran away without having any oil put in afterwards, or any medicines or directions given to her, and did not return for three days, they both admitted it did her a great deal of good. Two days after that, a pustule showed itself on the cornea, and the pink vessels seemed disposed to return, with more intolerance of light, whilst all the symptoms were aggravated. Nothing could have been easier for them or for me than to have said, that the argentum nitratum had been followed by bad effects, &c. &c. I merely said, we have got a relapse of the complaint, with a pustule about to form in another place, where it will do harm, and I must prevent it. This I did by dividing nearly a half circle of the conjunctiva around the cornea, and you have this day seen Drs. Vanzetti and Fresch in raptures with the case, and declaring the practice a great improvement introduced into the treatment of these complaints. You have just seen me divide the vessels in the eye of Wm. Kirk, a young man, having a pustule about to form in the centre of the cornea, which, if it should become an ulcer, and heal with a cicatrix, will inevitably interfere in a very material manner with vision. A sort of zone was forming around the cornea, and I had to examine with my little telescope from what quarter the vessels came which were going to the pustule; they were not however perceptible, and I therefore divided the half of the under and outer part of the circle, from which I thought I saw indications of their going. In this division I cut quite through the sub-conjunctival tissue and vessels, so as to see the sclerotica. The eye after this little operation was well bathed with warm water, and kept closed and fomented. The patient will attend to-morrow, and no inconvenience will follow, if no good should be obtained. In the case of the boy J. Rawdon, I did the same thing a short time back; the cornea is quite clear, and my two foreign friends call it a "belle operation." In the case of Emma Bryant, now in the house, the ulcer was large and flat, occupying one third of the under part of the cornea, with some red vessels running into its lower edge, feeding and keeping up the mischief which the division of them has prevented, and may alone be sufficient to effect a cure.

When the ulcer is already formed and a hole exists in the cornea, I introduce a fine point of argentum nitratum into it, and when the surface of the ulcer is flat and irritable, as in the case of E. Cooper, which was an admirable one, I apply the side of the same point. Dr. Vanzetti says, that in Italy and in Russia, they use the sulphate of copper instead, and you have seen him apply it to-day in a case in which there are two pustules on each side of the cornea. In the case of J. Thiselton, in which there are five forming in different parts of the cornea near its edge, and in which I should have divided the conjunctiva for nearly half a circle, I have given you the opportunity of seeing his treatment. He has directed four leeches to be applied to the lower lid, and the eye to be bathed with warm water until Monday. I have added some hydr. cum creta with rhubarb. He thinks it will take a month to cure, which if it were in private life would be much more satisfactory to the doctor than to the patient.

The case of James Neal, page 67 of Mr. Alcock's book, in which the vessels were divided, was cured in a week. In Edward Cooper, page 68, a similar result followed, the pustule being touched with a solid point of argentum nitratum.

A young lady of rank came under my care two years ago, with a pustule on the cornea, which broke and healed after some weeks, leaving a considerable nebula or albugo, which I got rid of at last, but only after dividing the vessels by which it appeared to be nourished. On seeing her again a few days ago for another and similar attack, the *bonne*, or lady factotum in waiting said to me, pointing out the commencing speck on the cornea, I do not think, Sir, *we* shall get rid of that, unless we divide the vessels going to it as we did before, to which I bowed assent, politely assuring her that factotums or factotas oftentimes had more capabilities for observation, than some of their Ophthalmologistic brethren.

Mr. Alcock has a case under his care in which there is a ring of pustules around the cornea; he is treating it by constitutional means alone, and I beg of you to watch its progress. It will get well, but time will be required.

You must not however suppose, from what I have said, that the means I have alluded to are infallible. I assure you that they all fail in turn, and it is only after some experience, by which I understand observing as well as seeing, that you will acquire that knowledge which will induce you to think you are masters of the treatment of these complaints.

Mr. Guthrie afterwards performed four operations for soft cataract, two of which were on a young man whose cataracts were congenital, on which he made some remarks which we reserve for our succeeding numbers. J. F.

ON THE PHYSIOLOGY OF HEALTH AND DISEASE.

AS APPLIED TO VEGETABLES AND ANIMALS, BUT MORE ESPECIALLY TO MAN.

By M. RASPAIL.

First Class or Animated Morbiparous Causes.

Reptiles and Batracii.—Among the vertebrata, reptiles and the *batracii*, that is to say, the batracii destitute of feet, and pediculated or four-footed reptiles, are the only class which furnish species or genera capable, not only of inflicting wounds upon us, but also of introducing a poison within our tissues, and thus inducing disease, not so much in consequence of the violence of their attacks as by the contagion of their venom. Other animals wound us, these poison us; others devour us, these fascinate and destroy by asphyxiating us. The poison of fish is very problematical; and when it does present itself to our observation, it merely takes the character of a poisoning which the animal has received, and which it transmits to us. The fish, in a word, is only venomous because it has been poisoned; the same as, under similar circumstances, would be the milk of the cow or of the goat; and this observation will apply to the rabid dog, of the poison of which we shall have occasion to speak in its proper place, and in an especial manner. But among reptiles, the poison is elaborated by the animal itself; it is one of their secretions and of their excretions; they have glands to produce it, with an apparatus to transmit it; it is with them a means of attack and a means of defence; it is the weapon of the coward, with which the feeble animal subdues, without danger to itself, the most robust enemy, by plunging its sting into it while in a state of apathy or of sleep; or else it is a *ruse de guerre*, to cover its retreat, by the loathing which the runaway excites in its pursuer. A race hideous to behold, and which is held in abhorrence by all other species; the emblem, ancient as the world, alike of baseness and of treachery; some crouch or crawl along, the better to entangle you in their folds; others glide or dart forward, shapeless and disproportioned masses, under the herb which they infect with their slaver; and if any of their species become daring and truly courageous, it is from acquiring proportions which bring them nearer to superior forms, and which communicate to them the consciousness of their power, from the harmony of their movements.

1° *The Viper* (*Coluber berus*, L.) *and other Serpents which have a venomous bite.*—Serpents are divided into two grand classes, of which the one bite without poisoning the wound, while the others have a venomous bite. The adder, the boa, &c., belong to the first list; the viper, the rattle-snake, &c., are in the second; and these species, fearful from the accidents consecutive to their bite, owe this property to two teeth of the upper jaw, which are movable, of a crooked figure, and perforated by a canal, which communicates with a glandular reservoir, in which the poison is elaborated. When the animal closes its jaws, these two teeth lie flat against the palate; when, on the contrary, the animal opens its mouth, these teeth stand upright again, and the play of the muscles, by compressing the secreting organ of the poison, causes the liquid to pass into the dental canal, which thus deposits it in the wound. In the adder and other *non*-venomous serpents, this apparatus is replaced by a second row of common teeth. Still, as there is nothing abrupt in nature, it is very possible that we may meet with intermediate states between these two forms, and which thus tend only to confuse and embarass our classifications. We have

no direct experience to show that those various influences which preside over the specific transformations or crossings of the animal races, may not clothe the one of these species with the characters of the other, or, at least, produce a modification in the forms of both.

Venomous serpents acquire a greater virulence according to the elevation of the temperature. The viper of our climate is much more dangerous, in the height of summer than at the commencement of spring, in gravelly and arid plains than in shady positions; the rattlesnake of the Indies is more venomous than the viper of the north of Europe. The irritation of the animal may render the wound more dangerous, by infiltrating the poison more deeply into our tissues; it is under such circumstances that the viper, biting twice and thus leaving four traces of its gripe, has led some ancient authors to believe that the females have four venomous teeth and the males only two; the female serpents, in fact, at the period of laying their eggs, or of incubation, are more irritable than the males. I have often seen, in my youth, examples of this maternal irritability, in adders, which are accustomed to lay their eggs in the holes of old walls surrounding enclosures exposed to the burning sun of these climates; if, while they are hatching them under their folds,* offence be given by passing in front, they send forth a hissing sound, as a first sign of their impatience; should this action be several times repeated, the reptile darts forward from its hiding place, rolls itself up into a spiral form, with its head upwards, so as to measure the distance of its leap, and then relaxing itself like a spring, cleaves the air by a bound, directing itself upon the head of the imprudent being who has provoked its anger. The viper, which is generally speaking viviparous,† is free from these fits of anger which are called forth by the maternal instinct; but it is liable to others of a still more terrible nature, which are inspired by the desire of defending itself, as well as by its own voracity.

The ancients were perfectly aware that the poison of the viper, so subtle when introduced by puncture, is inoffensive in the stomach; they were in the habit of introducing the viper, frequently the head as well as the tail, as an ingredient in their electuaries.‡ But it is especially by the experiments of Redi, Fontana and Charras, that this previously popular belief has been rigidly demonstrated. There are many other substances which we digest with impunity, but which become so many causes of poisoning, if infiltrated into the blood by means of a puncture; is not pus, even when of a good character, to be reckoned among this class?

In the various symptoms of this kind of poisoning, as well as in the means which serve as its antidotes, everything seems to indicate that the poison of the viper acts by an acid property, and by coagulating, after the manner of acids, the albumen of the blood; for, since the time of Fontana, it is generally admitted that the best of antidotes is ammonia applied externally as well as taken internally. The wound becomes swollen, red and ecchymosed; sometimes it is surrounded with small vesicles or watery bladders; every part becomes congested—the head, the lungs, the abdomen, the limbs, the face; vertigo and stupor take place, to be shortly followed by delirium and coma; the pulse falls; the circulation, at first irregular, grows weaker and weaker; for, at every point, it meets with an interruption from the coagulation of the blood. It is a frigid poison;§ the paralysed stomach rejects the nutriment which acts upon it as a dead weight; the patient commences to vomit, but falls off into a state of dozing; his agony is a mortal sleep. The actual or potential cautery made upon the place, immediately after the accident, prevents all these disorders; ammonia taken internally and ammoniacal frictions dissipate them at a more advanced period. Abandoned to itself, the disease is cured spontaneously only in those cases where the dose of the poison has been infinitely small. Serpents, which thus become the frequent causes of grave diseases, are not uncommonly also the chance causes of very serious accidents. Books are full of cases of the introduction of these reptiles into the different mucous cavities. Nor is there anything extraordinary in the fact of a reptile, which loves to hide itself in cavities, and which by the suppleness of its folds, has the faculty of introducing itself into the most tortuous passages, there is nothing surprising, I say, in such a reptile introducing itself, whether by mistake, or attracted by its love for liquids and especially for lacteous fluids, into the œsophagus, or into the air passages of an infant in the cradle, or of a man while lying asleep on the ground, or even into the anus or the sexual organs of the female! And, supposing such to be the case, it is easy to foresee the results; asphyxia would be the consequence in the first case; dysentery in the second; while the most frightful symptoms of hysteria, and even of false pregnancy, would ensue as the result of the third. If the serpent be of a certain size, its presence could not remain long concealed from observation; but what mistakes might be induced, should it take refuge in these organized receptacles, when but just issued from its shell! Serpents are fond of milk; they are also greedy of wine which intoxicates them; they have occasionally been seen to milk the cow, and they have been found drowned at the bottom of vats. They may glide into an organ without occasioning the least pain in their passage. Why should they not drink the milk in the stomach of the child, or wine in that of the drunkard, as they would do in the dairy or in the vat? Nature, which has given them the instinct for the one, could hardly have denied them that for the other. Figure to yourself, at an advanced period of the season, a small serpent seeking about for an abode, in which to meet with shelter and warmth, and crawling beneath the petticoats of a peasant-girl while lying asleep in the fields; the desire of hibernation will induce it to glide along the vagina, into the uterine cavity, there to nestle itself up while in this benumbed condition. And why should not this be the case, since we find these reptiles penetrate within the most compact bottle of hay, or the closest-pressed bundle of linen? An organ is a still more favourable medium to them. Now, in such case, even the inert presence of the animal will determine, upon the principle of foreign bodies, the series of symptoms of uterine diseases, and lead the observer astray as to the true nature of the indisposition. We are, in general, too much inclined to reject, as extraordinary, that which has not positively come under our own observation; strong minds are apt to deny too much; weak minds admit every thing; the one class is too exclusive, the other too credulous. The truly scientific man will examine all things, and calling in the aid of analogical reasoning, will learn to fix their true value on the observations of others; he will not *a priori* reject, as false, certain cases, because, perhaps, one among them may have been proved to be an imposition.

Hippocrates* relates the case of a young man who, in a complete state of drunkenness, threw himself upon his back, within his own house; a serpent, of the species which he designates by the name of *arges*, introduced itself into the œsophagus. When the patient became sensible of it, being unable to cry out, he closed his teeth, and by this means caused the reptile to advance further forward within the tube; the man's arms immediately became stretched out, like those of a person undergoing strangulation, and he died in a state of convulsions. The odour of the wine, in this case, attracted the serpent; with children, the smell of the milk has the same effect. Pliny† tells us of a servant girl who was put to bed of a serpent. This fact, which he ranges among the prodigies *(inter ostenta)*, has nothing marvellous about it, if we consider that this small serpent had entered, during some lascivious dream, into the vagina of the sleeping woman; and that, subsequently, becoming uneasy and restless, it had effected its escape, thus producing all the symptoms of abortion. "Lycosthenes," says Ambrose Paré,* "writes that, in the year 1494, a woman at Cracow, brought forth a dead child, with a living serpent attached to its back, which was gnawing this little dead creature." We can hardly conceive that a serpent could introduce itself into the membranes of the ovum, without leaving therein such openings or traces of its perforation, that, in consequence of the escape of the liquids, abortion would necessarily be produced. But we may imagine that a premature birth would be the result of the introduction of such a living cause; and that in a little time, this monster would have made sufficient ravages to destroy the fœtus, and to have introduced the air necessary to its own life, and to have enabled it to remain so long nestled up within the abdomen or the back of the child.

We should perhaps regard as the *salamandra lutea* or terrestrial salamander, the strangely inaccurate figure which Ambrose Paré† has copied from Levinius, and which, according to this latter author, is meant to represent a monster which issued from the womb of a woman who was nine months pregnant. That which he copies from Cornelius Gemma, as being a representation of a species of eel voided with the excrements, by a young girl, would perhaps more aptly be considered as an incorrect resemblance of the tadpole of the aquatic salamander; while the plate which follows, in the same work, of *a worm ejected by vomiting*, is probably a representation of the salamander which is found in caves and vaults. These cases are wonderful only on account of the negligence of the observer, who has sketched, often from imagination and from memory, and without any knowledge of the laws of design, cases which to him seemed so extraordinary, that at first glance he has grouped them along with the class of prodigies of evil omen. These and similar cases recorded by Dr. Andry,‡ and other ancient writers, will receive their true explanation only, when natural history shall have been definitively accepted as the key of nosology. We can no longer question the fact that reptiles, in the majority of cases, and, and to a more limited extent, the *saurii* or lizard tribe, are capable of introducing themselves into the different cavities of the mucous membranes, while the individual is in a state of sleep or of inertia: we can no longer, I say, call this fact into question, without rejecting the testimony of numerous writers and of country-people who have been eye-witnesses of such occurrences. Reptiles of a large size give rise only to accidents of a more or less formidable nature; but the younger or more minute animals are capable, by their introduction into our organs, of multiplying the forms of disease; for disease, according to our acceptation, is a derangement, the cause of which escapes our powers of perception. The momentary presence of these living bodies is perfectly reconcilable with their usual habits; undoubtedly, they do not remain long in our organs; but in the short period which they pass there, their presence may become the source of the most serious disorders.

From persevering enquiries I have become convinced, that the power of fascination which has been attributed to serpents, vipers as well as adders, is not a fable or vulgar fiction. It has frequently occurred to persons travelling through forests, to witness the poor little birds, while uttering a plaintive cry, descend from branch to branch

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* The incubation of adders is a fact known to all country people.

† Vipera, from vivipera.

‡ "*Venenum serpentis, non gustu, sed in vulnere nocet,*" said Celsus. Galen cites the case of a man whose servant wished to poison him, by making him drink wine in which a viper had fallen; but this, on the contrary, cured him of a disease under which he had been labouring.

§ *Frigidus latet anguis in herbâ.*—VIRG.

* *Epidémiques*, lib. 5, 32, edit. by Vanderlinden.—Tragus, lib. 5; Olaüs Magnus, lib. 13; Horstius, *Epist. Med.*, sect. 6, quote similar cases of the introduction of serpents.

† Lib. 7, cap. 3. See also, on the same subject, *Ephémérid. des Cur. de la Nature*, dec. i. ann. 6 and 7, 1675. obs. 190, although this latter case may be referrable to the escape of a large lumbricus.

* *De la petite verole et de la lèpre*, book 20, page, 733, ed. of 1628.

† *Ibid.* page 733.

‡ "The worms which are engendered in the human body," says Andry, "often assume, as a result of age, extraordinary forms; some grow like frogs, some like scorpions, and others like lizards," (*Andry, de la génér. des vers dans le corps de l'homme*, vol. i. page 281, edit. of 1741.) It is from such explanations, that the introduction of this kind of study into medical science has been retarded.

attracted as it were by some occult power, and yield themselves up within the jaws of a serpent lying hidden among the boughs of the tree,—obedient victims to the glance of their executioner: the thread of this charm is broken by simply whisking a switch through the air; no doubt, from that fact, that the whistling of the air frightens the serpent, and thus paralyses its magnetic efflnvium. What is the mechanism of this incredible fascination, which so perfectly recalls to one's mind the fable of the Sirens? There is, undoubtedly, here, a physical cause, an emanation which envelopes the bird in an atmosphere of asphyxiating gas, in the same way as the spider envelopes the fly in its gauze-like net. To explain the phenomenon in a more perfect manner: let us suppose that the serpent has the power of emitting, one on each side of its mouth, two streams of a poisonous and stupifying gas, which proceed to unite above the head of the bird. If the bird attempt to fly the danger, it can only do so by descending, for it is there only that it will find a free space; in proportion as it descends, the two jets will continue to unite, and to follow it; and it is thus that, to escape asphyxia, the poor bird drops within the jaws of the serpent; it falls into Scylla, in avoiding Charybdis. This power of fascination being common to vipers as well as adders, it is evident that these latter have the faculty of regaining, in certain cases, the character which alone makes the difference of the two species. The venom of the serpent partakes of the nature of all organic poisons; it does not lose its venomous qualities by drying; and the prick from the tooth of a dead viper, or rattle-snake, is as much feared by those who are in the habit of making preparations of these reptiles, as that of the living animal.

2° *Terrestrial Salamander* (*Salamandra lutea*). *The Toad* (*Rana rubetta*, Plin.)

The *Salamander* is a lizard without scales, the skin of which, speckled with yellow, exhales a fluid, which some persons have regarded as poisonous. Cases are mentioned of persons being poisoned by wine, into which a salamander had fallen in the cellar; for it is in such places, as well as in the most obscure ruins, that these reptiles are found to dwell. This fact needs confirmation; yet it does not seem to be entirely destitute of foundation; it appears conformable to all the ideas which we have of fermentation, that this slaver, which remains upon the skin of the reptile, may acquire, in the shade of subterraneous places, the injurious qualities of the putrid and pestilential fermentation; a fact which would explain both the above cases of poisoning, and the instances of the venomous bite which some persons have attributed to these animals. Suppose, in fact, that the animal when pursued leaves the imprint of its teeth upon the place against which its body shall have grazed, the poisoning will then take place by inoculation; a smaller quantity of liquid would suffice, if introduced directly within the tissues.

The *Toad*, that degenerated species of frog which is found in ruins and in miry places, exudes from its whole body, in the same manner as the salamander, a viscous fluid; but this is not its true poison. All country people are well aware that when pursued, the toad ejaculates, while flying, an acrid and corrosive liquid, as if to obstruct its persecutors. The poisonous quality of this liquid has been often questioned by writers who have never observed its effects; but there are so many evidences as to the truth of this assertion, that it would be presumptuous not to admit it as a demonstrated fact. Pliny, Dioscorides, Galen, Avicenna, Ambrose Paré, &c. all bear testimony to the poisonous effects produced, not only by the ejaculated liquid, but also by the fluid which exudes from all the pores of the animal. According to Dioscorides, toads, when swallowed, cause the individual to become puffed up; the patient exhales a fetid odour, somewhat similar to that of box-wood; he labours under a painful degree of dyspnœa, with hiccough and all the symptoms of a peculiar kind of poisoning. Matthiolus attributes to the poison of toads, the sudden death of persons who have eaten of strawberries, mushrooms, or other legumes which the toad has besmeared with its venom. Ambrose Paré*cites, among other facts, a case of poisoning proved before the legal tribunals, and which had been produced by pieces of sage, over which a toad must have passed. According to Christ. Franc. Paulini, a man, while throwing stones at a large toad, took hold of one which the reptile had polluted with its venom. His hand swelled up from the violence of the pain; it became covered with phlyctænæ and vesicles filled with an ichorous sanies; the inflammation extended up the arm, and gave him the most acute torture for fourteen days. At the end of three years, and on the exact anniversary of the day on which he had pursued the toad, the disease returned with all its original symptoms, and the man was cured only after considerable difficulty.† Leeuwenhoek‡ speaks of an amateur angler, who, being in the habit of baiting his hook with toads and frogs, one day received the fluid ejaculated by one of these *batracii* upon the surface of his eye, and in consequence was attacked with acute ophthalmia. He speaks also of a dog which could not catch a toad, without afterwards falling into paroxysms of fury and of madness. I myself have often seen a fluid ejaculated by toads which I have pursued; the stream was thrown out to a distance of eighty centimetres—it was of a greenish colour and nauseous odour; but I had nothing at hand to experiment upon these animals. And even had we not so many evidences in support of its nature, analogy alone would point out to us that this liquid, ejaculated as a means of defence, must be of a nature similar to that which the viper introduces, for the same object, into the flesh of its aggressor.

We must then admit that this venom has a great share in the production of those cases of poisoning, which seem to depend on some doubtful cause, and which arise, after having eaten without precaution fruits or creeping vegetables, and even mushrooms, which from their general characters would be classed among the most inoffensive species. How many accidents, which could not be traced to any certain cause, might perhaps be referred to this kind of infection. How many people who have waked up, ill and stupified, from the sleep that they have taken on the grass, have probably been indebted for their illness to this species of accident.

* *Traité des venins*, lib. 21, ch. 21.

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COURSE OF LECTURES ON THE THEORY AND PRACTICE OF MEDICINE.

Delivered by C. J. B. WILLIAMS, M.D., F.R.S., Professor of the Practice of Medicine, and of Clinical Medicine, at University College.

Physical Signs.—Continued—I have not hitherto spoken of the signs arising from manual examination or inspection of the thorax, and mensuration, because these are rarely perceptible, except in the more extensive forms of disease. I have taken those most appreciable in the first instance; and I mentioned percussion as the most delicate test or indication of the first stage of phthisis, and the indurations preceding the phthisical destruction of the lungs. Remember, no one sign should be taken separately; the signs are combined together. Sometimes they derive their diagnostic value from the respiratory changes, such as the modifications of the breath-sound, which occur in the neighbourhood of the indurations, and also the whiffing sound and other changes which take place; sometimes the breath-sound is altogether obscured, where several of the air cells are obstructed or obliterated by the deposition; and where this is the result, not simply of the indurations, but of the congestion accompanying them, the sound is altogether diminished: there is less breath-sound than usual, and at the same time the sounds that are heard are less diffused, less regular. There is every gradation of sound, from the fine liquid natural sound, to the whiffing, bronchial, breath-sounds that are heard, in some cases, even in the early stage. These signs are principally heard in the upper portion of the chest, at the apex of the lung, where the tubercles exist usually in the greatest quantity.

Therefore it is, that the standard of comparison must always be uncertain. In delicate cases—in fact in all cases, it should then be your object not only to determine the differences of the stroke sound, but likewise those of the breath-sound. It may be useful to determine whether the breath-sound is more whiffing than usual: and in comparing this sound, you should remember that it will be different on one side, to what it is on the corresponding region of the opposite side. If therefore, it is evidently more whiffing, or sharper in its character on the one side than on the other, there is good evidence of some disease there. And if this be confirmed by percussion, the evidence is pretty strong that it is tuberculous disease. Again, sometimes it is whiffing at the apex of both lungs, and it is then difficult to form a diagnosis. There is a natural tendency to tubular respiration towards the root of the lung, which is heard most strongly in the interscapulary regions. This is not a fit point for comparison. You compare, therefore, the sounds of the outer regions of the chest; and if you find that the murmur is distinctly sharper in its character and less diffused here than in any of the lower regions, there is a strong suspicion that there is some disease in these parts: its being tuberculous, will depend on the co-existence of the dulness on percussion. Violent respiration may be produced by temporary causes. For instance, in bronchitis, the condition that, in a high degree, produces the sonorous rhonchus, in a less degree will give the sharpness which accompanies strong respiration. Other causes render it sharper, besides the disease of the lung itself. The supplementary respiration, where the disease occupies the upper part of the lung, has very much of this sharp character; also, it not unfrequently happens in dropsy, when the abdominal viscera encroach on the chest. When, independently of any other causes being present, there is a distinctive whiffing character or sound in the upper part of the lung, more so on one side than the other, this is an evidence of disease. This is stronger in the absence of the respiratory sharpness; but obscurity at the apex of the lung does not necessarily imply the existence of tubercles. Bronchitis and congestion will cause it, and, in some cases, there appears to be but little action in the upper part of the chest; this is remarkably so in old people. If the deficiency arise from disease at the apex, there will be generally supplementary respiration in some of the other parts of the chest; and therefore the comparison is more easy than under ordinary circumstances; there will be a contrast between the deficiency of breath-sound in some parts, and an unusual development of it in other parts.

Increased sound on expiration—Then, there is a very important difference to be observed with regard to the characters which constitute the two sounds of inspiration and expiration; and, although this was noticed by Lænnec, it was illustrated by Dr. Jackson, of America, in the first instance, and since, by Louis and some others. It is an almost universal fact, that tubercles increase the expiratory sound; they render the sound sharper; I cannot say what is the true explaantion of this fact; but in the majority of cases, it is a general rule that the deposition of tubercle at the apex of the lung, does cause an increase of the expiratory sound, whether or not it may modify the inspiratory sound. Whether it shall give to this the whiffing character, or shall render it more obscure than natural, there is, in most instances, an increase of the expiratory sound, affecting both its intensity and its duration. In the healthy condition, the expiratory sound is heard but feebly at the outer part of the thoracic regions; the outer portion of the *infra-clavian* space, and also the humeral portion of the *supra-spinous* space. In healthy cases, the sounds heard there are of a vesicular character, and almost exclusively attend the action of inspiration, the expiratory murmur being faint; but as you approach the centre of the chest, the expiration is more distinct, and as you come over the root of the lung, it is pretty audible. When the sound is heard more distinctly and prolonged in the other parts of the chest, it becomes a sign of disease; and this is often an accompaniment of tuberculization, but is not exclusively so. It occurs in other lesions, as, for instance, in bronchitis. Bronchitis is very commonly accompanied by a wheezing expiration, which is very audible;

† *Ephem. des Cur. de la Nature*, dec 2. ann. 1686, p. 29, obs. 47.

‡ *Epist. phys. Delphis*, 1719. (Epist. 9, 24 Oct. 1713, p. 99).

and in emphysema, the noisy prolongation of expiration is more marked, even, than it is in phthisis. This is not a conclusive symptom, it is only to be taken in conjunction with others, as making up the amount of signs. If bronchitis should be the cause, you will have some of the other signs of this disease, as the sonorous and submucous rhonchus; and if emphysema, you will have more or less of the other sounds which accompany this lesion. Besides that, you will have increased resonance on percussion. Again, you will find, together with the increased expiratory sound at a certain spot of the lung, a dulness on percussion, and if you find this (unless there be emphysema in that situation), you may pretty safely refer it to tuberculization.

With regard to the *character of the respiratory sound*. I might, from my experience, make a great number of divisions and subdivisions, in the same way as others have done before me; I am confident these divisions are not useful for general purposes: they confuse the minds of the students, and in a great degree disgust them, by rendering the subject obscure. It is not easy, with the utmost attention, to appreciate all these differences; and in many instances, these very distinctions depend on trivial variations in the physical constitution of the lung, such as do not necessarily lead to important points in the diagnosis. The varieties in the inspiratory and expiratory murmurs, the varieties of quality which these sounds present, are often determined by temporary causes. At least, I have often found,—you must take my word for it, as you may not perhaps have an opportunity of verifying it, —I have often found every variety of the ordinary sound produced in the same subject. So, also, will the transient condition of a recent attack of bronchitis modify it to a great degree; a subject previously emphysematous is rendered liable to it, disease in other parts of the lung rendering the sound at the apex more exaggerated than usual. So uncertain are these signs, that they fail in having that diagnostic value which some French writers have attempted to attach to them. The grand point to attend to is, that the expiratory sound is rendered more audible under these conditions of tuberculization, than in ordinary cases; sometimes it is prolonged, at other times it is sonorous; but the prolongation and audibility are the two chief characteristics. But, as I said before, these are not distinctive of consolidation, but are only so when taken in connexion with distinct and marked dulness on percussion.

Modifications of the voice.—Then there are other signs arising from the voice. The voice is sometimes transmitted with greater force in the regions of the consolidations; this most generally accompanies the bronchial and tubular respiration, and the diffused fremitus particularly is transmitted in these cases. Even then, little or no whiffing is heard, and it is less to be depended on than the other signs. The best standard to be referred to in this, as in other cases, will be found in the resonance of the chest, and in the diffused pectoral fremitus which is perfectly audible to the ear. If it is heard more distinctly on one side than the other, and particularly if you find it less towards the external parts, then this becomes an additionally strong evidence of the existence of consolidation in that spot. Remember, with regard to these signs, that their great value as marks of tubercles and other forms of consolidations, is derived from their being localised in the upper portions; they extend, in some cases, to the middle regions, but their predominance in the upper portion of the lungs constitutes their most distinctive character.

Now I have to mention something about the *altered shape* of the chest, and the *alterations* of the respiratory movements connected with these consolidations; I have not mentioned this before because it is a less delicate sign. In cases where the disease has developed itself to a great extent, even within a short time, differences may be observed in the form of the upper region of the chest. It will be perceived that one part of the chest remains more fixed than the other, in the motions of respiration. It sometimes assumes a prominence, somewhat of a projection—being a little more elevated than the opposite side, and *that*, even, where it remains dull on percussion. In some such cases, however, it is not unfrequently found that there is a greater resonance on percussion, and that the note of the voice is raised, whilst the upper region of the chest is rather full or projecting. In the greater number of cases, what I have observed has been a degree of collapse in the upper region of the clavicle, so that on comparing the two, you perceive more of a hollow over one clavicle than over the other. This is apparent at first sight. Sometimes it becomes more apparent and more distinct when you desire the patient to take a full breath; and then you observe the difference in the amount of the motion of one side as compared with the other, —the healthy side moves as it ought to do, outwards and upwards in an equal degree; but the diseased side has an irregularity of motion; the upper part being sometimes comparatively fixed, or not moving at all, whilst the lower part of the chest expands as usual. This is sometimes extremely remarkable, and if the patient make a considerable effort, you see this great difference between the motions of the two sides rendered very conspicuous. Now, these irregularities in the upper part of the chest, are pretty generally connected with tuberculous respiration, and may continue under certain conditions, where the disease is not very extensive. What are these conditions? generally where the disease has been going on long—where it occurs as chronic phthisis—where the signs have been existing sometime without their being very active; and in such cases there appears ultimately a perceptible difference in the motions of the two sides, as the result of some change which is going on. This is less obvious in acute cases, and occurs only where the disease is pretty extensive; but in chronic cases it often presents itself in a remarkable degree. Sometimes the chest remains fixed in a state of distension, and at other times it remains in one of contraction; and under these circumstances, the difference is more obvious in a state of full expiration or full inspiration, according to the bulk of the chest. Now, the same differences are applicable to the test of percussion, and this is in some instances very important. You may be sometimes doubtful about the sound on percussion; you may be uncertain whether there is any disease or not. Sometimes the symptoms will perfectly vanish, on taking in the breath; but you find in these cases that on one side there is a great deficiency of resonance, whilst on the other side it is perfectly clear. So also, in expiration, the dulness appears on one side and not on the other. The effect of these motions is, to deprive some of the superficial parts of the lung of the air, and to bring the tubercles closer to the surface on the diseased side; so that when the lung is expanded on one side, that will give an increased resonance, whilst the other remains fixed, being bound down by the tuberculous consolidations. I should mention that an additional cause of change in chronic cases, frequently, is the presence of empyema, which I shall advert to more particularly when speaking of the prognosis.

Second stage of the disease.—We now come to the second stage, which will not occupy us long. The second stage consists of the conversion of the grey indurations into the crude, yellow and more distinct form of tubercle. The grey indurations may be chronic, and may last indefinitely; but when they pass into the state of yellow consolidations, their course becomes more rapid and decided. The symptoms that mark this stage, are those of increasing feebleness and cachexia, in addition to those which we have already mentioned; the signs of the first stage, the various irritations and obstructions, the consolidations of matter still remaining: but there is a further degradation of this consolidated matter, having a less degree of organisation, and naturally becoming aplastic, or beginning to pass into a state of decomposition; and, as this process takes place, it is gradually accompanied by increasing symptoms of feebleness; there is a loss of strength; vascular excitement, with fever of a hectic kind, and night sweats; shivering and rigors occur, more frequently in the morning: the colour fades, and the blood loses its red particles more and more, whilst the fibrinous matter is still on the increase; the cheeks often exhibit a hectic flush, and the body wastes more and more: all these are symptoms of cachexia.

The *physical signs* of this stage are readily appreciable, inasmuch as tubercle, whether it be grey, o yellow, or opaque, produces a certain physical effect on the lung; certain modifications of the resonance on percussion, with some impediment to the passage of the air, or breath; hence the various symptoms which it presents. But this transition is usually accompanied with increased secretion of the bronchi, and congestion of the lung generally; there is a slight crepitation, a submucous rhonchus, or signs indicating these circumstances of change—signs which are, perhaps, less indicative of the change itself, than of the circumstances that seem to promote this transition, the congestion or inflammation, and slight local inflammations excited in the neighbourhood. This cachectic state, in which there is a still further degradation of the matter, does not produce its effects on the indurations, without, likewise, causing a tendency to an increase of the deposits; and at the very time the change is taking place in one part of the lung, other parts are becoming invaded by the deposit. The increase of the consolidation is, therefore, another sign of the passage to the second stage. There is increased dulness on the spot where, before, the respiratory murmur was heard. With regard to the alteration in the motions of the chest, these may be exaggerated; but where the disease takes place rapidly, as in acute phthisis, this change is less apt to be produced than in the more chronic cases. In the *third* stage, the tubercles become soft and partially liquid, and are evacuated by ulceration and secretion of the adjoining tissues; and this must be looked upon as depending, chiefly, on the increase of the process of suppuration and ulceration. There is no doubt at all—without examination by the microscope—but that it is the result of softened tubercle; yet it is not merely tubercle reduced to a state of liquidity, but is mixed up with purulent matter. When the indurations have undergone these various symptoms of suppuration and ulceration, the constitution becomes more seriously affected; the hectic fever becomes more confirmed; the wasting of the body more apparent, and the loss of strength more perceptible. Then I have to mention another sign —which as a physical sign is almost as good as the others; that is, the expectoration of the softened product of tuberculization and inflammation. In the second stage, the expectorated matter is generally more copious, the softening process continuing in some parts. The transition from one stage to the other is well observed in the increasing opacity of the sputa; it does not show its effects on all the sputa alike, but more especially in some spots and points; the suppuration and ulceration affecting the bronchi, and communicating with the minute vomicæ, large quantities of matter are thrown up. The sputa may consist of transparent and purulent matter, or of opaque points. They are formed either of opaque or purulent mucus, or of softened tuberculous matter: the only difference to the eye consisting in its greater opacity, its redder colour, its not exhibiting the greenish tinge of the purulent and muco-purulent sputa,—being more of the colour of putty. Sometimes you see little specks occurring together, and these may with pretty certainty be pronounced as tubercle. There is some doubt about the form of them; some take one form and some another.

The gradual increase of this opacity is a very important sign. Sometimes there are distinct shreds of opaque lymph thrown out, coming from the interior of the small cavities that are formed. In a few instances, fragments of the pulmonary tissue are thrown up where the ulcerative process has proceeded rapidly. At the time the softening begins, it is a very common thing to find some streaks of blood in the sputa; and the vomiting of blood in small quantities together with opaque sputa, or opaque spots or clots, whilst the rest of the expectoration is not opaque, is highly characteristic of the phthisical process, and the passage of the disease to the third stage.

GUM.—Dr. Pereira considers this an alimentary principle, distinct from sugar—a dietetical, if not a nutrient agent. Mejendie denies it having essentially nutritive power, and Liebig considers it mere matter for combustion.

ON POISONING BY COPPER.

By Messrs. DANGER and FLANDIN.

(Continued from our last).

[This paper is yet under the consideration of a commission of one of the French Royal Societies, and is now for the first time published.]

Having established the best process for the discovery of the metal, another important question remains to be solved, viz., does copper exist in the normal state of the human body? We are led to conclude from our different experiments made on the viscera of children and adult men and women, that it does not. We differ here from the opinion expressed in the last edition of M. Devergie's "Treatise on Legal Medicine," which contains the following tables of the proportions of lead and copper in the human body:—

	Sulphate of Lead. Grammes.	Sulphate of Copper. Grammes.
ADULT FEMALE.		
Stomach	0·020	0·025
Intestines	0·030	0·035
Ditto, (2nd analysis)	0·040	0·046
ADULT MALE.		
Intestines calcined on a strong fire	0·025	0·037
Ditto ditto slow do.	0·035	0·040
Vesica fellis	0·003	0 002

for, had such been the case, it is impossible that it would have escaped our notice, by a process which indicated the presence of a 100,000th part of copper.

Desirous of rendering our researches still more conclusive, we analysed, after having reduced to a cinder, several pounds of blood, and various parts of the intestinal tube and of the viscera of individuals, whose death was caused by traumatic affections which do not modify the system. But, notwithstanding numerous experiments, we could never discover the slightest particle of normal copper, lead, or any unknown metal in the human body; the only one we could find was iron, which exists in different quantities in the various organs, but especially in the blood. The other substances were potassa, soda, magnesia, calcium, silicium (principally in the blood), and aluminium (in the intestinal tube). The fact of having discovered this last metal in different proportions, though the quantity analysed was exactly the same, renders the supposition of its having proceeded from the porcelain tube employed in the operation quite improbable. We therefore concluded that aluminium is one of the constituent parts of the human body, and in the intestinal canal takes the place of iron, which last exists in small quantities in those parts.

But supposing *a priori* that if, in some exceptions, copper existed in the body, it would be eliminated by the renal secretion, we collected the urine of several workmen employed in a foundry, and especially that of a man who had been employed for the last twenty-seven years, and not the slightest particle of copper was to be found.

On the other hand, to render this opinion still more conclusive, we mixed with the food of a strong healthy dog, a certain quantity of sulphate and acetate of copper, gradually increasing the dose until the animal was enabled to take gr. ij. daily, without appearing incommoded. During the 273 days that the experiment lasted, 3viß of the poison was administered, enough to destroy 50 dogs of the same size. The most scrupulous investigation of the urine during life, and of the whole body (viscera, muscles, and bones), after death, did not furnish the least particle of copper. It is necessary to state, that for two days previous to the dogs being killed, the copper had not been given, and that before operating on the intestinal canal the parts were carefully washed. At first the animal grew thinner, but soon appeared to get accustomed to the poison, and then not only recovered its former health and spirits, but even grew fatter. The sulphate or acetate of copper could never be given in stronger doses than gr. ij., probably owing to their great solubility, whereas arsenious acid might be administered in a dose of Cj. without producing any disturbance in the general health or even in the digestion. Both experiments were made to the same intent, and the result led us to conclude that neither copper nor arsenic exist in the human body, and not only *do* not but *cannot exist;* and without carrying the analogy too far, the same conclusion may be applied to lead, as all poisons are unable to form constituent parts of the human body.

The *post mortem* examinations of the animals fed on copper offered physiological anomalies worthy of notice. 1, The *vesica fellis* was atrophied and contained bile, which, if it offered no alteration in its chemical properties, did at least in its physical. 2, The *stomach* was empty and contracted, and on its inferior wall there existed a red spot of the size of a shilling, surrounded and partly covered by a pultaceous yellow matter, easily separated from the mucous membrane, and formed, in all probability, by the epithelium of this membrane, which had become softer and of a different colour. 3, The *intestines* offered a considerable capillary injection throughout, similar to that produced by acute inflammation, but which disappeared after repeated washings, and seemed to be more a physiological hyperemia than a pathological condition, as the animal eat its food with pleasure, and appeared quite well.

We do not wish to draw any conclusions from these facts, as we have begun a new series of experiments on several animals at the same time, in order to discover if in a prolonged administration of inassimilable substances, some modification is not produced in the biliary secretion, and in the functions of the liver, in which organ (a fact worthy of being noted) the greater part, and sometimes the whole, as with copper, of the poison absorbed is to be found. We do not think the explanation given by some authors to be exact; viz., that copper is carried into the liver by imbibition, and is there found, because that organ is very vascular, and the blood flows slowly through it, and because it is an organ of secretion. For, were it owing to the first cause, it ought to be found in the lungs, which are as vascular, and receive as much if not more blood than the liver; and if to the second, the metal ought to be met with in the kidneys, which are the most active secreting organs in the system; this, however, is not the case. The cause of this preference is interesting, and can only be decided by physiological experiments, not by systematic opinions.

In order to solve the questions of legal medicine, we tried the effect on animals in some cases with the sulphate, and in others the acetate of copper. The poison was introduced into the economy by the endermic method—by injections into the stomach or rectum. In the cases in which the salt of copper was injected into the stomach, we did not place a ligature on the œsophagus, on account of the disturbance it produces in the accomplishment of the physiological function. It was remarked that in cases of poisoning by *antimonium tartarizatum*, when a ligature was applied to the œsophagus, antimony was found in the lungs; and if it was not performed, those organs did not contain any manifest traces.

Our opponents, on the strength of these exceptional cases, consider inexact our opinion as to the existence of certain poisons in certain organs, an opinion which we considered useful in clearing up the doubts which may exist in some questions of legal medicine, for instance, when the proofs were dubious. "If such is the aim of Messrs. Danger and Flandin," says Professor Orfila, "it is easily refuted by the possibility, which they themselves admit, (*sometimes* and *as exceptions)* of the presence of a poison in organs in which it is not usually found when given during life. The simple mentioning of this fact suffices to overthrow entirely the fifth conclusion of their memoir, *viz.*, that relative to the localisation of poisons." *(Traité de Toxicologie par* M. Orfila, 4th edition, vol. i, pp. 497 and 494) But the presence of antimony in the lungs was admitted by us only when the œsophagus is tied after the poison is introduced into the stomach, and as that never takes place in cases of legal medicine, it is evident that the argument Professor Orfila invokes against the localisation of poisons is erroneous.

The pathological alterations which the salts of copper produce on the system, have already been accurately described; it is, therefore, not necessary to describe them again, the more so as many diseases may give rise to similar changes; but to establish the proof in medico-legal cases the poison must be found.

Two important symptoms, however, exist, which have hitherto been little attended to by toxicologists; the reduction the salts of copper undergo when placed in contact with organic substances—and the salivation, or rather copious bronchial flux which takes place immediately after the poison is taken. This symptom is not constant, which is perhaps the reason why it has not been remarked, but it is easily produced by placing the animal in the sun or near the fire. It lasts for some time, and in some instances appears in the intermittent form; it will be seen shortly what it signified and what it revealed to us.

Contrary to what is observed with arsenic, we remarked that in cases of poisoning with copper, the urine flowed freely, and was secreted as usual. Still we could not discover the smallest quantity of copper in the urines excreted during life, or found in the bladder after death. But if the animal recovered, he must have rejected from the system the copper that was absorbed. By what means was this done, especicially when the poison was introduced by an incision made in the skin? Almost if not quite by the pulmonary exhalation. It is in this liquid that the copper is to be found, and a few drops alone are sufficient to prove its existence. When it diminishes in quantity, the animal swallows it and the poison is rejected with the fœces. The biliary secretion may perhaps also contribute to the elimination of the poison; for in the bile examined after death it is to be found, but the quantity is very minute. In cases of poisoning by antimony, or arsenic, introduced by the sub-cutaneous method, these metals exist in the *vesica fellis*, and when they are discovered in the fœces it is only in excessively small quantities: on the contrary, when copper is introduced by the same method, the excrements contain so much metal, that we can, without being taxed with exaggeration, assert that there is as much as if it was injected into the stomach. This fact is important on account of the physiological conclusions which may be drawn from it. When antimony and arsenic are accidentally introduced into the system, they are rejected by the urinary organs, but copper is eliminated by the pulmonary exhalation and by the fœces. How is the difference to be explained? It would be impossible, perhaps, to do so without modifying somewhat the theory that certain physiologists have adopted on the functions of absorption and circulation, considering them as merely physical phenomena. It would likewise be impossible to do so without adopting the opinion expressed thus by Bichat "Every organ has its own life, which is the result of a peculiar modification of its vital forces, a modification which naturally causes one in the circulation, nutrition and temperature. No one part feels, moves and is nourished in the same way as another, unless they both belong to the same system. Each organ executes in miniature what takes place on a large scale in the whole body, abstracts from the circulation the food necessary for its existence, digests, throws off that which is heterogeneous, and assimilates that which is homogeneous to its nature. Is not this a diminutive of the general digestion?" (*Anatomie Generale*, edition 1812. Vol. ii., p. 503.) It is this idea, which the celebrated physiologist confessed to have taken from Bordeu, that led us to the discovery of the localisation of poisons, which we have endeavoured to prove in a former memoir.

Whilst our opponents contest us the principle of the localisation of poisons, they lay claim to the results which, in our opinion, derive from it, and to which we first drew the attention of physiologists. According to Professor Orfila, "The supposed localisation of poisons, instead of being an important discovery, is, on the contrary, a step backwards, to which it is but right to do justice. From the researches of Messrs. Magendie, Fodere, &c., absorption is a phenomenon purely physical; and a poison introduced into the stomach is carried by the torrent of the circulation into *all the organs*, without it being possible to admit an influence of any of those organs on the poison."—*Toxicology*, 4th Edition, Vol. i., pp. 493 and 496.

Yet the same learned toxicologist was so convinced of the fact of its being in the liver that absorbed poisons are principally to be found, that in his experiments on the salts of lead, bismuth,

tin, silver, gold, zinc, and mercury, published in the *Journal de Chimie Medicale* of June and July, 1842, he never sought for them in the lungs, heart, or muscles, but only in the liver, spleen, urine, and sometimes kidneys. Is it then because Professor Orfila did not search for poisons in certain organs; that he concluded they did not exist? As to copper, as he analysed simultaneously the *liver, spleen, lungs, heart, and kidneys*, though he found that metal, still he could affirm that it came from one organ rather than another; he, however, doubted as to its existence in the urine, for, speaking of a dog which had been poisoned by ʒj of sulphate of copper placed in the sub-cutaneous cellular tissue, he thus expresses himself, "The urine taken out of the bladder (about ʒix), was acted upon by the before-mentioned tests in such a way, that it was impossible for me to assert more than that it is very probable that copper did exist in that liquid." Should Professor Orfila still remain in doubt, we consider ourselves fortunate that we are not obliged, this time at least, to support an opinion the very opposite to his.

This difference in the means which nature takes to expel the poison, leads us naturally to the knowledge of the best mode to be employed in the treatment of poisoning by copper. If it be not by the kidneys, but by the pulmonary exhalation that the vital powers seek to eliminate copper, ought we not to employ such means as will keep up and even excite that exhalation? Thus at first would not general excitants, sudorifics, vapour baths, be useful in aiding the system to throw off the absorbed poison? And, secondly, when it was carried by deglutition a second time into the stomach, ought we not to assist its expulsion by emetics and emeto-cathartics? To resume, the first means to be employed are emetics combined with steel filings and sulphuric lemonade: when the poison is absorbed and carried into the deep-seated organs, sudorifics, vapour baths, &c.; and, finally, emetics and emeto-cathartics. We have succeeded in saving the lives of several dogs by exciting the pulmonary exhalation, when they had been poisoned by the sub-cutaneous method with doses of sulphate or acetate of copper, which in ordinary cases would have inevitably destroyed the animal. They were thus enabled to resist the local irritation produced by so considerable a quantity of copper, as well as the serious accidents caused by the absorption of so active a poison. Is it the same in man? Time and experience alone can decide this question, and show if all observed in the canine race will be found to take place in other animals, placed higher in the zoological scale, and especially in man.

After death, is the copper absorbed to be found, like arsenic, in almost all the viscera? No. Is it to be found, like antimony, in several? No. It is to be discovered only in the liver, but there it is so plentiful that 1·764 oz. to 2·117 oz. of that organ is sufficient to furnish positive proofs of the existence of the metal. Professor Orfila states that he found copper in the liver, spleen, lungs, heart, kidneys, &c., but on reflection, the dissidence which exists between us is more apparent than real, as in the researches made by this eminent toxicologist, he experimented on these organs all at the same time, and consequently did not examine if copper was contained in one and not in the others. We have analysed the lymphatic, salivary, and palatine glands, with the gums, and we never found any copper. The blood drawn during life, and collected from the heart and large vessels after death, did not give any perceptible quantity. The same result was obtained by us in our researches on arsenic and antimony. To what cause is this to be attributed? Perhaps because the absorption of the poison is intermittent, and that the blood is purified by the different modes of elimination which are always open to it, and abandons rapidly, in going through the different organs, the small quantity it carries along with it in a given time. Whatever, however, may be the reason, it is but just to state the fact, the more so as physiology and medicine are far from having discovered the causes of all that is to be observed.

The partial reduction of the salts of copper when placed in contact with the skin, and the existence of a new and peculiar physiological phenomenon having attracted our attention, we endeavoured to discover if the one was not subordinate to the other, as cause and effect, or if there was no bond between them. We therefore poisoned dogs by the sub-cutaneous method, with the salts of silver and gold, which are more easily reduced than the salts of copper. The animals were placed as much as possible in similar conditions, and we compared the effects produced by each of these poisons. Those destroyed by the chloruret of silver offered, though in a slight degree, the bronchial flux or salivation, and it was in the fœces that almost all the absorbed metal was to be found; the urine likewise yielded minute particles; on the contrary, those destroyed by the chloruret of gold did not offer the bronchial flux, had very little in their fœces, but their urines contained almost all the poison. The conclusion of their dependance one on the other, founded on certain chemical analogies, is therefore erroneous, the latter phenomena being entirely physiological. Thus, as the poisons are carried or deposited in certain organs, so the vital powers, those inward intelligences, as Boerrhaave calls them, employ different excretions to expulse it from the system. If we consider the different metals according to the facility with which they pass off in the urine, they may be classed as follows:—antimony, gold, arsenic, silver; copper is the last, and perhaps it ought to be placed in a separate class, as the kidneys seem to be impenetrable to this poison. The field which is open to us is so vast, that time and perseverance are requisite to explore it entirely. We continue our researches, and will make them known, should they appear to us worthy of attention.

We sought to discover in what form the copper existed in the organ in which it was carried by the process of absorption, and we found that in a soluble form, cold water was incapable of separating it from the parenchyma of the viscera, and that the parts required to be submitted to a long and rapid ebullition ere it could be dissolved. Thus, the body of a person poisoned with a salt of copper, may remain under water for a considerable length of time, and yet the chemist would discover the presence of the metal in the liver. This fact appeared to us to be of sufficient importance to be recorded, the more so, as simple washings with cold water remove the small quantity of copper which had penetrated by absorption into the capillaries, or the tissue of the membranes of the digestive organs.

Finally, is the phenomenon known under the name of cadaveric imbibition, of such a nature as to raise a doubt in the mind as to the source of the poison found in the parenchyma of an internal organ? In a former work, we stated that the fact of the localisation of poisons is especially important, as it removes all the difficulties which may be raised on this subject, and we here again maintain its exactitude, although it has been contested by high authorities. If cadaveric imbibition carried the poison into the different organs, as it has been asserted, it ought to be found everywhere, and in equal proportion: now, this is not the fact. In these cases, either imbibition carries the poison gradually and indifferently into all the organs, or the poison remains in the spot where it was deposited. In the former, the cadaveric track (if such an expression may be employed), and its presence in parts where it is not to be met with in cases of poisoning, will sufficiently indicate the centre of this dissemination to be purely passive: in the latter, on the contrary, in admitting that after death the poison had been introduced into one or more parts of the human body, should the poison be found only in these parts, it may be asserted that the individual was not poisoned; the more so, as the organs in which it is to be discovered in cases of absorption, are beyond the reach of the criminal hand.

To resume: we think that the following conclusions may be drawn from what precedes.—1° Neither copper nor lead exist in the normal state of the human body. 2° That in cases of poisoning by copper, that metal is to be found in the organs in which it is carried with as much certainty as arsenic, antimony, &c.; and that a 100,000th part may be discovered. 3° That the method by which this result was obtained is, with a slight modification, the same as that employed in our researches for arsenic, and consists in carbonising the animal matter with sulphuric acid, exposing the cinder to a red heat, then moistening it with sulphuric acid, and finally mixing it with a sufficiency to remove the metal; it is on this last liquid that the different tests are to be applied. 4° That when absorbed, it is not eliminated in the urines but in the bronchial exhalation, which being swallowed, carries the poison into the digestive organs, from whence it is rejected in the fœces. This fact is important, inasmuch as it indicates the treatment that ought to be employed in these cases. 5° That after death copper is to be found in the abdominal viscera only, especially the liver, in which organ it is in such quantities, that from ʒiß. to ʒij. is sufficient to prove the existence of the poison. 6° That the body retains the absorbed copper even when it is kept under water for some time after death. 7° That the fact of the localisation of poisons will prevent the possibility of confounding the effects of imbibition after death, with those of absorption during life.

PARISIAN INTELLIGENCE.

(FROM OUR OWN CORRESPONDENT.)

Paris, Jan. 4, 1844.

Epilepsia.—Cases have been recorded in which the cure was obtained by the application of a ligature just above, or a blister on the part from whence the aura proceeded, but no one had as yet attempted the cure when it was situated in some important organ. The following observation, which occurred in the ward of M. Recamier, at the Hotel Dieu, is a proof that when the aura is present, no matter where its seat, it may be expulsed by the application of temporary blisters, and the epilepsia successfully cured. J. B., tailor, aged 32, previously of good health, was taken suddenly on the 9th Nov., 1839, with an epileptic fit; no appreciable cause. On the 7th December, he was brought to the hospital, having experienced in that interval seven other fits, for which he had been bled twice, had twenty leeches applied, and a purgative enema administered. The attack was preceded by a convulsive tremor, limited with the utmost precision to one-half of the body, and a severe cramp in the calf of the left leg; since the first there existed a semi-paralysis of the left leg and thigh. On the 9th Dec., second attack; an emetic drink was administered, containing gr. j. of antimon. tartar; six vomitings; but little bile, though the tongue was very foul and seemed to indicate the presence of colluvies gastrica. 17th December, third attack; the following draught was ordered to be taken by table spoonfuls, ℞ Aquæ lucæ gtt. xxiv.; Aquæ distill. menth. piper: ʒiv. Aquæ distill. lauro. ceras. ʒx.; syrup. pæoni. offic. ʒj. 24th December, fourth attack; characterised by cramp of the calf of the left leg; face swoln and livid; contraction of the muscles of the face, which presented a hideous aspect; foaming of the mouth; rocking of the head backwards and forwards; tetanic contraction of the muscles of the trunk; convulsive respiration; pulse quick, hard, regular. Application of a temporary blister, two inches broad, around the left calf like a garter. Three days after, the cramp manifested itself in the lower part of the thigh; blister round the middle of the thigh; since their application the paralysis decreased, so much so that the patient could move about with ease. Temporary blisters were successively applied around the following parts, according as the pains appeared—the calf of the leg, the thigh, and the foot on the left side, the waist, the neck, the lower part of the right leg, just below the left elbow, to which were subsequently added, first two, and afterwards three pills, daily, for a month: ℞. Oxydi zinci albi gr. x. Camphoræ. extract belladon, ää. grs. vj. pilulæ no. x. Three years have elapsed without a renewal of the attacks.

Venereal chancres on the labia pudendi, complicated with ulcerations of the fingers; inoculation.—A patient entered the Hospital *de l'Ourcine* for numerous chancres situated on the labia pudendi and anus, and was placed in the wards of M. Cullerier. A local treatment only was employed, it being the opinion of that practitioner that general means ought not to be had recourse to, before symptoms indicating that the virus had pervaded the whole

system presented themselves, having remarked that the patient is sometimes taken with secondary symptoms, notwithstanding their administration. A few days after, two ulcerations, one on the left medius, and the other on the right annularis. To ascertain their exact nature, M. C. inoculated both arms with the pus secreted by the ulcers, and the result seemed to shew that it differed, for the ulceration produced on the left arm healed kindly, though dressed only with simple ointment, whilst that on the right resisted for a considerable time, though the most energetic means were employed, and offered the characteristic signs of a syphilitic ulcer. This, however, must not be considered as entirely conclusive, as the pus from the wound on the left hand might have lost some of its power, for it was taken at the moment the cicatrisation had commenced. Though it cannot be denied, that under the influence of a syphilitic diathesis, a wound may be converted into a specific ulcer, yet, in this case, they were evidently produced by the contact of the pus on the cuts, for the patient was in the habit of bathing the parts frequently every day, and when the constitution is affected, the ulcer is always placed on a hardened base. The chancre is the pathognomic sign of syphilis, and the constitution is never affected without its having previously existed; but this denomination must only be applied to a primitive ulcer produced by contact, and capable of giving rise to a similar one by inoculation, whilst those caused by general contamination are without effect when inoculated. This symptom is highly useful when there is the least doubt on the nature of the ulcer. As to the excrescences which took place in this case, though it may be true that the virus, as Hunter observed, may develop in the genital organs a disposition to their production, still they cannot be considered as a positive proof of the existence of recent or constitutional syphilis.

Concours for the Chair of Physics at the Faculty of Medicine.—Five candidates presented themselves to undergo the ordeal, Messrs. Baudrimont, Gavarret, Guerard, Maissiat, Person, which consisted, 1st, in a written answer to the following question: *Describe the theory of the formation of sound in wind instruments, and how far it is applicable to the human voice.* 2nd, An oral lesson after twenty-four hours' preparation; the questions were, for M. Gavarret, *The phenomena observed in electric fishes;* M. Baudrimont, *The laws which govern the radiation of Caloric;* M. Guerard, *Animal heat;* M. Maissiat, *Capillarity and endosmose;* M. Person, *Theory of sight.* 3rd, A second oral lesson after three hours preparation; Messrs. Baudrimont and Maissiat, *On atmospheric electricity;* M. Gavarret, *On the microscope;* Messrs. Guerard and Person, *On the pression exercised by liquids and gases.* 4th, A thesis; M. Baudrimont, *On acoustics;* M. Gavarret, *On dynamic electricity;* M. Guerard, *On heat;* M. Maissiat, *On optics;* M. Person, *On molecular action.* Each candidate sustained for an hour an argumentation with two of his competitors. The votes were thus given by ballot; number of judges 12; 1st time, Maissiat, 4; Gavarret, 3; Guerard, 3; Baudrimont, 1; Person, 1. 2nd time, Gavarret, 6; Maissiat, 5; Guerard, 1. 3rd time, Gavarret, 6; Maissiat, 6. M. Gavarret was then named Professor on the president's (M. Buillet) declaring having voted for him.

Icterus caused by occlusion of the biliary ducts.—The two following curious cases occurred in the wards of M. Louis, at Beaujon Hospital:—1st, Magdalen P——, aged 55, dark complexion, general health good; sixteen years previous had been taken with icterus, caused by grief, which lasted three weeks and yielded to the ordinary treatment. In April last was taken with an anorexia, nausea from time to time, loss of strength, followed by vomiting, especially in the morning, of a bitter green liquid; pain in the right hypochondrium; skin dry, of a dark yellow colour, and covered with a species of white powder, formed by the epidermis; intolerable itching; tongue foul and covered with a yellow crust; thirst moderate, deglutition easy; dull sound on percussion in the right hypochondrium and flank; pain on pressure; thorax in the natural state; pulse normal. The treatment employed was local and revulsive bleedings, emollient enemata, poultices, lemonade as a tisanne; all however was unavailing, for the patient died five weeks after her entry.—*Autopsy*: *Abdomen*, about two pints of a greenish yellow, turbid, fœtid and flaky liquid in the peritoneal cavity; intestines free of adherences; epiploon attached to the abdominal parietes near the umbilicus by a soft pseudo-membrane, of recent formation and yellow colour. *Stomach;* at its pyloric extremity there was a fungous, irregular excrescence, $1\frac{1}{2}$ inch in diameter, its surface of a dirty grey colour, with red spots, its interior formed by a whitish friable tissue, from which, on pressure, a white liquid, similar to milk, flowed out; and its basis by a dense homogeneous fibro-cellular substance. The coats of the stomach, owing to the hypertrophy of the muscular membrane, and the sub-mucous cellular tissue, were from $\frac{1}{4}$ to $\frac{1}{3}$ of an inch in thickness; this decreased gradually towards the cardia. Pylorus, three inches in diameter. *Liver* increased in size, transverse diameter $9\frac{3}{4}$ inches, vertical $8\frac{1}{2}$; in other respects sound. *Vesica fellis*, pyriform, very large, non adherent to the abdominal parietes, extended $2\frac{1}{2}$ inches below the margin of the liver, measured from its inferior extremity situated in the right fossa iliaca to its neck, seven inches, and contained a greenish semi-transparent liquid, but no calculi. The cystic and hepatic ducts, and the superior portion of the *ductus communis choledochus* offered from $\frac{3}{4}$ to 1 inch in diameter, walls hypertrophied. The cavity of the last was, at two inches from its opening into the duodenum, completely filled by an oval excrescence from $\frac{1}{2}$ to $\frac{3}{4}$ of an inch in diameter, adherent to the internal surface of the duct by a fibro-cellular pedicle. Its surface was tomentose, and of a yellow colour; its interior formed by a bluish tissue, in some places semi-transparent, less friable than that of the pylorus, but on pressure giving a similar liquid. Below this tumour, the ductus communis choledochus was in a healthy state, of the diameter of a small quill. Both excrescences were evidently cancerous. Nothing remarkable in the other organs. 2nd, A countrywoman, aged forty-six, of a strong constitution, dark complexion, menstruated for the first time at 14, and since then regularly every month; had been thrice a mother, the last time four years ago. In the beginning of last May, she was taken with icterus, and on her entry on the 6th June, offered the following symptoms: dorsal decubitus; facies natural; slight redness of the cheeks, skin of a yellow colour; tongue dry, brown, cracked; thirst moderate; anorexia; dull sound on percussion on a tumour situated in the epigastrium, right hypochondrium and as far down as the umbilicus, and inferiorly slight fluctuation; insomnia; skin moist; pulse at 100, regular, full. The swelling increased gradually in size, and offered a conical shape in the epigastrium, when, on the eleventh day, it decreased suddenly, and on touching the part, a round opening could be felt about an inch in diameter. Two days after, re-appearance of the conical tumour, larger than before, sonorous, disappearing on pressure being made on it; increases in size when the patient coughs, during which a *glou-glou* noise is heard; diameter of the opening now two inches; slight cough; pulse 116, regular; vomiting. On the seventeenth day, the patient having made an effort, the skin burst in two places, one opening being one-third of an inch in diameter; the other smaller, through which a small quantity of gas, and a very fœtid yellow liquid escaped; death on the nineteenth day. The treatment employed was principally composed of emollients and narcotics, besides which 15 leeches were applied to the anus, and a gentle purgative administered. *Post mortem examination: Brain*, healthy; *thorax*, two-thirds of the superior lobe of the right lung in the third stage of pneumonia; *abdomen*, two pints of a limpid citrine liquid in the peritonæum; vast abscess of a triangular form extending from about an inch above the umbilicus to the diaphragm, penetrated through this muscle into the anterior mediastinum, as far as the third right rib, where it ended in a point. The anterior wall, formed by the abdominal parietes, offered, equi-distant from the appendix xiphoides and the umbilicus, the opening already described; and the posterior, formed superiorly by the convex surface of the left lobe of the liver and part of the right, (the falciform ligament having been destroyed,) inferiorly by the epiploon, turned upwards so as to cover, to the right, the remains of the vesica fellis, the pylorus, and the duodenum; this last offered an opening an inch in diameter. The interior surface of the abscess was lined by a pseudo-membrane, very thin, villous and of a greenish yellow colour, and it contained a small quantity of a turbid and very fœtid liquid, and a little gas; no calculi. *Liver*, transverse diameter nine inches; vertical, nine and a half; surface smooth, of a yellow colour with a slight violet or green tint here and there; crepitus on pressure; when placed in water, floats; on no part is the granular appearance to be observed. When cut, its substance was found to be friable, of a yellow colour, and offering a porous aspect, produced by numerous irregular cavities, from 0·0039 of an inch and under, in diameter, through which, on pressure, air escaped. Some of these cavities were oval, others round, their internal surface smooth; others are irregular, and seem to be formed by the union of several into one: all are lined with a thin, soft, yellow membrane, and filled with a thick, opaque liquid, of a leek-green colour. Finally, in the great fissure, is fixed an excrescence of a brownish yellow colour, floating in the cavity of the abscess, and firmly united to the substance of the liver. *Biliary ducts:* The duodenal orifice of the ductus communis choledochus in its natural state; but immediately above, the duct contained an ovoid calculus, of a greyish yellow colour, 0·551 of an inch long, and 0·472 of an inch broad. Above the calculus, the canal is half an inch in diameter, and this dilatation extends to the ductus hepaticus, which offered in the interior of the liver the appearance of a chaplet; and to the cystic duct, which was as large as the ductus communis choledochus. Their internal surfaces smooth, of a green colour. Other organs in the normal state; in this case, the emphysema of the liver was probably produced during the lifetime of the patient; the intestinal gases had entered by the opening in the duodenum, and then had penetrated first into the cystica fellis by the division which existed in its walls, afterwards through the biliary ducts into the liver. Another case was published by M. Louis, in his Treatise on Phthisis, in which this distinguished practitioner concluded that the emphysema was not caused by cadaverie decomposition.

Bordeaux Prizes.—The Royal Medical Society of Bordeaux, held on the 23rd of December, 1843, its annual public sitting, in which a gold medal and the title of corresponding member were awarded to M. Varrentrapp, chief physician of the Hospital du St. Esprit, Franefort; and to E. Chaufferel, Interne of the Parisian hospitals; and honourable mention was made of Dr. Gerbaud of Lyons, and M. Neboyet, for their memoirs *on the different penitentiary systems, and the influence exercised by isolation on the health of the prisoners,*

Phrenological Society.—The following gentlemen are named for 1844. Professor Bouillaud, deputy, honorary president; Count de Las Cases, annual president; Drs. Danneey and Belhomme, vice-presidents; Dr. Place, *secretaire-general*; Dr. L. Couteuix, treasurer; Drs. Faivre, Rivail, *secretaires-redacteurs*; Dr. Le Tellier, archivist.

Tracheotomy, by Professor A. Berard.—This operation, improperly called Bronchotomy, though generally performed in cases of cynanche trachealis, still may become necessry in other diseases, whether situated or not in the respiratory organs. Among these are polypus nasi; tumours of the pharynx; glossitis, causing a sudden swelling of the tongue; fibrous, syphilitic, and other tumours of that organ; hypertrophy and cancer of the amygdalæ: angina tonsillaris; diseases of the maxillaris inferior, requiring its removal; division of the genio-hyoideus, genio-glossus, and digastrieus muscles (where the larynx being no longer supported, is forced downwards, and its orifice obliterated); foreign bodies in the œsophagus, as in the case related by Habiest; scrophulous and schirrous tumours; Detharding recommended it in cases of drowning, but recent experience shews that this ought not to be had recourse to, but when the mouth cannot be opened far enough to allow Chaussier's sound to be introduced, or air to be insufflated; œdema glottis, produced by an œdematous swelling of the ligamenta epiglotto-arytenoidea (this disease may be recog-

nised on pressing down the root of the tongue, and by the whistling noise produced by the air in passing through the chink). The suffocation produced by diseases of the par vagum, above the origin of the recurrent laryngeal is analogous; and I was enabled to diagnosticate this lesion in a man who, after offering several curious cerebral symptoms, was taken with dysphagia, dysphonia, and dyspnœa; this last became so intense that he was tracheotomised, and is still obliged to make use of a canula. It may be necessary, also, in different affections of the larynx, such as degenerescences, tubercles, syphilitic and other ulcers, granulations, &c.; cicatrices, which diminish its size; polypi; and, above all, cynanche trachealis. When foreign bodies have penetrated into the air tubes, they may be situated above or below the vocal ligaments;—in the former case they occupy the space limited, above by the ligamenta epiglottoarytenoidea, below by the chordæ vocales, and behind by the arytenoid cartilage. During deglutition, the epiglottis closes the orifice, and prevents the entry of the food; but in vomiting, this cartilage is forced upwards, and the liquids thrown up sometimes penetrate into the larynx; the same effect is often remarked at Bicetre and the Salpetriére, among the insane and paralysed persons, especially the latter. A case of this description occurred in my wards, while I was surgeon of the Hospital Necker. A paralytic patient while dining, was seized with dyspnœa, and died asphyxiated. On opening the body, the cause of the death was found to be a bit of boiled beef, which had penetrated into the larynx. In the latter, they are then smaller, such as marbles, fruit stones, a grape, &c. A game in which it frequently occurs, consists in throwing a grape, or anything else, into the air, and catching it as it falls; the aspiration made renders their introduction into the larynx much easier. I myself was nearly suffocated by a grape; fortunately a fit of coughing came on, which expulsed it. This operation may be performed on the larynx, on the trachea, or on both at once. Laryngotomy is of recent date, and ought never to be performed on the thyroidean cartilage, or the ligamentum ericothyroideum, as recommended by Vicq d'Azyr, unless absolutely necessary; in the former, the division of the chordæ vocales produces considerable alteration in the sound of the voice, and in the latter, the opening cannot be made sufficiently large. Tracheotomy ought, therefore, to be preferred, and the cricoid cartilage may be divided at the same time as the aspera arteria; Pelletan did, and Boyer recommended, it. *Modus operandi:* the patient placed on his back, the head somewhat lower than the neck and shoulders, so as to put the skin over the trachea on the stretch; an incision must be made, extending from the larynx to the sternum, with a convex bistoury; the parts are next to be divided, avoiding the larger veins, and if, perchance, one be cut, the operation must be continued without stopping to tie it; they are principally to be met with near the sternum. Some surgeons recommend making the patient take a long inspiration, to prevent the entry of the air into the vein; but in giving this advice, they forget that this operation is generally performed *in extremis*, and would be useless if the patient could make a long inspiration. As soon as the trachea is exposed to view, a pointed bistoury must be plunged into it, and the incision enlarged with a bistoury *boutonné;* the dilatator must next be introduced, the edges of the wound separated, and the patient made to sit up. A fit of coughing soon expulses the small quantity of blood which has entered the trachea; the respiration begins again; the venous hæmorrhage ceases of itself; and the patient comes back to life. It is then that the canula must be introduced. After the operation, the patient must be carefully watched, on account of the different accidents which the operation may give rise to; among the most serious, we must mention pneumonia, which is to be attributed to two causes; first, the irritation produced by the presence of the canula, and secondly, the entry of air into the lungs without its undergoing any modification in its hygrometric state or its temperature; this last may be obtained by heating the room, and rendering the atmosphere humid by watery or other vapours. The case which gave rise to the preceding remarks, was that of a woman operated on *in extremis*, for suffocation caused by a chronic disease of the tongue, fauces, and larynx, complicated with weak intellect. On the sixth day, while going on as well as could be expected, she got up and walked about the wards barefooted, which brought on pneumonia, and caused death the ninth day after the operation.

Academy of Sciences. Sitting of the 2nd Jan., 1844. Baron C. Dupin in the chair. *Election of the Vice-president.* — Forty-five members present. M. Elie de Beaumont obtained 23 votes; M. Beudant, 16; Baron Thenard, 1; Professor Roux, 1; M. Cordier, 1. M. Elie de Beaumont is, therefore, elected Vice-president for 1844.

On a fulminatory obsidianum.—M. A. Damour presented a memoir on a fulminatory obsidianum of India. Desirous of ascertaining its exact structure, the author gave it to a lapidary to cut. When about two-thirds of its diameter was divided, a whistling noise was heard, followed by a sharp detonation, and one half the stone was broken to pieces. The fragments offered a vitreous appearance; analogous in structure to white pyrites; several spheriod cavities of the size of a pea in its centre; the large pieces black, the small olive green; powder of a greyish white; spec. gr. 2·47 at 46½° F., strongly heated is converted into glass; heated with borax dissolves slowly; mixed with the carbonate of baryta and analysed, it was found to be composed of—

Silicium	0·7034	Oxygen	0·3654
Aluminium	0·0863	,,	0·0403
Calcium	0·0456	,,	0·0128
Protoxide of Iron	0·1052	,,	0·0239
Oxyde of Manganese	0·0032	,,	0·0007
Sodium	0·0334	,,	0·0085
Magnesia	0·0167	,,	0·0069
	0·9938		

offering great analogy with the vitreous substances thrown up by volcanos. Its physical characters and its spheriod shape prove that it was formed in an elastic medium; probably thrown up, its external layers had become solid ere it fell on the earth, and the interior, as it grew cold, contracted; but being unable to draw in the former, cavities were formed in the centre, retaining the gas, which when allowed to expand caused the explosion.

Myotomy in Diseases of the Eye.—M. Guepin, of Nantes, addressed a letter on the cure of amaurosis and myopia, by the division of the rectus internus oculi. The amaurosis was characterised by the following symptoms: gradual diminution of sight; diplopia when the patient fixes both eyes on an object; surrounding objects seen through a mist; no alteration to be perceived in the iris or other parts of the eye; generally one eye only affected; the diseased organ cannot be turned outwards, but strabismus is apparent only when the other is turned inwards; the nearer the object the greater the diplopia; the hand of the patient, instead of touching the object it wishes to seize, is carried behind it; pupil mobile. The author then records three other cases to show the efficacy of the operation. The same muscle was cut in the four cases. 1°. Slight strabismus, myopia of the left eye, without effect. 2°. Same symptoms as the former, marked amelioration immediately after the operation. 3°. Myopia highly developed; strabismus, completely and instantaneously cured. 4°. Same state; same result.

Academy of Medicine, sitting of the 2d January, 1844.—M. Ferrus in the chair.—The president, after reading the speech made to his Majesty, the answer with which he was honored, and thanking the Academy for the honor conferred on him, proposed a vote of thanks to Professor P. Dubois, former president: adopted.

On quarantine against the plague.—M. Aubert Roche, addressed a letter in which he states that it is difficult, if not impossible to quote an authentic fact, proving; 1° that the plague appeared eight days after the ship's sailing; 2° that no ship which arrived without having had the disease during the passage, ever presented it afterwards. Therefore, as England and Austria have abolished their quarantines, of necessity France must modify hers. M. Chassinat wrote on the same subject, stating that the Leonidas offered several cases of plague after her arrival at Marseilles, though the surgeon declared that the only sick man on board during the passage was a sailor affected with gastro-enteritis. M. Londe said the sailor ill during the voyage was in all probability attacked by the plague, and as it appeared two days after the ship's sailing, it proves nothing against the opinion emitted by M. Aubert Roche.

Œdema glottis.—M. Fleury read a memoir on the causes, nature, and treatment of angina œdematosa of the larynx. The opinion of the author is that the œdema glottis is a dropsy, and is produced by the various causes which give rise to this disorder, and especially œdema; such as convalescence of fevers, rubeola, scarlatina, variola, pneumonia, bronchitis, &c.; and that the exciting causes are cold; angina pharyngea; erysipelas; abscess or tumour of the neck; deep ulcerations; caries, necrosis, and ossification of the cartilages. It may in some cases be produced by an inflammation, but this is very uncommon. From his researches the author concludes: 1°, that M. Blache erred in stating that there was only one case of œdema of the larynx recorded; 2°, that œdema of the larynx ought not to be considered as the first stage of sub-mucous laryngitis; 3°, that in describing as angina œdematosa, caries, necrosis, or abscessus laryngitis without œdema, it is as much as to state that œdema laryngitis exists without œdema; and 4°, that as to the treatment, active antiphlogistic means ought never to be employed; on the contrary, the most efficacious is that recommended in hydrops.

Foreign body in the ear.—M. Marchal (de Calvi) related the following case: M. de Smidt, officer in the army, in 1821, when on duty, felt something move in his ear, since which he has been affected from time to time with deafness. In the beginning of the winter, the deafness increased, and was accompanied by cephalalgia, and flow of blood to the head. Antiphlogistic remedies failing, injections were ordered to be made into the ear, and after one, a bead of a chaplet escaped, after which the patient soon got well. M. de Smidt, now 50, had no recollection as to the time at which this bead was introduced, and in supposing that it took place when he was 5 years old, it had remained 45 years in the external ear, and caused no unpleasant symptoms before it changed its position. In concluding, M. M. mentioned a case which happened to a soldier, from whose ear Baron Larrey extracted a worm.—M. Begin stated that several similar cases had been observed in Algeria, and that he had deposited in the museum of Val de Grace, the larvæ of an insect which he had extracted from the ear of a soldier.—M. Virey said that Itard and M. de Humboldt had recorded similar facts.

M. Souberbielle addressed the details of the case of lithotomy mentioned in my last.

The president presented the model of the child affected with partial anencephalus mentioned in one of my preceding letters.

GARLAND DE BEAUMONT, D.M.P., B.L., & S. &c.
Honorary Physician to the Spanish Embassy.

PERISCOPE OF THE WEEK.

PRODUCTS OF THE DECOMPOSITION OF URIC ACID.—Dr. William Gregory has published an interesting communication in the Memoirs of the Chemical Society, entitled 'further contributions to the chemical history of the products of the decomposition of uric acid." His experiments were performed on a pound and a half of alloxan, which he obtained in large and absolutely pure crystals, from the uric acid contained in two pounds of the urate of ammonia, and on the mother-waters of the alloxan, which contained a large quantity of that substance, but so much mixed with nitrate of ammonia and free nitric acid, that the alloxan could not be purified by crystallization, even if the liquid could have been concentrated by heat without decomposition. Alloxantine is best obtained from the mother liquid of alloxan; the acid solution is diluted with two or three parts of water, and a current of sulphuretted hydrogen passed through, as long as any effect is produced. Sulphur is first deposited, and subsequently a large quantity of alloxantine. The mixed precipitate is drained, washed with a little cold water, and then boiled with water acidulated with hydrochloric acid, until the allox-

antine is dissolved. The solution is to be filtered while hot, and the crystals of alloxantine are deposited on cooling. The *dialurate of ammonia* is also abundantly obtained from the mother-liquid of alloxan, as well as from that of alloxantine. Ammonia is to be added cautiously, so as to leave a slight excess of acid, and the precipitated sulphur re-dissolved by the hydro-sulphate of ammonia. The dialurate is formed very freely ; it should be dissolved in hot water, and crystallized on cooling. It should then be collected on a filter, and washed at first with a weak solution of hydro-sulphuret of ammonia, then with alcohol containing a little of the same salt, and afterwards with pure alcohol. It is then to be pressed between bibulous paper, and dried in vacuo over sulphuric acid. If dried in the air, without the previous washing with alcohol, and the hydro-sulphuret of ammonia, it becomes of a blood-red colour. The pure salt forms minute prismatic crystals in light bulky masses of a faint silky texture, and almost colourless. *Dialuric* acid is readily procured by dissolving the dialurate of ammonia with the aid of heat, in an excess of dilute hydrochloric acid. The liquid deposits on cooling a quantity of sparingly soluble crystals, not unlike those of alloxantine, but quite distinguishable from them. They have a strong acid re-action, and readily neutralize the alkaline bases, forming crystalline salts with ammonia and potash, and an insoluble, or very slightly soluble powder with barytes. Dialuric acid when dissolved in water, gradually passes into alloxantine. Dr. Gregory found the hypothetical formula given by Liebig and Wohler, namely $C_8 N_2 H_4 O_8 = C_8 N_2 H_3 O_7 + HO$, in which HO seems to be capable of replacement by MO in the salts. It is important to observe that urile or urilic acid, $C_8 N_2 O_4 + H_4 O_4 = {}_4$ atoms of water contains the elements of dialuric acid + one atom of hydrogen and two of oxygen. The salts of dialuric acid in the dry state are quite permanent. Dr. Gregory is still engaged in the study of this acid and its salts.

Acid Thionurate of Ammonia.—This salt, from which, according to Liebig and Wohler, the uramilic acid is best obtained, may be prepared in any quantity by dissolving the neutral thionurate of ammonia in hot water, and adding exactly as much hydrochloric acid as corresponds to one equivalent of the acid to one of the salt. This latter contains two equivalents of ammonia, one of which is removed by the hydrochloric acid, and when the liquid is gently evaporated, the monobasic acid thionurate of ammonia is deposited in soft crusts, which frequently fall to the bottom, and are composed of very minute prisms. Dr. Gregory has not succeeded in obtaining uramilic acid from it.

Alloxano-sulphurous Acid. — Liebig and Wohler state that a solution of alloxanic-sulphurous acid when slowly evaporated, deposited large tabular acid crystals, which, when combined with ammonia, did not produce the thionurate of that base, but a totally different salt of a gelatineus appearance. A similar salt Dr. Gregory has obtained by the following process : he dissolved alloxan in the smallest possible quantity of cold water, and added to the solution a slight excess of a saturated solution of sulphurous acid in water, after which there was carefully added caustic potash in solution, until there was a slight alcaline reaction. A salt of hard brilliant crystals is soon deposited, and by recrystallisation may be easily obtained beautifully white, transparent, and lustrous. The analysis of the salts indicates that the acid consists of two atoms of sulphurous acid and one of alloxan. It differs from thionuric acid by the absence of one equivalent of ammonia, and probably also in being monobasic, while thionuric acid is bibasic.

Alloxanic Acid.—When pure alloxantine is dissolved in distilled water, and the cold solution allowed to stand, it slowly loses the property of giving a violet precipitate with barytic water, and finally yields a white precipitate. By evaporation crystals may then be obtained, possessing all the chemical characters of alloxanic acid, and which are very soluble in water and alcohol. Crystallized alloxanic acid has the same composition in one hundred parts as anhydrous alloxan, and consequently differs from alloxantine by containing one equivalent less of hydrogen. It is possible that this acid may not be really alloxanic acid, although agreeing with it in its reactions : in that case it appears more probable that it may be isomeric with alloxantine, as alloxanic acid is with alloxan. This and other subjects connected with the products of the decomposition of uric acid still engage Dr. Gregory's attention.

Auscultation, Mediate and Immediate.—In a somewhat lengthy paper, published in a recent number of the "Lancet," by Dr. Bennet, formerly a teacher of auscultation at Paris, we have the respective value of the two modes of diagnosing pulmonic and cardiac diseases examined. He observes that auscultation is an invaluable adjunct to percussion, and to the other means of diagnosis which we possess at all periods of the existence of disease, from its commencement to its termination. But the clearness and distinctness of the symptoms which auscultation analyses are far from being the same in all the periods of thoracic affections. When the disease, whatever it may be, has once fairly developed itself, the symptoms are generally most clear, and most distinct to any one acquainted with this means of exploration. In confirmed bronchitis for instance, the sibilous or mucous rale; in confirmed pneumonia, the crepitant rale; in advanced phthisis the dry crepitation, the mucous cavernous sounds, &c., are all distinctly audible. But such is certainly not the case in the incipient stages of pulmonary disease, and in the regions of the lungs which are freshly attacked, or to which the disease progresses. He has even known the sounds furnished by auscultation doubtful during the whole course of a malady, the nature of which was plainly indicated by other symptoms, for instance in central pneumonia. In the early stage of pulmonary disease the symptoms furnished by auscultation are generally very difficult to distinguish, and are often indistinct even to the practised ear. A few isolated crude tubercles of a certain size, or a number of minute miliary tubercles, deposited in a limited portion of the superior pulmonary lobe, may modify the respiration so as to enable a good auscultator to recognize their presence, but the diagnosis would still be uncertain. In the first case, if the tubercles are near enough to each other to rub together during breathing, so as to produce a slight dry crepitation, and they can be found at different examinations under the clavicle or posteriorly in the supra-spinata region, it would indicate pulmonary tuberculization, even in the absence of dulness or of nearly any other symptom of that disease. Dr. Bennet has frequently recognized the presence of crude tubercles in the lungs from this symptom alone. The sound, however, is often so indistinct and fugitive that none but a very practised auscultator can distinguish it. When miliary tubercles are present, if they are still fluid, respiration will be weaker, if they have become solidified, it will be stronger and harsher than on the other side. The same thing takes place with cardiac diseases; in the advanced stage, presenting, for instance, hypertrophy and a tremendous rasp sound, no difficulty will be experienced by a pupil in recognizing the morbid sounds, but these are not cases in which auscultation is most valuable. In confirmed diseases of the heart, as in confirmed pulmonary disease, auscultation may generally be dispensed with, as far as mere diagnosis goes. It is in the incipient stages, when treatment is still available to suspend or remove diseased action, that auscultation is really of inestimable value. The sounds then furnished are more delicate and difficult to distinguish than those heard in incipient pulmonary disease. Dr. Bennet gives the preference to immediate auscultation over the mediate, as he firmly belives that the ear applied directly over the chest will perceive some slight modifications of the respiratory murmur, which would not be the case were the stethoscope resorted to. There are cases however in which the stethoscope only can be used, as for instance, in the examination of the anterior thoracic region in young females, in patients in a state of perspiration, or covered with vermin or filth. His reasons for preferring the direct application of the ear merit quotation, more especially as the subject is one of great importance and interest to the profession. It is evident that the more intense are the sounds heard, the clearer will be the perception of them to the ear; and the intensity of sound depending, to a certain extent, on the number of distinct vibrations heard, it follows that the more vibrations are heard the clearer will be the aural perception of them. In the lungs the vibrations which occur in every region give rise to sounds which radiate externally through the parietes of the chest, and are so slight that they are lost in the surrounding atmosphere, without becoming sensible to the ear, unless they be modified by disease. If, however, the ear be immediately applied to the chest, or a tube of some hard substance, a good conductor of sound, be interposed, the sounds thus produced are distinctly heard. The distinctness with which the respiration is heard depending on the number of vibrations which arrive at the ear, it stands to reason that on applying the ear to the chest the respiration will be heard with greater distinctness than on using the stethoscope. The stethoscope merely covers a limited space of the parietes of the chest, and the sounds which are generated without this area are not conveyed to the ear, or at least only their extreme undulations. When the ear is directly applied, not only does the concha of the ear render convergent and transmit to the ear the vibrations generated in the part of the lungs that it covers, but the temporal and parietal bones which are in contact with the chest receive the vibrations of the regions they cover, and transmit them also to the auditory nerve. Thus, a much greater number of vibrations are heard, than when the stethoscope is used, and the respiration is, consequently, heard more distinctly. That such is really the case may be very easily proved. Let any one listen attentively to the respiration of a healthy person with the stethoscope, and then apply his ear to the same region, using proper precautions in both instances; he will certainly find that the perception of sound is much more distinct, much more intense, when the latter mode of examination is employed than when the former. It has been stated that mediate auscultation is much preferable to immediate when the lesion is limited, as in that case the stethoscope, by concentrating the attention on the precise spot where the morbid sound originates, enables the ear to analyse them with greater accuracy. Such, however, is not the case in auscultation of the lung. Not only are the morbid sounds themselves heard more distinctly with the naked ear, but their nature is more distinctly analysed when the sounds created in the healthy parts around are also conveyed to the auditory nerve. We have, then, a point of comparison, and by directing the attention alternately to the pathological sound and to the normal one, the differences which exist between them are more accurately perceived. No unprejudiced person, who will give himself the trouble to compare the sensations produced on his own ear by mediate or immediate auscultation of the lungs, can, in Dr. B.'s opinion, fail to give preference to the latter. There are, however, other and important advantages attached to immediate auscultation. However familiarised a physician may be with the stethoscope, it is an instrument the use of which requires some slight degree of care. Its inferior extremity must be placed in contact with the chest in such a manner as not to hurt the patient, and yet to apply firmly to the thoracic surface; the ear must, also, be properly fixed on the superior plate, and all this cannot be done without some little inconvenience and loss of time. Again, from the area taken in being smaller than when the head is immediately applied to the chest, a much smaller portion of the lungs is examined at a time; and if we wish to acquire a thorough knowledge of the state of the respiratory function in every region of the lungs, the stethoscope has to be so often applied that considerable time is consumed in the investigation. Owing, also, to the possibility of some error accruing from the wrong application of the stethoscope, if there is any doubt as to the sounds heard, we are apt to reapply it, and thus time is again lost. When the ear is applied directly to the chest, the hair of the auscultator having been previously removed, the examination is performed with much greater case. A considerable portion of the lungs being examined each time the ear is placed on the thorax, and much less time being necessary to analyse mentally the sounds produced, owing to their greater distinctness, the examination is made in a more satisfactory

manner, and in much shorter time, than when the stethoscope is used. To the patient, also, immediate auscultation is a less formidable matter than examination with an instrument, however simple. In hospital practice the great rapidity with which a searching examination of the lungs may thus be made is invaluable. In a few seconds the state of the entire lungs may be ascertained with accuracy, whereas, were the stethoscope used, as many minutes would scarcely be sufficient. The above remarks do not apply to the same extent to auscultation of the heart. If we merely wish to ascertain roughly the state of the heart, to know whether its sounds are normal or morbid, the ear applied directly to the cardiac region is the best and most expeditious means of investigation. But if we wish to form an accurate diagnosis, to ascertain which of the valves or regions of the heart is the seat of disease, then the stethoscope becomes indispensable. This is easily explained. The cardiac region is not extensive, and the surface which is uncovered by the lungs is not more than one, or, at most, two square inches in extent in the healthy subject. Lying thus imbedded in the lungs, it is only in this very small space that the sounds of the heart are absolutely free from the respiratory murmur. As we recede from it, the respiratory sounds become more and more blended with those produced by the heart, until the latter are at last completely lost. If the ear be directly applied to the cardiac region, all these sounds are heard at the same time, as the ear and temporal region of the head not only cover the entire cardiac region, but also a considerable portion of the pulmonary organ. The respiratory murmur, not serving as a point of comparison, as is the case in auscultation of the lungs, interferes with the perception of the cardiac sounds. On the other hand, in the differential diagnosis of the diseases of the heart, it is of the greatest importance to ascertain whether it is the systole or the diastole which is modified; whether these modifications are heard in their greatest intensity at the apex or at the basis, on the right or the left side of the heart; and whether or not they are carried along the large vessels which pass off from that organ. The stethoscope only giving distinctly the sounds created underneath the area which it covers, enables us to exclude, to a certain extent, the respiratory murmur, in our examination of the sounds of the heart. It also enables us to examine separately, and to compare the varied nature and intensity of these sounds in each of the regions we have mentioned, which is scarcely possible if the ear cover at the same time both the base and the apex of the heart.

Administration of enemas.—Dr. Carson, of Liverpool, has published a paper in the *Lancet*, entitled "Propositions for new methods of administering enemas and other injections;" in the course of which he details various plans which he adopted to avoid the use of the ordinary apparatus, which he describes as being very dirty and not easily managed by the patient alone. Besides the difficulty of inserting the pipe or tube, great irritation in the termination of the rectum and the surrounding parts is produced by its presence, and the consequent, but abortive, efforts to defœcate, prevent the introduction of a sufficient quantity of water into the gut. The great desideratum is a tube which will produce the minimum of iritration, and which can be easily introduced. His first plan to effect this object,—that is the removal of fœces from the lower bowels,—was one that strikes the mind at first view as speculative and absurd, and which none but a speculative theorist would ever have imagined. He says:—Get a pair of water-tight breeches, made of strong Mackintosh cloth, fitting tightly around the loins above, and the top of the thighs below, so that no water can, under the requisite degree of pressure, escape. The part of it that is immediately opposite the bottom of the anus opens into a flexible water-tight tube connected with an ordinary injecting apparatus. The warm water, which, in sufficient quantity, is by far the best enema, forced into the cavity of the breeches, must go somewhere, and if we can prevent it from escaping between the skin and the belts around the loins and thighs, he does not know where it can go excepting up the anus. We can make use of any degree of hydrostatic pressure, and, therefore, as a necessary consequence, we can overcome the resistance of the sphincter ani, and in the gentlest manner possible. Of course, in the female, it will pass up the vagina. This will often be a great desideratum, to enable us to wash out that passage and the womb, but, when not necessary, it can easily be prevented by placing a waterproof apron, something like a fig-leaf, over the aperture. Under these circumstances, the aperture of the anus being sealed by a similar contrivance in the male, the fluid, under sufficient pressure, may pass into the urethra, overcome the resistance of any stricture, and wash out the bladder. It would certainly get into the urethra of the female, and it would only be necessary to insert a tube, of about an inch in length, into the orifice of the urethra in the male, to attain the same object in him also. There are certain positions in which all these objects are effected with the greatest possible advantage: such an one is the posture of cowering down; and if a cast of the body in this position be taken, a metal or earthenware vessel might be made, into the bottom of which a tube connected with the injecting apparatus, might pass. The theory however, is carried still further; for he says a water tight tunic covering the whole body, would cleanse the pores of the skin, and in fact every passage opening on its surface; this constitutes a cheap and invaluable warm bath. Neither could he expect to see strangulated hernia resist the gentle taxis of such a machine, by which the tumor is pressed equally outside, and the intestine gently dragged out of its incarceration from within, nor, in the bladder, any stone resist the gradual wasting of a constant current of warm water passed by such an instrument, continually over its surface. The doctor however, was not content with his apparatus: the breeches were inapplicable, it being impossible to prevent the escape of water under any degree of pressure between the bands surrounding the loins and thighs by any simple bandage. To remedy this, Dr. Carson has a disc of metal or wood accurately fitted to the surface, and attaches to it an India rubber waterproof cloth, between two other cloths, the upper being cotton, the lower wash-leather. To the upper side of the rim is attached a bag of any size made of waterproof cloth, its strength being proportioned to the requisite pressure; this communicates with a waterproof tube of any length. A column of mercury, a column of water, or a forcing pump throwing either of these liquids into the bag, will exert any degree of pressure required uniformly over the whole surface. As the disc may be adapted to any form or extent of surface, we have the means of exercising on any part and to any extent of the external surface of the body, an uniform pressure to any degree. If it be desired to inject a fluid into any aperture of the body, we have only to cut a hole in the disc opposite the aperture, the edges of the hole to be affixed round the aperture by some slightly adhesive substance, as simple ceratc. It would be well, under all circumstances, to grease the surface of the disc with the same substance. The uses of this process Dr. Carson thus sums up; in the first place, I think it is incontestible that the injection of a fluid into any one of the cavities of the animal body which open on to the surface may be effected without a tube. In the second place, an uniform pressure may be exerted upon the abdominal parietes, by which the evacuation of the contents of these cavities may be facilitated. And in the third place, an uniform pressure, exerted in all directions upon different parts of the body, will oppose the greatest possible obstacle, or the best remedy, to swelling or dislocation of any description. The objects gained by the first set of processes are obvious. By the second set of processes, the bowels, the bladder, the vagina and uterus, the stomach, and, if necessary, the lungs, may be evacuated of their contents, whether they come there by natural processes or are thrown in by the first set of processes. Among the objects attained by the second set of processes, is the assistance afforded to the parturient female by the exertion of an uniform moderated pressure, assisting the pains and promoting the progress of the child in their intervals. Among the advantages to be derived from the third set of processes are the prevention and reduction of all kinds of ectopia, aneurisms, hernia, swellings from malignant or non-malignant tumours, dislocations, fractures, swellings from inflammation, hæmorrhages from cut blood-vessels, &c. &c." We have given Dr. Carson's paper a longer analysis than it really deserves; for so speculative a communication we have seldom met with, even in the columns of the contemporary from which we quoted, with the exception of another contained in the same journal, which we shall briefly notice. Dr. Carson ranks as a clever and talented physician at Liverpool, but we do not think his essay will contribute to his fame. He seems to be himself conscious that it is open to many objections, which he says he is prepared to answer. Can he defend it on the score of common sense.

Vesico-vaginal Fistula.—Dr. Keith, one of the surgeons to the Royal Infirmary, Aberdeen, has published two cases of vesico-vaginal fistula, in the London and Edinburgh Medical Journal, one of which was complicated with calculus in the bladder. His patient was a widow, thirty years of age, who had had vesico-vaginal fistula for nine years, to relieve the inconvenience of which, she had worn a pint-bottle cork as a plug, after which, although a portion of the urine drained away, she enjoyed comparative comfort, and again expelled her urine by the urethra. About nine months previously to her coming under Dr. Keith's care, the cork slipped into the bladder, the inconveniences of the fistula being immediately reproduced, and the symptoms of calculus occurring in a short time. As these latter became aggravated, she recovered the power of retaining her water, and this so entirely before the close of the last year, that she then passed the whole of her urine by the urethra. On examination, the fistulous opening was found to be an inch and-a-half behind the orifice of the urethra, communicating directly with the bladder, and capable of admitting a No. 16 catheter. A stone of considerable size was felt within the bladder by sounding. The calculus was crushed with the screw lithotrite, and the cork and debris extracted, and when cured of that, a button-headed cautery, at a white heat, was applied to the fistula, so as to form a slough, including the edge of the false opening all round. Three applications of the actual cautery sufficed to effect a cure. From the diminished size of the fistulous opening in this case, after the calculus had formed in the bladder, Dr. Keith draws the conclusion that were a foreign body of a smooth and unirritating character of sufficient weight introduced into the bladder in these cases, it would act as a bullet-valve, and not only keep the patient dry, but actually favor the contraction of the false opening. After the lapse of seven years the opening admitted a pint-cork with so much ease, that it slipped through, but after the foreign body was lodged in the bladder, nine months sufficed to reduce the opening to less than one third of its previous size, and it could only have been during the latter six months of that period, that the cork could have acquired density and weight enough to operate as a valve plug. He suggests a small thin bulb or bag of Indian-rubber filled with mercury. Should incrustation happen in the progress of the cure, a squeeze with the screw lithotrite or percussor, or a long œsophagus forceps, would throw it off, and at last when the opening had contracted to such a size, as to admit of its ready cure by the cautery, the thin bag could be easily burst or punctured, and then withdrawn by the urethra. Dr. Keith's second case is one of single vesico-vaginal fistula, cured by the repeated application of the actual cautery.

Strangulated Hernia.—Dr. Paul, of Elgin narrates in the London and Edinburgh Monthly Medical Journal the particulars of the case of a young man, 21 years of age, in whom, the intestines became strangulated after a hard ride. When the operation was performed, the bowel was found to be gangrenous, so much so that it burst, on endeavouring to separate it from the peritoneum. The opening in the intestine was made large enough and a warm poultice applied to the wound. Small doses of Epsom salts were given from time to time, the bowels acted by the wound, which as the swelling subsided, appeared to contract. By the tenth day he had an evacuation per anum, and afterwards he had two or three stools daily by the natural passage. In fifteen weeks the wound was

entirely closed, and the man resumed his work as a groom. Dr. Paul has seen his patient since: he wears a truss with a flat pad, which effectually prevents the protrusion of the bowel, but on its removal there is an immediate bulging out, apparently a good deal from distension of the bowel with air. The portion of intestine originally involved in the hernial tumor is now evidently adherent to the integuments.

TO CORRESPONDENTS.

Mr. Prankerd's case. In his office of coroner, and in the discharge of duty as medical man, he had to attend a girl recently delivered of a child, and preside at an inquest where the cause of the child's death was investigated. Can he, it is asked, require payment of fees to himself as a medical witness? We think not, for three kinds of reasons. First, he is paid for his attendance as coroner, and as witnesses are paid not for the work they do, but on the ground of attendance *the law would probably construe payment as a witness, as well as a coroner, as double payment for the same thing. Secondly, the law would hardly sanction a rule by which coroners might be tempted to perform duties rather interfering with the dignified discharge of their duties: orders by himself of payment to himself, would in some cases have such a tendency. Thirdly, the act by which medical witnesses are paid, does not suppose the case of a coroner ordering himself to prepare a post mortem examination. Mr. Prankerd's labours seem to have been necessarily imposed upon him, and performed with no small pains; but we fear his claim must come under the general category.*

Dr. Paekman's remarks on spermatorrhœa, and one or two other contributions are reluctantly postponed till next week.

A Young Subscriber.—*We should much doubt the legality of the partner's claim, or its success if contested on the point of law.*

Mr. Mason.—*The complaint of loss of papers seems to be increasing, and is partly explained by Colonel Maberly who declares that there is terrible plunder in the country offices. We have sent again.*

We shall attend to Mr. Sproule's letters in our next.

Mr. Barker.—*Will hear from us at the earliest opportunity.*

We have received Mr. Hall's bill: a more disgraceful quack announcement we have never seen; but the evil is universal. A flagellation from us would probably but excite him to renewed exertions, and increased contributions to the bill of Mortality. Holloway never advertised so fiercely as after our exposé.

A Chemist.—*The epigram is too pungent for our prudish pages, Besides the inflation of the gentleman referred to as the "greener," will be still more puffy, his cerebral emptiness—tub-like—still more resounding, if our condescension in the way of notice were a matter of repetition. In an age too when a bold truth affrights us, no one can do justice to such a subject without incurring the charge of scurrility. Refined satire would be lost on it.*

Our change of size so far disconcerted our printer's calculations in the amount of matter required, that we were rather behind our time, and otherwise not perfect in our arrangements last week. We have now got into clear day, and while ridding ourselves hourly of defects of subsidiary management, hope that no week will pass without our pages exhibiting a nearer approximation to the wishes of even the most fastidious (if judicious) of our readers. The support which has poured in upon us since the announcement of our change is as gratifying in kind, as it is unexpected in amount. While doing all we can in return, we are not the less confident in asking old and new friends to best exertions for us: for our's is not the speculation of a publisher, a bookseller, an ambitious politician or mercenary trader, its success is neither more nor less than the success of a wholly independent, and thoroughly well-meaning organ of the profession, and its triumph is the triumph of that profession.

Another Lecture of Sir B. Brodie's will appear in our next number, and we shall shortly take occasion to give a critical review of the course, in connection not more with their scientific merits than their relationship to our system of medical education, and the government of Hospitals generally.

The Medical Times Almanack *(Second Edition) is now on sale. It will be sent to any part of the kingdom on receipt of* 6*d., or six Postage Stamps.*

X. Y. Z.—*Mr. T. K. Medicus, and some others under consideration.*

THE MEDICAL TIMES.

SATURDAY, JAN. 13, 1844.

Learned Philosophers and Schoolmen have studied some, and talked hard to learn what multitudes of angels might dance on the pinnacle of a needle: dost know for their pains, Pantagruel, that if their worships' brains were boiled until doomsday for what they contained of good, methinke the little point of a needle the smallest, would be too large a stool for it.—Old Author.

WHEN we said last week that Dr. Forbes' professed objection to the Charter, was its being better than the one he would himself have framed (*if asked*)—we emitted more than a joke—a simple truth. Grave and solemn as are the philosophers whom we owe in double harvests to the prolific schools of Scotland—a race, whose extensive wants, doubtless, made thistles there as much in honour as roast beef here;—stiff and unjocular as are those cheaply educated professors of all science from the A. B. C. of the primer to the political economy and metaphysics of a Stewart or McCulloch—not unfrequently will they, with severe gait and phrase elaborate, stumble into an innocent Americanism, setting the table in one of its loudest roars while defying—so charitable are we—all belief in its author's seriousness. It is, doubtless, a droll—a very droll thing, and not the most credible, that our erudite contemporary, the Editor of a real Quarterly, should affirm, after months of deliberation, that what he "quarrels" with as not *his* scheme, deserves his applause as something better. Yet, what except in greater *naiveté*, is the fair effect of the following sentence in the last number of *The British and Foreign Quarterly Medical Review*:—

"The examination for the fellowship will, of course be of such a nature as any well-informed surgeon can pass—no Council would dare to make it unnecessarily severe—it cannot, therefore, be doubted but that the greater majority of future Members will become Fellows, and thus a body of electors will always exist too large to be corrupted or seduced, or "managed" in any way. *Most important advantages* will result from making the admission to the Fellowship through the door of a higher examination, and at a period subsequent to the ordinary termination of school studies. The men desirous of this honour—and, as we have said, we believe most members will be so—will take care that in the first instance they *study up to the mark* of the Fellowship; and that should they at first take the inferior degree of Member, they will *keep up* the knowledge then obtained, or even continue to improve it, until they reach the age for claiming the higher title. *Had we* been framing the Charter, we should have made the examination for the membership a strict one, and the only one, leaving admission to the Fellowship contingent on the attainment of a certain standing as Member—say seven or ten years—and the payment of a moderate fee. *We*, however, do not quarrel *much* with the present arrangement, and see in it some *advantages* over the other, the *most important* of which is that just stated."

Thus stands the argument. Fellowship by Brodie's Charter has all kinds of excellencies; it is easily accessible to all well-informed surgeons; offers a secure guarantee against a corrupt, or seduced, or managed body of electors—will, in itself, make surgeons keep up and improve their professional knowledge; and there are *other* "important advantages," not obscurely claimed for it. These are the premises: the conclusion is *very* logical; the fellowship is a bad arrangement. Why? We have one reason—the Charter is not Forbes's Charter! the fellowship is not as he would have arranged it if *he—another* Lycurgus out of work—had had the framing of it! Nay, more frank still, our contemporary adds, that *his* arrangement—to balance, perhaps, the too great merit of being *his*—would require the loss of all the "important advantages" he is so eloquent in naming as laudatory of the College. There is, however, some moderation in Dr. Forbes, and let him have the merit of it: he will not "quarrel" with the "important advantage" clause "MUCH!" How magnanimous!

This short chapter in the history of Caledonian trimming, in which philosophy and egotism are but a portion of the puzzling ingredients, gives us with reference to other matters no great hope of acquiescing in our Quarterly Reviewer's authority. Let us hear what he calls "his first and most important remark, on the Charter."

"The first and most important remark that suggests itself in reference to this Charter, is, that its whole purport is to regulate the College as a simple corporate body, and that it does not confer on it one atom of power or a single privilege in relation to the profession. The new College, like the old, can give no license to practise, possesses no control whatever over any class of practitioners, and can oblige no one to enter its ranks either as a Member or Fellow. All its privileges consist in its power to bestow a title on those who choose to seek it, according to certain regulations. The organization and government of the MEDICAL PROFESSION, therefore, are not at all interfered with by the provisions of the Charter, and await the enactment of the MEDICAL BILL, so long in preparation by Sir James Graham."

Our contemporary stumbles at the threshold. The Charter does confer a *large* power, and many privileges. The new fellows enjoying their new dignities *gratis*, or those who by and bye will pay their thirty guineas for the same distinction, might set him right on this head. The indignation of the profession at the Charters' influence on their degradation, may be taken also as *another* argument of its powers and privileges. If Dr. Forbes, however, mean, not what his words strictly convey, but that the Charter from Sir James Graham does not allow the College to do what the law forbids, he must pardon us for telling him that his "first" remark is anything but an "important" one, and the phylosophic omniscience which could suppose any such power in *any* Charter, must for once have been sadly untrue to itself. The error as to granting "licenses" is of course obvious. The diploma of the college is a *license*, and in that respect only protects its rightful possessor from the prosecution of the College of Physicians, whose power over Surgery as Dr. Forbes probably knows, is the same as over Medicine where the practitioner has not a *surgical* license. Nay, the license is so far complete as a license, both as regards its holder and the public, that there is strong reason for the opinion that a non-member of the college, if neither physician nor apothecary, is subject to penalties for surgical practice within the London circle of seven miles. Dr. Forbes thinks it just possible that the government may not be able to frame laws, harmonizing both with the Charter now given to the surgeons, and that to be given to the physicians. "He hopes, however, that the difficulty is not insuperable," and thus exhibits a strange estimate of a *liberal* law, or a still stranger esteem for the new Charter. He "presumes," that no-

body will doubt the Charter to be a great improvement—a presumption we cannot tolerate—and he panegyrizes Sir James Graham who *insisted* on its more liberal clauses. Before condemning Councillors for perpetuating their services on the Profession, he asks us to reflect on our "own feelings, views, and conduct," in similar circumstances, and says that in "that spirit" we must acknowledge the Charters' provisions to be *on the whole*, good." Without owning this to be hardly fair, (as every person's feelings, views, and conduct, do not offer so charitable a standard, it may be, as Dr. Forbes's) he proceeds to affirm that by the new Charter, monopoly and self-election are *for ever* abolished, (*i. e.* twenty-one out of twenty-four members of council are self-elected by the very charter) and that it "*remains*" entirely with the *future* members of the college, whether the council *shall henceforth* be such as they (the council?), deem fit to represent and rule over them." (*i. e.* the future members shall have some such power if they survive the present council). He thinks that "the eyes of many," will look on the "exclusion of practitioners of phamacy and midwifery with serious objection." In some respects, he considers this as an "*important* defect, *more* especially as regards the practitioners of midwifery," and though the "more especially," would imply an "important defect," though less "especially," with respect to the practitioners of pharmacy, the learned editor adds, that he is glad to see any enactment that tends, like "this important defect," to "abolish this most impolitic, and we may say, degrading association of trade with science." And then he goes on.

"And *we* entertain no doubt whatever that the clause excluding practitioners in pharmacy from the Council of the College, will eventually have a powerful influence in abating this crying evil [the Council?]. Unfortunately, however, the coupling of midwifery with pharmacy as joint causes of exclusion, will interfere most materially with the progress of this reform. General practitioners may, *without difficulty*, cease to supply their patients with drugs; but we cannot see how they can cease to attend cases of midwifery without such a sacrifice of their interests as must more than counterbalance even the honours and advantages of a seat in the Council. In our zeal for the abolition of the trade in physic, *we* would have almost consented to [something more than "an important defect!"] the exclusion of practitioners of pharmacy *even from the Fellowship*, provided this obnoxious and impolitic exclusion of practitioners in midwifery from the Council had been abandoned. After all, however, *this* [what?] can only be regarded as a minor evil; and sinks into insignificance when viewed in conjunction with the *real and* substantial [?] advantages conferred by the Charter, *We* cannot doubt but that there will always be found in London and its vicinity enow of men in the class of pure surgeons (including many who have ceased to practise pharmacy and midwifery) from among whom the Fellows—that is, THE GENERAL PRACTITIONERS? *(for the vast majority of Fellows will eventually be general practitioners)*—may choose fitting representatives and officers. It even will lie with themselves, hereafter [why not *now?*] to obtain such modifications in [of?] the Charter as they may deem more to their own *honour* and advantage. Every general practitioner may become a Fellow if he please; and every Fellow may, even by the present Charter, render himself eligible for the Council [in five years]: and it will go hard, if, with such *potential* vantage-ground [i. e. doubtful *possibilities*], the majority should not be able to obtain the virtual, if not the ostensible supremacy in the direction of their own affairs.

"The prescribed mode of electing members of the Council, the learned editor continues, seems to us, also, if not a positive defect, certainly of doubtful propriety. It, no doubt, obtained admission into the new Charter because it formed a prominent feature in the old—of which, indeed, it is an improvement. The obvious and natural mode of proceeding, as it appears to us, would have been—to limit the eligibility to be members of Council, to Fellows of a certain standing—say ten years—and then leave the selection to be made from this class, without any restriction as to individual seniority. And we cannot but apprehend that the reasonable desire on the part of the Fellows, to choose the men they may deem best qualified for the office of Councillors, may in the working of this part of the measure, lead to results seriously affecting the harmony and respectability of the institution. We doubt not, however, that the more liberal members of the Council will take care, by great reserve in proposing the immediate re-election of retiring Members, not to compromise the rights or just expectations of those placed lower on the list. In this manner we think the clause in question may, in a great measure, be deprived of the danger of which it appears to us to be at least a possible source. With regard to this clause, however, as well as to others which may seem objectionable, we doubt not that the new Fellows will have sufficient judgment and discretion not to condemn it or them absolutely, until their value has been proved in actual practice, and on more than one occasion; as it will be much more for their interests to put up with inconveniences or evils for a few years, and then to have them permanently remedied, than to run the risk, by a hasty decision, of only exchanging one blemish for another. There was never yet a code of laws devised for the government of any institution which did not call for and receive subsequent alteration and improvement; and we have no right to expect that the new code of the College of Surgeons should differ in this respect from all its predecessors.

"Viewed in relation to the great question of the nature of the Charter itself and its future working, it is a matter comparatively of trifling importance, whether the retained Life Members of the Council are well qualified or not, or whether in selecting the new Fellows they have exercised their privilege with impartiality and judgment. The evil, if it existed, would be soon abated by the great redresser of wrongs, Time. Alas, in the course of twenty or thirty years, where will be the great majority of the Life Members, of the Selected Fellows, and of Us who may be criticising them and their proceedings? Ere the expiration of that period, the great body of the Fellows will be those who had attained their station by right, and the Members of the Council will be of their own choosing, and directly or indirectly responsible to them."

To do Dr. Forbes justice, we do not think him here as happy as usual, either in the style or matter of his observations. The truth is, he feels hampered. If he spoke as boldly as ourselves, we should find ourselves, we suspect, at opposite sides. Prudence puts restraint on his likings. With Chatelet, the secretary of the Scottish Mary, he may justly sing—

"J'ose aimer, mais je n'ose pas le dire!"

By constitutional diathesis he is fond of the safe side of the hedge; and though he boggles here and there, just to keep the gate open for any future contingency, yet if we were called on to express our mind fully of him, we should at once classify him as one of the fustian-jacket men—an out-and-out Chartist.

Words would be thrown away to expose to ridicule any such partizanship. One fact we will name is worth a volume of argumentation on so plain a subject. This very week, scarce ten days from the hour of Dr. Forbes expression of praise—the Council are petitioniug for their Charter's amendment. If we were not aware of the shoals of letters—the torrent of professional feeling that necessitated this step, we should have attributed it to the reviewer's laudations. No Charter could stand against them. The Council that could hear them without feeling that a change was imperative, could not be made of flesh and blood.

Par nobile fratrum!

That *rather* impudent specimen of a *rara avis in terris* (*nigroque similimus cygno* more in its sullied plumage than lengthened neck) that ornithological wonder, whose palpable reality sets at rest all naturalists' doubts as to the existence of a phœnix, Mr. Thomas Wakley, already surgeon, member of Parliament, county coroner, honorary proprietor of the *Lancet*, and the deuce knows how much more, is happy enough, we have discovered during the last week, to have one distinction rarer and more prized than the best of all these—a friend no *better than himself!* As Macænas was passionately declared the half of his panegyrist, Horace, Mr. G. J. Mills, surgeon and deputy coroner, is that and more to our honourable friend—he is another self. The ugliest prude, we have been told, will pay the respect to beauty of having an uglier female attendant; and some such economy of service discharges Mr. Mills. He is his patron's cheap homage to virtue, his parsimonious tribute of respect to public opinion. Useful as his helpmate in the day's little errors: he is doubly useful as his foil for the public judgments they provoke. Alcibiades pensioned the mutilated dog that attracted away from him a day's public attention. The French courtier, handsomely feeing a stranger, introduced him to majesty as the benefactor relieving him from the distinction of being the ugliest of *subjects*; of such a kind, and not less onerous, are Mr. Wakley's obligations to his deputy. As some have hurried into worst excesses in the belief that all was cancelled in advance, Mr. Wakley can dare any extreme of coronatorial *doing* in the consciousness that there is redemption in the odder doings of Mills. Like Belial to Lucifer, he is Mr. Wakley's good angel; and the Indian vulture's vision, detecting carrion from thousands of miles, is not keener than that which placed Mills in his talons. As the world can hold but one phœnix, the earth might have been scoured for another Mills. He is his patron's completion: the two can no more be disjoined than Tiberius and Sejanus, Quixote and Panza, Robin Hood and Little John, tiger and jackall.

The glorious "Crowner's quest," achievements of Mr. Wakley are known to all, and are scarcely less famous than the well-sung *niasieries* of Hudibras. His squabbles with uncourteous magistrates who publicly charged him with a design to rob the county under cloak of unnecessary inquests, are registered in sessional minute books. His endless attempts to intimidate poor reporters into the tortures of panegyric, or gag them to silence, form the staple matter of daily journals' intelligence. His desperate courage in undoing *the* good deed of his life (his support of that worthy surgeon, Mr. Baker's, "Medical Witness Act,") and hardihood in excluding, right or wrong, all medical testimony from his inquests, is a fact known to every surgeon in the metropolis, acknowledged by Middlesex magistrates from the bench, and illustrated by *well-known cases*, in which, after Mr. Wakley has given the jury their verdict of natural death—subsequent examinations have detected clear poisoning.* These, and a thousand circum-

* Mr. Wakley *suo more* satisfactorily accounts for these small accidents, by imputing to surgeons *in three* cases, the diabolical crime of inserting poison in the dead bodies! From the very *natural* manner in which Mr. Wakley evacuates his filthy charges against his professional brethren, he reminds one a little of the show-animal, that "had its tail where its head ought to be."

stances like them, are sufficiently characteristic of the man, to make one consider him of the *nonpareil* order: perfectly *unique*:—but he is not. The coroner has more than an *alter ego* in his deputy, and in the dirtiest corner, or crookedest lane of coronatorial disreputableness, he finds his match in Mr. Mills. Ingenious Wakley! If the infamous Chartres had lived in your days, he would not have offered one-half his fortune for a good character, to help his speculations with the other half; he would have tried a more economic plan—started another Chartres.

Except as a surgeon out of practice, and as editor or sub-editor of the *Lancet*, the now celebrated Mr. Mills was happily unknown to us, till the daily papers, acting their part in Mr. Wakley's clever policy of redemption, recently brought him into fame. One of the first of his outheroding achievements is recorded in that favourable authority, the *Times*, of December 28. Remembering how amiably Messrs. Walters and Wakley hobnob in politics, presenting a good picture of "Mercy and Truth kissing," the chosen medium the more confirms us in the conviction of what a profound portion of coroner's policy is deputy degradation. The story is just this. An inquest was held, December 3rd, on the body of a gentleman who had perished by poison. A report appeared in the next day's paper, the only part of which requiring transcription is the following:—

"No surgeon," said the landlady, "was sent for at the time deceased was discovered, as Mr. Dickey was sure he had been dead some hours. Mr. Dickey at once, however, went for a gentleman named Hancock, a relation, and they returned together about 6 o'clock in company with Mr. Garman, surgeon, of University-street. Mr. Garman smelt the bottle, and said deceased had died from poison, and that prussic acid would kill him in about three minutes. The surgeon took the phial away with him. Witness believed that the deceased destroyed his own life. He had no reason to believe he was of unsound mind, but considered him very unhappy. Deceased became worse from the period he ascertained that he would receive no remuneration for his property destroyed at Hamburgh.

"Mr. John Dickey corroborated the statement of the previous witness, and said the surgeon tasted the remains of what was in the phial, which, he said, possessed no smell, and he did not think it was prussic acid, or if it was it was very weak.

"The deputy-coroner remarked, *that the surgeon had most improperly* taken the phial away, and had thus deprived the jury, in all probability, *of the only means* of proving that the deceased had taken prussic acid. *It was too frequently a practice amongst the profession for a surgeon to take away and destroy the evidence of death, in order to insure himself being called as a witness, that he might obtain the fee; and it must be checked.*"

The report (disgraceful enough, surely,) was perfectly true to the letter, but as the fact would necessarily escape great attention in an obscure record of an obscure inquest, Mr. Mills, as he tells us, was instructed to give it a plump denial—"he never, at any time, made any such observations"—and get the two advantages of having himself satisfactorily proved an ineffable liar, and public observation duly attracted to his coronatorial *niasirie*. If Mr. Mills's daily bread, like the varlet in the "School for Scandal," depended on his not having a good character, things could not have turned out more fortunate. The reporter—he must have been tampered with to do the business so efficiently—writes thus:—

Fully conscious that the words set down by myself were uttered by Mr. Mills, I have made 'assurance doubly sure' by submitting the report in question, together with the contradiction put forth by the deputy-coroner, to those gentlemen of the jury on that occasion whose names and addresses I have been able to discover.

"It gives me some satisfaction to state that each and every member with the most perfect readiness affixed his signature to the subjoined document:—

"'Jan. 2, 1844.

"We, the undersigned jurors, at an inquest held before Mr. G. J. Mills, the deputy-coroner for Middlesex, on Wednesday last, Dec. 27, 1843, at No. 27, Sussex-street, on the body of Mr. Mark Anthony Harris, having been applied to by the reporter on the subject, beg to express our opinion that the report extracted from *The Times* of Thursday, Dec. 28, 1843, is substantially correct, and further, we have to remark, that the *observations of Mr. Mills alone prevented the jury from calling the medical man* alluded to."

[The names and addresses of nine jurymen, including the foreman are then given.]

Hardly had the Public time to turn round from its astonished discovery, that there might be just as bad Coroners as the honourable member for Finsbury, before out came another *eclaircissement*. Mr. Mills, before his deputy coronership, acted as Mr. Wakley's clerk, and in this capacity officiated at the inquest on Lieutenant Colonel Fawcett. The public were on the tip-toe of expectation; the staff of reporters were ready, pen in hand, trembling under the responsibility of their coming duty—when *presto*—the magisterial conjuror's voice is heard, and the whole body of "recording angels" are bundled by tipstaffs and busy beadles into outer darkness. The thing seemed inexplicable. Mr. Thomas Wakley the man, who according to Cobbett, would have, if not fame, *his* next thing to it—infamy—eject the very men who would let the public know his sayings and doings? Even so. He was preparing at any cost a "redeeming" dive for his saving genius! Here is the explicatory narrative:—

"The undersigned, in the performance of their duty as reporters, attended an adjourned inquest, held at the Camden Arms, Camden-town, on the 13th of July, 1843, on the body of Lieutenant-Colonel Fawcett. Shortly after the jury had assembled, by order of the coroner the court was cleared of all the reporters present. The doors remained closed during the whole proceedings, and among the professional gentlemen excluded were, one from the 'Times' (Mr. Martin), two from the 'Chronicle' (Messrs, Dowling and Cooper), and one from the 'Sun' and another from the 'Globe' newspapers. The inquiry having been formally adjourned, the coroner was about to leave the house followed by his deputy (Mr. Mills), when the latter addressed the undersigned (Mr. Charles Greene), who was standing near the outer door of the tavern, to this effect:—'During the time the court has been closed some important proceedings have taken place, and I have no objection to supply you with a note of them, if you will call at No. 35, Bedford-sq., about 5 o'clock this evening, provided you will allow me half the proceeds.' Mr Greene replied that he could not act alone in the affair, as he was attending in conjunction with the undersigned (Mr. Thorne). Mr. Mills then suggested that application should be made to Mr. Thorne on the subject, and the undersigned having considered of the matter, thought it better to obtain the report at all hazards, which was accordingly done, and the same appeared in all the morning papers of the 14th July last. On the next day two guineas were forwarded to Mr. Mills by the undersigned Charles Greene, being more than a third of the receipts derivable from the report.

"The letter, a copy of which is enclosed, is an acknowledgment of the receipt of the same by the deputy-coroner,

"CHARLES GREENE.
"H. R. FORSTER,
Reporting under the signature of
J. THORNE,"

(Copy of a Letter from the Deputy-coroner for Middlesex, addressed to Mr. Charles Green, dated Friday evening, July 14, 1843.)

"Dear Sir,—I am unable to remain too see you. I beg to acknowledge the receipt of your note.

"There were two errors in the report. The one this—the coroner did not say that he would state the names of the jury. He said that he would not state 'even' to the jury the names. The other—no letter (or letters) was read aloud, and the coroner did not exhibit any. It was a subject of private conversation only. Circumstances render it desirable that I should not give copies of any. Moreover, one of them occupied eight pages of close MS. It would put the 'civilians' in arms to read such productions in print; and even if I felt at liberty to give copies, it would be better not that I should.*

"I thank you and Mr. Thorne for the promptitude of your communication; my statement to you, though, you misapprehended—I proposed that I should receive half. But I am content on this occasion. The publication will do a vast deal of good in several ways. Do not, however, if you please, attempt to act on my proposition at the Camden Arms, such as I mention now that it really was, for I should refuse it. If, however, you or Mr. Thorne receive any other communication of a similar kind, I would only make it on the terms of half. It would be for you to say it was not right and decline it, so do as you like. I have no spare time but what is stolen from or trenches upon the night, and I will not alter this proposal.

"If you assent to this, call or send at any time to-morrow morning, and you will find an enclosure addressed to you or Mr. Thorne.

"On Tuesday you should prepare yourselves for five or six hours' labour in note-taking only.

"Your, faithfully, "G. J. M."

To this no answer is attempted but one: Mr. Mills was not, till *after* this time, deputy coroner! The remarks' self-condemnatory drift is clear. While his patron is in bad odour, Mr. Mills will not be in better. The degradation was deep, very; but it was not for nothing. He had to pay it as the price of his promotion. It was a part of his noviciate, the conclusive test of fitness for *all* service; and he is proud, we dare say, to avow his success.

But we must hasten out of this "back slum" of magisterial shabbiness. A little comicality, even in the Jack Shepperd style, is good in this dull world; but, we confess, these two partner or brother-editors, surgeons, and coroners, give us a little too much of it. In a three-act farce we could enjoy, as well as anybody, the sight of a brace of "knowing coves," climbing up, by sheer force of impudence, to posts of distinction, in which they can pronounce as magistrates, the sentences they might once have expected, though innocently, to hear as criminals—going snacks in chousing or thimblerigging reporters—and clapping each other's backs at the "easy dodge" by which, while huxtering to profit their official opportunities, they can gull the reading world into a cheap notion of their magisterial respectability and cleverness. But in actual life, with *known* men, belonging, in very fact, to our own profession; editing one of its journals; acting the representatives to the world of the great cause of *medical* coronership; discharging, as magistrates for society, some of its most onerous and responsible of duties; when the spectacle is *thus* presented to us, the farce broadens into the incongruous and hideous; a disgusting insult is visible alike to good sense and right feeling, and the sensation is overpowering that we cannot be worthy of our place as medical men, or true to our position as gentlemen, without lending our best help to hiss the outrage irrevocably from the public stage.

* The letters alluded to were stated to contain strong observations on the conduct of the coroner.

ON AMAUROSIS, OR GUTTA SERENA, WITH CASES.

By E. W. TUSON, F.R.S., F.L.S., Surgeon to the Middlesex Hospital.

Amaurosis, and gutta serena, are terms indifferently applied to those forms of blindness, which result from an affection of the nervous structure of the eye, seated either in the optic nerve, retina, or sensorium, whether produced by vascular congestion, inflammation, or organic change, or by sympathy with some other organ, approximate or remote; thus, then, this affection does not uniformly take place as a single dependent disorder, but sometimes as a symptomatic effect of some other disease. It is essential, therefore, in the treatment of this malady, to become acquainted with the original cause of its appearance. It does not constantly attack both eyes at the same time; frequently one is attacked some time after the other, and it is not unusual even for one eye to remain sound during life, while the other is completely blind.

Amaurosis need not completely impair vision, a diminished power of seeing often remaining during life, and therefore it has been divided into *perfect* and *imperfect;* the former denoting the complete loss of sight, the latter only a partial diminution of vision.

There are also other divisions of this disorder, as organic and functional; the first comprehends alteration, however induced, in the texture or position of the retina, optic nerve, or thalamus. The second includes suspension or loss of function of the retina and optic organ, depending upon a change, either in the action of the vessels, or in the tone of the sentient apparatus. This disease has been observed to commence from that part of the optic nerve where it expands into the retina, and to extend from that point laterally; sometimes one particular part of the retina retains its power of vision; when this disease commences in this manner, and is not completely formed, patients can see objects situated in a lateral direction.

Amaurosis may either take place in an instant, so as to be attended with entire blindness, or it may be complete in a few days or weeks. It is not at all uncommon for amaurosis to make its appearance as a night blindness, because common artificial light is much too feeble to make due impression upon the diminished sensibility of the optic nerve.

Age cannot be considered as a predisposing cause of amaurosis, as it is of cataract, for amaurosis spares no age—the new-born infant, the youth, the adult, and the aged, may be each deprived of sight; but about the middle period of life both the male and female are more liable to be afflicted, and it frequently occurs about the cessation of the menstruation in females, and the corresponding age in males; neither sex nor race have any influence over the origin of this complaint, and it has been observed to be an hereditary disease.

The *causes* which frequently produce amaurosis, when this disease depends upon increased vascular action, congestion or determination of blood to the retina, are various; severe and obstinate vomiting; violent gusts of passion; hard straining at stool; frequent or obstinate constipation; swellings in the neck, either scrofulous or otherwise, pressing upon the jugular vein, and thus impeding the return of blood to the heart; lifting and carrying heavy burdens with the arms raised above the head; occupations where the intellectual faculties and eye-sight are intensely exerted; sudden stoppage of any long-established discharge of blood, as the menses, hemorrhoids, &c.; long exposure of the eyes to a strong light; forced marches in hot, dry weather, for it is not uncommon for soldiers thus exposed to become blind on a sudden; and other causes may also be enumerated as tending to produce this disorder. Amaurosis may occur from hysteria, hypochondriasis, disease of the liver, or other abdominal or thoracic viscera, the presence of worms in the intestinal canal; it has also been said to arise from universal debility of the whole system, and protracted suckling. The local causes which tend to weakening the sight are also various: viewing minute, brilliant, bright-coloured and shining articles for a long period; keeping the eyes fixed on the same object; the use of telescopes and magnifying glasses; making long journies through snowy countries; being over-heated in glass-houses, iron-furnaces, warehouses; engraving, needle-working, writing, &c.

Mechanical irritation may produce amaurosis; the lodgment of some extraneous small body in either eyelid, beneath the conjunctiva; a piece of iron flying from hot-iron bars, fixed in the coats of the eye; or some irritating substance, the removal of which can alone restore vision.

Amaurosis follows injuries of the head or orbits, cerebrum, or side of the face, producing deep-seated inflammation; injuries or wounds of the nerves around the orbits; hemiplegia; apoplectic, or hydrocephalic pressure; also, after securing the principal artery supplying the head and face. It may be brought on by grief or fright, intense study, fevers, rheumatism, or gout; be symptomatic, or depend upon such causes that will render its cure almost impossible.

When the retina has been the seat of amaurosis, and it has been examined after death, it has exhibited inflammatory disturbance; it has been found thickened, tough, opaque, buff-coloured, spotted, and ossified, or to have undergone such changes that prove the impossibility of a cure; whereas, when the complaint has been symptomatic, or resulted from other causes, no visible changes whatever have been discovered in this membranous expansion.

The commencement of this disorder is characterised by a variety of symptoms, which depend upon the cause of the affection, either remote or approximate, organic or functional. Sometimes the patient feels in the eye and surrounding parts, an irksome sensation without any actual pain, and complains of a remarkable sense of fullness, or weight in the organ, or a violent giddiness, usually ending in a diminution of the eye-sight; or severe general headache; or feels as if small atoms were lodged under the eyelids, being fearful of turning either the lids or eye; or wandering pains shoot in every direction about the eyelids; or small dark spots appear to dance about when attentively observing any object; or a net-work or cloud appears before the eyes, which increases gradually; or flashes of red or bright light suddenly cross the eyes, which destroy the sight at once or gradually, affecting either one or both eyes. Flashes of lightning have also produced this disorder.

Considerable difficulty may be experienced to detect simple, uncomplicated amaurosis, on account of the absence of all morbid appearance; there being no preternatural change in the texture, form, or state of the eye: and this difficulty becomes greater when we are obliged to trust to the assertion of the patient, and when the blindness is restricted to one eye. It has been remarked, however, "That patients thus affected do not turn both eyes towards the object looked at, but only the one not afflicted. That if the sound eye be very carefully covered, the pupil of the blind one immediately expands, and the iris becomes quite motionless, notwithstanding the diseased eye be exposed to the strongest light possible." Frequently "its pupillary margin assumes an irregular shape, and the pupil expands, being sometimes evidently drawn towards the edge of the cornea."

The treatment of amaurosis must depend upon the primary cause of the complaint, whether perfect or complete, organic, functional, or sympathetic. General or local bleeding, counter irritation, blisters, issues, setons; the application of cold and other remedies to the eye and side of the head, electricity, galvanism, the vapour of liquor ammoniæ, prussic acid, and other fluids, applied by holding a small vessel containing them sufficiently near the eye to make this organ feel a smarting, occasioned by the strong penetrating vapour. The administration of mercury, opium, bark, valerian, steel medicine, tonics, emetics, aperients, and other medicinal means, have been employed with beneficial results in the treatment of this disorder. The following cases are interesting, as they will exemplify the manner in which this disease affected the patient, and the treatment employed for their recovery.

John Day, æt. 33, soldier, was admitted into the Middlesex Hospital with amaurosis, under Mr. Tuson's care, January 14th, 1840. He made the following statement:—That, ten months before, he was in the West Indies; the weather was very wet; he caught cold, and his eyes became very bad. It continued wet for some time, then suddenly fine, when the heat of the sun and the limestone roads affected his eyes very much during forced marches. There were a great many of his companions affected in the same way, being moon-blind, that is, not being able to see anything from sunset until sunrise. They were able to see during the day. The eyes, by his account, were glistening and bloodshot. The treatment was the application of linen rags, moistened with vinegar and water, to the temples, with quinine internally. He suffered much pain across the temples. He was cupped and blistered, and took mercury until his mouth was sore, for nine weeks. His eyes continued bad for three months, and he procured his discharge. He was 46 days comingover, had some lotion applied to his eyes, and his mouth got well. He was quite blind for six weeks in the West Indies. On his arrival in England, he went to reside with his friends, having no medical treatment. His eyes remaining so bad, he sought relief here. When he was admitted he could distinguish very little, was not able to say whether a watch or the hand was held up before his eyes. He suffered little pain, but sometimes severe darting pains ran through the head, from one temple to the other; the eyes presented the usual appearance in these cases. When they were pressed upon, he complained of a slight pain. He was ordered to take a pill three times a day composed of half a grain of hydrargyri oxydum, and half a grain of opium, and to wash the eyes with zinc lotion occasionally. This plan of treatment he continued up to the time of his discharge, the 17th of March. During the latter part of this time his mouth became slightly affected by the mercury, when he could see distinctly across the ward. The sight gradually improved, and, a fortnight before he left the hospital he was perfectly well. He visited

the hospital some time afterwards, and his eyesight was completely restored. The only plan of treatment from the commencement to the cure of this patient was the one already detailed, which points out the efficacy of this medicine over other preparations of mercury.

Levi Dutton, æt. 28, labourer, was admitted into the Middlesex Hospital under Mr. Tuson, December 3, 1839, with perfect amaurosis of the left eye, and imperfect amaurosis of the right. He stated that his eyes had been in this state for seven months back, that they were gradually getting worse. He caught a violent cold in wet weather, in July, whilst working among chalk. The glistening of the sun upon this injured his sight very materially. There appeared to him to be a red ball before his eyes, then a thick mist, which mist seemed to become denser, until he very nearly lost his sight. He kept at work as long as he possibly could, got a seton cut in his neck, which did him no good, and the eyes getting worse, he left his work to enter the hospital. At the period of his admission, he could not see or distinguish any object with the left eye, but with the right he could tell you the shape of any article held up before the light, but not the colour. His health was weak and debilitated; he was ordered the compound decoct. sarsæ, two ounces three times a-day, and a pill composed of half a grain of hydrargyri oxydum and half a grain of opium, twice a day; this plan he continued until he left the hospital, which was in the following March. On going round the hospital on the 14th February, we found that his mouth was slightly affected with the mercury; that he had gradually recovered his sight; he could now see the patients' cards from one end of the long ward to the other, and very nearly see the time by the hospital clock; from this period his sight daily became strong, and his health better; he felt very well, and when he left the hospital on the 17th of March, he could see as well as ever he did.

Caroline Edwards, æt. 22, servant, admitted into the Middlesex Hospital Nov. 12th, 1839, under Mr. Tuson's care, with amaurosis. Twelve months previously she had brain fever, and afterwards she felt as though she had dust in her eyes; they continued to get worse, and at the end of three months she had nearly lost her sight; she went to a surgeon, who applied leeches to the temples, ordered the head to be shaved, blisters behind the ears, and to the nape of the neck; these remedies alleviated the inflammation which she had in her eyes at that time, and she could see a little better; gradually, however, she again lost her sight, and when she was admitted she could not see in the least with the right eye, and very little with the left, (not the least with either by candle-light;) she suffered from uneasy sensations in the head, with unpleasant noises, and discharge from the ears of healthy pus, having a disagreeable odour. She was ordered to take half a grain of hydrargyri oxydum, and a quarter of a grain of opium night and morning. A seton was made at the back of the neck, which discharged a few days afterwards. In a month's time she was considerably relieved; the pain and noise in the head had entirely left her; she could see much better, but still had a dimness of sight, particularly with the right eye. On the 29th January, 1840, she had sufficiently recovered her sight, so that she could see across the ward, was able to work and to read, but still there was not perfect vision with the right eye. The seton was ordered to be removed, but the pills, which she had been taking ever since her first admission, to be continued. February 11th. This patient has quite recovered her sight, and left the hospital this day cured.

Jane Cole, æt. 35, shoe-binder, admitted into the Middlesex Hospital, under Mr. Tuson's care, Jan. 14, 1840, with perfect amaurosis. She stated that upwards of 12 months ago, she caught cold, which left a pain in the head on the left side, on one particular spot (over the petrous portion of the temporal bone). This pain continued for six weeks, and suddenly left her one morning whilst making the bed. After this whenever she stooped, she felt her face and ears very hot, and when in the dark she saw flashes of light behind her, giving her an idea for an instant that she was on fire. She suddenly lost nearly the sight of her right eye, one day after one of these flashes of light, when the left one gradually became affected. She went to an oculist, who gave her pills and a lotion, and continued under his care for some time, but did not find any benefit. Five months afterwards she was standing, talking to her husband, when a flash of light seemed to come from the ceiling, when she became totally blind, with her left eye as well as her right one; this blindness continued for more than three months, when she resolved to come into the hospital. Upon her admission she was almost quite blind, could not distinguish the shape of any object placed even between her eyes and the light, neither close to her nor at a distance. An aperient was prescribed, and she was ordered to take a pill night and morning, of half a grain of opium, and the grey oxyde of mercury, which she continued during the period she was in the house. A month after her admission the sight was considerably improved; she could see objects perfectly, read and work, but was desired not to do either. March 3rd. This patient has quite recovered her sight, she is perfectly well in health, and was discharged this day, cured.

These cases show the effect of the oxyde of mercury in amaurosis, its beneficial influence in restoring sight. In many of these affections this preparation will be found very useful; other examples might be brought forward to exemplify the use of this medicine, but it is presumed sufficient has been said on this subject. It must be distinctly understood that in the treatment of these affections of the eye, we do not mean to recommend any empirical plan, for of course, in the treatment of every disease, the cause of it is the first object of the practitioner's inquiry; without gaining that knowledge, remedies are only given with a chance of producing an effect, not being based upon any scientific or fundamental principle.

10, Russell-place, Fitzroy-square. January 1, 1844.

Paralysis of the Stomach—Lieutaud relates the case of a man who, in the course of his disease, could not be made to vomit by frequently repeated doses of the tartrate of antimony, whose stomach was found, after death, enormously distended, though he had taken scarcely anything for several days before death. The intestinal canal was, on the other hand, remarkably contracted,—so much so indeed, that the total volume of the intestines scarcely exceeded that of the stomach. This inordinate distension of the stomach he attributed to paralysis of its muscular tunic; and the inability of the patient to vomit, although he is said to have frequently experienced nausea, he conceives to afford incontrovertible proof that that organ is the essential agent in the upward discharge of its contents.

OBSERVATIONS ON SOME MESMERIC PHENOMENA.

By J. Braid, Esq., M.R.C.S., Manchester.

One of the most interesting and important phenomena connected with hypnotism is that extraordinary activity of the imagination, whereby ideas excited in the mind, whether from recalled past impressions, or by oral suggestion or otherwise, are instantly invested with all the attributes of reality. From this cause patients make very striking remarks, not from any desire to deceive others, but because they are self-deceived; the extreme vividness of their ideas leading them, at the moment, to believe as real what are only the figments of fancy. Thus, name any person, place or thing, and instantly they will imagine they *see* or *hear* them, and will probably enter into elaborate descriptions regarding them. I have thus astonished many persons by descriptions which patients have given of various circumstances and places, but, in the end, I have convinced them, that it was only shrewd guessing or imaginary descriptions. I have never yet seen any decided case of clairvoyance, every attempt of the sort resulting in the conviction that what at first *appeared* to be so, was nothing but guessing, an act of memory, and describing the figments of fancy as real, or from extreme exaltation of some of the senses enabling the patients to discover by smell, touch, or hearing, heat and cold, what we naturally judge of by sight. Thus, a patient securely blindfolded, if asked to find out any one he knows in a room full of company will readily do so, by *smell*. He will tell you he *sees* the person, but the moment the nose is held he no longer *sees* him, and will turn the head as if looking for the party; but the moment the nose is unstopped he thinks he again *sees* him. In like manner a glove or pocket handkerchief being delivered to a patient, without any possibility of knowing to whom it belonged, if asked to deliver it to the proper owner he will readily find the party by *smell*. I have thus seen a patient restore four white cambric handkerchiefs to their proper owners, although huddled together and put into the patient's hands at once, whilst securely blindfolded. There was positive proof that this was done by smell, as it was always determined by smelling to the persons and handkerchiefs before delivering them to the respective parties.

Then the remarkable power of hearing faint sounds, and their tendency to imitate the actions of others will account for many phenomena which have been set down as community of sensation, and as the mere will of the operator influencing the actions of the patient, independantly of impressions through the organs of sense. I have clearly ascertained that at a certain stage of sensation, patients are capable of hearing the motions of the hand through the air, as if striking a blow, and will imitate it, although the party is in another room, and at the distance of *fifty feet*. In like manner he will hear and imitate the movement of the lips and jaws at the same distance. If asked *why* he does so and so, the answer is because some one else is doing so, and again, when asked how he knows another person is doing so, the answer is he *hears* him. And now comes in another good illustration of the powers of imagination. When moving the jaws, if the patient is asked what he is doing, the answer will be "eating," and if asked what he is eating, some edible substance will be named by him, and by directing the conversation, without anything whatever being put into the mouth of either the patient or operator, the former may be made to enjoy all the pleasures of the most luxurious feast; or, at one time, he may be fancying himself feasting on what is most savoury and delicious, the next moment is entrapped into the use of what is most nauseous and disgusting. Also the same in respect to imaginary odours.

In respect to touch, resistance, and heat and cold, at one stage, the senses are so exalted as to enable patients readily to thread their course through an apartment without coming in contact with the furniture, however much disarranged, and the patient securely blindfolded. This is analogous to what we observe in blind people, only in a much higher degree in the former than in the latter. They are thus enabled to take most accurate sur-

veys of whatever they come in contact with, and to remember, with amazing accuracy, actions which have been associated with persons and places. Thus, I have caused a patient to steal various articles from six different individuals, whilst securely blindfolded, and after a time during which the mind had been directed to various subjects and occupied by different passions and emotions, so soon as conscientiousness was excited, they have been restored to the different owners, in the exact order in which they had been taken, and each article replaced in the place and manner in which it had been when abstracted,—for example, a ring put on the same finger, a glove on the same hand, or anything taken from a pocket would be returned to the same pocket, and placed in the same relative position. It is quite evident they discover the person by smell, and the place or point wanted by touch. They appear to form a picture in the mind which recurs with exactly the same relations as when first impressed. It is on the same principle, as I imagine that a patient will write or draw, and afterwards be able to correct the performance with considerable accuracy, provided the paper remains in the exact situation as at first. If the paper is moved the corrections will be in that situation in space where they *should* have been, but as the paper has been moved, of course they will be quite wrong as they now appear on the paper. It thus appears that the mind forms a picture associated with muscular action, and that it commands a power of recalling these relative impressions and associations at will.

Moreover, this exalted tactual sensibility and feeling of heat and cold and muscular resistance, enables patients to discover certain qualities of objects with amazing precision. They can thus discover the different metals, and through the excitability of the imagination, already referred to, may be affected by them in various ways, according to accidental or intentional associations. Thus, through weight and touch they can readily discover silver, gold, copper (the latter also by smell); and if it has been suggested that gold would *burn*, the moment a sovereign has been dropped into the hand, it is thrown down with all the terror and apparent suffering which would have been the consequence of its having been red-hot; and whilst this impression was on the mind, I have seen a patient feel as if counting shillings in a net purse, but the moment he touched a sovereign, which chanced to be amongst the silver, the purse and all its contents was thrown to the floor with horror and apparent suffering. That this was not a natural effect of the gold, was sufficiently evident, for it never produced any such feeling or effects, till I hinted to the patient one day to be careful of touching gold, *as it would burn him;* and by hinting that the head-side of a shilling would burn, whilst the other would not, it immediately produced this effect. The same also with the different sides of a sovereign. On another occasion, by asking the same patient to collect a few sovereigns, he did so without any manifestation of being unpleasantly affected by the gold, and separated and laid aside silver as what he did not want, but without evincing any particular unpleasant feeling from the contact of the silver. However, after I had hinted that *silver* would *burn*, the *idea was sufficient to excite the feeling* the moment he touched it, and caused him to rub his hands, and call out for soap—a domestic remedy on such occasions—to apply to it. A little while after, a hint having been given about gold burning, it was instantly invested with this quality —so much for the power of imagination in such cases.

These experiments have been tried repeatedly with a young gentleman, before his parents and other friends, all of whom are too respectable to admit of the slightest suspicion of intention to deceive; and too intelligent to admit anything as a fact without sufficient proof. Moreover, the patient remembers nothing when awake of what had happened during his sleep, and the same effects were evinced at *first trials* as afterwards.

The extreme sensibility of hypnotic patients to change of temperature, and the different degrees of conducting caloric of different metals, may, no doubt, exert considerable influence on such patients, and from this cause alone produce varied effects. Moreover, the different electrical conditions of the various metals may also produce a variety in the effects; but there can be little doubt, from the result of the experiment referred to, that much depends on the impressions associated in the minds of patients, as to the effects particularly to be expected to result from touching different metals.

In my work on Hypnotism, I have illustrated the extraordinary sensibility, at a particular stage, to currents of air, so that some patients will feel a current excited by the wafting of the hand, a slight puff of air from the lips, or the blast of a pair of bellows at fifty, or even ninety feet.

I doubt not, therefore, that many phenomena, which have been attributed to a more mysterious agency, may be fairly and rationally accounted for on the principles I have been illustrating, namely—the extreme exaltation of the external senses, and of some of the mental faculties, particularly the imagination, whereby the recollection of past impressions, and ideas of its own creation, are invested with all the attributes and importance of present realities. As stated at page 18 of the preface to my work on Hypnotism.

"I have never witnessed any phenomena which were not reconcilable with the notion, that they arose from the abnormal exaltation, or depression of sensations and ideas, or to their being thrown into unusual and varied ratios by the processes resorted to."

As to a few of the more extraordinary phenomena recorded by some of the mesmerists, such as community of ideas, so that the mesmerised shall have a perfect knowledge of what is passing in the mind of the mesmeriser, although unexpressed or signified by any physical manifestation, and that the former may be made to obey the merely mental orders of the latter, and have his ideas changed by the *simple volition of the latter* in any manner fancy may dictate, it is quite clear such phenomena are not to be accounted for on physical principles. The same may be said of the power of accurately discovering what is going on at great distance, reading the contents of a closed book or sealed letter; and as lately recorded of one "who described anything held behind his head accurately as though he had observed it with his eyes, and *late on Saturday evening read VERBATIM two letters then coming to him by post, one from London, the other from Sheffield, which were not delivered to him till the following day at Walsall."—phreno-magnet*, p. 290. Such phenomena are not to be accounted for upon physical principles, and are what I cannot venture to speculate upon. There are certain phenomena, however, which are occasionally exhibited during the waking condition to prove that a magnetic influence is the agent which gives the power to the mesmeriser over the mesmerised, so that the latter will be rendered rigid or limber, made to assume any attitude or action in imitation of the former, or in accordance with certain passes, and may be irresistibly drawn after the mesmeriser, which admit of a more simple explanation. I know all this can be done, and even with some patients who have never been mesmerised or hypnotised; but it is not from any magnetic influence, but *purely the result of imagination*. I have thus acted on patients myself at the first interview, and before numerous spectators, making the patient rigid and the limbs involuntarily fixed, and feeling as if drawn in any direction I chose, simply by calling the muscles into strong action and concentrating the nervous energy in that direction, by impressing the patients with the conviction that such would be the certain results. The moment the attention was directed in another course the rigidity would spontaneously cease. However, if the former impression had been long continued in some cases, the spasmodic rigidity has become so intense as to require manipulation or other means to reduce the cataleptiform condition. These phenomena are still more readily exhibited in those who have been hypnotised or mesmerised, of which I shall now record a good illustration. It was performed on a patient whom I had never seen before, but who had been mesmerised and publicly exhibited in proof of magnetic influence over him; and I wished to convince the parties that the effects were entirely the result of imagination. However, neither the patient nor spectators knew anything of my intentions until the explanation which was given after the patient had left the room. I requested the patient to raise and extend his arm, I then pointed to it with a glass rod, fully three feet long, and pronounced the arm to be thereby rendered rigid and involuntarily fixed. I now desired him to try if he could put his arm down, but he had no power to do so; and I added I could now draw him after the rod in any direction I chose, and he seemed irresistibly compelled to follow. Having held it considerably above his head, he seemed as if drawn upwards, and was about to mount on a chair. I now threatened to draw him by the nose, at which he seemed greatly alarmed. I then placed the glass rod on the table with the point towards its centre, stating that it would draw him towards it; and the result was, that he staggered towards it as if unwillingly, but irresistibly drawn till the points of his fingers came in contact with the point of the rod, and there he lay as if spell-bound. I should have noted that during these experiments, by a slight change in the inclination of the rod, and stating he would thereby be able to put the arm down; the rigidity of the arm instantly gave way. I have performed similar experiments so frequently with like results, as to leave no doubt of the fact that this is entirely the result of imagination acting on susceptible subjects. Almost all intelligent individuals who have witnessed these experiments agree with me in this opinion.

In reference to the agent in animal magnetism. I beg to call attention to the following quotations. Mr. Hall at page 289 of the *Phreno-magnet*, writes thus:—"How short a time has elapsed since it was deemed necessary to make passes over the human body in a particular direction whilst in a particular attitude, or to look into the eye from a specific attitude to induce the mesmeric crisis! whilst *now we have sufficient proof that no specific manipulations are requisite at all*, but that if the minds of two persons be made up on the subject, and an accordant relationship established between them, the crisis may be brought on as effectually as by the most elaborate process, grave or fantastic!"

Again, at page 295 of the same work we have the following remarks, by the Rev. La Roy Sunderland, of New York. "And finally comes the Editor of the *Magnet* and says he has operated on hundreds of different subjects, has experimented with the magnet, with the galvanic battery, with electricity, with minerals and metals of all kinds, and in every imaginable way, with passes and with the will; and *he finds that he can produce precisely the same results without any magnet or electricity, or battery, or metals, or minerals, or passes, or will at all!* True the sleep may be induced by a battery or electrical machine, but it may be induced equally as well with a chair or a block of wood, or without any means whatever except the *mere process* adopted for the purpose, or by the mere *direction or request* of the operator. We have caused subjects to fall asleep again and again, *while we were willing them to keep awake all the while*. Take any subject who is highly susceptible, and cause him to apprehend you are willing him to go to sleep, and during the sitting you will him *not* to go to sleep, and you will find that he will fall into the somni-pathetic state, in despite of your will, just as certainly as he *apprehends* what the result should be.

"It is amazing that operators, and some of them scientific gentlemen, should be so often deceived with regard to this agency: one connects his subject with a battery, or electrical machine, and if he goes to sleep, or wakes up, or has communication with another by this process, he at once infers that electricity must be the agent. But suppose he makes the patient believe he is connected with the machine when he is not, and he actually falls asleep or wakes up, what then? Surely one must have credulity big enough to swell a mountain, to believe that the agent which really induces these phenomena is electricity. It is nervous induction or sympathy, as we have before explained. You adopt any suitable process for impressing the *susceptibility* of the patient, and, if he is susceptible, his system will yield to that process just in proportion to the certainty of his mental anticipations of the results.

We say it is sympathy when the mind or nervous

system sympathises with the process, or yields to the means used to bring about the result. We are not particular as to the term used to signify the agency, provided it gives a correct idea of its nature. Hence we call it *pathetism*, because this term gives the idea of the susceptibility to change, induced by contact or mental apprehension or sympathy with the process adopted to bring it about. Call it what you please; *that it is not a fluid eliminated from the operator, or from a machine as has been supposed, any one may demonstrate in five minutes.*

"We know that some somnipathists often are highly attracted or affected by the touch of metals or a magnet. But we can deduce no law from these cases in favour of the above theory, for the reasons already assigned. These persons are never affected by a magnet until they are first pathetised; or if they are first affected by a battery or magnet, it is because they have been led to *anticipate* the results; and, hence their susceptibility yields to the influence of these mental apprehensions. There may be a few exceptions, but they are so very few that they could not be allowed against these deductions. It was ignorance of this law which led Mesmer into so many egregious blunders, and caused the Commissioners of the French Academy to decide in such strong terms against this subject."

All who know anything of my researches in this department of science must be aware that these quotations confirm my views on almost every point; namely, that the *cause* of the phenomena is *subjective* and *not objective*. That different manipulations and modes of acting on the senses and the imagination may produce varieties in the phenomena, I am quite ready to admit; but that the sleep may be induced independently of any agency from without, simply from the mind and body of the patient acting and reacting on each other, cannot reasonably admit of a doubt after the amount of evidence bearing on that point. La Roy Sunderland's evidence is quite unequivocal on this point, and, it is of importance to remark, that he has come to this conclusion, from practical experience, after having at first written a strong article against my views. It would have been more creditable to him, however, had he apologised for his former remarks, and acknowledged to whom he was indebted for the ideas he now seems desirous to promulgate as his own. If he did dot consider them well founded, of course he would not have wished to claim the merit of originality by such unhandsome means.

Even this gentleman's directions for inducing the sleep at first embrace all the conditions I set forth as requisite, *namely, absolute quiet, the head slightly thrown back, the eyes elevated and kept fixed upon a point, and the mind abstracted from all other considerations than the subject in hand;* grasping something in the hand, and the patient keeping his mind strongly fixed on the certainty of the result, he recommends in addition. I am perfectly aware that the mind of the patient being strongly impressed with faith in the process, may greatly aid, but I also know that *it is not indispensable;* and that a steady fixed stare, with abstraction of the mind, and general quietude, are quite sufficient, with susceptible subjects, to induce the sleep, even where they have never witnessed such experiments, and have no notion of what is to happen. I have proved this most satisfactorily in seven different cases within the last fortnight. Two were between 40 and 50 years of age, two 20, one 11, one 10, and the other 7 years of age. All excepting the last were for curative purposes, and one of them has been cured of deafness, one of severe headache and obstinate constipation of long standing, one cured of rheumatism, and a case of paralysis improved. I may also name that five of them were quite unconscious at first trial, and, at the second trial, by putting a pencil in the hands of two of them, they instantly began to write; and other manifestations were excited in like manner through the suggestions arising from automatic muscular action, as formerly explained. I trust these remarks may excite others to prosecute the investigation, and in doing so, I would beg respectfully to hint, that it would be of great advantage to separate facts, or phenomena, from theories. There have been endless disputes about theories, and much valuable time wasted in this way, which might have been much more profitably devoted to the careful study of phenomena, and how best to turn this knowledge to practical utility.

I think I cannot better conclude this paper than by quoting a few remarks from a letter lately received from that accomplished scholar and able writer on animal magnetism, J. C. Colquhoun, Esq., Advocate F.R.S.E., &c. Mr. C. agrees with me in considering the *cause the same*, however varied may be the processes resorted to for exciting it into activity; and, however varied, from peculiar idiosyncrasis, the phenomena may appear in different individuals, that still they should be viewed as mere varieties of the same principles. Mr. C. observes, "It is well known that many cures have been effected magnetically without the production of any sleep; that this sleep, when it does take place, is something different from the ordinary normal sleep; that there are different degrees of the magnetic sleep; and that, in some cases, this peculiar sleep becomes exalted into somnambulism or the ecstatic trance. Viewing the subject philosophically, I should be disposed to say that in what has been denominated animal magnetism we find a certain class of phenomena occasionally varying in form and degree, but all obviously referrable to one cause. The methods of bringing this cause into operation may be different, but the cause itself is essentially the same. It is very possible that we may never be able to ascertain entirely the precise nature of this cause: but this difficulty should not discourage us from accurately observing and classifying the homogeneous phenomena, or prevent us from viewing them as connected with each other." Again "some magnetisers employ manipulations without actual contact, others with contact, &c., nay, some subjects, in consequence, I presume, of a peculiar idiosyncracy, exhibit the same abnormal manifestations without any discoverable external cause. But it appears to me that all of these phenomena, from the natural and magnetic somnambulism up to the devotional exstacies, may be brought under the same category, and are dependent upon the same principle, in whatever manner the activity of this principle may happen to be excited; and my constant object has been, to endeavour to establish an unity of principle among these varied phenomena."

I was much gratified by the report of some most interesting cures effected by mesmerism which appeared in your last number and I shall now briefly record two or three which have lately occurred to me in proof of the sanative power of hypnotism.

Mrs. ——. forty years of age; at the beginning of June, 1843, had a severe attack of rheumatic fever, in consequence of which a medical man was immediately called in, who bled her from the arm and locally, prescribed various internal medicines, ordered local applications to the more painful parts, and finally a blister. In three weeks she was able to be carried from her bed, in ten days more could make slight attempt at walking, and in five weeks more went to Buxton for a month, but returned with so much pain in the back, hip and one lower extremity that for three weeks she had been entirely deprived of sleep till towards morning, after which she had a little disturbed sleep. When I first saw her, 5th October, she was suffering very great pain in the situations named. I hypnotised her, and on being aroused she could walk freely and was entirely free from pain. The state of her digestive organs indicated the propriety of prescribing some internal medicines, but I determined to postpone that for a day to ascertain how she would sleep after the first operation. *She slept well all night, being quite free from pain.* I saw her again on the 10th, when she informed me she had slept well since the 5th, excepting one night, but on that had no occasion to get out of bed, and had experienced very little pain since I first operated on her. I hypnotised her once more, which entirely removed any remaining pain, and she continued well ever since.

A girl ten years of age had been extremely deaf for several years. After being hypnotised three times, she was so well as to require no farther treatment, and has continued well ever since.

Miss C——, eleven years of age, had a severe attack of convulsions at three years of age, for which I attended her, and from which she recovered under the usual treatment; six years after, I was again called to attend her, for a violent attack of convulsions with severe affection of the brain, which required most energetic treatment, under which she recovered. I was again consulted in her case on the 25th ult. for constant headache, with obstinate constipation of the bowels. It appears she had never from childhood been quite free from headache, and the bowels generally required assistance, but for a considerable time the headache had become so violent as to render her quite unable to bear up. When her mother had given her strong purgatives, daily repeated for two weeks they would so far mitigate the attack as to enable her to attend to her studies for two weeks more, when a similar attack would occur, which was treated in the same manner. None of the family had seen any one hypnotised, and knew nothing of what I was intending to do. I caused the patient to stand up and look at my lancet-case, when she was speedily hypnotised and stood with her arms extended till I aroused her. *She expressed herself entirely free from headache.* Three days after she told me she had experienced very little headache since she was operated on, and *had required no aperient medicine.* I hypnotised her again, and when I called five days after was informed that *she had remained entirely free from headache since I last saw her, and that her bowels had been moved twice daily without the aid of medicine.* She continues quite well up to this day, December 11, 1843.

On the 28th of March, 1843, I was requested by a philanthropic gentleman to extend my charitable sympathy to a poor woman of the name of Barber, and by the power of hypnotism to relieve her of a severe rheumatic affection, from which she had been suffering for several months. She was forty-four years of age, and a most pitiable object, suffering severely from pulmonary affection, as well as rheumatism. With the latter she became afflicted about the beginning of winter; about the end of December, 1842, had been entirely confined to bed for five weeks, after which she was able to get up, but the flexors of the legs and toes were so contracted, that she could not extend them; and it was with great pain, as well as with difficulty, that she moved about her apartment. Her hands and veins were also much affected, so that she was very helpless. Her pain was not only severe, but unremitting either by day or night. After being hypnotised the first time, during which I endeavoured to regulate the irregular condition of the muscles, she was enabled to straighten her legs and toes, and move her wrist and fingers; could walk with great freedom, and expressed herself almost entirely free from pain either of legs or arms before I left the house. After *five* operations, as is well known to many, she was so well as to be able either to walk or run across her room, and even to step on a chair with either foot first, without assistance. I operated on her thirteen times altogether, and she has remained free from rheumatism up to this date, 18th December, 1843.

I shall only briefly refer to one more case, that of Master Darbishere, a young gentleman, fourteen years of age, who had an attack of rheumatic fever in June, 1842, during which attack he lost the power of both legs and arms, and the former became much contracted. He had been attended by eminent members of the profession, both surgeons and physicians, and had all the usual means tried, including galvanism. When I was consulted in August last, he had partially recovered the use of the arms, which were still very weak, but the contraction and want of power of the legs compelled him to move about on his hands and knees. Notwithstanding well-directed mechanical means had been inadequate to straighten the legs in the normal condition, after being hypnotized I was able to make a great improvement on them at first visit, and after the operation next day they were so much improved in all respects as to enable him to drag himself up a stair with the assistance of the balluster, and supporting himself partly on his feet. He was visibly improved by almost every operation, and twelve days ago he walked from his school, two thirds of a mile without assistance, and has done so since, *twice in one day*, and can now walk nearly upright. No medical treatment has been tried since my attendance. His case I shall give

more in detail on a future occasion, but allude to it now as that of the young gentleman to whom I have already referred as affording such good proof of a variety of interesting phenomena. His father, having read these observations, has kindly permitted me to use his name and refer to him in token of the correctness of my relation of them, as he was present when all the experiments were tried for the first time. The gentleman referred to is J. Duckinfield Darbishire, Esq., well known as one of our most respectable attornies, and a highly scientific gentleman.

A NEW METHOD OF TREATING FEVER.

By ROBERT SKERRETT, M.D.

(Concluded from our last.)

A perusal of the following case, the last in which I have prescribed the ammonia, and the only one which I committed to paper, deeming it useless to make a written record of the practice until sufficient observation had fully satisfied me of its value; this case will afford a just conception of my method of treating fever with this new remedy. This locality has been unusually barren of fever for some months, and I have, therefore, had no more recent opportunity of testing the efficacy of the treatment by ammonia.

On Sunday evening, 2nd of February, I was called to visit P. W., æt. 21, ill for three or four days; found him complaining of intense pain of head, with some uneasiness, and slight tenderness, on pressure, in epigastrium; countenance greatly flushed; eyes suffused; pains in his bones, with great languor and debility; pulse 110, and rather full; tongue white at the edges, but of a light mahogany colour in the middle.

℞ Extr. col. c. gr. xv., sub. hydr. gr. iv., capsici, gr. 1½., ol. m. p. gtt j., M. et in pil. iv., divide; 3t. duas statim, st reptr. post hor. quatuor.

3rd. Medicine acted pretty freely during the night; states that he thinks his headache is somewhat abated, but still finds it very severe.

℞ Carb. ammoniæ ʒi., aquæ cinnam. ℥viii., sacchari alb. ʒiii., spt. æth. nitros. ʒiii.; M. st. cochl. ij. ampl. secundis horis. 8 o'clock P.M. Has taken his medicine four times, and finds himself much relieved. There remains scarcely any pain of head, except when he turns or raises it on the pillow. Persistat in usu misturæ carb. ammoniæ.

4th. Has taken his medicine during the night, and feels much better; no pain of head; pulse less full, but, in frequency, as yesterday; slept pretty well.

Suspend the mixture.

5th. Headache has returned; says that he feels a good deal of pain in his forehead and the back of his head. Complains much of debility and excessive languor, with pains in his bones; is inclined to vomit; pulse 100, small and compressible; tongue cracked, and darker in the middle, still white at the edges; teeth partly covered with a brown coating; petechiæ upon his arms and breast.

℞ Mist. alkalinæ ℥viii., carb. ammoniæ ʒi., sacchari albi. ʒiii., spt. æth. nitros ʒiii.; M. sumat cochl. duo. ampl., uno cum succi limonis secundâ quâque horâ.

9 o'clock P.M. Has taken his medicine five times, and feels much better; pain of head entirely removed; languor and debility much less urgent; pulse 100, but soft, and, in strength and fullness, nearly natural.

6th. Has taken his medicine three or four times during the night; expresses himself vastly better. No pain of head, scarcely any languor or debility; pulse as at last visit; bowels moved once in the night. 8 P.M. Pulse pretty full, but no headache.

Habeat subm. hydr. gran. duo; continuatur mistura tertiis horis.

7th. Has been delirious during the night, but, when questioned, answers intelligibly. Says he is very low; pulse 105, pretty full and strong; tongue nearly as before; no headache.

℞ Olei Ricini ʒvi. aq. M. pip. ʒi., tinct. rhei. c. ʒiss, spt. æth. nitros ʒß, M. sumatur statim.

Intermittatur mist. ex carb. ammoniæ.

8 P.M. Medicine acted three or four times; pulse moderately full; delirium still present.

8th. Constantly slumbering during the night, but easily aroused. Still comatose, but answers intelligibly; feels some pain in occipital region when he stirs his head upon the pillow; pulse 96, and moderately full; bowels moved once in the night; tongue and teeth still covered with a dark coating; face flushed; eyes suffused.

Habeat misturam ex carb. ammoniæ quartis horis.

9 P.M. Comatose state less marked; a gentle moisture appears on the surface; tongue moist at edges; says he has no pain, and feels quite comfortable. Intermittatur mistura.

9th. Moisture of tongue becoming general; coma has ceased; pulse 94, pretty full; says he is quite well.

12 o'clock noon. Passing accidentally, I called to see him, and, to my great surprise, found him with tongue perfectly dry; pulse full; and coma returned, with much heat of surface. 2 o'clock P.M. A slight moisture appeared on the sides of the tongue; pulse fallen considerably.

9 P.M. Favourable symptoms continue.

10th. Slept well; has been occasionally comatose in the night; tongue moist at edges; pulse 91, moderately full; heat of surface reduced; says he feels quite well, and calls for food.

From this period he improved rapidly; and although an exceedingly unhealthy, delicate subject, much emaciated and reduced by scrofulous disease of long standing, on the 13th, the third day of his convalescence, he pressed most earnestly to be allowed to leave his bed, stating that he felt as strong as before the attack. In every case, indeed, in which I administered the ammonia, one of the many evidences of its superiority over every other treatment, consisted in the extreme celerity with which the patient recovered his strength, or rather, this having suffered but little diminution under the new treatment; he came out of his fever, not only without any of that alarming debility so commonly a sequel of the disease, but often with scarcely any sensible reduction of wonted vigour. In one extremely formidable case of that fever, which is considered most decidedly inflammatory or congestive, as indicated by intense pain of head, intolerance of light, tinnitus aurium, violent jactitation, extreme heat of surface, flushed countenance, &c., conceiving that the ammonia was not agreeing with my patient, I suspended its use, and gave calomel in small doses, to the extent of salivation, and, after a very hard struggle, my patient eventually got well.

In this case, the biliary discharge was entirely suspended; and thinking that to this might be attributable the fact of the ammonia not seeming to answer, as in other cases, and condering the benefit derived from the calomel; in a similar case which occurred soon after, instead of suspending the ammonia, I conjoined therewith calomel, in the quantity of two or three grains in the day, in separate doses, and a triumphant recovery, in a very short time, and without pushing the mercury to the extent of salivation, was the happy result.

I regret much not having kept an account of these cases; they were well calculated to prove the influence of suspended secretion, (arising, I suppose, out of incapacity, or impairment of the nervous system,) in producing fever of an aggravated type.

I will here close my remarks on the use of carbonate of ammonia in fever; many of the cases in which I prescribed it, afforded considerably more unequivocal evidence of its superiority, than that which I have given above; and this being the case, my readers, I suppose, will not be surprised that I express myself fully convinced of its superiority to every method of treatment hitherto in use; and my friend, Dr. Lynch, of this town, a gentleman of just discrimination and high professional standing, to whom, at an early period of my use of the remedy, I communicated my practice and views on the subject, has this day conveyed to me the renewed assurance of his oft-repeated acknowledgment, that his experience of its extraordinary efficacy in the early, as well as later, stages of fever, fully coincides with mine.

Gentlemen who have been in the habit of considering ammonia chiefly, if not entirely, as a diffusible stimulant, will, perhaps, still hesitate to put faith in my practice. To this objection I would give a two-fold reply: first, that I have strong doubts whether ammonia, in combination with carbonic acid, possesses any stimulating property; and secondly, that its tranquilizing agency over the nervous system, to some lesion or disturbance of which it is, in my opinion, that fever owes its origin—that this, its tranquilizing agency, has been long acknowledged.

*** I should have said, that when the carbonate of ammonia, in plain solution, disagrees with the stomach, I give it in the alkaline mixture, with lemon juice—a form in which it answers admirably.

SURGICAL FELLOWSHIPS.

(To the Editor of the "Medical Times.")

SIR,—I am well acquainted with the professional character of every medical gentleman in Shrewsbury, and I must be allowed to inform you that you could not fix upon a more unfortunate place for the exemplification of any *unfair* selection which the Council of the College of Surgeons has made for enrolment among its fellows.

I fear that the person who describes himself as "one of the degraded," and whom you describe as one of the "*elite* practitioners," has most grossly deceived you. I beg to inform you that, although there is one surgeon in Shrewsbury, viz., Mr. W. J. Clement, whose talents, as an operator, are universally admitted to be *equal* to those of any gentleman in Shropshire, there is *no other* surgeon in the county who is regarded as being upon the same level with Messrs. Burd and Dicken. Mr. Clement *is* on a *level* with them, but by no means *superior* to either.

Mr. Arrowsmith, the other surgeon to the infirmary, although, like almost every other provincial surgeon, he has chiefly practised in medical cases, is well worthy of the important charge with which he is entrusted, and well deserves to be enrolled among the Fellows of the College.

The gratuitous statement which your correspondent makes as to the conduct of Mr. Burd, is so utterly at variance with what every

respectable practitioner in Shrewsbury knows of his character, as to stamp the whole communication either as the result of unjustifiable ignorance or wilful falsehood.

As a friend and constant subscriber to the "Medical Times," I regret that you should have admitted to its pages so untrue and disreputable a letter as that to which I have thus alluded. Yours faithfully,

JUSTITIA.

[We insert this note without being very sure that it has any better founded claim on *our* space than on our readers' belief. It comes not from Shrewsbury, but Worcester; and though accompanied by a private note, is wholly unauthenticated. As regards our correspondent, our readers, and ourselves, Justitia has forgotten the duty imposed by his name.—ED.]

REMARKS ON MR. YEATMAN'S VIEWS ON MERCURY.

To the Editor of the "Medical Times"

SIR,—I beg leave to offer a few remarks on the state in which mercury exists in ung. hydrarg., blue pill, &c., as the subject has been discussed by physicians and chemists for some years. I believe that Mr. Yeatman's communication on this subject in the "Medical Times" of last week ought to set the matter at rest, as it proves that the mercury exists in a state of minute subdivision only; yet I presume that the following experiment will give additional strength to Mr. Yeatman's reasonings.

Triturate one drachm of mercury in two drachms of loaf sugar; in five minutes they will incorporate, and not a globule of mercury will be visible by a magnifying glass. This will form a grey powder (which, by-the bye, would form an elegant mercurial powder).

Now, to prove in what state the mercury exists in this grey powder, let it be dissolved in warm water, — filter through paper; the black powder which remains on the filter should be collected upon white paper, and placed on a warm plate of iron to dry. As this black precipitate dries, it will at first have the appearance of amalgam, then it will form globules which, by agitation, will unite into larger ones; at last there will remain a little black powder, which may be easily mistaken for an oxyde; however, by pressing it with a small palate-knife for some time, every particle will be reduced into solid mercury.

The filtered water will have a dark appearance, which shows that some of the particles of the mercury have become so light as to float in the solution of sugar; however, in time, the solution will become quite clear, and the mercury is deposited in the form of very fine black powder; even this is not an oxyde, but very minute subdivisions of mercury.

These facts ought to bring us to the conclusion that *oxydation does not take place during the trituration of mercury with lard, confect. rosæ, chalk, or sugar*, though the particles of mercury on the external surface of the mixture may afterwards gradually absorb oxygen from the air.

I beg to remain, sir, respectfully, your humble servant, JOHN WILLIAMS.

Corwen, Jan. 3, 1844.

NAPHTHA IN PHTHISIS—Dr. May, of Maldon, narrates several cases of phthisis, in which naphtha entirely failed. Like all vaunted specifics, this remedy (?) seems to have had its day, and to have gained a loss of reputation (Hibernice) sooner than any other. It will soon be entirely forgotten.

TRANSLATIONS FROM THE GERMAN JOURNALS.

LIEBIG ON THE BILE.

(Translated from the Annalen der Chemie und Pharmacie.)

THE bile possesses a rather slightly alkaline reaction, is of a thick, oily consistence, of a pure golden or greenish yellow colour, which becomes deeper in the air, mixes with water in all proportions, when it forms a liquid which froths like soap and water; has a bitter taste, with a sweetish lasting taste after. Dried in the sand-bath it readily dissolves in alcohol, with a dirty, dark green colour, appears red by transmitted light, and then leaves a very nitrogenous substance, which swells into a jelly in water; viz., the mucus of the gall-bladder. Bile is obtained colourless by putting its alcoholic solution in digestion with animal charcoal; by carefully adding baryta water, we can free it from the colouring matter which forms an insoluble compound with baryta. It contains cholesterine, easily removed from it by mixing its concentrated alcoholic solution, — decolored by animal charcoal, — with twice its bulk of ether. The bile here, which is insoluble in ether, separates as a thick syrup; the cholesterine remains in solution with the ether, and crystalises, by evaporation, in pure white bracteæ.

Deprived of colouring matter and fatty substances, by being often treated with ether, bile furnishes, by drying, a solid mass like gum-arabic, susceptible of being powdered, which readily re-dissolves, without residue, in water, and in anhydrous alcohol. If its aqueous solution be saturated by hydrate of potassa, it separates as a syrup of the consistence of turpentine. Acetic and oxalic acids produce no change in the aqueous solution. A mineral acid, however, causes a milky turbidness; a syrupy liquid is separated from it, and part of the mineral acid is found combined with the soda. Acetate of lead and nitrate of silver precipitate the solution of bile purified by the above process. A solution of purified bile is entirely precipitated by tribasic acetate of lead, and we have, in solution, but a quantity of organic substance, corresponding to that of the compound of lead, which is slightly soluble, while an excess of acetate of lead re-dissolves a portion of the precipitate: neutral acetate of lead forms no precipitate in an alcoholic solution of pure bile, but the basic acetate produces a plastic precipitate, which is dissolved by the addition of neutral acetate of lead. An aqueous solution of bile is immediately precipitated by neutral acetate of lead, when the liquor always takes an acid reaction. A solution of bile, to which acetic acid has been added, is not precipitated by acetate of lead; hence the acid set at liberty, by the neutral salt of lead, prevents subsequent precipitation by the same salt. If the acid be exactly neutralised by an alkali, the neutral salt produces a new precipitate, and the liquor again becomes acid. Wherefore the basic acetate of lead forms a new precipitate in the solution of bile, which has already been precipitated by the neutral salt. When an aqueous solution of bile has been precipitated by neutral acetate of lead, and when basic acetate is then added to it, a great part of the bile remains in solution in the excess of acetate of lead, and cannot be longer precipitated by the salts of lead. The matter remaining in solution, with the employment of the neutral and basic acetate of lead, has been looked upon as a peculiar substance, and has been described under the names of *biliary sugar* and *bilin*, by Gmelin and Berzelius. It is, however, nothing more than pure bile.

Impure bile does not leave carbonate of soda after its solution in alcohol; the alkaline reaction is not, therefore, attributable to this salt. When dissolved in alcohol and dried in vacuo, over sulphuric acid, impure bile leaves, after calcination, a white or somewhat yellowish residue, powerfully effervescing with the acids, chiefly formed of carbonate of soda. It contains, also, traces of iron, phosphate of soda, and chloride of sodium. Moistened with sulphuric acid and calcined, this residue represents 16·5 per cent. of the weight of bile. Bile freed from fatty substances and coloring matter (by baryta), gives, after calcination, 11·70 of ash, formed of 11·16 carbonate of soda (as well as sensible quantities of potassa) and 0·54 of chloride of sodium. The composition of bile, freed from coloring matter and fatty acids, is:—

	Kemp.		Enderlin.	Theyer and Schlosser.		
Carbon	58·46	58·46	59·9	58·28	58·00	58·49	59·48
Hydrogen	8·30	8·81	8·9	9·20	8·09	8·48	8·47
Nitrogen	3·70	4·21					
Oxygen	22·64	25·76					
Soda	6·53	6·53					
Chloride of sodium	0·37	0·54					

After deducting the fixed principles, we obtain, as the composition of the body combined with soda:—

Carbon	63·7
Hydrogen	8·9
Nitrogen	3·9
Oxygen	23·5

If admitted that the soda remains in the state of neutral carbonate, after combustion, 100 parts of pure bile contain 64·9 of carbon.

From this composition of bile, it follows that it is a compound of soda with a nitrogenous body, which I think, we may class among the acids, for it possesses the property of neutralising soda. The smallest quantity of acetic acid is sufficient to dispel the feeble alkaline reaction which bile ordinarily possesses; in many cases its reaction is not alkaline. The following is the best process for obtaining the acid of the bile, or *bilic acid*. This acid is the *cholèic acid* of Demarçay, and *bilifellic acid* of Berzelius.

Preparation.—Dissolve one part of effloresced oxalic acid with heat, in an alcoholic solution of eight parts of dried purified bile; then heat the mixture to ebullition, and leave to settle for ten or twelve hours. We have immediately separated, by the solution of the oxalic acid, a white pappy mass of oxalate of soda in fine crystals, the quantity of which increases by cooling. As soon as crystals cease to be deposited, the liquor is filtered, diluted with a little water, and put in digestion with carbonate of lead, until all trace of the presence of oxalic acid has disappeared. The lead is then removed by a little sulphuretted hydrogen. Then evaporate it to dryness in the sand bath. The same body is obtained by dissolving bile in anhydrous alcohol, and saturating the liquor (avoiding all elevation of temperature) with dry hydrochloric acid gas. All the soda of the bile is completely separated, when no crystalline precipitate is formed by the mixture with ether. After the separation of chloride of sodium, the greater part of the hydrochloric acid is driven off by evaporation in the sand bath; a little water is added; two layers are then formed—an aqueous layer, rendered very acid by hydrochloric acid, and a soft, resinoïd deposit of bilic acid, which is insoluble in the dilute mineral acid. This deposit is dissolved in alcohol, and oxide of lead in fine powder is slowly added to the solution, till the liquor gives a slight quantity of lead, which is removed by sulphuretted hydrogen. We may, said M. Demarçay, dissolve the alcoholic extract of bile in 100 parts of water, and evaporate the solution in the sand bath, adding two parts of sulphuric acid, diluted with ten parts of water, until, at the end of a few hours, oily drops appear on the surface, when it is allowed to cool. Bilic acid is separated under the form of a viscid liquid, of the consistence of turpentine. When the congealed mass floating on the surface (a mixture of cholestrine, margaric and oleic acids), is removed, the evaporation of the acid aqueous liquid is continued; and now allowed to cool, fresh quantities of bilic acid are, from time to time, separated. We thus proceed until the liquid is reduced to one-fourth of its original bulk; the acid separated is collected, washed with a little dilute sulphuric acid and freed from the acid which it retains, in the above-mentioned manner.

Theyer and Schlosser have found that pure bile is precipated by basic acetate of lead. The precipitate is heated to ebullition, with water, and dilute sulphuric acid is gradually added until the precipitate has lost its plastic state. The liquor is then filtered, and the oxide of lead which remains in solution is separated by sulphurreted hydrogen.

To free bilic acid, prepared after one of these methods, from the fatty acids with which it is mixed, we must dissolve it in a very small quantity of alcohol, and precipitate it by the addition of ether, which retains the fatty acids in solution. If dried in the sand-bath, or *in vacuo*, over sulphuric acid, bilic acid when procured from bile deprived of co-

loring matter is colorless, or of a very slight yellowish color, presents the appearance of gum, and is easily reduced to powder of a resinoid nature. This powder readily attracts humidity from the air, and forms a viscous agglutination. It is extremely acrid, soluble in alcohol, but not in ether; it very readily dissolves, in all proportions, in water. The solutions have a powerfully acid reaction. The dilute aqueous solution remains, at the end of several days even, clear and colorless. Acetic acid does not precipitate it, but a small quantity of dilute hydrochloric or sulphuric acid produces in it a milky thickening, and the acid in solution is deposited on the sides of the vessel, in resinoid flocks, or in transparent drops of an oleaginous description. An excess of hydrochloric and sulphuric acids removes the turbidness. The precipitate formed in an aqueous solution of bilic acid, by mineral acids, is at once completely dissolved in pure water.

There is no volatility in bilic acid. Heated on a sheet of platinum, it melts, swells, burns with a fuliginous flame, leaving a voluminous charcoal, which, when freed from alkaline bases, burns without any residue. The acid prepared after Demargay's process, always furnishes a very alkaline residue. If the acid leave an alkaline ash, after combustion, it contains undecomposed bile, and this remains in solution when deprived of free acid by digestion with oxide of lead. The less complete the separation of the soda the more bile we have in the liquid. That the substance remaining in solution is really bile is clear, for it gives by dilute sulphuric acid, the same products as bile itself, for it is precipitated by basic acetate of lead, and leaves carbonate of soda after calcination.

Both Demarcay and Dumas by the analysis of bilic acid, incompletely freed from all the alkaline bases, obtained the following results (the nitrogen was determined in the state of gas) :—

	I.	II.	III.	Dumas
Carbon....	63·818	63·707	63·568	63·5
Hydrogen..	9·054	8·821	8·854	9·3
Nitrogen...	3·345	3·255		3·3
Oxygen....	23·779	24·217		23·9

Comparing these with the numbers Kemp, Theyer, and Schlosser obtained in the analysis of *pure* bile, (from which they determined the proportion of nitrogen in the state of ammonia) we doubt the absolute constancy of the composition of bilic acid contained in the bile of the ox, for the analyses were made with bile and bilic acid obtained in different countries; nor that bilic acid contains the same elements (with the exception of the nitrogen, determined by an imperfect method, and of a quantity of water substituted for the soda) in the same proportion as the organic compound in the bile itself.

(To be concluded in our next.)

Compounds of iodine.—In an important essay read before the school of Pharmacy at Paris, M. Labouré has pointed out certain facts connected with the iodurets, worthy of notice. Soluble iodurets dissolve iodine in variable proportions, according to the degree of concentration of the iodurretted solution. Baup and other chemists, regard the iodurets with iodine as definite combinations, but M. Labouré cannot agree with their opinion, which he believes to be opposed by facts: inasmuch as these products are uncrystallizable, and immediately color the filters and organic matters in the same way that iodine does; they change the solution of starch to a blue color treated with ether; the iodine is dissolved, whilst the ioduret remains dissolved in water, and forms a transparent and colorless layer at the lower part of the glass; and if a current of sulphuretted hydrogen gas be passed into the solution, hydriodic acid is formed, sulphur precipitated, and the solution becomes colorless. A solution of an alcaline ioduret saturated with iodine may be advantageously employed in preparing hydriodic acid: it may be obtained almost fuming, but distillation must be had recourse to, by which a colored acid is always procured; and finally iodated iodurets in contact with iron filings are decolorised in proportion as the iron combines with the iodine, while there is at the same time a disengagement of heat. From those characters, which are those of free iodine, M. Labouré concludes that iodated iodurets consist of a simple solution of iodine in the iodurets, and not a chemical combination. M. Labouré has further observed that on treating the iodurtes of potassium with concentrated sulphuric acid, a disengagement of sulphuretted hydrogen takes place, resulting from the decomposition of the sulphuric acid. Violet vapors of iodine, sulphurous acid, and sulphuretted hydrogen are disengaged, and iodine is alone precipitated to the bottom of the tube. This decomposition is very complex and difficult of explanation; hitherto in the preparation of iodine from the mother-waters of Varech soda, the disengagement of sulphuretted hydrogen has been attributed to the accidental presence of sulphurets in the mother-waters, but M. Cloeg, Labouré's colleague, attributes it to the oxygen of the sulphuric acid combining with the iodine to form iodic acid. This M. Labouré as yet has not been able to discover; in fact, he does not at present know what becomes of the oxygen, but he is about to engage in fresh researches, which he thinks will prove more satisfactory. The greater number of the soluble iodurets when acted on by sulphuric acid, disengage sulphuretted hydrogen, but the larger proportion of the insoluble iodurets are attacked with more or less facility, with or without heat, by sulphuric acid, and give out only sulphurous gas, a sulphate and iodine, without the least trace of sulphuretted hydrogen. M. Thénard states that hydrochloric acid has not any action on the iodurets, but it nevertheless decomposes a great many with different results. According to Serullas, liquid hydrochloric acid decomposes the ioduret of nitrogen; the iodine is converted into iodic and hydriodic acids; the oxygen and part of the hydrogen of the decomposed water being fixed, whilst the remaining portion of the hydrogen unites with the nitrogen to form ammonia, which enters into combination with the hydrochloric acid. At the same time the excess of hydrochloric acid causes a re-action between its proper elements and those of the iodic and hydriodic acids, so that there results water and a subchloruret of iodine, which remains in solution. This second re-action, however, according to M. Labouré, does not take place in this manner, the hydrochloric aud has not any action on the hydriodic, but they both re-act on the iodic and decompose it, giving rise to the production of water, whilst the chlorine of the hydrochloric acid combines with the iodine to form a protochloruret of iodine. The solid alcaline chlorurets, those of potassium, barium, sodium, ammonia, and others, brought into contact with cold concentrated hydrochloric acid, impart colour to it, but if heated to boiling, it assumes a more or less deep yellow tinge, and when cooled, if the acid is poured off and the residue repeatedly washed with alcohol at 40° to remove all the acid and the alcaline ioduret, there remains a pulverulent residue, consisting of an alcaline chloruret, which is completely soluble in water, and gives with the nitrate of silver a precipitate of the chloruret of the same metal, soluble in ammonia. The ioduret of zinc is soluble in cold hydrochloric acid and colours it yellow. This acid, when cold, has scarcely any action on the yellow iodurets of lead, but if boiling, the ioduret is completely dissolved if there be sufficient acid, the solution being limpid and of a slightly reddish yellow colour. On cooling needle-like crystals of a pale yellow colour are deposited—they are the chloruret and ioduret of lead, (a chloro-plumbate of the proto-ioduret of lead). The iodurets of antimony and bismuth are soluble in boiling hydrochloric acid and impart to it a red colour. The iodo-plumbate of ammonia may be obtained by keeping the crystallized or amorphous ioduret of lead in contact with caustic ammonia for several days. Ammonia is disengaged from it by heat. The iodio-cuprate of ammonia may be also be obtained by adding a salt of the protoxide of copper prepared by M. Sevol's method, to a solution of ioduret of potassium, and closing the containing vessels directly. The salt is formed in a white crystalline precipitate, which can be dried without decomposition, the ammonia becoming disengaged. The protochloruret of copper decomposes the iodurets of mercury. The proto ioduret in contact with its solution, becomes gradually greenish black, then quite black, and a little afterwards of a grey colour, on account of the mixture of the oxyde of copper. The bin-ioduret of mercury in similar circumstances, becomes of a yellowish red colour, then yellow, greenish yellow, and at last quite green, and is gradually brought to the condition of proto-iuduret. If there is an excess of the chloruret of copper, it is decomposed, metallic mercury precipitated in a state of fine powder, and oxyde of copper, and the liquid contains hydriodic and hydrochloric acids, by which copper is held in solution. Calomel is decomposed by the alcaline and other soluble iodurets, such as ammonium, magnesia, iron, zinc, &c. The same effect takes place with the solid iodurets. The calomel is changed into the proto-ioduret of mercury, and an alcaline chloruret is formed. The greater number of double iodurets are decomposed by water; the electro-positive ioduret is dissolved, and the insoluble electro-negative ioduret precipitated. According to M. Boullay, if the bin-iodrargyrate of the ioduret of potassium is treated with water, one atom of the bin-ioduret of mercury is separated, and there remains the prote-iod-hydrargyrate of ioduret of potassium, but this is not the case; then remains the bin iod-hydrargyrate, intermingled with cubes of alcaline ioduret.

Hemiplegia, following ligature of the common carotid.—Dr. Fairfax adds another case to the list of those in which this accident has happened. His patient, a middle-aged lady, much reduced by chronic disease of the lungs, died five days after the operation. The mental faculties continued perfect to the last. The hemiplegia afflicted the right side, not the face, and was not observed until an hour after the operation.

Compound Fracture of the Skull—A boy twelve years of age, was admitted into Jervis-street Hospital under Dr. Banon, having been previously knocked down and stunned by a kick from a horse on the left side of the head. On examination there was found a compound and comminuted fracture, engaging the upper and anterior part of the left parietal bone, near its anterior and superior angle. It was a flap wound, patent and crescentic, with its convexity towards the temporal bone. The posterior angle of the fracture was much indented, having, probably, been opposed to the cock of the shoe, and the bone was forced through the dura mater upon the brain, some of which escaped through the wound. The boy was conscious, and apparantly in possession of all his faculties except speech. The next day some symptoms of facial paralysis existing, Dr. Banon exhibited mercury with the view of causing salivation, which was produced in a few days with advantage. Suppuration took place by the eighth day, causing, by its pressure on the brain, severe cerebral symptoms, until it was freely discharged by the wound. This state recurred once afterwards from the same cause, and was relieved in a similar manner. By two months after the accident, the boy was perfectly recovered, some slight exfoliation of bone having taken place.

Facial Neuralgia—Dr. Brookes of the Cheltenham General Hospital, narrates a case of facial neuralgia occurring in a young lady, seventeen years of age, of a nervous hysterical temperament, in whom, after belladonna, veratrine, strychnia, and iodine, had been tried unavailingly, aconitine, topically employed, effected a cure. Two grains of the aconitine were dissolved in spirits of wine, and incorporated with two drachms of lard, of which a piece, the size of a pea, was rubbed into the face on the accession of the pain. The application of the ointment occasioned a twitching, stinging sensation of the skin, and after a few trials, the paroxyms were diminished in frequency and severity. It was used six times daily for about three weeks, and continued for some time afterward, longer intervals being gradually allowed to elapse between each application. Dr. Brookes considers that if further experience confirms the opinion he entertains of this remedy, it will prove a valuable addition to the materia medica.

Operation for Hare-lip—Mr. Fergusson's opinion is, that under all circumstances, the best period for operating is immediately after suckling, provided the patient is otherwise in good health, and does not suffer from teething. It is usually a very safe operation at all periods of life.

A SELECT PRACTICAL FORMULARY.

TRANSLATED FROM THE FRENCH OF M. FOY, PRINCIPAL PHARMACIEN OF THE HOSPITAL SAINT LOUIS, AT PARIS.

(Continued from Page 206.)

ETHER, ACETIC FERRUGINOUS (Klaproth), four parts of liquid acetate of iron, one part of acetic ether, and one of alcohol, mixed together; dose, fifteen to forty drops in an appropriate menstruum; antispasmodic.

ETHER, BALSAMIC of TOLU (Moreau), three parts of tolu, sixteen of sulphuric ether, macerated for several days, and decanted; used in fumigations in laryngeal or pulmonary catarrhs, irritation of lungs, &c.

ETHER, HYDROCYANIC, five or six drops in a gummy looch, as sedative; rarely used on account of its disagreeable odour.

ETHER, MERCURIAL (Chéron), a solution of sixteen grains of the deuto-chloruret of mercury in an ounce of sulphuric ether; dose, six to twelve drops in a proper menstruum; in syphilitic diseases complicated with nervous affections.

ETHER, PHOSPHORATED, anhydrous sulphuric ether and alcohol containing four grains of phosphorus to the ounce. *** As phosphorus is separated when this is added to an aqueous menstruum, the phosphorated oil is preferable.

ETHER, SULPHURIC, internally, twenty to sixty drops in antispasmodic julep or draught; syrup, two to six drachms in the day, either pure or diluted with a little water. Hoffmann's anodyne, twenty to sixty drops internally; externally, a sufficient quantity used as a topical application, acts as a sedative to the nervous system; it is employed in all the neuroses, and may be regarded as a specific in drunkenness; and it is also recommended as anthelmintic and febrifuge its extreme volatility and the cold which it produces on the parts to which it is applied, render it useful in syncope, burns of the first degree, certain neuralgias, megrims, &c. Given in large doses ether causes violent irritation of the stomach, produces giddiness, disorder of viscera, &c.; in, small doses its action is reduced to that of a moderate heat which, when applied over the region of the epigastrium is sometimes transmitted over the whole body, and through the nervous system.

ETHER SULPHURIC, WITH THE DEUTO-IODURET OF MERCURY, (Magendie) prepared with the same proportion of the deuto-ioduret as the alcohol of the same salt.

ETHER, SULPHURIC, IODURETTED.—(Magendie) one part of iodine dissolved in twelve of sulphuric ether; dose, 5, 10, 15 drops, in an appropriate menstruum; used in the same diseases as the proto-ioduret of mercury, in scrophulous diseases complicated with nervous affections.

ETHER, TEREBINTH. (Durande), two parts of essence of turpentine dissolved in three of ether; a few drops to be given in the treatment of biliary calculi.

ETHER WITH ZINC, one part of the hydrochlorate of zinc, dissolved in two parts of rectified alcohol, and four parts of sulphuric ether; dose, two or four drops twice a day; antispasmodic.

EUPHORBIUM, a dangerous drastic purgative and sternutatory; rarely employed at present, except externally, in revulsive and vesicant preparations, in the proportion of twenty to thirty grains to the ounce of lard.

EXTRACT, COMPOUND COLOCYNTH, (English and Portuguese pharmacopœias); six drachms of colocynth pulp, digested for four days in twelve ounces of spirit of wine, then add an ounce and a half of powdered socotrine aloes, and half an ounce of powdered scammony; evaporate to the consistence of thick honey, and then incorporate with it a drachm of powdered cardamom seeds; dose, in bolus or pill, 6, 12, or 18 grains daily: a drastic purgative, in dropsies and obstructions.

EXTRACT OF CUBEBS, OLEO-RESINOUS, (Dublanc), an extract obtained by distilling the cubeb pepper with water, separating the volatile oil which forms, treating the residue with alcohol, withdrawing the latter by distillation, evaporating to the consistence of syrup, and mixing the residue with volatile oil. It constitutes a more active remedy than the cubebs, and one more easy to be taken; it is given in the dose of four, eight, or twelve scruples in the form of bolus or pill.

EXTRACT, RESINO-SAPONACEOUS, (Plenck), a resino-saponaceous mixture, evaporated to dryness; dose, 12 to 18 grains.

EXTRACT OF SOOT, boil a pound of soot in eight pounds of water for a quarter of an hour, throw it upon a cloth, filter, evaporate to dryness; used in soft or liquid collyria, in granulations of the conjunctiva or specks of the cornea, in the proportion of one part of the extract to ten or twelve parts of liquid, either water or vinegar, or of some fatty body as lard, cerate, &c.

FEBRIFUGE, FRENCH, a mixture of equal parts of powdered camomile, gentian, and oak bark; dose, two to four drachms in bolus, pill, or electuary.

FENNEL, infusion, two to eight drachms to a quart of boiling water, used as diuretic.

FLOWERS, PECTORAL, a mixture, consisting of equal parts of the flowers of mallow and marsh-mallow, tussilago, and red poppy, or of the verbascum thapsus; mode of exhibition, one to three drachms in infusion with a quart of boiling water, in inflammatory diseases.

FOMENTATION, AMMONIACAL CAMPHORATED, (German hospitals), four parts of the liquid subcarbonate of ammonia, twelve parts of the camphorated brandy; used in the dressing of ecchymoses, and as a rubefacient.

FOMENTATION, ANTISEPTIC (German hospitals), twelve ounces of the concentrated decoction of bark, two drachms of spirit of bark, mix, and add one drachm of camphor in powder; mode of exhibition, used to wash gangrenous sores with; compresses and pledgets of lint soaked with it, are also applied over the sores.

FOMENTATION, AROMATIC, two parts of aromatic species, sixteen parts of boiling water; to be strained and pressed, after infusing for an hour; used in the dressing of sprains, dislocations, contusions, &c.

FOMENTATION, ASTRINGENT, (Hôpital des Enfans), two ounces of bistort root, two ounces of pomegranate bark, digested for an hour in a pint of hot red wine; then strained, and two drachms of the hydrochlorate of ammonia added.

FOMENTATION, SEDATIVE, one part of marsh-mallow leaves, one part of poppy leaves, one of the hyoscyamus leaves, boiled for twenty minutes in sixteen parts of water, then strained, and pressed.

FOMENTATION, DIURETIC, (German hospitals), one part of the parietary, boiled for twenty minutes in twelve parts of water; then strained and pressed, and two drachms of tincture of squills or nitrate of potash added to every twelve ounces of liquid; used in suppression of urine, &c.

FOMENTATION, EMOLLIENT, one or two parts of mallow-leaves or emollient species, boiled for a quarter of an hour in sixteen parts of water, and then strained, and strongly pressed; used in abdominal and other inflammations, and in the inflammatory edema which frequently follows delivery.

FOMENTATION FOR CHILBLAINS, (German hospitals), one part of liquid chlorine and thirty-two parts of spring water.

FOMENTATION, JUSTAMOND'S, one part of the hydrochlorate of ammonia, dissolved in sixteen parts of spirits of rosemary; used in indolent tumors of the breast, following milk abscess.

FOMENTATION, NARCOTIC, half a drachm of watery extract of opium, dissolved in a pint of pure water.

FOMENTATION, DISCUTIENT, (German hospitals), one part of sal ammoniac dissolved in four parts of vinegar, and four of alcohol; mode of exhibition, compresses wetted with it, applied over contusions, ecchymoses, luxations, fractures, &c.

FOMENTATION, DISCUTIENT, (Maternity hospital), one drachm of mint leaves, one drachm of sage leaves, two drachms of the leaves of the melilotus, two drachms of the black elderberry, infused for half-an-hour in a quart of boiling water, then strained, and three ounces of braudy added; used in engorgement of the breasts, caused by stasis of the milk; mode of exhibition, compresses wetted with the liquid applied on the breasts.

FOMENTATION, SAPONACEOUS (Hotel-Dieu), one part of medicinal soap, dissolved in thirty-two parts of brandy; used in strains, contusions, &c.

FOMENTATION, SINAPISED (Fouquier), four parts of flour of mustard mixed with sixteen parts of warm water; mode of using it, compresses soaked in it applied over the parts where it is desired to keep up a continuous irritation.

FOMENTATION, ROSE (Hospitals of Paris), one part of red roses, infused for half an hour in sixteen parts of very hot red wine, and strained; mode of exhibition, lint wetted with it applied over indolent sores. *** The vinous fomentation with sage or juniper berries, which is used in the same manner under similar circumstances, is prepared in the same proportions, to which is sometimes added one or two parts of spirits of camphor. The simple vinous fomentation is a cold solution of four parts of honey in thirty-two parts of red wine.

FILIX MAS, powder, one to three drachms in a cup of water or milk, a dose of castor oil or any other laxative being taken next morning; decoction, half an ounce to an ounce to a quart of water; resinous extract, ten to twenty-four grains in bolus or pill; an anthelmintic, used in cases of lumbricus, tricocephalus, and even tænia.

FRAGARIA-ROOT (Strawberry), decoction, two to four drachms to a quart of water; used as a diuretic, in chronic affections of the genito-urinary organs, and sometimes also as an astringent in passive hœmorrhage, gonorrheal discharges, &c.

FRONTAL, HYPNOTIC, half an ounce of powdered hyoscyamus leaves, half an ounce of powdered red-poppy leaves, six grains of powdered crude opium; mix, and make a paste with a sufficient quantity of vinegar, to be applied between two pieces of linen to the forehead; used in severe head aches.

FRUITS, CARMINATIVE, a mixture of equal parts of aniseed, coriander, carraway, and fennel-seed.

FRUITS, PECTORAL, a mixture of equal parts of dates, jujubes, raisins, and figs; one or two ounces in decoction with a quart of water; used in inflammatory affections of the chest.

FUMETORY (Fumaria), infusion one to three drachms to a quart of boiling water; expressed juice, one to four ounces, syrup, one to three ounces as demulcent; distilled water, two to four ounces as a menstruum; extract, half a drachm to two drachms, in bolus, pill, or mixture; a slight tonic, prescribed in cutaneous, scorbutic, and scrophulous affections, &c.

FUMIGATION WITH ALCOHOL AND VINEGAR, given in the same manner as a vapor bath from water, the only difference being in the fluid used.

FUMIGATION WITH BELLADONNA, (Furster) in the one part of very hot infusion of sage, one drachm of powdered belladonna: mix, and introduce it into a fumigation-flask, and cause the vapor to be respired by phthisical patients, and by children with hooping cough. ***The dose of belladonna may be increased daily by half a drachm to a drachm.

FUMIGATION WITH CINNABAR, four to eight drachms of cinnabar in powder; this fumigation, which is employed in the same way as those with sulphur, in chronic cutaneous affections, and in inveterate syphilis, has the inconvenience of salivating the patients quickly. *** From two to four drachms of olibanum in powder, or of juniper berries, benzoin, or amber, are sometimes added to the cinnabar.

FUMIGATION WITH TAR, mix equal parts of tar and boiling water, place the vessel containing the mixture in the patient's room, and keep the liquid boiling as long as may be deemed necessary,

FUMIGATION, GUYTONIAN, when the air of a large place is to be purified, the first thing to be done is to remove the inhabitants, then to place on a furnace slightly heated, in an earthen vessel, the following mixture: five parts of the chloruret of sodium, (sea salt,) four parts of powdered peroxide of manganese, sprinkled with five parts of sulphuric acid at 66°, and five parts of water. The place is then to be closed up, and after the lapse of twenty hours the doors and windows opened, and the air renewed. Clothes and bed-linen are disinfected by hanging them up in a space where gaseous chlorine is disengaged in sufficient quantity. Guytonian fumigations may be replaced by the dry chloruret of lime, scattered here and there in small quantities in the infected places, the chloruret being moistened with diluted sulphuric acid, or the rooms being sprinkled with the liquid chloruret of lime. When the patients cannot be removed from the rooms where the air ought to be purified, glass flasks enclosed in wood cases, and containing a mixture for the disengaging of chlorine, are to be carried about one's person; the mixture is generally composed of the peroxide of manganese and hydrochloric acid. The flasks are closed by a moveable stopper, with an apparatus attached, by which a more or less disengagement of the gas is permitted.

FUMIGATIONS, PULMONIC, the good effects of hot vapours whether merely aqueous or medicated, have been demonstrated in certain diseases, but more especially in those of the respiratory apparatus; coryza, laryngitis, bronchitis, phthisis, convulsive cough, palpitations, &c. have been advantageously treated by this plan.

FUMIGATIONS, SMITH'S, (the fumigations with chlorine are generally preferred to this), it is prepared with sulphuric acid, water, and nitrate of potash, and has the inconvenience of generating nitrous acid gas sometimes.

FUMIGATION, STIMULANT, one part of sliced wormwood, one part of minced chervil, and thirty-two parts of boiling water; mode of exhibition, the vapor to be directed on the generative organs, to recal the catamenia or assist their secretion.

GALANGA ROOT, a substance rarely used, possessing the stimulant properties of the cardamons.

GALBANUM, a gum resin, rarely employed internally, possessing the properties of gum ammoniacum and assafœtida.

GARGLE, ACIDULATED, one part of white vinegar, three parts of honey of roses, twenty-four of barley-water; used in chronic and obstinate inflammations of the throat, malignant sore throat, &c.

GARGLE, DEMULCENT, one part of marsh-mallow root or figs boiled in sixteen parts of water or milk for a quarter of an hour, strained and sweetened at pleasure; used in inflammatory sore throat. *** In the ammoniacal gargle of the German hospitals, which is employed in obstinate sore throats, four drachms of liquid ammonia are added to twelve ounces of this gargle. The demulcent gargle of the Parisian hospitals is prepared with two drachms of marsh-mallow root, one ounce of syrup of honey, eight ounces of common water, boiled to seven, and strained, after which the syrup of honey is added.

GARGLE, ANTISCORBUTIC (Parisian hospitals), half a drachm of bitter species, eight ounces of boiling water, infused for an hour, strained, and one ounce of syrup of honey, and one of anti-scorbutic tincture added.

GARGLE, ANTISCORBUTIC (Ricord), two drachms of red kino, twelve ounces of water, boiled to eight, strained, and eight grains of the gummy extract of opium added, in cases of gangrene, or two drachms of tincture of horseradish; used where there is a slight local scorbutic attack, or permanent softening of the gums.

GARGLE OF BORATE OF SODA (Parisian hospitals), eight ounces of demulcent gargle, two drachms of borax.

GARGLE ANTISEPTIC, twenty-four grains of sal ammoniac, forty grains of camphor, rubbed down in sixteen ounces of hop infusion. Used in ill-conditioned anginas.

GARGLE ANTI-SYPHILITIC, sixteen parts of barley-water, two parts of syrup of Cuisinier, one part of Van Swieten's liquor. Used in syphilitic ulcerations of the throat.

GARGLE, WITH CORROSIVE SUBLIMATE (Ricord), eight ounces of decoction of conium, two grains of corrosive sublimate; used in ulcerations of the throat after the acute stage has passed away. *** The quantity of the sublimate may be increased in the proportion of one grain to the ounce. *** Dr. Gibert's gargle differs from the preceding, only in the menstruum, which is lettuce-water, and the addition of ten drops of laudanum.

GARGLE OF MILK AND FIGS, three or four figs boiled in half-a-pint of milk for some minutes, and strained; used in inflammatory sore throats.

GARGLE, ASTRINGENT (Parisian hospitals), two drachms of red roses, eight ounces of boiling water, infused for an hour, strained, and a drachm of alum with an ounce of honey of roses added; used in aphthœ, angina, &c.

GARGLE, ASTRINGENT, OR ALUMINOUS (Bennati), one drachm of sulphate of alum dissolved in ten ounces of well filtered barley-water, and half an ounce of syrup of diacodium; used in atony of the organs of voice. *** This formula is marked No. 1; and according to indications Dr. Bennati raised it gradually to Nos. 12, 14, 16, or even more, by adding one drachm of alum to each.

GARGLE, ASTRINGENT (Ricord), seven ounces of destilled lettuce-water, twenty-four grains of alum, one ounce of honey of roses; used in aphthous affections and sub-acute mercurial stomatitis.

GARGLE, WITH MEL ROSÆ (Parisian hospitals), a drachm and a quarter of barley, eight ounces of common water, one ounce of honey of roses, boiled to seven ounces; used in aphthæ and sub-acute angina.

GARGLE, SEDATIVE (Hop. des Venericns), two bruised poppy heads, one drachm of linseed, boiled in six ounces of pure water for fifteen to twenty minutes, strained, and two drachms of syrup of honey added.

GARGLE FOR MERCURIAL SALIVATION, one to four drachms of bruised gall-nuts, infused for twenty minutes in a pint of boiling water, strained and sweetened at pleasure.

GARGLE, WITH HYDROCHLORIC ACID (Ricord), seven ounces of distilled lettuce-water, twenty drops of pure hydrochloric acid, one ounce of honey of roses; used in aphthous affections and mercurial stomatitis.

GARGLE ANTI-PTYALISMAL, (English prescription) one drachm of borax, four drachms of chloruret of soda, dissolved in twelve ounces of water, and an ounce of honey added.

(To be continued in our next.)

GOSSIP OF THE WEEK.

Death has been active in our ranks during the last month or two. The names of Colles, Allen, Beckwith, and Burder live; but those who gave them their vitality, are no more. Dr. Beckwith died at York, possessed of immense riches, the greater portion of which he has bequeathed to public institutions. The death of the distinguished Irish surgeon, Colles, took place on the 1st instant, at his residence, Stephen's Green, Dublin. The cause of death was disease of the heart, a malady which had induced his retirement from practice two years before. Dr. Colles was born in Kilkenny, was early appointed Professor of Surgery to the Irish Royal College of Surgeons, and was assistant surgeon to Steven's Hospital. His surgical practice in Dublin, was the largest of the day, and he is said to have died worth £165,000. He was offered a baronetcy by the Whig Government, and declined the honour. He had reached his seventieth year. Mr. Allen, F.R.S., died on the 30th ult., at his residence, at Lindfield, in the 74th year of his age. His health had long been declining, and for the ten days previous to his death, he had been confined to his bed. His death was happy. It does not become us to dwell on the exertions he lent to the abolition of Slavery, or the active part he took in all the public movements with which the Society of Friends (to which sect he belonged) sympathised. But regarding him as a member of the influential body of druggists, no terms will be too high to express the purity of his character or the philanthropic eagerness with which he gave his aid to all that promised, however remotely, to raise the scientific character and secure the social respectability of his pharmaceutic brethren. He was the principal member of the firm of Allen and Co., chemists, Plough-court; was formerly a lecturer at Guy's Hospital and Royal Institution in Chemistry; and took an active part in supporting the Pharmaceutical Society, which has made a public acknowledgment of regret at his loss and respect for his memory. Of Dr. Burder much more might be said than our space allows for. He contributed numerous papers in the Cyclopædia of Practical Medicine, and is author of the "Letters from a Senior to a Junior Physician." He died August 16, at Tunbridge Wells.

An annoying and very ungracious paragraph took the round of the daily papers this week. It was headed "Town and Country Practice," and related in graphic and picturesque language, a case to show how much *London* were superior to *country* surgeons. A dislocation of three weeks standing, which was asserted to have defied the skill of some medical men near Colchester, was reduced by Mr. Fergusson, assisted by Mr. Steel, the house surgeon to King's College Hospital, with very little difficulty. These gentlemen have promptly disavowed the remotest connection with the insertion of so offensive an article. The origin of the paragraph may, we believe, be thus explained. A penny-a-liner, who had been proving his fidelity to his calling, by potations neither thin nor unfrequent—was visited by delirium tremens, and honoured the hospital by two or three days' sojourn. Before his dismission the case of dislocation was operated on: the opportunity of at once showing his gratitude, and turning an honest penny, being too much for his weakness, he vented his disparaging admiration through the *Post*.

The Hydropathists are going down, we fancy, faster than the most sanguine encomiasts of the people's good sense could have anticipated. One symptom of this, is a paragraph they have sent the round of the country papers. We give it as we find it, that the gentlemen named in it may relieve themselves of the imputation published against them through the provinces. If the libel be false, a medical jury would give the sufferers heavy damages for the severity of the aspersion:—"*The Water Cure.*—There are already above twenty water-cure establishments in different parts of the kingdom, and they are increasing in number daily Very eminent members of the family of physic have embraced the new doctrines, including Drs. E. Johnston, Graham, King, Sir Charles Scudamore, Hume Weatherhead, and many others."

We understand that Mr. George Ireland Mills, the Deputy Coroner of *the* Medical Coroner for Middlesex is not a medical man but a lawyer—an attorney or attorney's clerk. His name is certainly not in the list of the London College of Surgeons. Should this be so, the Profession has worked to some purpose to establish the principle of medical coroners in the return of Mr. Wakley! For barefacedness, the man who denied his own identity, and in his sound senses threshed his mother for insisting on it, is a joke to the Middlesex Coroner.

Our Contemporary, the Spectator, has a good article on the necessity for introducing a sanatory police for the metropolis. The Editor argues from the admitted fact of universal street filth and co-existent fever in such comparatively well situated districts as St. Pancras, the state of disease likely to be engendered in less fortunate localities. The efficiency of vestries as conservators of public health, is then adverted to—the happy skill with which they leave parishes in nightly darkness, keep streets under incessant paving, give and retract permission for public martyr statues is severely handled, and a broad conclusion come to, that there should be one general system of management for highways, drainage, scavengering, the superintendence of slaughter-houses, and water companies, inspectorship of provisions, and, in short, of all that affects public health. Our contemporary deserves the thanks of the public for his timely notice of a subject to which we have so often called attention. The way in which each man's health is allowed, in an enlightened country, to depend upon the filthy or covetous disposition of his neighbours, is a monstrous anomaly. The necessity of working the proposed system through the agency of men who have the advantage of a chemical and medical education, is unaccountably overlooked by the able journalist.

The *Dublin University Magazine* furnishes a long antiquarian article in favour of the alleged powers of Mesmerism. It is headed by a motto from Carlyle (Thomas), making much of the revived truth of man's miraculousness, and affirming that while medicine and reason will be unable not only to explicate but rightly to *name* the wonder, quacks will derive from it a profit. The writer refers to the vast hopes once opened to the world scientific in the age of Paracelsus, by the first essays of the power of the magnet, and asserts that a something called Magnetism was to Van Helmont, Agrippa, Von Nettesheim, Kircher, and others, the one universal cosmic force, the etherial primal substance and grand element that pervaded and informed with life all that subsists in space, the basis of all natural properties and effects, &c. &c. In illustration of this, a clever passage is quoted from Van Helmont, in which Mr. MacNeile is acutely *pre*-answered in reference to satanic agency, and a mysterious panegyric passed on the powers of the human will. "The occult force which in man," says the old Jesuit, "is a certain exstatic power of working without the limits of his organization, which power is not brought into action, save through the impulsive agency of imagination kindled by desire." Van Helmont is alleged to have produced the magnetic clairvoyance, by tasting the root of aconite. He said in his trance he saw his own soul. "A spiritual substance of crystalline appearance, luminous, and having the figure of a man; its seat the stomach and spleen!"

At a moment when much discussion is going forward on Ovariotomy (a subject the *Medical Times* introduced to its present importance), the following opinion of Dr. Vidal, Editor (with Velpeau and others) of the *Annales de la Chirurgie*, may not be uninteresting. Though we do not join in the writer's very *decided* tone, it is part of our impartiality to allow both sides of the question to hear themselves in our pages. "This is a dangerous operation, far too dangereus to be adventured. Firstly, the operator is opposed by every probability of a failure. Secondly, he acts in the dark: the cyst is not always isolated: on the contrary, there may be numerous adhesions, offering often alterations of tissues—degenerations that ought to be accurately predetermined. Shall a surgeon hazard the opening a woman's abdomen without assurance that he will be able to remove successfully the tumour? I think not. Besides, surgery offers palliatory remedies. Its history presents numerous cases of ovarian dropsy frequently operated for, without, as a general rule, exposing the patient to danger." The writer then refers for support to the unfortunate cases of Lizars and Stelling.

Another poor-law medical officer, Mr. Trew, has been suspended from the exercise of his functions. On the 19th of Nov. Mr. Trew was desired by a man to attend his brother, who was labouring under a "dreadful cough." A promise was given and some medicine sent. The patient feeling a violent pain in his side, Mr. Trew was again visited on Tuesday morning, Nov. 21, and entreated to see him. Medicine was again sent with an answer that Mr. Trew could not see him that morning, but would endeavour to visit him in the evening. On the following day the man died, unvisited by Mr. Trew or any other medical gentleman. The Board of Guardians of the Steyning Union met at Shoreham, and, on this statements of facts, have recommended Mr. Trew's dismissal. We will offer no defence of Mr Trew—for no extent of duties, however inadequately paid for, can entirely exculpate the conduct here attributed to him; but we cannot avoid expressing the opinion, that if the public knew how frequently doctors are sent long journeys needlessly, and how ill repaid they are for even the most indispensable of their labours—cases like this would receive much more merciful consideration than they usually get. The result here is worthy chronicling as a warning to medical officers to err, if they must err, in parte tutiori.

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This brief summary of the proceedings cannot be more satisfactorily closed than by stating that, in not a single instance during the existence of the Charity, have any unfavourable results been produced by the means employed, the strongest possible proof of the cautious nature of the methods pursued at this Institution.

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THE MEDICAL TIMES

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LECTURES ON SURGERY.

By Sir B. C. BRODIE, Bart., Sergeant-Surgeon to the Queen.

On Foreign Bodies in the Nose, Ear, Pharynx, Œsophagus, Stomach, and Intestines—Delivered December 20, 1843.

Gentlemen,—I mentioned in my last lecture that foreign bodies taken in by the mouth, are not unfrequently arrested at the rectum; but there are other ways by which they may get into the gut. Mr. Thomas was sent for to a gentleman who, being generally constipated, was in the habit of introducing a piece of stick or cane for eight or ten inches into the bowel; until by the irritation it produced on the mucous membrane, it caused an evacuation to take place. This he had done for years, but one day the cane slipped out of his hand and was sucked up into the gut. At first he was ashamed to send for assistance, but at last his sufferings were so severe, that Mr. Thomas was called in. He introduced his finger into the rectum, but could not feel it; by and bye the sphincter muscle relaxed, and he could get in two fingers, and after a time he could get in his whole hand. He could then feel the piece of cane lying obliquely at the upper part of the gut, and withdrew it with ease. A circumstance of great interest, and one, I believe, first observed by Mr. Thomas, was the gradual relaxation of the sphincter under the pressure of the hand. I have seen the same thing in cases where it was necessary to make an examination, and you will find a knowledge of this fact very serviceable, not only in hospital practice, but in private life. When I first met with the cases to which I allude, they puzzled me much, and I shall be very glad to save you the annoyance I experienced thereby. Persons who are in affluent circumstances generally pay great attention to the state of their bowels, and it is very necessary that they should do so, for those who lead indolent lives are very liable to have very torpid bowels. Some of them are in the habit of taking medicine almost daily. One old gentleman, eighty-six years of age, who can walk round the Regent's Park, has taken an aloetic pill every night for sixty years. Another, who died when upwards of ninety years of age, did the same thing, and I could mention many more. But with those who do not attend to their bowels, scybalæ form in the colon, pass on to the rectum, whence they are readily discharged, the softer fæces passing over them, and more descending, the accumulation going on, until at last the rectum becomes completely filled up with a great mass of hardened fæces. The patient suffers exceedingly, and he—or she, for it occurs more frequently in women than in men,—has a desire to go to stool, where she experiences great pain, but nothing passes, for the bowel is blocked up with these indurated fæces.

You will be able to ascertain the nature of the complaint by introducing a finger into the rectum, when you will feel the collection; and the question is, how are you to get it away? By injections?—they will not act on such a mass. You must dilate the sphincter, so as to be able to get several fingers into the bowel, and then, by means of two desert-spoons, you can get it away gradually, and when it has been nearly all removed, you may use injections to wash away the rest. A good nurse will be able to do this, if you instruct her how it is to be performed. Until I knew how much the sphincter admitted of dilatation, I used to find it a very difficult thing to relieve these cases. I employed a marrow spoon for the removal of the collection, and it was always a very tedious task.

Foreign bodies may pass into the bladder. There is in the museum of the hospital, a preparation of a calculus, which was purchased at the sale of the late Mr. Heaviside's museum, and a section of which shewed that it had been formed on a hazel-nut. It had been taken from the body of a woman by operation, and there was not any history of the case, but there cannot be any doubt that the woman had foolishly thrust it into her urethra, and it had thence passed into the bladder. Mr. Thomas had a patient who pushed a silver tooth-pick into the urethra, thinking she had some difficulty in making water, and which was probably hysterical. The late Sir Astley Cooper cut a woman for what was supposed to be a calculus, but which proved to be a coal. There can be no doubt that this is often done during that hysterical perversion of mind to which I have already alluded, but it is also occasionally practised to get money from charitable persons. A woman in the isle of Wight consulted Mr. Bloxam, a gentleman who had been educated at this hospital, and had since settled there, complaining of having a stone in the bladder. He extracted it with the forceps, and she had another, and a third, also, taken away with that instrument; Mr. Bloxam thought there was something curious about these stones, and, as I happened to be at Ryde at the time, he showed them to me. They were the common limestone, cut into a convenient shape to be passed into the urethra. She made a very good trade of it, for several ladies had given her money, on account of her suffering so much. I brought the stones up to town, and had them examined by Dr. Prout, and they proved to be the common limestone.

People frequently pretend to pass calculi from the bladder, which have never been there at all. It is difficult to conceive why they should do so, but I can only attribute it to that perverted state of mind as stated before, and which frequently amounts to insanity. A gentleman, Mr. Chillwell, who is now dead, brought me a wafer-box full of what was called calculi—they were only bits of brick and pebbles. He then told me the case—a young lady, the daughter of a gentleman of fortune, all at once passed blood and calculi from the bladder. Her parents were on a visit at a friend's house in the country, when she was suddenly taken ill while at the water-closet, and these calculi were said to have been passed. They were nothing more than bits of brick, pebbles, &c. I could tell you many such stories. Among poorer people these things are done to excite compassion. A woman brought her child to the hospital, saying that he had passed a stone from the bladder, which also proved to be a pebble. She got money from a charitable lady who, I believe, is not now convinced of the imposture.

Foreign substances are occasionally met with in the male urinary organs as well as in the female. A man came to this hospital with symptoms of stone in the bladder, but which, on examination, was found to be anterior to it. Sir Everard Home operated on him, and took away a calculus three or four inches long, on dividing which it was found to have formed on a flower-stalk. The man was a gardener in the country, and having a stricture and a difficulty in making water, was accustomed to pass the flower-stalk as a bougie to relieve himself. One day it broke, and part remained behind, half in the bladder and half in the urethra. I operated on a young man for a calculus, the nucleus of which was a bit of wax. The preparation is, I believe, in the museum. This foolish young man, for such I must call him, in a fit of folly, rolled up the wax and passed it into the urethra, whence it slipped into the bladder. At the time this occurred, he was on the point of sailing for India. I saw him, and advised him to remain quiet, and watch the progress of events. Notwithstanding my advice, he went to India, and returned to England in two years' time, with the calculus in the bladder. A more extraordinary case, however, occurred to Mr. Keate. I assisted him in the operation. A gentleman, who presented symptoms of stone in the bladder, was cut by him, and a roll of wax, several inches long, was extracted. It seemed that this monstrous blockhead got tipsy, and got into his head that he wanted a bougie passed; and, as he knew that "bougie" and "wax candle" were synonymous terms, he thought it would serve the same purpose. He accordingly got a wax candle, rolled it into shape, until it was, I think, about thirteen inches long, and passed it on and on in the urethra, until it slipped altogether into the bladder, and there lay rolled up in coils.

Foreign bodies may also be found in other parts of the human frame; a musket-ball, for instance, may lodge in the body for years, and do no harm. A friend of mine was wounded in the foot at the battle that took place the day before Waterloo. There was the wound where the ball entered, but not one where it had passed out, so there can be no doubt that it remained behind, yet the wound closed and healed, and my friend went about to dances, &c., and died several years afterwards of a disease in the brain. In other cases, however, it does great mischief: a young man underwent amputation for a diseased elbow, and on examination afterwards, a musket-ball was discovered in the centre of the bone, which had occasioned the disease of the joint. At other times balls lodged in the soft parts do harm in another way. A gentleman was shot in the eye with small shot, which produced the most horrible neuralgia. Some of the branches of the lenticular ganglion were probably injured. A gentleman had a musket-ball lodge in his leg, from which he did not feel any inconvenience; it was then deeply seated, but by-and-bye it changed its position, and became more superficial, so that it could be felt. It then caused spasm and fits of an epileptic character while it remained in its new position, but by-and-bye it again shifted its place, and could no longer be felt. The spasm and fits then ceased. I conclude that when it became superficial, it pressed on some nerve, and then caused the symptoms which I have mentioned. It unfortunately was not extracted when it had approached near the surface; when it again became deep-seated, and could not be felt, it of course was of no use seeking for it.

It is not an uncommon thing for pins and needles to be found in the cellular membrane. Sir Charles Bell had a female patient, in whom an abscess formed in the breast, on opening which a needle was found in it. It was supposed to have been swallowed, and to have worked its way through the œsophagus, &c., to the breast. Other cases have happened where needles have caused suppuration. They are sometimes taken out in large numbers. A lady of an hysterical habit was married to a man who afterwards became insane, and once or twice in a fit of insanity, nearly murdered her, so that, what with anxiety for him and for herself, her nervous system was very much shaken. He died, but she remained in a very weak state, complaining of continual pain on one side, and subject to fits, something like catalepsy, a sort of fit like that produced by animal magnetizers in hysterical women,

in which the patient appears to be unconscious, but is not so in reality. One day she was sitting in her room alone, with a paper containing fifty needles before her; after a time she rang the bell, said she had had a fit, and the needles had run into her leg. Well, this was thought to be very odd, but on looking at the paper, there were only seven or eight left. It was then supposed that they might have got into the footstool, which was completely unpicked, but none could be found, only parts of needles. On looking then at the leg, there was seen to be something singular about it, and a surgeon was sent for, who picked out two or three needles that were near the surface. In a few days he was sent for again; as there were more to be felt, and he could not get them out, he sent for me. I took out such as I could, and was again called in a few days afterwards. I think in all we extracted about eight-and-twenty. All these were from one leg; after a time it became swollen and œdematous, the patient became more and more weak, and gradually sunk and died, for want, as I thought, of sufficient nervous energy. On examining the leg, more needles were found, nearly enough to account for those that were missing.

There are two points to be considered in this case—the first, how to take them out, which is a practical point of great importance, and the second, how they got there. Now it may seem very easy to extract needles from the cellular tissue, but it is not so in reality, for they slide about very much, and if any pressure be made on them, before they are seized with the forceps, they will slip away. You must not attempt to take them from the human body, unless they are close to the surface; you must then puncture with a lancet on one side of it, and when the black point of the needle can be seen, you can take it out with the forceps. If you have recourse to any rough usage, the needle will slip away, and it will be impossible to extract it. As to the question, How did they get there? there can be no doubt but that she put them there herself: the needles could not have got there otherwise. While in her cataleptic state she was not utterly insensible; and as girls, while in the apparent sleep of magnetism, humbug themselves and others by pretending to read with the back of the head and elsewhere, so was she humbugging herself about these needles. Not that I mean to doubt that one or two pins or needles might have been accidentally introduced into the cellular tissue by sitting down on them or otherwise, but such a number is quite incredible. As a boy I read in the Annual Register the case of a girl, who swallowed a whole paper of needles, and which, afterwards came away by the arms, the breasts and legs. This was gravely called a case of needle-swallowing; now I cannot understand how a person can swallow twenty or thirty needles! it is not possible to swallow as many fish-bones, and even if this could occur, we should expect inflammation of the stomach or peritoneum to arise during their passage across to the arms, legs, &c. Hysterical women will frequently play curious tricks upon themselves; but when this occurs to us in practice, we should not denounce them as impostors, but content ourselves with saying it is very extraordinary. A young lady alarmed her family and puzzled several doctors by mixing ink with her urine. Her urine was always very black—yet this young lady was very good and honest, when she had recovered from her hysterical condition.

Foreign bodies may occasionally find their way into the trachea, and I shall conclude this lecture with some remarks on that subject. This accident usually occurs in this manner:—the patient has something in his mouth, and tries to speak, while in the act of swallowing, in effecting which the epiglottis is raised, when it should be shut, and thus the morsel passes into the glottis. If big enough to stop it up, the patient may be suffocated; or else is set coughing, and the cough may bring it up again. At other times it slips down, and the foreign body is in the trachea. Various substances may thus get into the trachea—cherry stones, almonds, pieces of bone, gold and silver coins, &c.

The effects produced by a foreign body in the trachea will be different, according to its size, shape, and position. It may be so large as to descend to the bifurcation of the trachea, and not cause any harm, or so large as nearly to fill the diameter of the trachea; but this is not often the case, for if the foreign body be small enough to enter the glottis, it will not be big enough to stop it up. If broad, it is generally narrow and does not lie quite across, so that air can generally whistle by it on either side. Then again the body may be very light, so that it rises up in the trachea, during a paroxysm of coughing; or very ponderous, so that it remains always at the most dependant part; or again, it may be so small as to descend into the bronchus, in which case it is generally the right, as it is wider than the other, and lies more nearly in a line with the trachea. Let us suppose a body light and smooth, like a cherry-stone or an almond, and moveable in the trachea. It will lie generally at the bottom of the trachea, and not cause any inconvenience until cough is excited, and then, after some time it may be coughed up through the glottis; at other times however, it may be caught in the glottis, and strangle the patient. This is one of the effects of a foreign body in the trachea. Let us next suppose something not very ponderous, but irregular in shape, with sharp edges lying across, sticking in the trachea or one of the bronchi. There will not be much difficulty of breathing, but inflammation will be excited, and the secretion of viscid mucus, which, added to the foreign body, will block up the part of the trachea which had been free, and the patient will die suffocated. Supposing the foreign substance to be composed of metal, a heavy substance, it will keep at the bottom of the trachea, if of large size, or else get into the bronchus. A metallic body which has passed through the aperture of the glottis, is generally small enough to get into the bronchus.

What happens when it or any other foreign body has passed into the bronchus? It does not generally cause difficulty of breathing, as it is frequently small enough not to interrupt the return of the air from that side of the chest, or if it does, there is still another lung for respiration. Cough is produced, and if the patient is placed in the inverted position, it will roll down to the glottis, and threaten suffocation. As this, however, is a position not often assumed, there is not much danger from it. It may remain there a long time, but will ultimately induce disease in the lungs. A man swallowed a louis d'or, and four years afterwards he had disease of the lungs and abscess.—His case is recorded in the memoirs of the French Academy of Surgery. A boy swallowed a sixpence, he was taken to Guy's Hospital, and because his lungs had become diseased, Mr. Key refused to operate. A child swallowed a tin tack; he soon expectorated pus, and finally coughed it up; the discharge of pus then ceased, and the patient recovered.

Foreign bodies are very frequently coughed up, and it has been proposed to attempt their removal by making the patient cough. It has also been proposed to do so by an emetic, but that is nonsense. In the act of vomiting or just before, a deep inspiration is made, and the diaphragm descends and combines with the action of the abdominal muscles in expelling the contents of the stomach. This proposal is founded on wrong physiological notions.

It is dangerous to trust to coughing; the foreign substance may be brought up to the glottis, may stick there, and the patient die in consequence. An opening should be made low down in the trachea, and as the patient is not in immediate danger of suffocation, you may proceed as leisurely as you please, taking up each vessel as you go on, and separating the parts with the director instead of the knife. If the trachea is opened while the blood is flowing, it will be drawn in during the act of inspiration, and the patient will be suffocated. I know a case where a surgeon was operating, and the patient died directly the opening was made. The body was examined the next day, and the trachea and bronchus were found to be full of blood. Three or four rings of the trachea should be divided, but there is not any necessity to cut away any part of it. Well, then, what happens after the operation has been performed? If it be a light body, the edges of the opening being held apart, the patient coughs, and it is thrown out, and if not, the danger of suffocation from its sticking in the glottis is prevented. If it be a rough substance, such as a bone, not moveable, and sticking in the trachea, you must take it out with the forceps. With respect to the removal of a foreign body from the bronchus, you must never attempt it if it can be avoided, for the introduction of the forceps creates great irritation, and it is a frightful thing to do, while the patient is agitated with convulsive cough. Consider what important parts you may injure. You may take hold of one of the subdivisions, or injure one of the pulmonic plexus of nerves; the phrenic nerve is just behind, and the great vessels of the heart close by. Still, if a piece of bone stick across the bronchus, it may be the only way of getting it out. The forceps in that case must be passed in at least four or five inches from the opening you have made. In the case of Mr. Brunel, which occurred last year, when a half-sovereign passed into the bronchus, an opening was made into the trachea, but the foreign substance was not coughed up, as a cherry-stone would have been, because it was too heavy. Before the opening had been made, we could move the coin by placing our patient on an inclined plane, when the half-sovereign stuck in the glottis, and nearly choaked him. I determined, therefore, not to repeat that experiment until an opening had been made below the thyroid gland. This was made, and some days after, he was again placed on the inclined plane, and the coin escaped without any convulsive cough or spasm of the glottis.

To recapitulate the history of this case, Mr. Brunel, while playing with a child, got a half-sovereign into the trachea, which caused violent cough. He was placed on a moveable platform; the coin rolled to the glottis, and stuck there, nearly inducing suffocation. An opening was made in the trachea and attempts were made to extract it with the forceps, causing violent irritation and cough. The opening was kept patent by the use of a tube from time to time when requisite, and when the patient had recovered from the effects of the operation, he was again placed on the moveable platform, and the coin rolled out of the mouth, without any spasm of the glottis. Some blood escaped with it, evidently from the external granulations.

The rule then, when there is a foreign body in the trachea, is not to trust to nature. Make an opening, and if the body is light, it will be thrown out; if not, by the patient assuming a certain position, it may be made to come out at the glottis by its own weight; and if it be rough and irregular and stick in the trachea, you must use the forceps for its removal through the opening you have made, but with great caution, more especially if the foreign body should be in the bronchus.

On Abscess near the Rectum, and Fistula in ano—Delivered January 3rd, 1844.

Gentlemen—You are all, doubtlessly, aware that abscesses are very liable to form in the vicinity of the rectum. When abscesses have formed in that part, they heal with great difficulty, and for the most part not spontaneously. You are aware that the parietes of the abscess contract, become hard and callous, and in that state constitute the disease called *fistula in ano*, a complaint which is common in hospital practice, but still more so in private life,—a disease in every way of great interest to the surgeon.

The first question we are inclined to ask respecting this complaint is, why are abscesses so liable to form in this part, and why do they not heal like those which are formed in other parts of the system? At one time I used to suppose their non-healing was caused by the irregular action of the sphincter ani and levator ani muscles, but further experience and reflection have shown me, that this was not sufficient to explain why abscesses so near the rectum do not heal spontaneously, and at any rate does not explain the frequency of their formation. To understand it, we must direct our attention to what happens in other parts of the intestinal canal. The mucous membrane is very liable to ulceration. In patients who have died of disease of the liver, or phthisis, or from typhoid fever, and under other circumstances, we find ulceration of the mucous membrane, in many cases not extending deeper, but in some instances also through the muscular coat, and if that happens where the bowel is covered with the peritoneum,

the fœeal matters may escape into the peritoneal cavity. A little boy who was labouring under mesenteric disease, was just recovering from what was called an attack of fever—he was, in fact, convalescent—when he was seized one evening with a fainting fit, from which he was restored by the use of stimulants. The next day he had another fit, from which he did not recover. On examination of the body afterwards, there were found diseased mesenteric glands, and ulcerations in the ileum, one of which had penetrated through the muscular coat, and the fœeal matters had escaped into the cavity of the peritoneum. Every person of much experience must have seen similar cases. In other cases where the intestinal mucous membrane and the peritoneal coat are ulcerated through, the contents of the bowel do not escape into the abdomen, adhesions having taken place between the peritoneal coat of the intestine and the abdominal parietes, previously to the completion of the perforation. The fœeal matter escapes into the cellular membrane of the abdominal parietes. A young man, seventeen or eighteen years of age, who had long been in ill-health with disease of the lungs, and was ill otherwise, one evening when he was supposed to be rather better than usual, was seized with a violent pain in one side, which soon extended over the whole abdomen. Two physicians were called in, who thought it was a case of peritoneal inflammation, although all the symptoms of peritonitis were not present. The inflammatory symptoms were subdued, and when I saw him a few months afterwards, there was a tumour situated in the right side of the abdomen. It was an abscess, which I opened, and discharged pus and foreign matters, which I was satisfied came from the intestinal canal. Ultimately the young man died, and on examination of the body, there was ulceration of the mucous membrane of the bowel, the latter being adherent to the abdominal parietes just above the groin, and the fœcal matter having made its way into the cellular membrane. This young man died, but such a result is by no means a matter of course. A little boy, who also had mesenteric disease, had an abscess near the navel, which discharged feculent matter. I gave him appropriate medicines, and kept him on his back, which I considered to be an essential part of the treatment. The boy recovered, but I cannot tell how many years he lived afterwards. I had another such case; the boy was taken into the country, and I do not know how long he survived, but it was for some time.

The lower portion of the ileum is the part of the intestines the most likely to ulcerate, but it may also take place in the cœcum. Abscesses in the right iliac region generally belong to the cœcum. A young man jumped off a coach; a tumour formed in the groin, which I thought was an abscess of one of the deep seated glands. I sent him into the country. A month after it burst and discharged a quantity of very offensive pus, on examining which very carefully I detected fœces in it. As he was a very nervous man, I thought it was not right to tell him what I had discovered, and for two or three days afterwards all went on well; but then unfortunately a draught of bark was ordered for him, which very soon afterwards passed out at the groin. He became very much frightened, the nervous system gave way, and he died in ten days. On examining the body, there was an ulcerated opening of the cœcum, through which the fœces escaped into the abscess, and were discharged at the groin.

There was a woman in this hospital, who had an abscess in the groin, which was thought to be connected with diseased bone, as is often the case; one day a lumbricus was found in the wound. Ultimately the woman died, and on examining the body, there was found an ulcerated opening in the cœcum at its posterior part, which formed the commencement of the abscess. I mention these cases because they make a greater impression on the mind than mere general remarks.

In this way then, I believe that *fistula in ano* is generally formed, that is, that ulceration of the mucous membrane of the rectum takes place, and extends through to the adjacent cellular membrane. This a matter of great importance, both in a pathological and surgical point of view, and I will give you my reason for forming this opinion. There is first the analogy with the cases of ulceration of the cœcum, which I have just mentioned. It is admitted by every one that in the greater number of cases of *fistula in ano*, there is an inner opening into the gut as well as the outer one. I am satisfied that it always exists, because I have seldom failed to find it when I have looked for it carefully in the proper place. I have never examined a dead body in which there was a fistula without finding it. It also offers a very reasonable cause for the formation of an abscess; without it we cannot assign a reason why the cellular membrane should take on the suppurative process more there than elsewhere. The pus contained in the abscess is rarely healthy pus; it is generally of a dirty colour, and sometimes highly offensive, and may contain fœculent matter. There is not any reason why a simple abscess should give out sulphuretted hydrogen, but every reason why it should do so, if it is connected with the rectum. We may also thus readily explain its not healing; a little pus, mucus or fœeal mattter passing from time to time into the abscess from the rectum will serve to keep it open.

I have more than once been able to trace the formation of a *fistula in ano* in the living subject. I was sent for to a lady, who complained of irritation of the rectum, and on examining with the finger, I detected an ulceration of the mucous membrane. I ordered her to take *Wards' paste*, or the confection of black pepper. A month afterwards, I opened an abscess, which had originated from the ulceration in the rectum. This original opening is generally very small, although it is occasionally very large, large enough even to admit the end of the finger. It is always situated immediately above the sphincter muscle, just at the part where the fœces are liable to be stopped, and where the ulceration extends through both the tunics. The principal and most common cause is the lodgment of hardened fœces in the bowels; by straining to get rid of them, the mucous membrane becomes abraded, the irritation is kept up by more hardened fœces, and by repeated straining, and ultimately the ulceration extends through the muscular coat.

Foreign bodies will also produce it. I have already mentioned in a former lecture, two cases where such was the case, but as they bear on this subject, I will repeat their principal features. A gentleman came to me, complaining of great irritation in the rectum, which, on examination, I found was caused by a piece of apple-core. Had it not been taken away, it would have caused ulceration of the bowels, the fœces would have escaped in the cellular membrane, an abscess would have formed, and in all probability, when it was opened the apple-core would have been found in it. I had another patient who was very ill, with a large abscess by the side of the rectum, which I believed to contain putrid matter, on account of his having a brown tongue and other typhoid symptoms. The abscess was opened, and a large quantity of putrid pus discharged, after which, when the cavity was examined with the finger, I discovered a large fish-bone at least two inches long, which had stuck in the rectum and traversed the abscess. It had passed through every part of the alimentary canal without difficulty until it arrived at the sphincter ani, where it pierced the walls of the rectum, caused fœculent infiltration, and abscess.

Persons who are in a certain state of ill-health, especially those patients who labour under diseases of the liver and lungs, are particularly liable to ulceration of the mucous membrane of the bowels. When this takes place in the rectum, the irritation is kept up by straining to evacuate the fœces, the muscular coat gives way, the fœces escape, and an abscess is produced.

The first formation of an abscess is not in general attended with any very urgent symptoms. There is a sense of bearing down, a feeling of fulness and weight, and the case is supposes to be one of piles, but on placing the hand to the part, a hardness is felt, which increases and becomes tender: then there is a difficulty in passing the fœces, the skin inflames, bursts, and the matter is discharged. It is generally offensive and putrid. It sometimes forms so insidiously that the patient is not aware of its existence, until the abscess bursts. A physician about 20 years ago was very ill and languid, and unable to attend to his professional duties, and one day a putrid abscess burst near the rectum, a fistula formed, for which he was operated, and then he soon got well.

During the formation of the abscess, whether the constitution suffer or not, will depend on the quality of the pus, and the size of the internal opening in the gut. If the opening be large and there be much feculent matter extravasated, so that the pus is very offensive and putrid, it will be attended with a very disordered state of the system.

I was sent for to an elderly gentleman whom I attended with the late Dr. Blicke of Walthamstow, and when I saw him, he was thought to be dying. The history of his case was as follows: he had had a fistula for many years, which he had had not had cured, as he was afraid of the operation. It sometimes closed for a few days, then opened again and discharged a great deal of matter. It had been closed for three or four months before I was called in, and at first no inconvenience was experienced, but after a time he had a feeling of pressure and weight there, and then became out of health. After this he had symptoms of typhoid fever and appeared to be sinking. I introduced my finger into the rectum, and on one side I felt an immense tumour, which was evidently full of pus. With my finger in the bowel as a guide, I passed in a lancet up to the handle, and then dilated the opening with a probe-pointed bistoury, and evacuated about a pint of matter so offensive and putrid, that its odour was immediately perceptible in every room in the house. He was better immediately, and ultimately recovered. He died lately of another complaint.

I have told you that the internal opening is always just above the sphincter muscle: in some cases the abscess does not extend any higher, this orifice being its termination, but in the great number of cases it may extend two, three, four or five inches higher. The external opening is in the skin near the anus, sometimes in the sphincter or near it, or the matter may burrow, and open a way for itself about two or three inches distant from the anus. In some cases there is not any external opening at all; this may happen in two ways. I saw a patient with ulceration of the rectum at the posterior part about as broad as a fourpenny piece. I saw her again some time afterwards, and she had then considerable disease of the rectum, but not any external opening. On examination, I found an ulcer, by which the abscess was discharged, and which was large enough to free it of its contents, which, consequently, did not lodge anywhere nor burrow. In another case, where there was not any external opening, there were two internal ones, a small one by which the mucus and fœces were infiltrated into the cellular membrane, the abscess which was produced afterwards bursting into the gut by a larger aperture, and there discharging itself, instead of externally. This condition can be ascertained by an examination made with the finger in the rectum. The discharge in such a case is not constant, for the opening sometimes contracts considerably, and then the matter collects in the cavity of the abscess, and a swelling forms, which can be felt externally. At other times it is discharged through the rectum, and then the external swelling disappears.

In some cases we have a simple abscess, and a simple sinus; in others, the case is very complicated, the matter burrowing and sinuses extending in different directions on both sides of the rectum. In these cases there are sometimes two internal openings, but, generally speaking, not so; generally only one, and that connected with only one of the sinuses. When there are several sinuses, the patient commonly suffers more or less in constitution, in consequence of the matter lodging in one or other of the sinuses, where he suffers pain, and has shivering fits or rigors, in addition to the general disturbance of the system.

We will now consider the treatment. Why does not the abscess heal? It is partly because it is an unfavourable part for it, the bowel being always in motion, but it is more properly explained by the existence of the internal opening of the abscess, by which a little feculent matter or mucus escapes into it, and keeps up the irritation. If you could

get the inner orifice to close, all would be well, and it does so now and then. I saw a patient who had an abscess, who refused to submit to an operation, and went about as usual. When I saw him some time afterwards, it had closed up and healed. No doubt the inner orifice had closed, no escape of feculent matter took place, and the abscess granulated. There is a medicine called *Ward's paste*, which is similar to the *Confectio piperis nigri* of the pharmacopœia; it contains black pepper, &c. It has been said to cure fistula, and I believe it has done so sometimes. It is a medicine very useful in piles, and in ulceration unconnected with fistula. The pepper mixes with the fœces, and acts as a stimulant to the mucous membrane, and thus it cures the piles, ulcers, &c. If the ulceration be small, it will so stimulate it, as to cause it to inflame and cicatrise, and thus it has cured fistula; but where it thas succeeded once, it has failed a hundred times.

The disease may be cured by a very simple operation. In speaking of the operation, I shall take a simple case first: a fistula by the side of the sphincter muscle, with only one sinus. The first thing to be done is, to find out the inner opening, and in this you will not always succeed, certainly not the first time, but you will always do so, if you look for it in the right place. It is situated just above the sphincter muscle. Another difficulty arises from the shape of the common probe which is round, so that the least motion of the patient twists it round. I have one made exclusively for this purpose, with a flat handle, and differing in other respects from the common probe; for about an inch from the end, it is formed like a director, becoming gradually larger towards the handle. It is a probe and director in one.

Well then, the patient being placed opposite the light, leaning over the table, and his nates separated by an assistant, you introduce the fore finger of the right hand into the rectum, and probably feel a little irregularity with it: you then pass the probe-director in through the external opening, and then, with the finger in the rectum, search for the internal opening in different directions, and in a little while the instrument will slip through. You must not use any force in doing this, or you will push it through the mucous membrane. If you do not succeed in finding it the first time, put off the operation to another day. I have often deferred the operation two or three times, until I found the aperture.

You must have probes of different sizes, as the orifice is sometimes very small; when you have found it, and have passed the instrument through, you must bend it, until it passes out at the rectum, and then you have the parts to be divided on the director. You introduce the knife-edged scissors into the groove of the director, and divide the part, in which a portion of the sphincter is included. The scissors are better than the bistoury, which tears, and if very sharp may cut your finger.

Having performed the operation, you must prevent the cut edges from growing together, and keep t an open sore, so that it may granulate and heal rom the bottom. You dress it very lightly with a small piece of lint between the cut edges, until they are skinned over, and then the rest of the healing process goes on as it should.

The matter that has formed during suppuration may burrow high up by the side of the rectum, and I used to think it necessary to divide it in its entire length, but it is a frightful thing to do, and there is no knowing what vessels may be divided. I remember a case where I divided the sinus high up, and the patient bled internally, until the whole colon was filled with blood. The hæmorrhage stopped, and the patient recovered; but he might have died. It took place insidiously, and there was not any possibility of applying a ligature.

I am satisfied that division of the fistula above the inner orifice is unnecessary.

About twenty years ago I divided a fistula, and thought I had done enough. One day I passed a probe, and it went up a great way by the side of the rectum, which appeared to be denuded. I did not know what to do, and I called in the late Mr. Cline. He said if I were to operate further, the patient might die of hæmorrhage, and therefore advised me to let it alone, I did so, and the patient got well. I have since seen other cases of the same kind.

PARISIAN INTELLIGENCE.

(FROM OUR OWN CORRESPONDENT.)

Paris, Jan. 10, 1844.

Cyst of the Ovary.—Professor Chomel presented the following remarks on the diagnosis, prognosis, and termination of this disease with which a woman, then in his wards, was affected. The patient, aged 50, had enjoyed good health until 45, at which period she perceived, without any known cause, that her abdomen increased in size, whilst the other parts of her body decreased considerably. Two years previous to her entry, she consulted a physician who recognized the presence of a liquid. Soon after, violent diarrhœa came on, the abdomen decreased, but soon resumed its former size, and latterly it might contain from 50 to 60 pints of liquid. Notwithstanding the enormous development of the abdomen, the appetite, contrary to what is generally observed, continued to be as good as it was ten years before; she eat but twice a day, and copiously, not in small quantities and often; digestion perfect. It frequently happens when this disease is greatly developed, that, as Morgagni remarked, the pressure of the liquid on the intestinal canal produces constipation, while that on the bladder forces the patient to make water very often. Here none of these inconveniences existed; the woman had two or three natural stools per diem, and urinated as seldom and as copiously as when in health. Facies good; no functional disturbance, though from the enormous distention of the abdomen, certain organs were displaced; thus the beating of the heart was felt just above the breast; and under it, percussion indicated the presence of the stomach; lungs in their normal position; base of the thorax considerably enlarged; abdominal parietes greatly distended, and sub-cutaneous veins developed. This last symptom is owing to the following cause: the blood being impeded in its passage through the vena cava inferior, a supplementary circulation is produced, by which it passes from the lower extremities to the vena cava superior. This is to be met with whenever an obstacle to the return of the venous blood exists, be the cause what it may. It is likewise to the same cause that the œdema of the lower extremities is to be attributed. Another symptom, produced probably by pressure on the uterus, is the flow of a small quantity of sanguinolent liquid from the vagina, a very common one in this disease. Such is the actual state of our patient; and here several important questions present themselves for consideration: 1° *Is the disease an ascites abdominalis, or an ascites saccatus?* In my opinion this question is easily answered, there being no example on record in which the former existed with so slight functional disturbance. It is true, that in the early stages of ascites abdominalis, the general health may be good; but when it has lasted some time, and especially when it has reached the degree of development offered here, this no longer exists; indeed, in this case, the absence of all disturbance in the functions of the abdominal viscera, may be considered as an anomaly. The patient, were it not for the enormous development of the abdomen, might be considered to be in perfect health, and this may be attributed to the gradual and slow manner in which the disease came on. It appears that in females there is an organ of very little utility, if such an expression may be employed, since it may be disorganized without causing any notable functional disturbance: viz. the ovary. Let it, however, be clearly understood that I do not mean to affirm that this organ is superfluous, but that, as in many other cases, when an organ is double, one alone is sufficient to perform the functions of both; besides which, the ovary after a certain age, becomes inert, and it is the only organ in which so large a cyst, ever presents itself. The fact that in cases of encysted dropsy of the abdomen of such a size, the seat is always in the ovary, explains why in the male sex it is never so considerable; for those situated in other abdominal viscera, the liver, kidneys, &c. never offer such a development. Some authors have affirmed that the ligamenta lata may form the walls of the cyst, but in these cases the ovary is always more or less affected. It may therefore be concluded that one of the ovaria is the seat of the disease; moreover that it is unilocular, because if it was multilocular the abdomen would be uneven, and fluctuation would not be felt, this last being the pathognomonic sign of an unilocular cyst. When the ascites saccatus has acquired a considerable volume, the walls of the cyst become thinner, and that to a degree which one would suppose to be impossible. In a case I witnessed at the Charité, thought to be an ascites abdominalis, it was only by a most minute examination that a thin membrane could be found forming the walls of the cyst.—2° *Is it possible to say which ovary is affected?* This may be ascertained when the abdomen first develops itself on one side only, and from the deviation of the uterus to the side opposite to the diseased ovary. This, however, is but of little moment in a practical point of view, and is rather an object of curiosity than of utility. It sometimes happens that the tumour, in developing itself, descends into the pelvis, between the vagina and rectum, and may be felt by the finger introduced into these organs. M. Recamier proposes in cases of this description to perform paracentesis by the vagina, and the cure may be radical, if the opening remain permanent; but as, in the generality of these cases, the tumour is multilocular, the liquid contained in one division alone is evacuated, and the operation is not of any very great use.—3° *What is the prognosis in cases of ascites saccatus? Can they be cured or not? How long will they last?* The general health of the patient renders their progress more or less rapid, and though there are but few chances of recovery, still, as authentic cases are recorded in which the patient got well, we must not be too hasty in concluding unfavourably; besides which, in announcing the possibility of success, you comfort the patient, and on that account it ought not to be omitted. Not only ascites saccatus has been cured by pharmaceutical means, but likewise it has, in some very few cases, disappeared spontaneously. In these last, sometimes the discharge of a slimy, limpid, liquid in the stools coincides with the rapid diminution of the abdomen; or the liquid, without any apparent discharge, is gradually taken up by the absorbents. In some cases, after paracentesis, inflammation supervenes and obliterates the cavity, and some surgeons have had the temerity to propose imitating this process, by creating an inflammation, as in hydrocele, as if any comparison could be made between the tunica vaginalis, which contains generally from $5\frac{1}{2}$ to 7 oz. of liquid, and a cyst containing from $6\frac{3}{4}$ to 8 gallons. If, therefore, the phlegmasia in hydrocele is accompanied with violent local pain and intense fever, what would it be if it occupied a membrane 500 or 1000 times larger? It is on this account that no one has yet dared to inject a liquid such as wine, alcohol, &c.; the means recommended being, 1° to introduce into the cavity a small quantity of an alcoholic or aromatic vapour; 2° not to remove the canula; 3° to place in the opening a small gum elastic sound. Once after performing paracentesis, I left the canula in the opening, where it remained eight days without causing any accident, but as soon as it was removed the dropsy reappeared, and six weeks after, the operation became necessary; the liquid was not limpid as before, but contained some pus: three months after, third operation, liquid purulent; the fourth was followed by hæmorrhage, and death. The result here did not embolden me to make use of similar means, although the accident did not come on immediately after the first operation. When inflammation, whether spontaneous or produced by art, supervenes, the cure is obtained by the shrivelling up of the walls of the cyst. These are the various means that have been recommended against this disease; in the present case, the patient, notwithstanding the size of the abdomen, being in good health, I do not think it necessary to employ any active measures for the moment, reserving them until needed. When the mind of the patient is affected, in order to give her courage, simple measures may be had recourse to, such as frictions with an ointment containing iodine, on the abdomen, and diuretics internally, enabling you thus to postpone paracentesis, until it be absolutely requisite.

Concours at the Faculty of Medicine for the places of Agrégés.—This concours began on Monday last, and it will continue every Tuesday, Thursday, and Saturday, at 1 p.m. The judges are Professor Tonquier, president, M. Cazenave, secretary, Profes-

sors Andral, Dumeril, Bouillaud, Piorry and M. Legroux; professors Adelon, Cruveilhier, and M. Gouraud, suppleants. Twenty-five candidates present themselves, Messrs. Pelletan, Becquerel, Hardy, Grisolles, Vernois, Valleix, Beau, Bchier, Gueneau, Vigla, Tardieu, Cazalis, Tanquerel les Planches, Pournet, Marotte, Baron, Roger, Blandet, Boullay, and Fauvet.

Spontaneous evolution.—Dr. G. Goyraud, of Aix, publishes the following case. On the 23rd May, 1842, this practitioner was called to a woman in childbed. The patient, aged 32, had already been twice a mother without accident. Pregnant for the third time, she was delivered of a girl at half-past ten p.m. The abdomen, however, continued to be developed, and soon after, labour pains came on again, and on the rupture of the membrane (each child being contained in a separate cavity), the right arm of the child appeared. At a quarter past twelve, when I arrived, I found the arm livid and motionless, the head in the right fossa iliaca, the thorax corresponding to the abdominal parietes of the mother, and the back to the vertebral column. Just above the umbilicus was a round swelling. The chest was so low and so deeply engaged in the pelvis, that I could not pass my hands upwards so as to seize the feet of the child. The pains continued, however, to be strong and frequent, and I remarked that each uterine contraction caused the arm and chest to descend lower, until the shoulder reached the symphysis pubis where it remained firmly fixed. The chest continued to descend, and soon showed itself between the labia pudendi, after which the basis of the thorax, the side, the hip, and the lower extremities gradually appeared, and escaped, leaving only the head and left arm raised against the side of the former, in the interior; these last were soon disengaged. The child, of the male sex, still born, offered a tumefaction and lividity of the right arm and shoulder. The after-birth presented some difficulty in its removal. The placentas, contained in a cavity formed by the uterus, produced the round tumour already mentioned, and were united by a chorion common to both. The two amnios were distinct one from the other. The child was of an ordinary size, and weighed about 4lbs. This case is an example of spontaneous evolution as described by Professor Velpeau, in the sitting of the Academy of Medicine, 10th October, 1843. This child was not very small, nor the parts softer than usual, and the death (produced probably by the placenta having been detached from the uterus after the birth of the first child) took place during delivery, as proved by the presence of the ecchymosis on the arm and shoulder.

Hydatids of the Liver.—A woman aged 47, of a weak constitution, had enjoyed good health until 1837, when she was taken with a pain in the right hypochondrium, which yielded to the application of a few leeches and emollient poultices, but was followed by a tumour, productive, however, of so little inconvenience, that it was more on account of a catarrhus pulmonalis than the disease itself, that she entered the hospital, where she was placed in the ward of M. Rayer. Three causes may produce this disorder; an abscess, an accumulation of bile in the vesica fellis and biliary ducts by the obliteration of the ductus communis choledochus, and a cyst produced by hydatids. This last is of frequent occurrence, and it is not easy to establish with certainty its diagnosis. Professor Piorry says it is to be recognized by a sort of rustling noise, when the liquid contained in the tumour is agitated; Professor Andral by the absence of all functional disturbance of the liver. M. Rayer, after due examination, diagnosticated a cyst containing hydatids, and as accidents would ensue were it to burst, Professor Velpeau was requested to open it. This operation is at all times a very serious one, for if the cyst was opened before it became adherent to the abdominal parietes, the liquid enters the peritonæum, and gives rise to peritonitis. To attain this end, several methods have been recommended. M. Recamier placed on the swelling a piece (from gr. iv. to gr. vj.) of potassa caustica; as soon as the eschar was formed it was divided, and a second piece placed in the wound, the inflammation thus produced being kept within due bounds. This in general is sufficient to produce the necessary adherences, after which the cyst may be opened by a third operation of the caustic or with the bistoury. The inconveniences attendant on this method, said Professor Velpeau, are, the length of time which must necessarily elapse ere the cautery acts on the walls of the cyst, and the extension of the inflammation to the surrounding parts, or its remaining limited only to the peritonæum which lines the parietes. Dr. Graves, of Dublin, published about fifteen years ago several cases in which he employed the bistoury. He divided the parts as low as the peritonæum, and kept the wound open by placing a tent in it; generally, soon after, the tumour adhered, and became prominent in that spot; he then opened it. M. Begin published about the same time his method, which differs but little from the preceding. Professor Velpeau, in order to ascertain precisely its contents, plunged a small trocar into the tumour, and a viscid liquid escaped; had it been purulent the swelling might have been opened immediately, as in all probability, the inflammation which precedes the formation of pus, would have been sufficient to have caused the necessary adherences. Certain now that hydatids were the origin of disease, the operation was performed as recommended by Dr. Graves. The integuments being divided as low as the peritonæum, a finger introduced into the wound felt the fluctuation of the liquid contained in the cyst. The part was then dressed as before-mentioned, and nothing was done for four days, after which, the Professor concluded that adherences had been formed, consequently an opening was made with a narrow bistoury in the tumour, allowing a serous liquid mixed with pus, mucus, and hydatids to escape. A tent was placed in the opening and detergent injections were ordered to be made in the cyst. The patient is going on as well as can be expected. As to the nature of hydatids, Bidloo thought that they were formed by the dilatation of the lymphatics, and according as the valves were more or less distant from each other, they were larger or smaller. Vital, Jæger, that they were one of the products of inflammation. Dr. Baillie that they were imperfect animalculæ, for though they have not been seen to move when taken out of the human body and put into warm water, yet we must not affirm that they were not alive when in the cyst; the more so as they may have lost their living principle, from the body remaining so long after death before it is examined. In proof of this, there have been found in the brains of sheep, hydatids exactly similar to those in the human liver, which were seen to move, and are, therefore, certainly known to be animalcules. Professor Cruveilhier thinks that they are vesicles floating in a liquid, and exacting from the animal in which they live, nothing more than the heat and substances necessary for their existence.

On the administration of Vichy water in gravel and gout.*—Dr. Villaret, of the 7th Dragoons, publishes the following remarks on these mineral waters. "After remaining some time at Vichy my researches led me to conclude—1° That all the patients affected with gravel, found their disorder disappear, and if, perchance, they passed any calculi, it was without the least pain. 2° That a great many patients came back, not because the gravel had re-appeared, but in order to prevent a relapse. 3° That the small calculi, which pass off in the urine, are uneven, as if their superficial layers were dissolved here and there. 4° That several patients suffering from calculus, after remaining some time at Vichy, experienced great relief, in all probability from the calculus diminishing in size. 5° That several individuals who were attacked with gout, so severe that they could not walk, experienced so great an amelioration, as to be able to move about with ease. 6° That instead of three or four violent attacks in the year, these same individuals have only one, and that so slight, as not to confine them to their room. 7° That some persons experience cephalalgia, but not intense enough to make them uneasy. 8° That several gouty persons, at Vichy, for the first time this year, have reaped considerable benefit, their movements being easier and less painful. 9° That after beginning to take the water, during ten or twelve days, several gouty persons experienced slight pains in the joints, with swelling, heat, &c., but this disappeared in four or five days, without forcing the patient to keep his room, or to interrupt the treatment. 10° That none of the patients, who have gone this year for the second or third time to Vichy, ever heard any of their acquaintance speak of the efficacy of the waters. 11° That when gouty persons have, after remaining some time at Vichy, had long and painful attacks after their departure, it is because they neglected to continue the use of the water, and to follow a proper regimen.

Academy of Sciences. Sitting of the 8th Jan. Baron Chas. Dupin in the chair.—*Tracheotomy in Cynanche trachealis.* Dr. Scoutteten, professor at the military hospital, Strasburgh, read an observation on tracheotomy in the last stage of croup. "The patient on whom I performed it, said Dr. S., was my own daughter, then six weeks old, and I think a detailed account of the case may be useful, in order to shew those who have doubts, how great the resources of nature are, even in so young a child. *Case.*—Sophia Scoutteten, born on the 10th Dec. 1839; three weeks after woke up suddenly one night, greatly agitated; refused to take the breast; respiration stertorous; little or no cough. These untoward symptoms disappeared in the course of the next day, and three weeks passed away without any further accidents. On the 22nd Jan. 1840, just after she had been washed, and while still naked, she was exposed to a cold draught, without seeming at the time to be affected. The succeeding night she was taken with the above-mentioned symptoms; the skin hot; pulse 120; tympanitis; little or no cough; hurried respiration; whistling sound during expiration. The same remedies were administered as before. 23d. Child continued in the same state until 11 p.m., when she appeared somewhat better, but after two hours the accidents reappeared; mustard poultices were placed on the lower extremities, but they created so much irritation that it became necessary to dress the parts with simple ointment, mixed with the tinct. opii, and to cover them with compresses steeped in cold water. 24th. No amelioration: a consultation was held, and the only remedy proposed was a blister to the nape of the neck: at 3 p. m. the child threw up a considerable quantity of viscid mucus of a greyish colour, which seemed to relieve it. At midnight the symptoms having increased in intensity, and the weakness of the baby counter-indicating antiphlogistics, I endeavoured to produce vomiting, by titillating the fauces, and succeeded in producing slight nausea, followed by the expulsion of mucus and some pseudo-membranes. This being insufficient, I administered two grains of tartar emetic with very little benefit. Death appeared now imminent; the face and lips were deadly pale; muscles relaxed; breathing very weak; pulse insensible; extremities cold. Insufflation by the mouth seemed to produce a slight amelioration, but as the greater part of the air was lost in the mouth, pharynx, and fossa nasalis, I introduced a gum elastic sound into the trachea, which, though useful, caused so much irritation, cough, vomiting and spasms, that I was obliged to withdraw it. This was no sooner done, than the accidents reappeared, and it became necessary to introduce it and remove it several times. A consultation was again held, and the general opinion was that death was inevitable, and the operation therefore useless. But as the beating of the heart still shewed that life was not extinct, I resolved, however acute my sufferings might be, to operate myself, rather than wait for the colleague who had promised to do so. The skin &c. divided, I was about to open the trachea when M. M—, whom I had requested to keep his finger on the pulse, exclaimed, "It no longer beats." I ceased immediately, and insufflated some air into the lungs, which animated the child. The trachea was then opened,

* The principal source is that of the *grande grille*, temperature 100° F., slightly acidulous at first, then alcaline. One 1,000 parts, according to M. Longchamps, is composed of—water, 992·552; carbonic acid, 0·933; carbonate of soda, 4·971; carbonate of lime, 0·349; carbonate of magnesia, 0·084; carbonate of iron, 0·012; muriate of soda, 0·570; sulphate of soda, 0·472; silicium, 0·073, and a small quantity of animal and vegetable substances. The other sources contain the same principles.—[G. de B.]

the air precipitated itself into the lungs and the child opened its eyes; not having a dilatator I introduced the sound I had previously employed, and insufflated some air; finding this produce no effect, I endeavoured to imitate the movements of expiration, by pressing on the thorax, producing thus an artificial respiration. The child remained in this precarious state for two hours longer, during which insufflation was constantly necessary, after which it recovered gradually. The extremities, however, being still very cold they were enveloped with hot flannel. The breath continuing to be very offensive, the mucous membrane of the mouth and fauces were touched with a hair brush, dipped in muriatic acid. On the 3rd day there was a slight irritation of the chest, and two leeches were applied, which greatly relieved the little sufferer. On the 5th day the air passed, for the first time since the operation, through the mouth and nostrils, the canula was therefore removed from time to time; on the 10th day the wound was united, and twelve days after, cicatrization was complete. During convalescence, after a good deal of pain, a considerable quantity of pus escaped from the ear, after which the child soon recovered, and is now quite well.

On a new order of the class Gasteropodes.—M. A. de Quatrefages addressed a memoir on the phlebenteriæ (phlebenterata evobi), a new order of the class gasteropodes, founded on the anatomical and physiological examination of the genus zephyrina (zephyrina evobi); acteon (acteon oken); acteonia (acteonia evobi); amphorina (amphorina evobi); pelta (pelta evobi); and chalidis (chalidis evobi.) "In this memoir," said the author, "I will endeavour to prove that in the class of the gasteropodes there is a group which wanders from the primitive type, and are to them what the *entomostracés* are to the *crustacées*. Eight varieties have been the object of my researches; two belong to the genus acteon oken, the others form five new genera. *Alimentary canal*—All offered forwards a mouth composed of several layers of muscles. In some, strong teeth exist, of a horny consistence, placed on each side, and somewhat like the mandibles of certain annelides (zephyrina); in others a cartilagenous tongue (acteon amphorina). 2° an œsophagus ending in the intestines (chalidis), or in the stomach—in the amphorina the œsophagus does not exist. In the zephyrina, acteon, acteonia, and amphorina the intestine is formed of two lateral trunks, from which the cœcum takes its origin, and which end in the exterior appendices, similar to those observed in the eolidina. In the pelta and chalidis, it forms but one cavity, simple, or divided into two parts by a deep fissure. In the acteons and acteonia the anus is placed on the back, and it exists probably in the zephyrina, but I could not find the least trace in the amphorina, pelta, and chalidis; indeed the anatomical disposition of the parts renders it difficult to say where the rectum or anus could be placed. *Circulation.*—In the eolidina it is performed by a heart and arteries; in all probability neither one nor the other exists in the zephyrina and acteons, and they positively do not in the amphorina, acteonia, pelta, and chalidis. *Nervous System.*—In the zephyrina and acteon the brain is formed of four ganglions (two on each side) united above and below the œsophagus by small bands. Nine pair of nerves proceed from the brain. In the other species there is only one ganglion on each side, and in the chalidis the inferior band disappears. *Eyes* exist in all, are formed of a capsula surrounded by a coloured pigmentum, of a spherical crystalline lens, of a vitreous humour, and a retina. *Ear.*—This organ is similar to that described by Sieboldt in the gasteropodes. All these organs are placed symmetrically on each side of the body; the genital organs alone deviate from the general rule; they are formed by a *sac testiculaire*, and a long cavity in which the eggs are developed; their orifice is situated on the right side and somewhat behind the head; in the acteon it is on the left side. In the zephyrina, acteon, and acteonia, the digestive organs are ramified, offer certain movements similar to the systole and diastole of the heart, and perform the respiratory functions, in which it is probably aided by its envelope. In the amphorina the intestinal ramifications increase in size but diminish in number, and end in the appendices, indicating that its envelope participates still more in the respiratory function. Finally in the pelta and chalidis, the intestinal canal is composed of two cavities, no appendices; the enveloping membrane probably here acts alone.

On the Climate of France.—Dr. Fuster read a memoir on the climate of France. This memoir is the continuation of a work published by the same author in 1840, on the diseases of France, which received a prize of 120*l.* given by the Academy of Sciences. In this treatise (to accomplish which the erudition and patience displayed are immense) the author passes in review the pathological action of the seasons and the corresponding diseases; the different epidemics, and finally, the seasons and corresponding affections in various climes.

Academy of Medicine. Sitting of the 9th of January.—M. Ferrus in the chair. M. Aubert Roche addressed a letter relative to the facts which took place on board of the *Leonidas*. This vessel sailed from Constantinople the 27th of June, 1837, and arrived at Marseilles the 9th of July, touching at Smyrna, (29th and 30th of June) the plague was very intense. The first person who died was taken ill on the 8th July, and though the case was somewhat doubtful, still it was considered as one of plague, for everything belonging to him, and even his bedding was burnt. Thus is established the fact that during a period of 124 years, the plague never appeared on board a vessel eight days after sailing.—M. Londe presented a few remarks on the exactitude of the foregoing opinion; and further stated, that the director of the post-office had promised to give him the precise dates, and as soon as he received them he would communicate them to the Assembly. After a few more remarks from MM. Dubois d'Amiens, Hamont, and Gerardin, the discussion closed.

Fractures of the Malleoli.—Professor A. Berard read a report on a memoir of M. Lasserre, correspondent of the Academy, on compound fractures of both malleoli. Four cases are related by the author, produced all of them by a fall; in three, which ended fatally, amputation was performed; in the 4th, the patient after fourteen months recovered without losing his limb, or the complete use of the articulation, "I do not think," continued the reporter, "that these facts suffice to decide whether the amputation ought to be performed or not, still they are interesting. In similar cases when the reduction is difficult, it might be rendered easier by the division of the tendo achillis."—*Professor Velpeau* is astonished that nothing has been said about the resection of the bones, in cases so serious as often to necessitate amputation. Without a doubt the division of the tendo achillis facilitates sometimes the reduction, but is not always successful, and the bones may be displaced a second time. Now this never takes place when the section has been performed, besides which, the muscles being relaxed, there is less danger of tetanus caused by their being constantly on the stretch.—*Professor Roux*: In the report three things attracted my attention: the similitude of the four cases, the mode of treatment, the resection. Without doubting in the least the veracity of M. Lasserre, yet I am astonished that he should have met with four cases probably in a very limited practice—that the tendo achillis ought to be divided only in extreme cases—and that the resection is preferable.—*M. Capuron* said that probably the resection was not requisite, for the author states that the fractures were easily reduced.—*Professor Gerdy:* It is not extraordinary that M. Lasserre has seen four cases of fracture of the malleoli, for they are far more frequent in the country than in towns. I myself have observed three cases somewhat similar. As to amputation, it appears that it is not always necessary, and in my opinion, resection of the protruding bone is not requisite in every case. The apparatus proposed by M. Lasserre seems to be intended principally to prevent the foot turning outwards; this symptom has seldom been observed by me even in fractures of the fibula, and in these cases Scultet's apparatus suffices.—*Professor Roux* stated that in all probability Professor Gerdy had observed very benign cases of fractures of the fibula, as it is certain that when the malleolus externus is separated, or the internal ligaments of the articulation torn, the foot is always turned outwards; and though perhaps Dupuytren laid too much stress on the necessity of employing his apparatus, still it is requisite in many cases.—*Professor A. Berard* thinks that the section of the tendo achillis ought to precede the resection.

Fibrous tumours of the Mamma.—Professor Cruveilhier read a memoir on fibrous tumours of the breast, often mistaken for cancer. The conclusions to which the learned author has arrived are, 1° That the mammæ may become the seat of fibrous tumours. 2° That they are to be distinguished from scirrhus and cancer, from their not being adherent. 3° That they never become cancerous, and ought not therefore to be extirpated.—Professor Blandin proposed discussing this memoir in the next sitting. Adopted.

Double fracture of the Axis.—M. Bouvier related a case of fracture of the axis in his wards at the Saltpetriére. A woman attacked with pneumonia, in leaning out of bed one night to take up something by the side of her bed, fell on her head. The next day I found the neck stiff, and every movement productive of the most violent pains; death three days after. Autopsy—Left lung, inferior lobe, 3rd stage; middle lobe, 2nd stage of pneumonia. A fracture on each side of the axis; parts in their natural position; no pressure on the spinal marrow. In all probability if the patient had not died from pneumonia, these fractures might have consolidated and the cure have been obtained.

Mr. Scoutteten presented, 1° the drawings of the various surgical instruments found at Herculaneum and Pompeii, such as sounds of different forms, bistoury, spatulas, scissors, lancets, speculum, &c. 2° An apparatus on which a limb may be placed in cases of fractures. *Professor Gerdy*—The mobility of the apparatus is such as to permit the bones being displaced if the patient made a movement. *Dr. S.* combatted this opinion.

GARLAND DE BEAUMONT, D.M.P., B.L., & S. &c.
Honorary Physician to the Spanish Embassy.

TRANSACTIONS OF LEARNED SOCIETIES.

WESTMINSTER MEDICAL SOCIETY, Jan. 6. Mr Fisher in the chair.—*Inflammation of the prostate treatment of Gonorrhea.*

Mr. ACTON mentioned the particulars of a case of acute inflammation of the prostate gland, which had occurred recently in his practice, and which he described as being a very rare disease. His patient was a gentleman, 26 years of age, who had contracted a gonorrhea, for which, in consequence of the scalding that existed, he prescribed cubebs in small doses, one capsule three times a day, each capsule containing about one drachm of an ethereal tincture. This was continued for three or four days, with the effect of inducing inflammation of the prostate. The treatment then adopted consisted of the warm-bath, leeches, an opiate enema, and the early introduction of the catheter.

Mr. JOHNSON inquired on what evidence Mr. Acton believed that the case was one of inflammation of the prostate and nothing else?

Mr. ACTON enumerated the following symptoms as establishing his position: tenderness in the perinæum, scalding on making water, a feeling as if there was water still in the bladder after micturition, when there was not any there, the gland feeling enlarged when the finger is introduced into the rectum, pain felt in evacuating the last few drops of urine, &c. At least, he said, these were the symptoms mentioned by Ricord and Sir B. Brodie.

Mr. C. CHOWNE thought that the symptoms mentioned by Mr. Acton, must have been produced by the preparation of cubebs that had been employed. He had never seen any such symptoms from the use of powdered cubebs, and he cited a case where the capsules had caused inflammation of the urethra. He referred this action of the remedy to the concentrated dose in which it is given.

Mr. O. CLAYTON did not think that the capsules could have produced any such effects, as although he had not used them, he had given the etherial tincture in drachm doses frequently without causing any such inflammatory action.

Mr. Fisher corroborated Mr. O. Clayton's statement.

Mr. Johnson observed that there were several points stated by Mr. Acton, with which he could not agree. At the commencement of the case, Mr. Aeton had stated that he gave cubebs, because there was much scalding. Many surgeons gave it when there was much scalding, and he used to do so, before he attended the Lock Hospital, but since then he had employed the modified plan of treatment, from having seen so many cases in which the use of stimulants during the inflammatory stage had done harm. He mentioned, in illustration of his statement, the case of a young man, a medical student, who had a high opinion of the specific action of the cubebs in the inflammatory stage, in controlling scalding. He contracted an acute gonorrhea, for which Mr. Johnson prescribed demulcents and antiphlogistics; he, however, preferred cubebs. Inflammation came on, and extended to the bladder, by which pus was secreted. He was confined to his bed for two months; after he got up, he had a relapse, and at last died. On examination of the body, there was found an abscess in the liver. Mr. Johnson had had a second case in the person of a pupil of his own, who had inflammation of the bladder from taking the powdered cubebs; the symptoms were very serious, and he was in a critical state for some time. When recovering he went into the country, and was much jolted during his journey, causing a relapse of the inflammation, and producing an abscess in the prostate, which opened in the perinæum, and has not yet closed. Mr. Johnson said he had seen many other such cases. The mischief was produced equally when copaiba, injections, or other repellant treatment was used during the inflammatory stage. He did not consider that it was the form in which the medicine was given, that was injurious, but the time at which it was used; the capsules, he thought, were as efficacious as any other preparation. With respect to the use of the catheter, he would not be inclined to pass it early in the treatment of inflammation of the prostate, but would have recourse to warm baths, cupping on the perinæum, and opiate enemata. He thought that by these means he would be able to relieve the pain, and cause a flow of urine without having recourse to the catheter. Some of Mr. Acton's remarks he thought were more applicable to the enlarged prostate of advanced life; and he believed that, without meaning it, he had in his observations mixed up the two forms of disease. The advice of Sir B. Brodie, for instance, to introduce the catheter without the stilette referred to chronic enlargement of the gland, not the acute disease. He had seen several cases of acute inflammation, and had not found much enlargement. There was tenderness on introducing a finger into the rectum, and some swelling, but certainly not a great tumour. The treatment was not founded on this enlargement. Acute inflammation of the prostate was a very common event, when the repellent treatment was adopted during the inflammatory stage of gonorrhea.

Mr. Acton inquired if the last remark made by Mr. Johnson was in accordance with the experience of the Society. He thought otherwise, and was certainly at issue with him on that point. The case he had narrated that evening was the second that had occurred in his practice. He asked the question because he deemed it a point of practical importance. He never saw a case while attending Ricord's practice, and he gave cubebs largely. It would constitute a new feature in the venereal disease, if such a result followed the repellant treatment.

Mr. Johnson explained, and somewhat modified his statement; he did not mean that it was very common. When he was first a student, Sir B. Brodie used to give cubebs in the way Mr. Acton recommends, but he had since altered his opinion, and why? From the same cause that will influence Mr. Aeton by-and-bye; from reasoning and experience: he began with it, but experience taught him that the shortest cut is not always the shortest way, but sometimes a long way about; and so he thought it would prove with the repellant treatment. If the inflammatory stage be cut short by the stimulant plan, it will be done at considerable risk; not in every case, but every now and then such cases will occur as have twice happened to Mr. Acton. In no instance where the soothing system has been adopted during the inflammatory stage, has inflammation of the prostate or of the bladder occurred; nothing more than a certain degree of uneasiness at the neck of the bladder, and increased micturition. After the inflammatory stage had passed away, he would use the repellant treatment.

Mr. Acton, in explanation, observed that he would not use the repellant treatment until the inflammation had been removed: and he meant to imply that after that, while cubebs were used, such a state as he had described might be induced. He had given cubebs in this state because there was scalding; now Mr. Johnson had assumed because there was scalding, that there was necessarily inflammation, but such was not always the case. Certain constitutions were more liable to it; it depended on a peculiar irritability of the urethra, and leeches could not remove it.

Mr. Fisher had seen many cases of inflammation of the prostate, but had never had recourse to the early introduction of the catheter. He had depended on warm baths, local bleeding, and opiate suppositories, three or four grains of opium mixed up with extract of hyoscyamus, being introduced into the rectum.

Mr. Johnson remarked that Mr. Acton had laid down the broad principle that he gave cubebs because there was much scalding. Now he contended that when there was much scalding, there was the acute or inflammatory stage. He thought that nothing was more easy to distinguish between inflammatory and non-inflammatory scalding: the inflammation being marked by thick and profuse discharge, the orifice of the urethra shewing indications of inflammatory action, together with a congested state of the veins of the mucous membrane, painful erections, and even chordee. He quite agreed with Mr. Acton, that scalding sometimes survived all those symptoms, but it generally disappeared with them, because it is a sign of inflammation. Its persistance generally takes place in nervous irritable subjects, who feel pain very readily. Demulcents are then of no use; in such a case cubebs and copaiba will sometimes stop the scalding like a charm, but not always. A gentleman, a pupil of his, contracted gonorrhea a year or two since, for which he took cubebs and copaiba, which did not cut it short. It had lasted four or five months when he saw it, and there were still inflammatory symptoms. He leeched and blistered the penis, and got rid of the inflammation, but the scalding continued. He then gave cubebs and copaiba, by which the discharge was removed; but the scalding remained and continued for some time afterwards. This gentleman again contracted gonorrhea for which the demulcent treatment was prescribed, and the inflammatory symptoms disappeared. The scalding continued and cubebs and copaiba were given.

Mr. Acton remarked that Mr. Johnson's cases were all those of medical students, who were the most intractable and irregular of all patients. He could cure any gonorrhea except that of a medical student.

Mr. Fisher had found this to be the case, not only among his own pupils, but medical men also were the worst of patients; they would consult everybody and not attend to any.

Dr. Chowne inquired if scalding ever existed without there being inflammation in any part of the canal? disease often existed in one part while the sensation was experienced in another: as an illustration of this he cited the well known fact that scrofulous hip disease is attended with pain in the knee.

Mr. Fisher believed that scalding might exist in some irritable subjects without inflammation.

Mr. Acton thought that the difficulty in curing gonorrhea existed only in some peculiar constitutions. He had been endeavouring to discover the characteristics of that state of constitution, but although he could recognise it he could not describe it. All he could say was that it occurred in persons of very dark hair. Cases sometimes occurred in which the nitrate of silver injection, half a grain to the ounce, could not be borne. He had generally found an injection of that strength very successful in removing the disease.

Jan. 13. Dr. Reid in the chair.

Mr. Streeter related the particulars of a case, which he was desirous should be regarded as a sort of appendix to the cases which he had brought before the Society on two previous occasions, when he had exhibited portions of bone taken from patients who had died of disease of the brain consecutive on a diseased condition of the ear. The case, the details of which he considered to be of sufficient interest to warrant his laying them before the Society, he was called to see about a week or two before Christmas, in company with a very intelligent surgeon. The patient was a lady, forty-two years of age, who had been deaf of the right ear from the age of seven years; entirely deaf or nearly so, on that side, but not on the other. About two or three months since, she was attacked with ear-ache, for which she did not seek medical assistance, but had recourse to the usual domestic remedies, the application of a blister behind the ear, &c. By-and-bye, the pain increased in severity, so much so that medical assistance was sought for. The surgeon who was called in suggested local bleeding and the antiphlogistic treatment, but his recommendation was only in part complied with, there being at the same time some little irritation of the bowels. She became much worse, and the pain was described as maddening. Mr. Streeter was now joined in attendance, and he found that the lady's sufferings were so severe that she had not any sleep, and was at times almost rambling. A short time previously to this visit, she had suffered from a slight shock to the system, the result of an accident. On putting out the tongue, paralysis of the muscles supplied by the portio dura was evident, thus offering a ready explanation of the intense pain experienced in the ear. Under the circumstances, Mr. Streeter gave a favorable opinion as regarded the life of the patient, but not with respect to recovery from the paralysis of the face, nor the safety of the eye, for when paralysis of the portio dura takes place, destruction of the eye usually follows. As the constitution could not bear active treatment, a few leeches were ordered, a large poultice to be applied to the face, and mild aperients and salines directed internally. The report the next day was that she had passed a better night, but complained of intolerable pain down the back, which was referred partly to the presence of the catamenia, and partly to the fall. She was perfectly sensible, and the pupils acted well, but the cornea had already begun to ulcerate. The deafness had extended in a great measure to the opposite ear. The bowels acted satisfactorily, and she had taken more nourishment. As there had been observed a little discharge from the ear, it was washed out with warm water, and on examination, it was thought that there was an aperture in the membrana tympani, but of this Mr. Streeter was not sure, as he had not a speculum auris at hand, nor if he had would he have used it, as it was important to keep the patient quiet. An opiate, consisting of Dover's powder was administered. She went on in much the same way for two or three days, the intolerable pain in the back continuing; when there was more fever, and restlessness, but she still continued perfectly sensible and conscious, without any fear of death, but with a strong desire to die. The opiate was omitted. The same evening about six o'clock, while returning to bed, she was seized with coma, and died about two o'clock the next morning. The body was examined in the presence of Dr. Moore, of Saville-row; Mr. Miskin, the surgeon in attendance; and of Mr. Streeter. The appearances which presented themselves on dissection are well worthy to be noticed. In the cases which Mr. Streeter brought before the Society on previous occasions, the disease extended from the upper part of the wall of the tympanum through the temporal bone to the middle lobe of the cerebrum, where an abscess formed containing several ounces of pus; but in this case, the disease extended from the labyrinth in the course of the portio mollis and portio dura — the inflammation affecting the neurilema, not the nervous substance — to the spot at the base of the brain whence these nerves originate. There was there, between the arachnoid and pia mater,

a small quantity of matter, about as large as a good sized pea or small bean, and a patch of inflammation about an inch square, which extended to the root of the fifth pair of nerves, thus explaining the cause of the ulceration of the cornea. The inflammatory action also affected the membranes of the spinal marrow, the medullary substance being itself uninflamed. The intense pain in the back complained of by the patient was thus accounted for. This case affords another instance, in addition to that narrated by Mr. Henry Johnson, of disease extending from an organ of sense along its nerve to the brain. In Mr. H. Johnson's case it was the nose and the olfactory nerve that were implicated originally. On examining the portion of bone containing the internal ear there was discovered an oval aperture in the membrana tympani; and Mr. Streeter thought as the patient had been in the habit of putting a pin in the ear, she might have passed it directly into the labyrinth, and thus have caused the disease to be set up in that part of the ear, which had afterwards proceeded along the nerve to the brain, which was certainly not its usual course. The bone was in such a state that, if life had continued, it would in all probability, have become carious: it had lost a great part of its vitality. It is singular that the coma should have existed so short a time before the patient's death. When the disease extended to the brain the other way, coma, moaning, and insensibility occurred several days, or even a fortnight before death. The case shews the necessity for our being on our guard in cases of ear-ache, as it may lay the foundation of much mischief, not only to the part but to the constitution, even if it do not destroy life. The other two cases which Mr. Streeter had described previously to the Society, occurred as he believed in boys, but of that he was not sure. The cases had been published.

Dr. Chowne, after stating that in his opinion the case was an anomalous one, and one of exceeding interest, drew the attention of the Society to the sudden occurrence of the coma, and he might say, to the almost sudden death, and he thought there must have been some other circumstance to explain it; the quantity of disease in the brain being small, and not having originally produced any severe cerebral symptoms, these having come on quite suddenly.

Mr. Fisher inquired if the patient were of a scrophulous habit of body?

Mr. Streeter replied that there were not any indications thereof, either in herself or in her family. The co-existence of the paralysis of the portio dura, with abscess of the internal ear and brain was uncommon. Mr. Tyrrell, from whom he first learned to distinguish paralysis of that nerve, says that it is very important clearly to recognise it when it occurs, as it may otherwise be mistaken for a symptom of serious disease in the brain, and be treated accordingly. Yet here there is a case where it is actually complicated with serious disease affecting that organ. With respect to the suddenness of the supervention of coma, and the small size of the abscess not being sufficient to account for that symptom, Mr. Streeter acknowledged that it appeared to be a difficulty, and he had wished to have left its solution to the Society. He thought it arose, not from pressure on the brain, but from pressure on the origin of the respiratory nerve. He ought to have mentioned in the account he gave of the case, that two days before her death, there was some difficulty experienced in getting rid of the phlegm that collected in the throat. This might have arisen in part from the paralysed state of the face, but was also owing to the condition of the respiratory nerve. The inflammation did not affect the medullary structure, but the pia mater and arachnoid membranes; of this he was certain, for the dissection was made very carefully. The inflammation extended below where the abscess was situated to the membranes of the spinal marrow, involving first the glosso-pharyngeal, when the difficulty of voiding the phlegm occurred, and afterwards the pneumo-gastric nerve; the respiratory process being thus affected, the insensibility took place. The breathing was heavy rather than stertorous, and there was perfect unconsciousness and insensibility.

Dr. Chowne said the case was a very good illustration of inflammatory and suppurative action going on in the brain without there having occurred any signs to indicate its existence. He remembered a patient in the hospital who had thirst, fever, dry tongue, and severe headache, but was perfectly conscious. She became worse, then comatose for a few hours, and died. On examination of the body, there was suppuration and softening of the anterior lobes of the brain, which had evidently been going on for some time, without symptoms to indicate its presence. There was not any delirium nor intolerance of light; there had been destructive disease of the brain, and yet no evidence to show its existence. Another case which had occurred in the hospital was one of the opposite kind. A young girl was admitted into the hospital with catalepsy, and had been maniacal, that is, she was maniacal at home, and cataleptic in the hospital. She was sensible but dull and lethargic: by and bye, she was raving, and required restraint. This was followed by profound coma, and she was unconscious of anything for two or three days. This state of things ceased very suddenly: she got up from bed, dressed herself, and walked from the ward she was in into another. After this she improved in health and was dismissed the hospital, but has since been re-admitted, with symptoms of cerebral disease. It is uncertain whether, should she die, any appearances will be found in the brain to account for these symptoms. These cases tend to show how difficult it is to discover the precise condition of the brain under such circumstances. A case was narrated by Dr. Johnson, in this Society of *ramollissement* of the brain, occurring in a sugar merchant, who up to a short time previous to his death, was able to attend to the details of his business, which required much mental application, and he shewed no indications of disease. Dr. Johnson thought that the *ramollissement* must have been going on for some time, but still it must be acknowledged that it may take place very rapidly.

Mr. Snow, after making some remarks relative to the anatomical and physiological importance of the medulla oblongata, which he spoke of as the most vital part of the nervous medulla, mentioned that apoplexy or other disease affecting it, proved more suddenly fatal than when it occurred elsewhere in the nervous centre, and he applied this fact to explain the sudden occurrence of the coma and death in Mr. Streeter's case, in which the abscess was seated close to the medulla oblongata.

Mr. Streeter thought that the abscess which he had mentioned was too small to fill up the space that existed between the arachnoid and the base of the brain at that part, and therefore could not exert a pressure on the medulla.

Dr. Chowne agreed with Mr. Streeter's opinion that the abscess was not large enough to exert pressure on the medulla oblongata, and would rather refer the suddenness of the coma, &c., to physiological than mechanical causes.

Mr. Streeter attributed the effects in question to solid effusion on the roots of the nerves, and not to the secretion of any fluid. He inquired if Mr. Snow had had any personal experience of the fact he mentioned, respecting the suddenness of death in apoplexy of the medulla oblongata?

Mr. Snow had never seen a case of the kind, but he believed that it was the general opinion of physiologists that such was the case. He thought that a very small effusion of pus or blood in that part, the most vital part of the cerebral centre, the effusion taking place suddenly, would cause sudden death. Of course, if the effusion occurred slowly the result would be different.

Dr. Chowne inquired of Mr. Streeter, knowing that he had paid great attention to cases of paralysis of the portio dura, the age of the youngest patient he had ever seen so affected?

Mr. Streeter stated that since he had been in attendance on the case he had described that evening, he had been called to a case of paralysis of that nerve, occurring in a child five years old, from merely standing at a closed window. The case was somewhat alarming, as the child had been subject to convulsive fits, and he feared there was hypertrophy of the brain, but nevertheless it recovered by the use of simple measures. He in return, begged to ask Dr. Chowne his motive for putting such a question?

Dr. Chowne stated in reply, that he had then under his care a little patient, fourteen months' old, labouring under that affection, which had already lasted seven or eight months. The case was one attended with some peculiar circumstances, and as he had the particulars noted in his case-book, at some future meeting he would bring them before the Society.

Medico-chirurgical society. Jan. 9, 1844. Mr. Stanley in the chair. The following papers were read. —*Case of the removal of a diseased ovarium, terminating fatally on the 7th day after the operation*, by J. M. Greenhow, Esq., surgeon to the Newcastle Infirmary and Eye Infirmary. Communicated by Sir B. C. Brodie, Bart. The patient was aged 29 years, and married. For four years she had suffered from frequent discharges of blood from the uterus. Eighteen months ago, that is, six months after her marriage, the swelling at the abdomen commenced at the pubic region, and rapidly increased until it attained a large size, her strength all the while declining from constant uterine discharge. The abdomen was tapped, and only a little blood escaped, but afterwards nearly a quart of dark colored fluid was discharged daily from the wound for about a fortnight. Before the operation of removing the tumour, which was performed September 3rd., the abdomen was about as large as at the full period of utero-gestation. There was fluctuation in one or two parts, but generally the tumour was firm, and felt as divided into separate masses. The incision reached from a little below the ensiform cartilage to near the pubes: several adhesions existed in different parts, the principal one being to the omentum, which was spread over the upper part of the right side of the tumour. These adhesions were divided with the bistoury, and then the tumour was raised with some effort, owing to its great size and weight, from its situation. Double ligatures were passed through its pedicle, and firmly tied; and this part having been divided near the tumor, it was liberated from its attachment and removed. Two arteries bled freely, one in the divided omentum and the other in the pedicle. Upon these being secured, the edges of the wound were brought together with sutures and adhesive plaister, and a bandage applied. The operation was well borne by the patient, although she had vomited several times towards the end. The quantity of blood lost did not exceed six ounces. The symptoms which followed, were chiefly great retching and vomiting, constipation of the bowels, quick pulse, tenderness, and distension of the abdomen, and she died on the morning of the seventh day. On the *post mortem* examination, the folds of the intestines and the omentum were found glued together by recently effused lymph; there was inflammatory redness, with points of ulceration near the pylorie orifice of the stomach; the uterus was healthy, but its cavity was lined with a vascular membrane, like the decidua. The morbid growth had been attached to the left broad ligament. On examining the tumour it was found to weigh twelve pounds seven ounces, and to be more than two feet in circumference. Its surface was smooth and of a pale colour, resembling that of the skin. With the exception of a few cysts containing a yellow fluid, the general mass was composed of a dense and vascular cellular structure, with a number of small cells or cysts pervading its substance. The author concluded by making some remarks on the case; he directed attention particularly to the disease found in the stomach, which he considered had an important influence in leading to the fatal termination; and thought on the whole that the result of the case did not offer a strong argument against resorting to a similar operation in such cases.

Case of extirpation of an ovarian cyst, by Bransby B. Cooper, Esq., F.R.S., surgeon to Guy's Hospital.—The patient was aged 32, and married for four years, without having had children. She had suffered at different periods from dysmenorrhea and leucorrhea. Two years before her admission, her abdomen became greatly enlarged, and having consulted the author, he considered the case to be one of ovarian tumour, and proposed to draw off the fluid from the cyst, and remove the cyst by a small opening into the abdomen. But the plan was not carrried into effect. She was afterwards

tapped on two different occasions, when about three gallons of straw-coloured fluid were discharged each time. When she applied at the hospital, earnestly soliciting to have the operation of removing the tumour performed, her abdomen measured about three feet and a half in circumference. Mr. Cooper resolved to perform the major operation: an incision was therefore made through the abdominal parietes from the ensiform cartilage to the pubes. A few adhesions to the tumour were met with near the point where the trocar had entered in tapping; these having been divided, the cyst was dislodged and brought out through the wound, when the pedicle, connected with the right ovary, came into view. A double ligature was passed through the pedicle, and both threads having been tied, the pedicle was divided between the cyst and the ligatures. The left ovary was examined, and found to be healthy. The edges of the wound were then brought together by sutures and strapping, and a roller applied round the abdomen. There were some attempts to vomit during the application of the ligatures, but otherwise the patient bore the operation well. A minute record was given of the daily condition of the patient subsequent to the operation: but it is sufficient to say that distinct symptoms of peritonitis soon appeared, and the patient died on the seventh day, without any indication of the system rallying. On the post mortem examination, lymph was found effused extensively over the abdominal parietes and viscera, uniting them in many places together. A small piece of omentum was enclosed in the ligature applied to the pedicle. The uterus was large, tumid, and of a dark colour; and a soft fungous tubercle, pronounced after microscopic examination to be malignant in its structure, was found on its fundus. The cyst which was removed was of an oval form, and at its superior and anterior part there was a collection of compound cells. Its weight was thirty-two pounds. The author concluded by making some observations on the operation. He drew attention to the peculiar kind of inflammation which followed, and was inclined to think that it was excited more by the presence of the ligature applied to the pedicle and left in the wound, than to the extensive incision. He also noticed the fact of a tumour of fungoid structure having been found growing from the substance of the uterus, and thought that this was interesting as illustrating the views of those pathologists who believe various tumours, consisting of cysts, to be malignant in their nature, and as bearing on the question of the propriety of removing such tumours by operation.

Mr. Bransby Cooper called upon Mr. Lawrence to give his opinion on the operation which he had just been describing. He stated that he had had some conversation with Mr. Lawrence in the other room, when he had descanted very eloquently upon it, and had pronounced an opinion unfavourable to its performance.

Mr. Lawrence stated, that he had not had any experience as regards this operation, not having either seen or performed it. He had never met with any case in which he did not consider it was better to go on with the disease, than have recourse to an operation. With respect to the question whether this is an operation to be admitted as established, whether it is one that should be proposed to the patient, or whether it should be performed at the solicitation of the patient, there are two points to be considered. First, the nature of the operation. There existed a considerable difference of opinion as to the attendant danger. Some of the gentlemen who had operated, seemed to consider it a light matter—to look upon it as no great thing to make an incision into the abdomen, extending from the ensiform cartilage to the pubes, and then to turn out a tumour weighing twenty or thirty pounds, and perhaps have to separate numerous and extensive adhesions. He, however, regarded it as a proceeding of very great danger; one in which the chance of a fatal termination was, at least, equal to that of recovery. He did not consider that we had yet obtained the true statistical account of the operation; practitioners were more ready to record their successful than their unsuccessful cases. The credit side was filled up, but there was a good deal more to be brought up on the *per contra* page. The operation is one of exceeding danger, and only warrantable to escape from intense suffering, or to save from approaching death. Then came the question whether ovarian disease might be regarded as coming within that description. He (Mr. Lawrence) thought not. Patients labouring under it may lead a not uncomfortable life for a term of years, and may be relieved from time to time, from the inconvenience they endure by a trifling operation. He differed in opinion with Mr. Bransby Cooper, who says that paracentesis abdominis fails in affording more than temporary relief. Two ladies applied to him about twenty years since; one patient, who presented signs of ovarian disease, was tapped twice, and has been since apparently free from the disease. The other, after having been tapped did not enlarge again for three or four years, when her malady returned; she has been tapped four or five times since and is now tolerably comfortable. Other cases must be familiar to all medical men who have had much experience, where the contents of the diseased ovary have burst into the cavity of the abdomen, and have been afterwards absorbed. In other cases, patients will live with their disease for five, six, or eight years, avoiding the danger of the operation, and the great loss of life which must be consequent on it. He (Mr. L.) did not think it was as yet an operation to be admitted within the pale of surgery.

Mr. Bransby Cooper thought that Mr. Lawrence must have been more than usually fortunate in the cases which he had tapped. He (Mr. C.) had performed that operation several times, and he had found that until tapping had been practised the patients had not suffered much inconvenience, except from the effects produced by the immense accumulation of fluid pressing on the viscera, to relieve which the operation of paracentesis abdominis was performed, but afterwards he had invariably found that they suffered more or less constantly, and were rendered incompetent to perform the ordinary duties of life, and a burden to themselves. He was not one to think slightingly of this operation, and never experienced any thing like the mental distress previously to any operation, as he did prior to performing this. He looked upon it as a most formidable proceeding. Mr. Greenhow's case, in his opinion, was one not fitted for extirpation; the slight fluctuation and the other attendant circumstances shewed that it was a case which was not a proper one for operating, nor one the fatal termination of which should militate against the employment of the operation. In his own opinion, he preferred the minor operation, although he had, in the instance that had been narrated, performed the major one, on account of the great success that had attended it in Mr. Walne's hands. He had deemed it a duty not to be biassed by his own feelings, but to be guided by the experience of others. If, however, he were to do it again, he would make a small incision, draw off a portion of the fluid contained in the cyst, leaving a part thereof behind, so as to enable him to get at the pedicle. The operation performed by Dr. Frederick Bird he regarded as the more eligible proceeding, because, if when the operation had been commenced, any untoward circumstance, such as extensive adhesion, &c. should be discovered, the incision could then be enlarged. Mr. Cooper concluded by remarking that he was not an advocate for the extirpation of the diseased ovary, nor should he seek to do it in any case, but still he did not think that the fatal termination in the cases that had been recorded that evening, should tell against it; but that further investigation was required.

Dr. Merriman observed, that in the first case, there were signs of disease about the parts of generation, such as the leucorrhea and menorrhagia, which shewed that the case was not one of ovarian dropsy to be relieved by an operation, while the drawings of the tumour that were exhibited, shewed the presence of malignant disease of the ovary, which indeed might have been gathered from the symptoms previously to the operation. In all these cases the state of the uterus should be carefully examined. In Mr. Cooper's case, the diseased condition of the uterus was not discovered prior to the extirpation of the ovary. With regard to the statistics of the operation, more information was required before a satisfactory conclusion could be drawn.

Mr. B. Phillips stated that he had seen the operation performed four times, three of the patients being now living, and two of them quite well some time at least after the removal of the ovary had been practised. He had himself performed it several years ago, the issue of the case being unsuccessful. The details of the case were published at the time it occurred. He did not consider that the magnitude of the operation should be regarded as a bar to its performance, for there were many other operations of equal magnitude, which no surgeon would refuse to perform. The results of the operations are, therefore, only to be looked to. If there were any medicines that were of service in the treatment of this disease, we should of course avail ourselves thereof; but such was not the case, and tapping was always deferred as long as possible, although it must ultimately be done, on account of the great increase of size, &c. When the inconvenience thus produced became so great that it could not be borne any longer, the question then arose, which was preferable, tapping or the operation? Patients sometimes die from the effects produced from the operation of paracentesis abdominis; it is quite true, however, that others are materially benefited by it, and the disease may not return; but it is not right to trust to that, although in other cases the operation of tapping may terminate successfully. Mr. B. Phillips quite agreed with Mr. Bransby Cooper in opinion that tapping was generally followed by a fatal termination in about four years. The question then was whether we should operate by paracentesis abdominis, and run the risk of death occurring in a given time, or take the chance of the results of the more serious operation; and this question Mr. B. Phillips did not think we had at present sufficient information to decide. He thought it very essential when any new operation or proceeding was introduced in medicine, that all the cases in which it is tried, whether successful or unsuccessful, should be placed on record for the guidance of the profession, and considered it a great dereliction of duty on the part of those who withheld unsuccessful cases, inasmuch as without them it was impossible to form a correct estimate of the real value of the operation. If every unsuccessful case that had occurred had been published, which, however, he was not inclined to believe, then we were in possession of information in its favour. With regard to the nature of the operation, he had only seen the small incision practised, and that he thought was the best. He could not see any reason why a longer incision than one of three or four inches in length should be required. The tumours in the cases seen by him were as large as any that had been extracted, and they had been readily removed through the small incision.

Mr. Lawrence did not intend decidedly to condemn the operation; he merely meant to imply that, from his own personal knowledge, he did not think it a fitting operation to recommend; but he would not say that circumstances might not arise where the surgeon might advise it, or might conscientiously operate if called upon to do so. As yet a sufficient lapse of time has not occurred to enable us to judge of the results of this operation, as we can of that of tapping, where the patients have survived four, five, eight, and even ten years. He remembered seeing a case that had been operated on years before by Mr. Lizars, at Edinburgh; there was a cicatrix extending from the ensiform cartilage to the pubes, shewing where the incision had been made, and when he saw the patient the pelvic region was filled up with a solid tumour, which must ultimately have led to her death. In that case it cannot be said that there was a complete and perfect recovery. Mr. Cooper had stated in the course of his communication, from the records at Guy's, that in many cases there was disease in the other ovary, or malignant disease elsewhere in the system. These facts were against the performance of the operation. Time, however, was requisite to shew the results. If the removal of the ovarian cyst were to be practised, he should prefer the minor operation, as he did not think it necessary to rip up the abdomen from the ensiform cartilage to the pubes. In the pathological collection at St. Bartholomew's, there was a large ovarian cyst which had been removed successfully by the minor

incision, by Mr. King, of Saxmundham. Much had been said about the cases that were fit and favourable for removal, but those that were in that condition were such as could be kept in a comfortable state by palliative treatment and by tapping; it was only in the unfavourable cases that a remedy was required, and the one now proposed was the least adapted for such cases.

Sir George Lefevre enquired if any statistical information had been obtained relative to the results of tapping practised early or late in the disease. He had seen a case some years since in the Ukraine, of a lady with ovarian dropsy, who had been tapped while the disease was yet recent, by Dr. Macdowel and Dr. Lee, although she had been strongly dissuaded against it, and had lived twenty years afterwards without any recurrence.

Mr. Davies mentioned the case of a lady who had been tapped ten times for ovarian disease, who enjoyed good health, independant of that disease, and lived to the age of seventy-two years, dying then of some other complaint.

Mr. Lloyd alluded to cases where paracentesis abdominis had been performed several times, the patients living some time afterwards.

Dr. Copland agreed with Mr. Lawrence in opinion as regarded this operation, and thought that medical treatment was more to be relied on than the members seemed inclined to admit. He had seen cases in which, by the adoption of appropriate medical treatment, a cure had been effected, and others in which the further progress of the disease had been arrested. Some of these patients were now living, and presented very little appearance of ovarian disease. The cases that promise best for the success of the operation, are precisely those in which medical treatment should be had recourse to. Not even tapping should be performed, but the patient should have change of air, nourishing diet, and such medicines as invigorate the constitution.

Pharmaceutical Society, Jan. 10, 1844. Mr. Payne in the chair.—The business of the evening was commenced by the chairman, who delivered a warm but merited eulogium, on the late William Allen, president of the society, who died on the 30th of December last. He gave a brief sketch of his career, commented on his public and private life, and concluded by advising his audience to follow the brilliant example that had been set them. —The scientific business consisted of two papers, the first by M. Guibourt of Paris, an honorary member of the society, on the galls of the Terebinthina, and Pistacea, to which were added observations by Dr. Pereira. M. Ledanois, while forming one of the medical jury for examining chemists' shops in the provinces, was shown a substance, which on analysis, he found consisted of fifteen parts of gallic acid, sixty of tannic acid, four of soft resin, one of caoutchouc, and twenty of inert residue. It was supposed to be the galls of the terebinthina. M. Guibourt has in his possession three varieties of gall-nuts, which he thus describes: 1st, The horn-shaped nut of the terebinthina, a long flat vesicle, enlarged in the middle, tapering to a point at each extremity, and twisted on itself. It is compact and rather translucent, loaded with resinous juice, has an astringent and slightly aromatic taste, like that of Chio turpentine. The second sort, which is the wider-shaped gall-nut of the pistacea, is more or less bent and twisted; it has a dark grey epidermis, is black internally, light and fragile, and has not any astringency. It has small flat or circular glands on its surface. The third or cauliflower gall, which, in some respects, resembles the specimen sent by M. Ledanois, is of a fan shape, and when fresh has a yellowish down in its depressions, and becomes brown and polished afterwards. Its substance is whitish and translucent, and gorged with juice; it has neither aroma nor resinous taste. Ledanois' specimen is similar, but of a dull red colour; it is the most important of the three, on account of the large quantity of tannin it contains. It is very rarely met with. M. Guibourt was furnished by Dr. Pereira with specimens of a gall-nut, which he had obtained from Dr. Royle, who in his work stated that they were procured from Cabul and Bokhara. M. Guibourt was of opinion that they were obtained from the terebinthina and not from the pistacea, as stated by Dr. Royle, on account of the red colour and turpentine odor, and from their being covered with small tears like mastic. Another kind of gall, called the Chinese gall, which had been obtained from Dr. Reeves, who had resided in Canton, M. Guibourt regards as a variety of the cauliflower gall. This last-mentioned is of a dark brown color externally, Ledanois' specimen greyish, and the Chinese nearly white. This difference of color, which was the only distinction that could be discovered between the three varieties, M. Guibourt thought might be referred only to the difference of the age of the nut when it was gathered, &c. In a paper published in the *Transactions* of the Royal Academy of Sciences at Paris, by M. Geoffroy, jun., it is described as being much used in China for the purposes of dying, for which it is superior to all other galls, thus according with the experiments of M. Ledanois on the specimen submitted to him, in which he found a very large proportion of tannic acid. It is exceedingly astringent. In the course of the observations made by Dr. Pereira, an extract from a Chinese herbal was read, giving a description of the tree from which they are obtained, and also an extract from a letter by Dr. Royle, in which he gave it as his opinion that the galls which he presented to Dr. Pereira, which were afterwards sent to M. Guibourt, were really the produce of the pistacea, and not of the terebinthina.

The second paper was entitled:—"Illustrations of our Pharmacopeia," by G. M. Mowbray, Fellow of the Royal Medico-Botanical Society, &c. 1. *Ferri sesquioxidum.* We are informed that the powder prepared by the college formula sometimes contains a small quantity of carbonic acid. This is really the case, and the formula is, therefore, inadmissible, as will be seen in treating of the *tinctura ferri sesquichloridi.* Moreover, the method is never followed by the manufacturing chemist, unless he wishes to make the *ferri carbonas saccharatum* of the Edinburgh Pharmacopœia. If desirable to avoid the expense of procuring the hydrated sesquioxide, Mr. Mowbray suggests a formula introduced, he believes, by Faraday, which formula yields a very beautiful per- or sesquioxide, and has been since recommended by Berzelius.—Take sulphate of iron, one part: chloride of Sodium, three parts: mix intimately, calcine at a red heat, and dissolve out the saline mass. The sesquioxide remains as an impalpable powder, of a deep chocolate-red colour. The objection to the London process is, that the product varies in composition. Sometimes, especially if very carefully and rapidly prepared, it contains carbonate of protoxide of iron; but if more time is occupied in drying it at a low temperature, then we have a carbonate of peroxide with an excess of base. When the former of the varying compounds is used to prepare the tincture of sesquichloride of iron, we first obtain a mixture of protochloride of iron, and sesquichloride of iron. By exposure to the atmosphere, the protochloride is converted into per- or sesquichloride of iron, while basic oxichloride or a subsesquichloride of iron is precipitated. In Mr. Phillip's translation of the London Pharmacopœia, the following passage occurs:—"This tincture is of a reddish-brown colour, and though it is *essentially composed of sesquichloride of iron*, it contains some hydrochloric acid, without which a deposit is apt to be formed in it." Now, if Mr. Phillips had prepared a *tinctura ferri sesquichloridi* either with a pure sesquichloride of iron, or even with the moist hydrated sesquioxide of iron, he would have doubted the propriety of giving the formula for *ferri sesquioxidum*, which now stains the pages of the *London Pharmacopœia;* for he must have observed, that if either of these is used, it is not necessary to have free hydrochloric acid, in order to prevent a deposit. Lamenting such decomposition, why not remedy it? It was merely requisite to direct the tincture to be made with the dry perchloride procured by sublimation—a method which Mr. Mowbray strongly recommends; he has devised a formula, wherein the play of affinities is somewhat complex, yet interesting; whilst the process is sufficiently facile to be accomplished without much skill on the part of the operator. Take of iron filings, ℥ij. Hydrochloric acid (sp. gr. 1·160, by troy weight), ℥v. ℥vij. Digest in a Florence flask, assisting the complete saturation of the acid at the end of the process by a gentle heat.* When all action has ceased, filter the liquid, and evaporate to four fluid ounces. Next weigh out pure sulphate of iron (crystals powdered), 250 grs., hydrochloric acid (sp, gr. 1·16, by troy weight), ℥iij. ℥ij.; powdered chlorate of potash, 246 grs. Dissolve the sulphate of iron in the muriatic acid; mix the two solutions; then add the chlorate of potash. From the blood-red solution thus obtained, precipitate the (two equivalents) sulphate of potash by the addition of sixteen fluid ounces of rectified spirit of wine. Filter, and wash the precipitated sulphate of potash with sufficient spirit to make up twenty-six fluid ounces of tincture. One fluid ounce contains 61·4 grains of sesquichloride of iron, equivalent to thirty grains of sesquioxide, or 20·8 grains of metallic iron.

FIRST PROCESS.

18 eq. Hydrochloric Acid { 18 eq. Hydrogen—18 eq. Hydrogen gas.
18 eq. Iron { 18 eq. Chlorine, 18 eq. Iron } 18 eq. Protochloride of Iron.

SECOND PROCESS.

18 eq. Protochloride of Iron { 18 eq. Chlorine; 18 eq. Iron
18 eq. Hydrochloric Acid { 10 eq. Chlorine; 10 eq. Hydrogen; 10 eq. Oxygen } 10 eq. water
2 eq. Chlorate of Potash { 2 eq. Chlorine; 2 eq. Potash } 2 eq. sulphate of Potash.
2 eq. Sulphate of Iron { 2 eq. Sulphuric Acid; 2 eq. Iron }
} 20 eq. Sesquichloride of Iron.

2. *Ferri potassio-tartras.* The formula for this preparation is vague and inaccurate. It is as follows: —Take of sesquioxide of iron, three ounces; hydrochloric acid, half a pint; solution of potash, four pints and a half; or as much as may be sufficient; bitartrate of potash, eleven ounces and a half; solution of sesqui-carbonate of ammonia, a pint; *or as much as may be sufficient*; distilled water, three gallons. The first directions are intended to procure the hydrated sesquioxide of iron, which is to be dissolved in a solution of bitartrate of potash. After this comes the following passage:—"If the liquor should be acid, when tried by litmus, drop into it the solution of sesquicarbonate of ammonia, until it is saturated." The translator observes in his remarks, that he "found it to consist of very nearly one equivalent of tartrate of potash, and one equivalent of tartrate of sesquioxide of iron. "This," he continues, "would give rather more than eighteen per cent. of sesquioxide, which agrees very nearly with my direct experiment." All this "very nearly," and "about," is unworthy of Mr. Phillips. Either he has permitted one of his pupils to mislead him in this preparation, or he has misunderstood the language of Soubeiran, from whom the formula is said to have been taken, with alterations. In the London Pharmacopœia we are told to boil the sesquioxide of iron in the solution of bitartrate of potash, while Soubeiran insists upon digestion; for he observes, "prolonged ebullition of the salt in water, above all in the presence of an excess of cream of tartar, causes decomposition and deposit of tartrate of protoxide of iron." Mr. Mowbray has suffered by attending to the directions of the pharmacopœia, for on one occasion, he found the iron reduced from the state of peroxide to that of the green magnetic oxide, whilst operating in a stone vessel containing about eighteen gallons of the solution. The phrase, "*if* the solution be acid to litmus paper," sounds not a little strange to our ears. He would ask Mr. Phillips, "Can a persalt of iron be other than acid to litmus paper?" and in order that those who peruse this paper may form their own judgment on these alterations, he subjoins a translation of Soubeiran's formula; "Take of powdered cream of tartar, one part; distilled water, six parts; moist hydrated peroxide of iron, q. s. Digest the whole in a porcelain or glass vessel, at a temperature varying from 120 deg. to 140 deg. Fahr., until the liquid refuse to dissolve more of the hydrate. Filter, and evaporate at a gentle heat; when the liquid become

* A bent tube should issue from the mouth of the flask, and be made to dip under a small quantity of water, to prevent loss of acid. This acidified water is then returned on the filings with a view to obtain the full effect of the acid.

somewhat concentrated, spread on plates, and dry in the drying-room." What improvements can be required in this process? It is simple and concise, and affords a uniform product. The author has evidently considered his subject thoroughly, and practised what he orders. His experiments have been direct; not so those of Mr. Phillips, who, although he has ordered four ounces of sesquicarbonate of potash, *if* the solution be acid to litmus paper, yet in his analysis he cannot detect the least trace of the alkali? What is stranger still, he arrives at figures giving 5 per cent. more sesquioxide of iron than Soubeiran, though our French fellow-labourer makes no mention whatever of ammonia! Is it to be wondered at, then, that the chemist should be perplexed, the physician annoyed, and sometimes even the patient alarmed, when the ferri potassio-tartras may sometimes contain ammonia, and at other times none—when the tinctura ferri sesquichloridi may contain an excess of acid to-day, and become *sua sponte* duly neutralized to-morrow?—when the sesquioxide of iron may contain carbonate of protoxide of iron in Bond Street, and basic carbonate of peroxide in Piccadilly? Mr. M. hoped that the frankness of his tone would not give offence; his object being not to diminish the well-earned reputation of a distinguished chemist, but to improve the practice of pharmaceutical chemistry.

PHARMACEUTICAL VARIETIES.

On the fabrication of paper matches, which ignite without explosion, burn with a bright flame, and diffuse an agreeable odour; and on the preparation of lucifer matches without sulphur. By Boettger.—As the result of a very elaborate series of experiments on the formation of the cheapest and best combustible composition for lucifer matches, I gave, on a former occasion, the following recipe:—

Gum Arabic, 16 parts.
Phosphorus, 9 parts.
Nitrate of Potash, 14 parts.
Finely levigated Manganese 16 parts.

Again called upon by the manufacturers to produce a composition with the same properties at less expense, I have come to the conclusion, that the quantity of phosphorus may be considerably reduced—that the expensive gum may be replaced by good glue—and that common jeweller's red, or red ochre, may be substituted for the red lead or manganese. I have found the following composition most advantageous:—

Phosphorus, 4 parts.
Nitrate of Potash, 10 parts.
Glue, 6 parts.
Red Lead, or Red Ochre, 5 parts.
Smalt, 2 parts.

To prepare with these ingredients an uniform mass, which will not attract moisture, and which ignites without noise, it is necessary to convert the glue, by the addition of a little water, into a jelly twenty-four hours before using it, then place it in a small porcelain mortar, over a lamp, or on a stove, until the gelatine is dissolved; add the other ingredients: first the phosphorus, then the nitre, the red lead or ochre, then the smalt; mix and rub down *with a porcelain pestle in the heated mortar, until a homogeneous, viscid, glutinous mass is formed; the temperature, however, must never exceed* 167° *Fahr.*, for if the heat be beyond this degree, particles of the phosphorus will ignite, and if the temperature be not reduced, and the particles extinguished by pressing them into the mass, phosphoric acid will be formed, which attracts moisture from the air, and renders the composition glutinous and defective. This composition carefully prepared, may be transferred to matches or amadou, will dry in twelve hours, and is not afterwards affected by the air, especially if good glue be used. To make paper-matches which burn with a bright flame, and diffuse an agreeable odour, with this composition, it is only necessary to moisten slips of common writing-paper on either side, with the tincture of benzoin, to dry them, and paint the ends with a hair-pencil dipped in the composition. On applying friction against a rough surface, the paper will ignite without the aid or intermediation of sulphur. To form *lucifer matches* which ignite without sulphur with this mixture, heat in a flat tin vessel as much white wax as will occupy, when melted, half one line of the vessel; take a bundle of wooden matches (as free as possible from resin) and hold them for a few seconds in contact with a red hot iron plate, so as to carbonize their ends superficially; immerse them into the heated fluid wax, withdraw them quickly, and shake them smartly, to free them of the superfluous wax, and dip them singly into the above mentioned combustible composition. These matches will be found perfect.—*Annalen der Chemie und Pharmacie*, Band xlvii., Heft 3.

On the preparation of oxide of chromium in the form of rolled-up tea-leaves. By Boettger. — Arnold Maus appears to have first discovered that bichromate of ammonia, when slightly heated, undergoes immediate decomposition, yielding pure oxide of chromium as the residue. If the heat be suddenly increased before decomposition takes place, the process is accompanied according to *Woehler* and *Unverdorben*, by a brilliant combustion. My attention was directed to this phenomenon by Dr. Buchner, and I investigated the subject with a view of ascertaining whether electricity was disengaged during this decomposition. My labours in this respect were not crowned with the success I had anticipated; but I accidentally stumbled upon a very interesting experiment, which I recommend to the notice of all lecturers on Chemistry. Prepare from crystallized chromic acid, crystallized bichromate of ammonia. For this purpose, dissolve the acid in a little water, and divide the quantity into equal parts; neutralize the first half carefully with ammonia, and add the other half of the acid; place the cup with this mixture under a glass-bell over sulphuric acid. The bichromate of ammonia will be thus obtained in one or two weeks, in the form of large, dark red, crystals, which, when dried on white bibulous paper, are not acted upon by the air. If eight grains of this crystallized salt be placed in a platina or porcelain cup, and heated over a spirit-lamp, a *very energetic reaction*, accompanied by a brilliant combustion, will be observed to take place. The crystals *swell, and voluminous green masses of oxide of chromium burst forth, which bear so striking a resemblance to convoluted tea-leaves, that a connoisseur might be deceived.* If the cup be held over a porcelain plate, the product of this decomposition (the pure oxide of chromium) may be collected and sent round for inspection. I generally show this experiment when speaking of the oxide of chromium, and add a second of not less interest. Intimately mix 45 parts (by weight) of gunpowder with 240 parts of perfectly dry bichromate of potash, and 35 parts of hydrochlorate of ammonia; pulverize, and pass the whole through a very fine hair-sieve. By filling a conical wine-glass with the powder, and carefully everting it, the powder may with a little manipulation, be made to represent a cone. A small piece of lighted amadou placed upon the apex, will cause the powder to ignite, and the whole cone will burn slowly, under brilliant corruscations, to the very base. The gray-black glowing residue, dulcified with water, yields a beautiful, *bright green oxide of chromium*, as a result.—*Annalen der Chemie und Pharmacie*, Band xlvii., Heft 3.

Scopolina Atropoides.—M. Lippich recommends the extract of this plant in cases of mercurial salivation, and it has been administered in numerous cases with success by Drs. Brenner and Felsach. Not more than 2 grs. should be given in a day, or it proves narcotic.

On the frequent occurrence of Lead in Cochineal.—M. Dietrich, in a letter to Prof. Woehler, mentions his having received a parcel of cochineal, which in appearance left nothing to be desired as to quality, but which had nevertheless been subjected to a gross sophistication. The white coating, for instance, was artificial, and contained so many granules of lead that they amounted to nearly 12 per cent. in weight. When the mixture was reduced to a very fine powder, and then carefully suspended, a bright metal remained behind. Since cochineal is frequently employed by pastrycooks, the sophistication is highly dangerous; and this adulteration appears now to be very generally adopted, for all the samples of cochineal which the author examined proved to contain lead.—*Archiv der Pharm.*

Adulteration of Potato Starch.—M. Dietrich draws attention to the fact of his having received potato starch mixed with comminuted fibre, which amounted to 50 per cent. of the starch; the goods were received from Magdeburg. The mixture of fibre prevented the employment of the starch in the fabrication of yeast for a distillery.—*Ibid.*

Adulteration of Jalap Root. By M. Ingenohl.—Sometimes brown, ragged, pear-shaped fragments are found mixed with the true jalap root, which resemble it very much externally, but are not so heavy, and are either soft and flexible, or readily broken when they have been roasted. In many pieces fibres may be distinctly perceived, and from this, as also from their sweet taste, they would seem to be dried fruit which had been immersed in tincture of jalap, and have thus been rendered somewhat acrid to the taste. Similar adulterations have also been observed in articles sent under the name of jalap root from Bremen.—*Ibid.*

New and advantageous Method of Preparing the Bicarbonate of Potash and the Bicarbonate of Soda. By M. Behrens.—With a view of obtaining the acetate of potash, I formed a solution of equal portions of carbonate of potash and of water. On gradually adding to it the acetic acid, I observed at first scarcely any disengagement of carbonic acid, and only subsequently, on adding considerably more of the acetic acid, did the liberation of gas commence suddenly with much vigour. There had, however, formed a precipitate, which amounted at least to half of the potash employed. The precipitate was beautifully white, and presented a mass tolerably well crystallized, which, pressed in linen and washed with cold water, proved to be nothing else than pure bicarbonate of potash. There are many œconomical methods, it is true, for obtaining this bicarbonate; but if it be considered that by the method just described, this preparation is obtained as a secondary product, and that with half the trouble there is obtained at the same time the acetate of potash and the bicarbonate of potash, both of which are extensively used, I believe that I may recommend this new method, especially to chemical manufacturers. After having separated the bicarbonate of potash, which had been deposited from the liquid, it is requisite to add to this latter so much more acetic acid as is necessary to form the neutral acetate of potash. The same method is adopted to obtain the bicarbonate of soda; it is necessary, however, to take a concentrated boiling solution of carbonate of soda before adding the acetic acid to it, because otherwise very little bicarbonate of soda would be precipitated, while when the solution is concentrated a large quantity separates, even while the whole is still over the fire.—*Journ. de Pharm.*

Medicina Magnesiæ.—According to M. Capitane, the *Magnesia usta* is very frequently administered in Gaudaloupe and in the West Indies in the dose of 8 grs., mixed with sugar and water, or syrup under the name of *Médecine de Magnesie.* The sugar is essential; probably being converted in the stomach into lactic acid, it acts upon the magnesia and dissolves it, rendering it one of the most valuable purgatives. M. Mialhe recommends that this mixture shoud be prepared in the following manner:—8 grms. *Magnesia usta* are triturated with some syrup, and then mixed with so much syrup that the whole amounts to 80 grms; to this are added 20 grms. *Aq. flor. aurantii.* This dose is taken at one time.—*Journ. de Therapeutique*, August.

Syrupus Antirachitus.

R	Ol. jecoris Aselli	125 parts.
	Extr. fol. nuc. Jugland . .	45 ...
	Mellis	735 ...
	Aq. distill	6 ...
	Kali Iodidi	6 ...
	Syrup. cort. Chinæ	375 ...
	... simp	1125 ...
	Essent. Anisi	240 ...

—*Journ. de Chim. Med.* 1843.

On Iodine in the Urine. By J. W. Griffith, M.D.—In my "Manual of the Normal and Abnormal Characters of the Urine and its Deposits," I have stated that iodine, when taken internally, generally, if not always, appears in the urine as an iodate, inasmuch as on boiling alcohol on the residue of evaporation the iodine is not removed. From the examination of a large number of urines I have lately made, I have arrived at a somewhat different conclusion, viz., that the iodine does not pass into

the urine as an iodate. Such opinion is founded upon the following experiments, which I have several times repeated:—1st. The urine of a patient, taking the iodide of potassium, was allowed to cool; a few drops of aqueous solution of starch were then added; no iodide of starch was formed; thus showing that the iodine was not contained in the solution in a free state. 2nd. The same urine after the addition of starch, produced a precipitation of the iodide of starch, when a few drops of nitro-muriatic acid were added; thus showing that the iodine exists in combination with some base, as a salt requiring the exercise of the influence of an acid or acidifiable body, having a greater affinity for the base than the iodine, or in other words, being capable of decomposing the iodic compound. What is this compound? Is it an iodide or an iodate? To determine this, I proceeded thus:—Some of the same urine, giving a copious purplish-blue precipitate with starch after the addition of nitro-muriatic acid, was evaporated *completely* to dryness. Alcohol, which had been distilled off carbonate of patash, was then added and digested for some hours; more was added, and the residue was washed until little of the iodic compound came away with the spirit. To this spirituous solution, which was filtered, cold solution of stareh and a few drops of nitro-muriatic acid were added, a copious, purplish-blue, precipitate of iodide of starch was formed; thus showing that the iodine existed in combination with some base, but not as an iodate, because the iodate of potassa is not soluble in alcohol. In my work I have stated that the iodine may be readily detected by the addition of a few drops of nitro-muriatic acid or solution of chlorine, and then the addition of a few drops of cold solution of starch. The fact is, as I shall show, inconsistent with the existence of the iodine in the urine as an iodate. A portion of pure iodic acid was dissolved in *Liquor potassæ* and distilled water. Upon the addition of starch and nitro-muriatic acid to this, no iodide of starch was formed. Upon digesting a little morphia in the mixture, without the addition of the *aqua regia*, the blue iodide appears as it does when sulphurous acid is passed through the same solution. The influence of some deoxidizing agent is requisite to decompose the iodic acid. When sulphurous acid is passed through urine containing the iodine mixed with a few drops of solution of starch, no iodide of starch is formed; thus showing that no iodate or iodic acid is present (the sulphurous acid does not elicit iodine from the iodide of potassium). The conclusions then that we must arrive at are—1st, That there is no free iodine in the urine when an iodide has been taken internally. 2nd, That the iodine does not exist as iodate of potash, because sulphurous acid and morphia, which elicit free iodine from iodates, do not form this compound. Moreover, the iodic compound is soluble in alcohol, which an iodate is not. 3rd, That it exists in the form of an iodide, and is removable from the urinary residue both by alcohol and water.—*Chemical Gazette.*

Observations on Legumine.—By MM. Dumas and Cahours.—The analysis of legumine recently published by M. Rochleder, and the properties assigned to this product, do not establish its identity with the caseine of milk in a satisfactory manner. According to that chemist, legumine, precipitated by means of weak acetic acid from water in which peas or beans reduced to a pulp had been digested, is partly soluble in potash, and may be separated by this re-agent into two products, one of which is soluble in the alkali and is identical with caseine. However, the caseine obtained from milk has been found by all experimenters to contain on an average 15.8 per cent. of nitrogen, while the product described by M. Rochleder afforded him 14 per cent. *i. e.* one fifteenth less, which would suppose the product to be so impure that no conclusion can be drawn from it. M. Rochleder, who draws a comparison between the carbon and hydrogen of these substances, has unfortunately neglected to do the same with respect to the nitrogen; moreover, a sample of legumine of bean containing only 53per cent. carbon, affords in the legumine converted into caseine 54·5 carbon, the nitrogen always remaining the same, a fact somewhat difficult to explain. M. Rochelder has not solved the question relative to legumine. We have at present no doubt that the nitrogenous substance of the *Leguminosæ* contains two distinct substances, of different composition, which occur in variable proportions in the several leguminous plants, or even in the different specimens of one and the same species. We obtained from hemp-seed, by the same means ,a substance which contains the same amount of carbon as the legumine of almonds, but not more than 14·8 to 15 per cent. nitrogen. If, in fact, there exist two distinct substances, containing the same proportions of carbon and of hydrogen with different quantities of nitrogen, this latter element alone would be susceptible of variation in the several samples analysed. However it may be, we do not think it advantageous to confound at present with caseine a product which is thrown down in the cold by very dilute acetic acid, and of which nine-tenths at least are soluble in concentrated and cold acetic acid, and which is entirely coagulated by heat.—*Journ. de Pharm.*

Formation of Tubercle.—Dr. Klencke is of opinion that the formation of tubercle is dependent upon some lesion or defect in the structural transformation of the cells of the affected tissue. From the general debility of the natural powers the normal cells are only imperfectly converted into the parenchyma or proper substance of the part when the tubercles are developed; and thus, instead of forming a constituent portion of its organization, they act as so many foreign and irritating bodies disseminated through it. Their appearance under the microscope gives considerable weight to this view of their origin; for when examined with a moderate magnifying power, they are found to consist of half-formed cells, fibres, &c. associated with a granular matter that resembles coagulated albumen. If this pathological suggestion be correct, how much must depend on a judicious invigoration of the nutrient and reparative energies of the system, if we hope to arrest the progress of this fatal malady.

THE MEDICAL TIMES.

Saturday, Jan. 20, 1844.

There is a tide in the affairs of men,
Which taken at the full leads on to fortune.
Shakspere.

We have fired a few not ineffective broadsides into the new Charter. Now that it has lowered its flag in token of surrender, we will (with our readers' complaisance) overhaul the character of its fittings.

Our readers know that the Council treated the College members much after the fashion in which the miser treats his children. As the good things of the Will, so do the good things of the Charter, depend on the donors' death. The lease of corporate corruption is held by a tenure of only twenty-one lives! They dead, the members have *something* to expect—something so *great*, that Dr. Forbes, who expects, *en passant*, we shall all be dead in that time, exhausts his limited vocabulary in panegyrising its benefits to *us*, and gives us to understand that even after our most fervent acknowledgments of gratitude, we must pass through a moral Court of Insolvency before we can be quits with those great benefactors, Sir James Graham and Sir Benjamin Brodie.

It is impudent to look a gift horse in the *face*. Passing over, therefore, the motives of this munificent donation, let us examine it in its posterior aspect—its effects. Some day the Fellows will be free to elect their own Councillors. True, but it will be a freedom *secundum quid*—a freedom like Napoleon's at St. Helena, very circumspectly guarded. First, what were to have been the number of Fellows? Answer: Nobody knows. If numerous, the Fellowship would cease to be an honour; if few, the boon of election would lapse into a farce. Sir Benjamin Brodie did not think of foregoing the honorary part of the distinction; the profession could not tolerate the insult of its *clique*-like limitation. Retreat for one was essential; the Council have been bold enough to enforce it on the baronet. Now comes a thought on the thousand "constitutional checks" so happily devised to limit the Fellows' *exorbitant* power. The Charter gives leave to elect and re-elect three unfortunate ambulatory councillors annually. Sir Benjamin Brodie cautiously enforces nearly twelve months' novitiate in Fellowship, before the awful power can be exercised, and then carefully provides against a bad use of it. The Fellows must vote personally and not by proxy. The one whom they choose must be a Fellow, *i.e.* one whom Sir Benjamin has chosen—he must live within seven or eight miles of Sir Benjamin, that the baronet, we suppose, may not be too much troubled to inquire after his character—must be in actual practice, that he may have something to do besides watching his brother Councillors—must know nothing of midwifery or pharmacy, by which he might be the standing reproach of his brethren—must get a good character from a number of Council-made Fellows certifying to the number of commandments he has left unbroken; and finally *must never have been twice passed over without nomination as a candidate, or twice nominated as a candidate without succeeding in being elected as Councillor!* Truly, Dr. Forbes is not quite wrong in saying that we *owe* much to Sir James Graham. If he had not granted the Charter we should have never known how absurd are all expectations of a healthy reform from within. Let the profession not take the business in their own hands—and they will have it cobbled for them at an expensive rate, and after a singular fashion!

The words we have given in italics, though now for the third time distinctly placed before our readers, are yet of startling absurdity. They understate, however, the absurdity of the Charter clauses to which they refer. If our readers will but look at clauses 17 and 18 as given in our paper for Oct. 21, he will see that any peace-loving Fellow not nominated as a candidate of good character, and worthy of Fellowship by that number of Fellows which the Council shall arbitrarily fix, cannot be eligible as a candidate at a second election, *save under "special" conditions devised at the good pleasure of the Council*, and if passed over the second time by the aid of these disadvantages, can never have a hope of being on the Council! The nominated are in the same plight. If not elected the first time they are put under the ban of restrictions: if not elected or not nominated the second election that happens, the Council is rid of them for ever! Thus speaks the Charter:—

"18. That when any eligible fellow shall have been passed by for want of any such nomination as aforesaid, or having been balloted for shall not be elected a member of the council, he shall cease to be eligible to be elected, except upon such special terms of nomination as shall by the council by bye-laws be, for the time being, provided for such cases, and upon such special terms any fellow so passed by or not elected, may be re-nominated for and be elected a member of the council, but if he shall be on such second occasion either passed by or not elected, he shall for ever thereafter cease to be eligible for election upon the council.

Now, without saying one word on the extraordinary powers of the Council, first to define the qualifications of the candidate *ab initio;* secondly, to frame special disabilities for him if once passed over or rejected; and thirdly, and above all, to arrange the preliminaries and forms of the election in any way that may best protect them from a troublesome aspirant to corporate honours — apart from all this, is there not, we ask, something positively monstrous in this notion of openly manufacturing with one hand a body as eligible for the Council, and destroying them by a *sinister* move of the other? As three Fellows only can be elected, it is clear that after the first year all the remaining Fellows will be subjected to special terms; and as three only can be elected the second year, the whole body with these exceptions, will be declared ineligible for ever as *Councillors*. Except the older Fellows, therefore, conquer their natural aversion, and elect the new comers, their juniors, they will be under the necessity of re-electing the old Councillors, *who for this special purpose are made re-eligible, and announced to the electors before any other candidates!* We do confess that we make this statement with no little hesitation, and after no small study. So extraordinary an arrangement has thrown our reasoning system into almost inextricable confusion. In reading and re-reading the clause we have given, we can hardly believe that our ocular sense is not deceiving us. So monstrous a perversion of every thing like decent legislation, so *sublimely* impudent a violation of the plainest dictates of fairness and common sense, is too incredible to be within the demonstration of any amount of evidence. But there stands the clause, and if our readers can make anything better out of it, they are heartily welcome to the advantage.

The Council, we have said, are now fully committed to seek a revision of their charter. Our declaration of Oct. 21, that the Charter was not worth a twelve months' purchase, is already verified, and within a month or two we shall have the drama of the "Deformed Transformed" enacted, in honour of our Editorial perspicacity. If our accuracy gives us a moment's claim on the profession's attention we would earnestly warn them of the danger of longer non-intervention. This is the critical time when the profession have their fate in their own hands. At this moment, on all sides, the necessity for an immediate alteration stands confessed. The intermeddling of Sir B. Brodie has added to us a strength we never before possessed: in giving us universal cause of dissatisfaction, he has presented active minds with a lever of resistless power: in warring with the common sense of the universal public, he has given a fulcrum on which that lever can display its whole force. This opportunity turned to profit, the Members of the College can secure themselves from a *third* grade in the profession, when qualifications are equal for a *second;* can assure themselves the benefit of publicity of proceeding on the part of the body that governs them; can procure for themselves the same liberty of appointing their own officers as the members of the Royal, and nearly every other learned Society enjoy, and among a hundred other advantages, can guarantee the allocation of the large funds of the College to more efficient assistance to science, and more liberal help to less fortunate brethren. But if the offer of fortune be allowed to slip, the anomalous pettiness will be turned into symmetrical injustice—the blunders of Sir B. Brodie will give place to the decent prejudices of less enterprising brethren—and the Charter, twice deliberately granted, and once deliberately revised, will be considered beyond the pale of intermeddling, and Parliament's very respect to Cabinet Ministers and Majesty will commit it to the side of a then not ungraceful conservatism. We urge, then, activity earnestly on the surgeons of Great Britain, and assure them we have more reasons for our appeal to them than we yet feel it prudent to communicate.

REVIEWS.

On Superstitions connected with the History and Practice of Medicine and Surgery. By Thomas Joseph Pettigrew, F.R.S., F.S.A., &c. Churchill.

This book is a rather striking memento that we are out of the age of barber surgeons. Indeed, it is with some difficulty we can reconcile ourselves to the notion, that a learned work on the long buried superstitions of medicine, is a proper professional exercise for even a surgeon of our days. Instead of unsepulchring crotchetty opinions from *tomes* laden with the dust of ages, we are apt to ask in him resurrectionary efforts of a far less metaphorical character. The man who must know what effect the *abductor pollicis* or *extensor longus digitorum* has over the movements of the toe, what the *flexor sublimis* has to do with those of the *carpus*, who must readily trace the great sciatic nerve through all its branches, and give a decent reason for supposing the fifth pair simply or principally a nerve of sensation only, is not the sort of person whom we would expect to be interested in the possession, or conversant with the contents, of old dreamy books of black letter, and of preposterous proportions.

Yet, this truly antiquarian book is from the pen of a surgeon, and right glad are we that we have one who could give it us. Surgeons among us have been, as a general rule, a great deal too unliterary. We do not undervalue anatomical excellence, operative skill, or apt diagnosis, when we say, that the surgeon who only has these, is but one shade above a mechanic, if even a mild nature save him from being absolutely one shade above a brute. Our conviction is that, "the liberal arts" are not more useful in softening manners than in improving professional ability. The secret of surgical, as of most other success, is not the amount of things in the mind, but the mind's power in properly using them; and now that surgery is, in practice, but another name for medicine, acquirements co-extensive with the increased range of duties are essential. On this ground, while we may own that Mr. Pettigrew's book belongs a little too much to the Dryasdust school for the practical surgeon, and in prevalent notion, more befits a physician than a "Fellow of the College of Surgeons of England," we can yet give it a hearty welcome. Indeed, as Lavater, enlarging on Shakespere's notion, warned his readers against the man hating music and children, we should feel little yearning towards the reader who had not a stray feeling of affection somewhere about him, towards books laden with the "arcane and eximious—" fancies of by-gone ages —and presenting us, as Burton has it, with "toyes not borrowed from circumforanean rogues and gypsies, but out of the writings of worthy philosophers and *physicians*." The man who has seen an old library's well-laden shelves, and has not felt for an instant, "here I could live, forgetting life's turbulent broils, and still less satisfactory joys, in gratified but never satiated curiosity," shall be no friend of ours. The higher and better of the mind's aspirations, the divine parts of humanity, are not his. He is born, if a prince, *vulgar*.

Mr. Pettigrew's book takes nine divisions, which are as many articles on alchemy, astrology, a few of the odd speculations of early medicine, talismans, amulets, charms, influence of mind on body, royal gift of healing, sympathetical cures, and those of the famed Valentine Greatrakes The order followed is not, perhaps, very perfect as a piece of classification, and we think the book would have begun and finished better if alchemy, instead of commencing the book, yielded place to the article on early medicine; and if that on sympathetic cures had been followed by the chapter on the influence of imagination. The two most original articles would have shown, we think, to better advantage. The chapter on alchemy is interesting, but contains no new facts, and no deduction of any kind. There is little of the creative in our author: he looks after things with industry, observes with the ordinary interest of a very mechanical mind, and records with the correctness of a scholar, and the common-place feelings of a mercantile clerk. To many this chapter will, however, be more than interesting. Not a few of our friends are unaware that alchemy found favour in the eyes of Lord Bacon and Sir Isaac Newton, and it might have been added, Sir Humphrey Davy; and the fact of such men's dubitations ought to alarm less acute but more dogmatic thinkers, who so freely offer to define the boundaries of possibilities and the limits of nature's powers. This *morceau* will show that incredulity is not the *universal* vice of the age.

"The nineteeth century has not yet passed away, and Dr. Christopher Girtanner, an eminent professor of Gottingen, has prophesied, in a Memoir on Azote, in the 'Annales de Chimie, No. 100, that it will give birth to the transmutation of metals. The passage expressing this extraordinary opinion is too singular not to be here transcribed:—

"'In the nineteenth century the transmutation of metals will be generally known and practised. Every chemist and every artist will make gold; kitchen utensils will be of silver, and even gold, which will contribute more than anything else to prolong life, poisoned at present by the oxyds of copper, lead, and iron, which we daily swallow with our food.'"

On astrology the author exhibits scarcely greater affluence of new facts or fancies. The following, however, on the influence of the moon, will bear extraction:—

"Animals were killed, seeds were sown, plants were gathered, timber was felled, voyages were undertaken, new garments were put on, the hair was cut, only at particular periods of the moon. The early English almanacs abound with reference to its condition. Brand* quotes from 'The Husbandman's Practice, or Prognostication for ever,' (Lond. 1664, 8vo.) the following curious passage: 'Good to purge with electuaries, the moon in Cancer; with pills, the moon in Pisces; with potions, the moon in Virgo; good to take vomits, the moon being in Taurus, Virgo, or the latter part of Sagittarius; to purge the head by sneezing, the moon being in Cancer, Leo, or Virgo; to stop fluxes and rheumes, the moon being in Taurus, Virgo, or Capricorne; to bathe when the moon is in Cancer, Libra, Aquarius, or Pisces; to cut the hair off the head or beard when the moon is in Libra, Saggittarius, Aquarius, or Pisces. Briefe observations in husbandry: set, sow seeds, graft, and plant, the moon being in Taurus, Virgo, or in Capricorne; and all kinde of corne in Cancer; graft in March at the moone's increase, she being in Taurus or Capricorne.'

* Popular Antiquities, vol. ii, p. 470.

"Dr. Balfour, who for a long time resided at Calcutta, an accurate and intelligent observer of the diseases which occur in hot climates, is generally considered to have satisfactorily established the influence of the moon in cases of fever, and he was induced, during a practice of fourteen years in the East, to pay particular attention to its revolutions in the treatment of these diseases. He found the accession of fever to take place during the three days which either precede or follow the full moon; and he has endeavoured to show that at the time of the equinoxes, an additional power is added to the lunar influence exercised on the human frame. These opinions have met with support and received confirmation from the practice and researches of Lind in Bengal, of Cleghorn in Minorca, of Fontana in Italy, of Jackson in Jamaica, of Gillespie at St. Lucia, of Bell in Persia, and of Annesley in Madras. Dr. Moseley carried his opinions with respect to the influence of the moon on mankind to a ridiculous extreme, and affirmed that almost all people of extreme age died at the new or at the full moon. Aristotle ascribes many of the derangements of females to the decrease of the moon. Galen says all animals born when the moon is falciform are weak and feeble, and short lived; whilst those born at the full are the contrary. Lord Bacon invariably fell into a syncope during a lunar eclipse.

"Early medicine and surgery" is, perhaps, the best chapter in the book; but why shall we be told in good set terms that Le Clerc in this learned book, or Schultz in that, traced accoucheurship and physicianship primarily to Adam? Both were right, though pedantically so: for supposing a first couple, what can be plainer, than that they united in themselves all the essential conditions imposed by their nature? On Egypt and its medicine, we have here some interesting knowledge. The author remarks as something singular, that among the Egyptian remains no surgical instruments have ever been found. If the absence be anything but accidental, or indicate any ignorance of surgical appliances on the part of the Egyptians, we must regard the circumstance as anomalous. Herodotus and other authorities, have given us an extremely high opinion of their professional skill generally. The division of labour that existed among their doctors, is some argument of this, though Mr. Pettigrew runs into rather opposite conclusions:—

"In later times, according to Herodotus, a particular and minute division of labour characterized the Egyptians; the science of medicine was distributed into different parts; every physician was for one disease—not more; so that every place was full of physicians; for some were doctors for the eyes, others for the head; some for the teeth, others for the belly; and some for occult disorders. The sons followed the profession of their fathers, so that their number must necessarily have been very great. Herodotus says, *panta de iêtron epiplea.* This arrangement and classification, however, could scarcely have taken place until the practice of medicine had ceased with the priesthood. Such a distribution of practice might, in cases where manual operation alone was required, be attended with benefit; but with regard to cases in general, it would only serve to limit knowledge and confirm prejudice. The errors of the father would be transmitted to the son, and by him handed down to posterity. Confinement to one view and to one subject, of necessity incites quackery. Wherein consists the superiority of the regular practitioner over the empiric, but in the resources which his extended knowledge of the human frame and its functions, enable him to apply? Every individual part is essentially connected with the whole—governed by the same laws, operated upon by the same influences and circumstances; nothing in the human body—either in health or disease—can, strictly speaking, be called local."

Passing the chapters on talismans and amulets, which are sufficiently meagre, we come to charms, under which head the two other subjects might, perhaps, have very appropriately been treated. In reference to plague, we have the following sage modes of prevention:—

"During the severe visitation of the plague in London, amulets composed of arsenic were very commonly worn in the region of the heart, upon the principle that one poison would drive out or prevent the entry of another. Large quantities of arsenic were imported into London for this purpose. Dr. Henry wrote against them as 'dangerous and hurtful, if not pernitious, to those who weare them.'*

"Quills of quicksilver were commonly worn about the neck as a preservative against the plague. The powder of toad was employed in a similar way. Pope Adrian is reported never to have been without it. The ingredients forming his amulet were dried toad, arsenic, tormentil, pearl, coral, hyacinth, smarag, and tragacanth. Among the Harleian MSS. is a letter from Lord Chancellor Hatton to Sir Thomas Smith, written at the time of an alarming epidemic. He writes thus: 'I am likewise bold to recommend my most humble duty to our dear mistress (Queen Elizabeth) by this LETTER and RING, which hath the virtue to expell infectious airs, and is *to be worn betwixt the sweet duggs*, the chaste nest of pure constancy. I trust, sir, when the virtue is known, it shall not be refused for the value.'"

Against ague, and in reference to the transference of a malady:—

"In Skippon's account of a 'Journey through the Low Countries,' &c., he makes mention of the lectures of Ferrarius and his narrative of the cure of the ague of a Spanish lieutenant, by writing the words FEBRA FUGE, and cutting off a letter from the paper every day, and he observed the distemper to abate accordingly; when he cut the letter F last of all the ague left him. In the same year, he says, fifty more were reported to be cured in the same manner.

"Another charm for ague was directed to be said up the chimney, by the eldest female of the family, on St. Agnus Eve. It ran thus:—

'Tremble and go!
First day shiver and burn:
Tremble and quake!
Second day shiver and learn:
Tremble and die!
Third day never return.'

The possibility of transplanting or transferring the disease was once commonly entertained. Mr. Douce, in some MS. notes transmitted to Mr. Brand, says 'it is usual with many persons about Exeter, who are affected with ague, to visit at dead of night the nearest cross-road five different times, and there bury a new-laid egg. The visit is paid about an hour before the cold fit is expected; and they are persuaded that with the egg they shall bury the ague. If the experiment fail, (and the agitation it occasions may often render it successful,) they attribute it to some unlucky accident that may have befallen them on the way. In the execution of this matter they observe the strictest silence, taking care not to speak to any one whom they may happen to meet.' By breaking a salted cake of bran and giving it to a dog, when the fit comes on, the malady has been supposed to be transferred from the patient to the animal."

We must return to Mr. Pettigrew's "charms" next week.

Diseases of the Lungs from Mechanical Causes, and Inquiries into the Condition of the Artisans exposed to the Inhalation of Dust. By G. C. HOLLAND.—JOHN CHURCHILL.

This is a book of sterling value, and presents special claims to the warm approbation of the Medical reviewer. Its subject, though connected closely with the noble theme of social amelioration, is not the most inviting to a writer, either in reference to pecuniary results—or pleasurable concomitants, and if the self-devotion of a right-minded physician to labours at once disinterested and repulsive, be not gladly recognised and as warmly acknowledged, the disgrace is ours, and the injury that of a good cause. Unite to benevolent aims, good sense and high science, and you have Dr. Holland's book. We would say more for it if we knew how, and so much do not fear saying to the most censorious of critics, provided he has had the advantage of either reading the work or our abstract of its principal contents in our number for December.

Glossology, or the additional means of Diagnosis of Disease, to be derived from indications and appearances of the Tongue. By BENJ. RIDGE, M.D., M.R.C.S.L.—J. CHURCHILL.

Dr. Ridge, we think, is mistaken. If some parts of the tongue be more connected with certain organs than with some others, and if the characteristics of all diseases be thereon written plainly as in a note book, we must own that the Doctor's "proofs" have not yet convinced us of the fact. The worst of the matter is, that we fear the multitude who make up, as our author tells us, the *vox Dei* will not be convinced either. He does well, therefore, to console himself in advance that "a bold man may have power to turn the tide another way as history will show," and in favour of easy diagnosis (of which we own to a lazy fondness) we cannot help hoping that, for our future confusion, the bold man may be Dr. Ridge, and that the profession will do his courage—which we much respect—the honour of a universal mutation, provided it be not the mutation of error—or still worse, a change to it from right. Here is one of our author's arguments.

"My tongue must now assist my voice in conveying to you the spirit of this paper—a conveyance of my thoughts, or mental conceptions, by direct communication through the instrumentality of the tongue. Can you deny, then, that the tongue is in direct connexion with the organs that constitute the voice; the lungs that generate the air which stimulates the vocal chords; and the mind that forms the matter for the tongue to put in shape and utterance? If, then, the tongue is in such close spiritual connexion with the lungs and brain, it must have a more palpable material union with those parts. If you acknowledge that, as it is situated at the commencement of a track for the passage of everything we take internally to sustain life, it must have connexion also with the continuous parts, equally engaged with itself in the appropriation and conveyance of aliment, this connexion must be kept up by the communication of nerves and vessels. For if the smell of grateful viands to the hungry man increases his desire for food, animates his countenance, and fills his mouth with the ready-acting saliva, how much more will the first mouthful stimulate the expectant organs to which such viands are being conveyed? If you admit this, you cannot but admit that the tongue in return will be influenced by these distant organs, if the aliment taken is not well digested, but morbidly remains about or along the track through which it should have passed. Certain annoyances, therefore, taking place below, certain effects are shown upon the tongue, by this reversed sympathetic action."

Without meaning any disrespect for Dr. Ridge, we could prove by similar reasoning that the palm of the hand or sole of the foot was the great medium of diagnosis. Premising (for clearness sake, and to explain the references to preparations) that the book was read to the Physical Society of Guy's Hospital, we give another passage

* Preservatives against the Pestilence, Lond. 1625, 4to.

which speaks more highly for our author's powers of discrimination. He gives us

THE TONGUE'S CHARACTERISTICS IN DISEASE.

"These questions have often arisen in my mind: What is the natural and healthy appearance of the tongue? What is the state and real appearance of a clean tongue? Is what is called a clean tongue always indicative of a healthy state of the system? We see an anormally clean tongue after scarlet fever, at which time the system is in the greatest danger from the inroad of dropsies, swelled glands, which frequently become the seats of abscesses, and other diseases. I do not mean an anormally red tongue, which no one can be much deceived in; but a tongue not much differing from the colour of the lips, without fur or coating of any description. The tongue is often clean and healthy (and thus nothing can be gathered on which we can form any sort of diagnosis of the state of the body), when the patient has some abdominal tumour. Indeed, those who have had patients suffering from carcinomatous tumours may remember that the tongue appeared so healthy and clean as to excite surprise. But are there no assignable causes for these contradictory conditions, of a healthy tongue with a disease that must prove fatal? and if there are, what are they?

"The appearances of the tongue which I have described above, by which we are said to judge of the state of the system, depend on causes affecting the covering of the dorsum; the common characteristic of which, in the healthy state, is rough, or villous; varying from this character, in the first departure from health, by these eminences becoming more or less of a pale hue; sometimes red or pink, at others each little spot is tipped with white, and gives it the appearance of regular dotted lines or *striæ*. As these villi increase in length, they form a pile which lies so close as to present a perfectly smooth surface. The first, or healthy state of the tongue may be said to be a smooth moist surface to the eye, well supplied with mucus, the papillæ indistinct, and the villi in their radiated lines of dots slightly tipped with white, not so visible as to disturb the dotted appearance, but giving it a pale pinky lilac colour. But for this state of the tops of the villi, the tongue would be red. As soon as morbid causes in the system produce the primary stage of disease, these white dots increase in size, and consequently seem to lie closer on the top of each of the villi. This appearance I have distinguished by the name of LIMACEOUS, from its resemblance to the *limace candidissima* of Ferrusac. These villi on the tongue do not run parallel with the longitudinal or transverse divisions, but at an angle of thirty degrees from the raphé to the edges on each side, in irregular lines, some terminating at the middle of others, and some running direct to the edges.

"This species of tongue is by far the most common of all that come under the eye of the practitioner, as it accompanies all degrees of dyspepsia, and *malaise*.

"Accordingly, it may be called—

Simply limaceous,
Milky limaceous,
Creamy limaceous,
Buffy limaceous,

during which time a distinctness of the striated appearance lasts.

"Health has its laws, and disease has its laws. The first departure from health is disease; disease must, therefore, have its indications.

"The next step is shown by these dots losing their distinctive character by the villi increasing in length; the striated appearance then gives place to the PILOUS; the villi becoming elongated, overlap one another, producing a more or less furred state. (See preparation.)

"This fur is not a moveable deposit, capable of being scraped off: if it were so, a patient might scrape his tongue to deceive his doctor; but the glossologist is not to be deceived by any scrapings.

"The laws of nature in the increase of morbid actions are not to be counteracted by so simple a manipulation: the natural removal of this appearance can alone effect this. The science of glossology is inseparably connected with this natural law; this law with harmony and consistency; consistency and harmony with simplicity; simplicity with truth; which must be the foundation of any structure built to last, or it will fall with the first breath of doubt.

"The pile of the tongue having increased with disease, presents a smooth coating or furring, varied by colour. Its first pilous appearance resembles fine velvet; then coarse velvet; and in others, when the pile is long and the saliva copious, it resembles a spaniel's back just out of the water, its shaggy coat parted down the back (or raphé), wet and smooth, and distinctly pilous on its sides. These appearances yield us the velvety tongue, brown, black, drab, buffed, &c., according to its colour, or the short or long piled velvety tongue. One description, the short-piled gray or slate-coloured velvety tongue, is connected with a state of the system most difficult to manage—a state in which your patient will lead you to complaints affecting the whole body; so that you may chase disease like an *ignus fatuus*, and be led into a labyrinth of speculation of what may, or may not be, the cause of disease, and what the disease itself. Almost inextricable difficulties are around you when this appearance of tongue is presented. Of all my patients none give me so much trouble and so little satisfaction, as those who come with this kind of tongue. They go about neither well, nor ill. You in vain try to fix the disease to a particular spot. Pain will be complained of in one part which flies to another and distant part; and though you give your most serious attention to it, neither patient nor medical man will be satisfied. It is diagnostic of a firm hold which a close morbid deposit has upon the surface of every mucous membrane throughout the body; and hence the various complaints which it is our painful part to listen to in these cases.

"The exaggerated drawing which I exhibit represents the pile firmly attached to, and forming part of the villi; and if it be true what Cowper, Bidloo, and other ancient anatomists assert, each has a root beneath the dorsum, or cartilagino-mucous membrane of the tongue, which this diagram is supposed to show. The submucous structure must in this state be much irritated. When the pile is long the tongue presents the appearance of being more foul; when the tongue is clean it is simply villous, and consequently has nothing about it for the lodgment of sordes. If the villi increase so as to form pile, they must have a base. This base must be constantly generated under the first covering of the tongue, the rete mucosum.

"From the simply limaceous to the long-piled velvety state of tongue, these appearances denote a more or less congestive action of the system. If this is removed by proper treatment, the system rises up again relieved from its depression; but if nature is left to herself, and is her own physician, there is truth in the doctrine of the *autocrateia*, or, *vis medicatrix naturæ*. We then see a class of appearances totally distinct from that denoting a congestive state: we have in its place the feverish and inflammatory state. An eruptive fever will, in a few days, so clean the tongue of its long pile as to leave the dorsum bare. The fur or coating will come off in patches and flakes, looking as though the long swarth on the surface had withered for want of nourishment; and though we can remove masses, these are made up of innumerable small hairy particles. I have here a preparation of the tongue of a person who died with this coated state of it; and in its condition you may clearly see what, I am afraid, I have too imperfectly expressed. A portion is here denuded on purpose to show the villi, and the pile distinctly rising forwards. Viewing it laterally, the small pile may be seen distinctly; while looking in front of it, it appears as a simple thick mass.

"The change that takes place through natural causes, from a very much furred red tongue, is never unaccompanied by fever or inflammation. Independently of the tongue being furred, it is large and flabby; but in the change we speak of it becomes dry, red, bare, and sore on its surface, and in its shape pointed and contracted. Its powers of secretion are lessened; the exhalations from its papillæ are wanting; the submucous, sublingual and submaxillary and other glands, cease their action; nature has lost its tone. Some violent cause prevails in the system for such an alteration. Some organic lesion may present itself. Can these effects come without law or order? By what laws, then, did the tongue first lose its healthy appearance, and gradually assume, step by step, the threatened result; and by what action was it that nature directed it, diverted it, and centered it in one part only, compelling that one to take the onus from the rest?"

The author gives us then a good chapter on the shapes of the tongue—which we give that the reader may have the cream of our Doctor's indefatigable glossological labours.

"In the primary disease, the tongue has different shapes; it may be wide, thick, large, or flabby, in which state it receives the impression of the lower teeth at the anterior third of its edge, it may be limaceous or furred. These appearances are dependent on a debilitated and relaxed state of the system, from morbid conditions of the secretions. The mucous surfaces will be more or less oppressed by this state; nausea, and sick-headache will prevail; and if they continue any length of time, the rugæ down the edges will become visible at the corresponding parts where the pains are felt in the head, denoting a congestive state of the membranes of the brain. If the fur or coat be thick down the centre laterals, much expectoration will be present, attended with loose mucous cough; this cough being more or less violent according to the irritation produced by phlegmy mucus in the larynx, trachea, or bronchi. If this be not removed, nature will act for herself, and the absorbents will, in a few hours, take away this congestive deposit along the respiratory track. Acting, however, wisely, but too well, nature not only takes away that which is oppressing her, but unable, as it were, to restrain herself, removes even the protecting mucus from the membranes, and leaves them much too bare. The congestive then gives place to the inflammatory stage; the centre laterals presented a coated state—now, they are clean and red, and rise up a little above the laterals.

"During the congestive state, the kidneys become very active, the call to void urine is frequent, the absorbents are over diligent; the kidneys, in fact, do the duty of the bowels, if I may so express myself; the bowels in consequence become inactive, and what motions there are are scybalous. If this lasts long, pain is felt in the back, with irritation of the bladder and urethra, and external meatus, until, from an active state, the kidneys become morbidly oppressed. Then may be seen the clusters of sand-like particles on the SIDES, in the situation marked out in the map for the diagnosis of this stage of disease. If this state is got over, we see the alteration that has gone on in the large intestines by the cluster of red and very visible papillæ at the TIP. Still, as long as no positive fever or inflammation ensues, the tongue will present its large and flabby appearance.

"When the tongue on being protruded shows wide edges, apparently wider than the mouth, we find rheumatism or gout present, or congestions of the small vessels under the skin, or in the fascia, which become red and turgid. The capillaries then carry red blood and ultimately subside; but, I believe, no well-authenticated case has been made out of abscesses following this state. These vessels only are affected, and not the cellular tissue itself; for when that is affected, abscesses take place. After the circulation is restored, the capillaries resume their former duties; but, having once been enlarged, it is no difficult matter for blood in the same state of impurity to get into them again, and again produce rheumatism. The tongue will then be milky or creamy limaceous until the morbid humours are reduced, become expended in the wear of the system, or are carried out of it.

"All these coatings or furrings, and wide and large tongues, are proofs of what I shall term the primary disorders; because I have found that, by certain wise and unalterable laws, these states must exist as proximate elements, awaiting only exciting actions to induce the secondary effects of fever or inflammation, neither of which states can obtain before the primary disorders have reached a certain climax, to be acted on by the exciting causes.

"The second great class of appearances are shown in the firm, contracted, red, and pointed tongues. These conditions are caused by the absorbents acting too powerfully in the first instance, and after gathering up morbid humours from all parts of the body, then conveying them into the blood. The blood consequently becomes too rich in fibrin, and has in itself the elements of disease. We then find inefficient actions upon it, when it reaches organs which eliminate secretions therefrom. The blood, for secreting organs to act upon it, must be sufficiently fluid. If impure, what must be the state of the secretions made from it? We cannot gather grapes from thorns, nor figs from thistles: neither can we expect a healthy secretion from an impure material. If the blood is thick, the eliminating or filtering action of the glands is impeded, and unable to make secretions enough for the hourly uses of the system, which, in consequence, gets dry for lack of the constant moisture which should be generated everywhere, and by every possible means, throughout the entire system.

"Disease is Nature's effort to cure, and is the effect of a cause. These effects, from the above causes, are shown, in our too-elaborate nosology, all classed and named as such, but where are the causes named and classed? We may have many effects from one cause; remove that cause, and the effects would cease. The same cause in one constitution might produce a different effect in another. The organ which is most overstrained will most suffer. In one, it may be the lungs; in another, the kidneys; in a third, the liver; in a fourth, the brain; and so on, and all from the same cause.

"In a congested state of the coverings of the brain, we find the rugæ pale, and the edges of the tongue flabby. In a fevered or inflammatory state, the rugæ are distinct, but the edges glary, and even fiery red.

"In congested states of the primæ viæ, the tongue cleans as the corresponding surfaces of the passages clean. If this has been effected by proper medicines, and the morbid humours carried out of the body, both indicate health; but if nature has removed them into the blood, they are then filtered through the skin in the form of pustules, or ichorous eruptions.

"If this does not take place, we find some weak internal organ taking the onus from all the rest; and an inflammatory action is set up, which will be detected by the state of the corresponding situation of that organ on the tongue.

"Inflammation of the large intestines always produces febrile action of a different character to fevers in general. We find the tip of the tongue become red, and not that the papillæ become enlarged upon it. This redness extends from the apex of the cone even to the border of the whole anterior fourth of the centre laterals. By carefully tracing the large intestines upwards from the colon by gentle taxis, we discover this; and if we look at the state of the tongue the diagnosis will be confirmed. The power which the heart has in propelling the blood is almost incalculable; and many sanguineous congestions take place from the blood, too rich in fibrin, being forced to the arterial termini. If this arterial congestive action exists for any length of time, can we wonder, when we know the composition of the blood which these terminal vessels exhale, that we have serous effusions? One class of these complaints, pleuritis, I have been able to detect by that part of the tongue called the OVAL. In pleuritis, this will be bare, the villi denuded, and distinctly seen, when the surrounding parts are covered with pile. It is not, however, unusual to find one set of arterial termini more weak than another. A severe case of pleuritis came under my care lately, in which the whole of the tongue had a creamy pilous appearance, and not a papilla was visible: while the oval was denuded and distinctly villous, as though that part had had a hot iron applied to it.

"With respect to hypertrophy and dilatation of the heart, I have inferred that the arteries may assist in causing the appearance of the fissures and chaps on the surface of the tongue. The tongue, when both these diseases are present, is always wider, thicker, and redder, and usually cleaner, than in the normal state: when simple dilatation is present, or just commencing, the longitudinal marks are only apparent, and the tongue is limaceous; but if hypertrophy is likely to succeed, the fact may be detected by placing the fingers on it, and stretching it sideways, when the chaps will be seen fast forming.

"From my limited practice, I have been unable to detect, by any appearance on the tongue, disease of the valves, or ossification."

Dr. Ridge has no little confidence in the tongue. He never sees a patient, he tells us, without perilling his professional reputation by an immediate announcement of his opinion from the mere inspection of that organ. Should he be declared wrong, he looks again, and never fails, he thinks, to discover some unnoticed sign to account for his blunder. We differ from him, of course, almost *toto cælo*, for we have no faith in the state of the tongue considered alone, and only a feeble reliance on its speakings in any case of real diagnostic difficulty, but we would not be supposed therefore, to decry or depreciate our worthy author's labours. His observations will, doubtless, prompt to a more attentive study of the diagnostic value of the tongue, (a study which cannot but prove of great service) and are characterised by a disinterested earnestness of purpose, an ability and spirit of scientific research, which command the critic's respect, even when the author fails to win his assent.

The London Polytechnic Magazine.—MORTIMER.

This is a new candidate for popular favour. Edited by Dr. Stone, and continuing monthly to give such articles as grace the present number, we cannot conceive in this age of good taste, any lot in store for it but a prosperous one. It has our good wishes.

TRANSLATIONS FROM THE GERMAN AND FRENCH JOURNALS.

LIEBIG ON THE BILE.

(Translated from the Annalen der Chemie und Pharmacie.)

(Concluded from our last.)

If the method first described be followed, and an alcoholic solution of pure bile be treated by effloresced oxalic acid, and the oxalate of soda deposited and separated by filtration, also the liquid diluted with water be saturated with carbonate of lime, a bilate of lime with a slightly acid reaction is obtained, from which the lime can be separated by adding carbonate of soda (the bilate of soda remaining in the solution); if this liquor be evaporated, and the residue dissolved in alcohol, an excess of carbonate of soda remains; the bilate of soda is dissolved. Dry, this salt of soda has the appearance of a colorless gum, or slightly yellowish colophane, and possesses all the properties of pure bile. It has a very feeble alkaline reaction, and gives no precipitate by the addition of acetic acid and acetate of lead. Mixed with a solution of neutral acetate of lead, it forms a white resinoid precipitate, after separating which, the liquor has an acid reaction. Add basic acetate of lead and you produce in it a new resinoid precipitate. The alcoholic solution of bilate of soda is not precipitated by another alcoholic solution of neutral or basic acetate of lead. Nitrate of silver forms in it a white precipitate soluble in warm water. If the aqueous solution be saturated with hydrate of potassa, the bilate of soda is separated as a liquor of the consistence of turpentine. The dilute mineral acids produce in it a turbidness, make it deposit oleaginous drops, which disappear again by an excess of acid. The difference between this salt and bile, is that the latter is not rendered turbid when cold, and a deposit of bilic acid is formed only by a gentle digestion. The acid has the same properties in both cases.

These facts prove clearly that bile is the soda compound of an organic acid, susceptible of being separated from the base, and of again combining with soda, to form a salt perfectly similar to bile.

The Acid Bilate of Soda is the Biliary substance, according to the former opinion of Berzelius; or *bilifellic* acid, according to the latest opinion.

If a solution of bile in pure alcohol, be freed from coloring matter, by carefully adding baryta-water, and filtered, and if sulphuric acid, diluted with half its bulk of water, be added to the clear liquor, there is a separation of the excess of the baryta and sulphate of soda. If the free sulphuric acid be removed by a small quantity of carbonate of lead, and oxide of lead, and this be precipitated by sulphuretted hydrogen, and if the liquor be evaporated, a colorless, or very slightly yellow mass, with the taste of bile remains, which may be freed from its fatty acid by treatment with ether. It attracts the air's moisture, readily dissolves in all proportions in water and alcohol, and is insoluble in ether. The aqueous solution reddens litmus (Berzelius). It leaves, after calcination, a powerful alkaline ash. If, after Berzelius, the alcoholic solution of pure bile be freed, by sulphuric acid, from the bases precipitable by this acid, and then saturated with carbonate of soda, and afterwards completely evaporated and treated with alcohol, the latter dissolves a combination of soda identical in its properties with pure bile; its solution is not made turbid by acetic acid, nor by an excess of hydrochloric acid; it gives 11·50 of an ash which contains 11·13 of carbonate of soda, and 0·37 of chloride of sodium. The elementary analysis gave:—

Carbon	58·80	60·38
Hydrogen	8·51	8·74
Nitrogen	3·40	3·74
Oxygen, Soda, Chloride of Sodium	29·29	27·14

These numbers show that pure bile undergoes no other change in its treatment with sulphuric acid, than a separation of a portion of the base. A new combination with soda, reproduces the original composition.

If the aqueous solution of acid bilate of soda, after the process of Berzelius, be treated by oxide of lead, the oxide agglutinates in the form of a plaster; the free acid combines with free oxide of lead, and a small quantity of bilate of lead and neutral bilate of soda, *i. e.* bile with all its properties, remains in solution; this is given by the basic acetate of lead completely precipitating from it every substance with a bitter taste. Berzelius, who was ignorant of the property of pure bile of being precipitated from its aqueous solution, by basic acetate of lead, looked on that remaining in solution, as a peculiar substance which he designates under the name of *bilin;* but, this bilin does not possess any property which distinguishes it from pure bile.

The action of mineral acids on bilic acid, gives rise to several products of decomposition, namely, choloidic acid, taurine and ammonia; Demarcay submitted the first two to analysis. The action of caustic potassa on bilic acid, decomposes it into ammonia, carbonic, and cholic acids.

The following is the composition of choloidic and cholinic acids*:—

	Choloidic acid.			Cholinic acid
			Dumas.	Dumas.
Carbon	73·522	73·301	73·156	73·3	68·5
Hydrogen	9·577	9·511	2·477	9·7	9·7
Oxygen	26·901	27·188	27·367	27·0	21·8

If, we take for a basis the analysis of bile, and that of choleic acid, as well as that of the products of its decomposition by the acids and alkalis, and endeavour to deduce from it these changes, we obtain the formula:—

$C^{71}H^{132}N_4O^{22}$

By deducting from this formula the elements of taurin $C_4H^{14}N_2O^{10}$ Of ammonia H^6N^2 $\}$ $-C_4H^{20}N_4O^{10}$

We arrive at the formula of choloidic acid $C^{70}H^{112}O^{12}$

Deducting from the elements of choleic acid the elements of two atoms of carbonic acid, and of two equivalents of ammonia, the formula which

* The cholic acid of Demarcay.

remains much resembles the composition of cholinic acid. By taking these results as a basis of calculation, the following would be the theoretical composition of these bodies :—

	Bilic acid (choleïc) $C^{76}H^{132}N^{4}O^{22}$	Choloïdic acid. $C^{72}H^{112}O^{10}$	Cholinic acid $C^{74}H^{120}O^{18}$
Carbon	63.24	74.4	68.9
Hydrogen	8.97	9.4	9.2
Nitrogen	3.86		
Oxygen	23.95	26.2	21

If we designate the formula of bilic acid by Ch, and allow that in bile the double number of elements of bilic acid is combined with three atoms of soda, 6.66 of soda should be found in 100 parts; Kemp obtained 6.53 per cent.; a greater agreement can hardly exist in investigations of this nature. If, according to Berzelius, the action of hydrochloric acid on pure bile (in its metamorphosis by this acid,) be incomplete, or, continued after the decomposition of the choloidic acid, several intermediate products, imperfectly known, are formed. Thus if the substance obtained by boiling hydrochloric acid with pure bile (choloidic acid) be treated by alcohol of the specific gravity of 0.84, all is not perfectly dissolved, there remains a resinoid body, slightly soluble in boiling alcohol, and which is deposited under the form of a white earthy powder. Berzelius calls it *dyslysine* (from *dus*, difficult, and *lusis*, solution.)

If the alcoholic solution (of choloidic acid) be saturated with ammonia and evaporated, we have a resinoid mass separated during evaporation, which forms a still larger residue, when the liquor is evaporated to dryness and treated by water. The aqueous solution, thus obtained gives with hydrochloric acid, white flocculent matter, which gradually collects and agglutinates into a hard, friable mass which fuses at above 212°F. into a limpid substance, and after cooling, is hard and transparent, resembling colophane. Boiled with water it softens and gives a turbid solution of bitter taste, with an acid reaction. It is very soluble in alcohol as well as in the alkalis: its combinations with the alkalis are precipitated from their aqueous solution, by the caustic or carbonated alkalis; they are soluble in alcohol, and give, with the salts of baryta, a white plastic precipitate. Berzelius calls it *fellic acid;* it appears to be only a combination or mixture of unalterable bilic acid and the substance we proceed to speak upon. The above-mentioned resinoid mass, which resists the solvent action of water, after the evaporation of the ammoniacal solution of choloidic acid is divided with hydrochloric acid, at the ordinary temperature, into light, white flocks, soft and kneadable in hot water. A solution in alcohol gives, by the addition of a solution of potassa, a combination soluble in water and in alcohol, which precipitates the salts of baryta. The principal difference between this, as Berzelius calls it, *cholinic acid*, and the foregoing, consists in its swelling in the alkalies without dissolving in them, or without afterwards dissolving in water.

Purified bile does not yield a precipitate when mixed with baryta-water or chloride of barium and ammonia. This is a proof that the two bodies just described are not found in it ready formed.

Gmelin's Cholic Acid.—If the precipitate, obtained by the acetate of lead in the aqueous solution of the alcoholic extract of bile, be divided in water and distilled vinegar, then decomposed by sulphuretted hydrogen, and if the liquor be then evaporated, fine needles of cholic acid are obtained, which we can purify by repeated crystallizations. A greater quantity of acid is separated from the sulphuret of lead, by boiling this with alcohol, and adding water to the liquor, freeing it from the resinous body which is separated, and evaporating it to crystallization.

Purified, cholic acid is in fine, white needles, which, by pressure, as between leaves of paper, agglutinate under the form of bracteæ of a slightly acrid taste. The crystals readily dissolve in alcohol, but with difficulty in cold water: more easily in warm water: the solutions redden litmus. The crystals fuse at a high temperature, and give out, by distillation, a thick, brown oil, and a powerfully ammoniacal liquor. This acid burns in the atmosphere with a very powerful smell of horn. Nitric acid and concentrated sulphuric acid, decompose it with heat; it dissolves without coloration, in cold sulphuric acid, and is precipitated from it by water; with soda, it forms a crystallizable salt.

According to Gmelin's authority, cholic acid does not precipitate the neutral acetate of lead, and forms a turbidness with the basic acetate; nor does cholate of ammonia precipitate the salts of lead, according to Fromherz and Gugert. Hence it is probable that cholic acid does not exist ready formed in the bile, but is a product of the decomposition of bilic acid: the nitrogen which it contains distinguishes it from Demarçay's cholinic acid.

Berzelius mixed an aqueous solution of the alcoholic extract of bile, with carbonate of potassa, and boiled the mixture for some hours; he then evaporated, till by concentration the altered bile again separated on its surface; he decanted the colourless alkaline liquor; dissolved the portion separated in water, and precipitated by acetic acid: a white precipitate was then deposited, a shining mass presenting a tissue of fine crystals, possessing all the qualities of Gmelin's cholic acid.

Cholanic Acid.—Putrefied bile, which had become semi-fluid by long keeping, was freed, by ether, from all the substances soluble in that liquid; then it was dissolved in alcohol, and decoloured by baryta-water; it then furnished, after the evaporation of the alcohol, a pale yellow residue, which was dissolved in water. This solution gave, by the addition of acetic acid, a plastic precipitate, which caustic ammonia easily dissolved. The ammoniacal solution diluted with 100 parts of water deposits a white precipitate after good boiling. If this precipitate be dissolved in ammonia, and if chloride of barium be added to the liquor, a white, insoluble salt of baryta is precipitated, which, when boiled with carbonate of soda, gives carbonate of baryta, and a soluble salt of soda. Adding hydrochloric acid to the solution of this salt of soda, a white, flocculent body is obtained, not agglutinated, which possesses the principal properties of the choloïdic acid described by Demarçay. Berzelius calls it cholanic acid.

Fellanic Acid.—The solution of the ammoniacal salt, depositing the white precipitate by ebullition, gives, with hydrochloric acid, a plastic precipitate, which, treated by ether and water, leaves a white powder with acid properties. This is the *fellanic acid* of Berzelius. The characteristic of this acid is its forming with baryta, a salt sparingly soluble in cold water, more soluble in warm water, and which separates, by cooling from this solution as well as from that in hot alcohol, in colorless transparent prisms. The names *fellic*, *cholinic*, *fellanic*, and *cholanic acids*, do not refer to well-characterised, peculiar, bodies, but are used merely to designate certain alterations which the organic substance of the bile has undergone by decomposition.

The dirty green substance, on which the color of bile depends, is removed, as I have said, by simple treatment with animal charcoal; it does not belong therefore to the composition of the combination of soda.

The most important result of these new investigations of mine is, that the bile is completely precipitated by the acetate of lead, and that thus there does not remain in the solution any neutral substance, not precipitable by the salts of lead, *bilin*. The plastic precipitate which is formed under these circumstances is not entirely insoluble in water; the acetate of soda remaining in solution, increases its solubility. If, ex. gr. the precipitate produced by adding the basic acetate of lead to bile be separated by filtration, and the excess of the salt of lead be precipitated by sulphuretted hydrogen, and if it be now evaporated to dryness, there will remain acetate of soda, containing a small quantity of bilic acid. If now, a little pure bile is added to a solution of this residue, this liquor is not precipitated by basic acetate of lead, although the bile, without the acetate, is easily and completely precipitable. Free the aqueous solution of bilic acid from bases, and then put it in digestion with oxide of lead, and we have in the liquor but a small portion of the salt of lead, and no bilin.

STONE IN THE BLADDER OF CHILDREN.

Dr. Aberle in the *Allgemeine Zeitung fur Chirurgie* recommends a plan of relief in these cases without operation. His object is to diminish the spasmodic action of the circular muscles, to attain which he gives internally an emulsion of hemp seed, with the extract of henbane, and prescribes frictions on the perinæum with belladonna ointment. In the case of a boy, in whose bladder a stone of the size of a large pea was sounded, this plan was tried, and eight hours afterwards the stone was found in the canal of the urethra, whence it spontaneously disengaged itself. Thirteen other cases were tried by the doctor with equal success, and in no case was the paralysis of the *sphincter vesicæ* of any length. The fact that the walls of that vessel are formed exteriorly by longitudinal muscular fibres constituting the *detrusor urinæ*, and internally by muscular fibres obliquely curved, and which are thicker as, nearing the neck of the bladder, they form its sphincter, is of course the fundamental hope of this plan of treatment. Gravel is a common malady in the district of the author.

THE PROPORTION OF CARBONIC ACID EXPIRED TO THE OXYGEN RESPIRED BY MAN.

The authors of this valuable paper in the *Archiv. fur Physiologische Heilkunde*, Drs. Brunner and Valentin, give us a vast number of clever and ingenious experiments, the results of which are the following:—The inspired air undergoes in the lung, two important physiological modifications. The temperature rises to 57° 5 c., and becomes charged with as much vapour as it can hold at that temperature. Its elevation of temperature increases its volume, and its saturation with moisture augments its elasticity. We are at first astonished to find that the atmospheric air at 15° c. rises in a few moments to 37° 5 c., but reflexion teaches that the air being distributed through the whole breathing apparatus, it is never wholly expired; the sojourn in the lung thus clearly explains the increase of temperature. As to vapour, the lungs will disengage so much of it that we could not respire in a temperature of 37° 5 c., because, with the increase of temperature, the volume formed by a drachm of vapour augments in the same proportion as the weight of a given portion of vapour diminishes with the elevation of temperature; thus, even where, as during rain, we inspire a humid atmosphere, we yet add to it additional humidity, for we warm the gas; in raising it to the high temperature we spoke of, we must saturate it. The chemical change operated between the inspired air and the blood, consists in a simple *diffusion*; as it probably happens with other solutions charged with gas, when they are placed in contact with the air, according to their capacity of absorption. The azote is not changed either in increase or diminution. On the contrary, a portion of the less dense oxygen is carried to the blood, the colouring portion of which possesses a peculiar attraction for it, and an equivalent quantity of carbonic acid is transmitted to the atmospheric air. This exchange is made in proportions as to volume conformable to Graham's law of diffusion—for *one* amount of carbonic acid expired, 1·17421 of oxygen is absorbed. In flinging aside small variations in the elasticity of carbonic acid, we have for *one* weight of carbonic acid disengaged, 0·85163 of oxygen received into the body. *One* weight of carbonic acid contains 0·72727 of oxygen. The amount, therefore, of oxygen absorbed exceeding that of carbonic acid got rid of, is in weight as 0·12436 to one of acid. *In volume* the excess of oxygen which disappears, is equal to 0·17421. If we knew the quantity of carbonic acid *expired* in a given time, we could easily calculate how much would be *consumed* in the same time. The

accuracy with which the law of diffusion is evidenced in respiration, proves that in normal respiration there is no other gas but oxygen and carbonic acid, which may be either absorbed or disengaged, unless in such quantities as to escape quantitative analysis. On the contrary, we may be certain that all particles of organic matter are rejected with the expired air; for, say the Doctors, the sulphuric acid through which we respired became reddened, but the quantity of organic matter so expired, was so trifling, as to be beyond any certain analysis. They add that, in the expired air, they found no trace of either free hydrogen, carbonated hydrogen, oxide of carbon, or any other organic particles, save those caught by the sulphuric acid.

CASES OF POLYPI IN THE RECTUM OF CHILDREN.

By Dr. Dotzuner in the Medicinisches Correspondenz-blatt Bayerischer aertze.

A boy three and a half years old, strong, of healthy parents, was suddenly seized in March, 1841, with tenesmus. The stools were natural, but covered occasionally with reddish mucus. The child being frequently pale, having an increased appetite for food, a swelled belly, and great fondness for picking his nose, vermifuges were administered during several days, but without effect, and the tenesmus continued. On the second visit, Dr. Dotzuner examined the anus after his having a small stool, and found some streaks of blood, and a red, round, well-defined body, about the size of a hazel nut, and hard to the touch. The extirpation being determined on, the child was recommended to strain, as in the act of evacuation, while the surgeon resting his two fingers on the sides of the anus, the polypus, being the size and form of an almond, was brought forward and inclosed in a ligature of silk, tied to its base. Ten hours afterwards the polypus was found in the stool. It was hard, shining, of a fibrous nature and of a red colour, diminishing in brightness internally or towards its centre. The tenesmus did not recur. Two other cases are appended with similar circumstances: the polypi being of the same character and never being reproduced.

HAIR DYE.

Professor Hanman, a physician of Dresden, thinks the subject of personal ornament not below the cares of a medical attendant, and gives in the *Allgem. Med. central Zeitung* the following formula: fine smooth litharge, 275 grains, powdered quick lime, 1875 grains, hair-powder, 930 grains. This is mixed perfectly, making a fine powder; it is converted into a paste by the aid of warm water and applied in the best way ingenuity may suggest, thickly over all the hair to the very roots. A cap of cotton wadding, moist, well wrapped over by a thick cloth, and a night of sleep, and the doctor assures us grey hair will be black as jet. There are only two disadvantages about this preparation; if it reach the eye, ophthalmia might follow—if the skin be very delicate, boils may attest its power.

Improved Method of preparing Chlorate of Potash. By Prof. JUCH.—Pass chlorine gas into a mixture consisting of 1 lb. caustic lime, 1 lb. carbonate of potash and 8 lbs. of water, as long as there is any absorbed. In this manner two salts are obtained, which are very easily separated by crystallization; for the chlorate of potash crystallizes readily from the filtered solution, the chloride of calcium scarcely at all. In this method there is no loss of potash, in the state of chloride of potassium, which formerly amounted to nearly one-half.—*Journ. fur Prakt. Chem.*

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Case of Poisoning by Aconite, from the Gazette Medicale. By Dr. Frances Devay, *Assistant Physician to the Hotel Dieu, Lyons.*

Through a mistake of the bottle, a working man of a *Pharmacien*, swallowed forty grammes* of tincture of aconite at half-past 9 in the evening, Oct. 26. He immediately experienced a feeling of heat and constriction at his throat, and perceiving his error, received from his master's assistant one grain of tartar emetic in a large quantity of water. This producing no vomiting, the man, after some time of great agony and dread, was brought to Dr. Devay, at a quarter past ten, to whom he appeared to be about 35, of a lymphatic, sanguineous, temperament, and of a tolerably strong constitution. He is now in the greatest terror; so much so that he cannot remain in one place an instant, and the doctor is obliged to follow him about the apartment, to learn from him the details of the case. The symptoms are—clear intelligence; accurate sensations; white tongue; a little nausea; no colic. The first poisonous effects were in the locomotive organs, especially the lower limbs which are constantly in motion. A vomit, three grs. tartar emetic in much water, and one grain of ipecacuanha, was immediately administered, and was taken with much avidity by the patient. After seven or eight minutes, frequent vomitings took place; constant nausea, the same trembling and fear before noticed. 11 o'clock—patient cannot stand, is seized with convulsive movements; the inferior and superior members are retracted inwards, the fingers are bent forcibly into the palm of the hand, covering the palm. It is impossible to alter them. The feet are in a perfect state of adduction; no agitation is perceptible: the face is covered with a cold viscous sweat; the eyes uplifted, exposing only the whites; the radial and superficial arteries do not beat. Three minutes after he recovers sensation; has lucid intelligence; but continues blind. Half-past 1—Some little intermittence of the crises and nausea. (℞ 15 centig. of tartar emetic, 12 grammes of sulphate of soda, water 150 grammes), vomitings abundant and repeated during a quarter of an hour, but causing no mitigation of suffering. (Enemas, diaphoretics, and gentle purgatives). Water and vinegar by small mouthfuls. 1 o'clock—the patient has recovered his sight; but has frequent frightful crises. The skin's temperature falls each instant; shiverings, icy-chill, hippocratic face, the head strongly bent backward; articular *craquements* are heard during the convulsive crises; respiration begins to be stertorous, a mucous râle in the distance; but the patient understands every thing; speaks to no pain in the inside; perfect insensibility of body since the first crisis; pins are plunged deeply into him without his feeling any thing. (℞ Sinapisms saturated with vinegar over all the body, except the belly, which is sufficiently warm. Iodided water internally.) At 3 o'clock re-action commences: the pulsations of the heart become perceptible and the pulse rises. Slight vomiting; but a feeling of improvement on the part of the patient, with the increase of heat. Ordered a potion consisting of a strong infusion of mint and balm, with eight grammes of the liquor ammoniæ acetatis. 4 o'clock.—Better expression, abundant warm perspiration, pulse 125. Sensibility restored to the wrists; danger passed. Ordered a tisane of "nitrated dog's grass," with "syrup of five roots." At 6 o'clock, a. m. the patient slept for half an hour; complained as of a general bruising; shewed free perspiration, was ordered a *lavement purgatif*; had a dark and very fetid stool; uninary secretion not active, and urine turbid. And so the patient went on to his perfect recovery. On the 29th the only trace of the poisoning was an expresion of wonder and semi-stupidity in the countenance.

* 10 drachms.

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PARALYSIS OF THE BLADDER.—Dr. Ross of Cambusmore gave an old man, labouring under paralysis of the bladder from over distention, the secale cornutum in the dose of ten grains gradually raised to half a drachm, with the happiest effects. The medicine was administered in the form of powder, mixed with warm water.

MALPOSITION OF THE TESTIS IN THE PERINÆUM.—Mr. Blizard Curling says that this irregularity is exceedingly rare; it is attended with great inconvenience and risk of injury to the testicle, when the subject of it assumes the sitting posture, or rides on horseback. Mr Hunter advised that the organ should be supported in a situation near the groin, by the application of a bandage that might hinder its descent into the perinæum, by which the parts might be in time so consolidated as to retain it by the side of the scrotum.

CLAIMS OF MESMERISM TO STUDY.

To the Editor of the "Medical Times"

Sir—Knowing there are many persons of candour and intelligence, who are sceptical as to the existence of that peculiar agent or influence now commonly called mesmerism, and having seen the subject unworthily treated by many who wish to be considered rational beings, but are evidently more disposed to enjoy a burlesque representation than to institute an honest search for truth, I am induced to make known the following cases, that the former class may be made acquainted with some indubitable facts connected with the subject, and the latter may see how pointless are expressions of ridicule and contempt when employed in such a controversy.

I have the pleasure of being acquainted with Mr. Charles Childs, who resides in this place, and who has for several years privately practised the science, as a subject of legitimate investigation, and a means of effecting much good. By him I have been invited during the past year to witness many facts undoubtedly mysterious, but yet so palpable, so consistent, and so faithful, that they have produced in my mind entire conviction of the existence of some element or attribute of our common nature, which, like the electric and galvanic fluids, is discoverable only by its effects, or during its action.

My present object is to communicate only two cases in which I was myself concerned, and which, had any doubt lingered in my mind, would have entirely dispelled *it*.—Two young women, mesmeric patients of my friend Mr. Childs, who had suffered from toothache for some time past, consented to have their teeth extracted while in mesmeric somnolency, but were not apprized of the time at which this was to be done. That they might have no reason to suspect what was about to take place, I was not sent for until Mr. Childs had put them into the mesmeric condition, when I went and extracted, in the afternoon, for one a very troublesome stump, and in the evening of the same day, for the other, a double tooth in the upper jaw. I am morally certain that no means were employed to produce this state of unconsciousness, except the mesmeric—indeed, there are no others capable of inducing such a condition as that in which these young women were placed, and from which they could be released at the will of another. Care was taken to remove from sight whatever might afford intimation of the teeth having been extracted; after a short time they were awakened, and they were both wholly unconscious of all that had taken place. I do not testify, as I might, to their respectability of character, because their perfectly unaffected demeanour and natural surprise, afforded to my own judgment the best evidence that they had been as entirely ignorant both of the operation itself and of the time at which it was effected, as they were of the moment of their birth.

Nor was this all; for neither at the time when they were awakened, nor on the following day, did they experience either pain in the jaw or tenderness in the gum.

I have given a simple statement of the truth, and whatever may be said by some, or thought by others, these are stubborn, indisputable facts, and are not to be disposed of as the fancies of a heated imagination. The proofs which I have witnessed of the existence of this subtle agent, are so numerous, and so complete, that the difficulty, in my judgment, does not lie in believing, but in doubting; and were it even possible for one person honestly to delude himself in such a case, it is utterly improbable that another and another, would follow in his train; and to refuse the testimony of my own senses here, is to assume that these, which for years have furnished the data for thought and action, suddenly fail, and delude my understanding, when directed to the subject of Mesmerism.

I have not come forward to support the theory of any man. I desire only, as an unprejudiced observer, to record facts which I have myself tested; and I do so with an earnest hope that this subject, so interesting in itself, and capable of exercising so beneficial an influence, may, by a fair and philosophical investigation, be placed in the rank of those sciences which are cherished as the springs of blessing to mankind.

I am, Sir, yours respectfully,
T. E. Webb, M.R.C.S.L.

Bungay, Jan. 12, 1844.

WOUNDS IN DISSECTIONS.

(To the Editor of "The Medical Times.")

Sir—Upon reading this morning the melancholy death of the surgeon of the *Warspite*, in consequence of having cut his finger in dissecting a dead body; and thinking of the number of accidents that have happened from similar causes, it struck me that a glove might be easily manufactured, of such flexible and thin wire, as not at all to impede the use of the fingers, and yet effectually to guard them from being injured by the scalpel.

I do not know if this be a new idea, but I have never seen it suggested before, and I have not the least doubt of its practicability and efficiency. I am, Sir,

Yours obediently,
A Subscriber.

CONTINENCE AND SPERMATORRHŒA.

(To the Editor of "The Medical Times.")

Sir—In your Journal of December 30th, I observe a paragraph in reference to a letter by Dr. Bell, in which it appears he endeavours to prove that spermatorrhœa can never be caused by *continence* (contrary to the opinion of Lallemand), and in support of his opinion quotes a law laid down by Cruveilhier, that, "the less a secreting organ is exercised, the less secretion takes place, until it altogether ceases."

That organs, as well secreting as otherwise, become atrophied by cessation of function, is doubtless, generally true; but I do not see how this fact in any way tends to establish the truth of Dr. Bell's proposition, unless he can prove either by fact or argument *that there is no exercise of the spermatic organs during a state of continence*. Reason and observation induce me to say, not only that the secretory spermatic apparatus is in full action under such circumstances; but, in many instances of highly excitable and sanguine temperaments, it far exceeds what would take place, supposing the individual gratified his venereal desires occasionally; and in saying this, I understand continence to imply a perfect abstinence from venereal indulgence, whether by coition or otherwise.

I am disposed to agree with Lallemand, that continence often does cause a spermatorrhœa, and for this reason, that should the natural procreative appetite not be gratified in correspondence with the mature state of the genital organs, and especially in certain individuals, a constant state of erethism will exist, rendering the individual highly susceptible of excitement from the most trivial circumstances; as a consequence of which, erections, and more or less seminal discharge, follow; this being continually re-produced, day after day, month after month, it is easy to conceive how an habitual and incessant discharge may eventually result; the state of inordinate erethism and excitement giving way, as happens in all analogous cases, to loss of tone and diminished irritability, constituting spermatorrhœa, with its deplorable concomitants. I need scarcely enumerate examples, where a secreting organ is thrown into violent action with profuse discharge, without in any way assisting in the duty it was intended to perform, or being in contact with the object which induced desire in the individual. Every one may have observed the saliva trickling from each side of the jaws of a hungry dog, whilst his attendant is preparing the food in front of him. The mere sight of any object which operates as a natural stimulant to an organ, appears then sufficient to excite its function, should the organ at that moment be in such a state of irritability as to induce desire on the part of the individual. This must inevitably be the state of the genital organs in a young and healthy man, who, from motives of religion or other causes, observes a state of strict celibacy, and it is from the observation and history of such cases that Lallemand has formed his conclusions.

If the word "continence" implied a total suspension of the functions of the genital system—voluntary and involuntary—then I should agree with you, Mr. Editor, in confessing that reason and sense were in Dr. Bell's favour; but as it simply means an abstinence from those acts connected with the venereal orgasm, which are under the control of the individual, I see no reason for concluding that Cruveilhier's law in any way invalidates the opinion of Lallemand, whilst daily experience and analogy certainly justify the inference that his observation is correct. Your humble Servant,

J. D. C. Packman, M. D.

11, Gower Street, Bedford Square, Jan. 4th.

SURGICAL FELLOWSHIPS.

(To the Editor of the "Medical Times.")

Sir—If "justice" was done to the extremely virid and stolid wight who wrote, with any expectation of being believed, the following precious specimen of sublimated nonsense, he should be compelled to publish his own ignorant assertion in the market place of Shrewsbury, and abide the pitiless pelting of cabbage stalks and garbage, which his temerity would be sure to provoke, and which his well thatched cranium seems so well fitted to endure.

"*No other* surgeon in the county (of Salop) is regarded as being upon the same level with Messrs. Burd and Dicken. Mr. Clement is on a *level* with them, but by no means *superior* to either."

It would be absurd to enter into serious argument with a person, who can thus belie the attainments of the profession in Shropshire, and who because it is not agreeable or convenient to discuss the claims of the surgical staff of the Salop Infirmary, to the distinction conferred upon them, to the exclusion of better men, resorts to the common weapon of meanness and cowardice, and charges those, who like myself, dare to call in question the conduct of the Council, with "most grossly deceiving you, and writing wilful falsehoods, and that which is untrue and disreputable."

The Worcester "dauber" is probably so full of falsehood, that he necessarily believes all other persons to be as near akin to himself

as he is to the father of lies; but be that as it may, I am prepared to lay before the profession the most ample proof of every statement made in my first communication, even down to the hawking of the diploma, and as some corroboration of what I have stated, you will be pleased to learn that a correspondence has taken place between Mr. Clement and the Council on this subject, and that an apology has been made for the omission of that gentleman's name from the list of Fellows.

I again fearlessly assert that Mr. Clement's abilities, general and professional, are in the estimation of his professional brethren, and society at large, far superior to those of any practitioner in Shropshire, and as distinction should result only from superiority of knowledge and talent, his exclusion was an act of naked injustice, and disgraceful partizanship.

I remain, Sir,

ONE OF THE "DEGRADED."

Shrewsbury, Jan. 15th, 1844.

PERISCOPE OF THE WEEK.

THE ACEPHALOCYST.—The acephalocyst consists of a sub-globular or oval vesicle filled with fluid. Sometimes suspended freely in the fluid of a cyst of the surrounding condensed cellular tissue: sometimes attached to such a cyst; developing smaller acephalocysts, which are discharged from the outer or the inner surface of the parent cyst. These acephalocysts vary from the size of a pea to that of a child's head. In the larger ones the wall of the cyst has a distinctly laminated texture. They are of a pearly whiteness without fibrous structure, elastic, spurting out their fluid when punctured. Their tissue is composed chiefly of a substance closely analagous to albumen, but differing by its solubility in hydrochloric acid; and also of another peculiar substance analogous to mucus. The fluid of the acephalocysts contains, according to Lobstein, a small quantity of albumen with some salts, including muriate of soda, and a large proportion of gelatine. The tunic of the acephalocyst is usually studded with more or less numerous and minute globules of a clear substance analogous to the hyaline whose remarkable properties in the reproductive cells Dr. Barry has recently described, and from which the young acephalocysts are developed. No contractile property, save that of ordinary elasticity, has been observed in the coats of the acephalocysts; no other organization than that which has been just described; no other function than that of assimilation of the surrounding fluid by the general surface, and the development of new cells from the nuclei of hyaline.

MORBIFIC CELLS.—Dr. Klencke of Brunswick has recently published a work, with the view of shewing that the contagious character of many diseases is owing to the direct transmission of morbific cells—which seem to possess semi-individual life—from one person or animal to another. After alluding to the opinion of Müller and Lagenbeck that cancer is communicable by the inoculation of carcinomatous matter, he mentions that he has succeeded in a similar manner in proving the contagiousness of melanosis. The experiment was performed on a horse; some of the cellules found floating in the black pulpy mass of a melanotic tumour, were inserted beneath the skin; and the result was the production of a growth similar to the original one. Dr. Klencke says that various condylomatous tumours, as well also as ozena, coryza, &c. are transmissible in this way; and he goes so far as to say that the cellules of a recent coryza are very different from the conferva of an ozena, and that as the disease declines, these cellules gradually disappear and are replaced by sporules of confervæ. He mentions too that he has detected the morbific cells of malignant carbuncle in the yellow-colored discharge that flows from the gangrenous sores; and those of hydrophobia, not only in the salivary glands of dogs affected with rabies, but also in a wound caused by their bite. The proximate cause of vaccinia and variola is according to his researches, the existence of morbid cells in the circulating fluid; and the severity of these diseases is in general proportionate to the number of the cells that are developed.

WATERS OF CAPBERN.—These are situated only ten miles from Bagnères, and are of a purely saline character. They have however acquired a considerable reputation in a certain but limited class of complaints, to which no small importance is attached. The village of Capbern, 4½ miles from Tournay, contains six hundred inhabitants, and is very pleasantly situated. The waters are considered to be an antidote to sterility, and are therefore visited by all those whose organs of philoprogenitiveness are developed—or the reverse. The waters are limpid, inodorous, of a sweetish taste, and cause a sense of dryness in the throat. Their specific weight scarcely differs from that of distilled water; the temperature is about 76. They flow in great abundance, and disengage a good deal of gas. The solid contents are about eight-tenths of a grain in the pint—and those chiefly common saline matters. The peculiar virtues of Capbern waters (supposing they are possessed of such) must depend on some unknown ingredients—probably a vegetable ingredient. Their morbid stimulus on the uterine system has led the physician to suppose that something analogous to the ergot of rye may be infused in these springs. Although they are said to be very useful in many disorders—especially in congestions of various organs—yet their physiological mode of action is that of exciting the uterine vessels in women, and the hemorrhoidal in men. They are taken internally and used as baths.

MALINGERING.—Dr. Gavin mentions that a man of the name of Henry Moor Smith, a most accomplished villain, while in the prison at Kingston, began to spit blood, had a violent cough and fever, and gradually wasted away, so that those who visited him supposed that his death was rapidly approaching. This continued for a fortnight, and his weakness was so great that he had to be lifted up in order to take medicine or nutriment. A turnkey unfortunately however left the door of the prison open for a few moments, in order to warm a brick for his cold extremities; on his return, Smith had disappeared. On being again put into prison he feigned cachexia, hæmoptysis and epilepsy, but without success. He confessed that he pretended to raise blood by pounding a brick into powder, putting it in a small rag, and chewing it in his mouth. He contrived to vary his pulse by striking his elbows; and said he had taken the flesh off his body in ten days by sucking a copper cent in his mouth all night, and swallowing the saliva.

THE CHLORIDES OF ZINC AND LEAD IN CANCER,—The *Lancet* contains a communication from Mr. Tuson, surgeon to the Middlesex Hospital, on the effects produced by the chlorides of zinc and lead in the treatment of cancer. It appears that he is devoting his time to the investigation of cancer, and in the course of his enquiries, had his attention directed to the effects produced by certain preparations of chlorine, either in arresting the progress of this malignant disease, or else having a powerful influence over it. His communication, which seems to be the first of a series, consists chiefly of the detail of cases. In the first, that of a cook, 39 years of age, who was admitted into the hospital with an extensive cancerous disease of the right breast and neck, occupying the space between the lower border of the inferior maxillary bone and the under part of the pectoralis major, and from the sternum internally to the whole of the superior extremity on the outer side, so that the disease involved nearly one sixth part of the body, there was also an irregular ulcer which extended from below the nipple towards the axilla, its surface being superficial, and its edges hard. The whole of the parts enlarged were very firm; pressure with the finger on the arm or back of the hand produced little or no indentation. The glands below the jaw and above the clavicle were greatly enlarged, and the general hardness in the neck was so considerable that the clavicle could only be distinguished by a very diligent examination. Anodynes were tried ineffectually at first, and afterwards the chloride of zinc was applied locally in the form of paste, and it was also given internally in the dose of half a grain daily. The effects produced were as follows:—the application of the paste the second time produced great pain for four or five hours, when a slough was formed, which separated with the assistance of a poultice, and afterwards the ulcerated surface healed kindly. The swelling in the arm gradually subsided, the breast diminished considerably, and that side of the neck assumed a more natural appearance. In a month from this time the case had completely changed its character. The arm was then of its natural size; the breast was soft, as also the neck, and every part of the superior extremity. In several places there were small tubercles, some of the size of a pea, others a little larger; some were irregular, others smooth and circumscribed: there were six or eight at different places over the mammary gland, one or two in the neck, and one in the arm between the deltoid muscle and pectoralis major; they appeared to be enlarged lymphatic glands. The disease had then changed its character, and assumed the cancerous tuberculated form. The wound had completely healed. At the early part of April further improvement had taken place in this patient; the disease had been allayed to a considerable extent; she suffered no pain, felt in good health, and all tokens of disease had disappeared with the exception of the little spots. The arm, the breast, and that side of the neck were in the same natural state as on the opposite side; she slept well, enjoyed her diet, walked daily out in the garden, and when any inquiry was made as to the state of her health, she expressed herself confident that in another month she would be able to leave the hospital quite cured. Few people who had seen her at her admission would have believed she was the same patient, such a change having been effected by the medicine. This favourable change lasted only a short time; at the end of April the mouth and gums became sore, so much so, as to cause the medicine to be discontinued. Soon afterwards the arm began to swell again, and the breast became tender and painful. An ulcer appeared at another part of the mammary gland which was healed by the application of the paste, when other ulcers were formed, which also healed by the same means, until at last the paste lost its influence, and the disease made rapid progress in spite of all remedies. The patient ultimately died, and on examination, evident indications of the tubercular cancerous diathesis were discovered. In his remarks on this case Mr. Tuson observes that it illustrates the peculiar effect of the chloride of zinc in this cancerous disease, its influence upon the system, affecting the mouth and gums; and further observation may show some other effect of this preparation. It cannot be doubted that its external use is beneficial in healing open cancer, and this should induce us to watch its effects, administered internally, in diseases of this character. A solution of one drachm to a pint of water injected upon a cancerous ulcer, or applied with linen rags, will be found a very useful application. Other preparations of chlorine have an influence over cancerous affections, as chloride of lime; chloride of lead; ter-chloride of carbon; perchloride of copper, &c.; and a case has been described of a lady completely healing a large open cancer by the application of common salt (chloride of sodium). In the second case, the compound of chlorine which was employed, was the chloride of lead. The patient, who was an unlikely subject for any curative measure, inasmuch as she had a scirrhous tumour previously removed by Sir A. Cooper, was admitted with a large, irregular, open cancer of the right breast, extending deeply into the axilla, with a foul, yellow, excavated surface, copious discharge, much fœtor, and severe pain. A lotion containing a drachm of the chloride of lead to a pint of water, was first used, but was afterwards exchanged for a lotion, containing a drachm of the chloride of zinc to ten ounces of water. The relief obtained by these applications was well-marked; the pain was very much diminished, and the surface of the ulceration at times even put on a healthy appearance. The patient, however, died after a protracted illness, partly from exhaustion, and partly from hæmorrhage. Mr. Tuson speaks in the following terms of the chloride of lead:—"The chloride of lead has been very extensively used in many cases of disease of the breast and uterus in the form both of lotion and ointment, with much success; it appears to act upon the nerves, paralys-

ing them, and thus producing ease. One young patient used an ointment made with one drachm of the chloride of lead to an ounce of common cerate, rubbing it over the breast and armpit; it produced a complete numbness of the arm, and relieved the pain; the ointment was discontinued, and the numbness subsided in the arm: it was still used over the breast, and the patient was cured. This ointment will be found of most use in hysterical affections of the breast, or nervous irritability of its gland, and also in other cases, particularly when any tumour presses on or involves a nervous filament, and thus produces constant pain; the ointment applied upon the course of the nerve, over the situation of the pain will give ease; it is also of much use in allaying inflammation, and it forms another valuable remedy in the treatment of these diseases."

Rupture of the Heart.—A man 77 years of age, paralytic on the left side, died suddenly after suffering from precordial pains and anxiety for two days previously. On opening the chest, the pericardium was seen to be greatly distended with blood which proceeded from a transverse rupture about half an inch in length on the anterior face of the left ventricle. The heart was loaded with fat, and the left coronary artery was aneurismal, and enlarged throughout its course to the size of the brachial artery. It was ossified in several places.

Effects of Hydropathy.—Dr. Hutchinson of Nottingham, narrates in the *Lancet* the case of a respectable druggist, who having imbibed a strong faith in the assertions of Priesnitz and his followers, tested the doctrine in his own person, his experiment terminating fatally. Dr. Hutchinson observes from the facts of the case, and of the *post mortem* examination, which appears to have been very carefully conducted, that this case presents an example of the effects of large quantities of cold water, long continued, being taken into the system. It is quite clear that the constant call upon the action of the kidneys, from the quantity of liquid taken, eventually brought on a super-excitement of their natural functions, and induced diabetes, from the exhausting effects of which upon the general constitution the patient sank. The examination of the body proved the existence of no organic disease. The softening of the mucous membrane of the intestinal canal may justly be attributed to the debilitating effects wrought upon the blood from its extreme dilution by the quantity of liquid taken.

Epilepsy.—Mr. Ryan of Sutton Coldfield, narrates a case of epilepsy, in the *Lancet*, in which some benefit appears to have been derived from the internal exhibition of the sulphate of zinc.

Congenital Blindness.—Dr. Franz narrates a case of congenital blindness on which he operated successfully by couching. A detail of a set of physiological experiments is added, but nothing worthy commemoration can be elicited from them.

Nerves of the Uterus.—Dr. R. Lee has published a letter in the *Lancet* in answer to some remarks by Dr. E. Rigby, in his recent edition of Hunter's anatomical description of the gravid uterus, to show that what he originally described as the nerves of the gravid uterus, are really such, and not merely bands of elastic tissue.

Medical Fees Payable by Insurance Companies. -In the course of a letter written to enforce this most reasonable proposition, we regret to observe that Mr. Camplin has inserted a puff of the insurance office with which he is connected. We presume our co temporary, the *Lancet*, has paid the advertisement duty for the paragraph.

Diagnosis of Pneumo-thorax.—In an important paper on pneumo-thorax, published in the *Medical Gazette*, by Dr. Hughes, assistant physician to Guy's hospital, are contained some remarks on the diagnosis of pneumo-thorax, or as some writers call it "pneumato-thorax," which are worth noting. The diagnosis of the pneumo-thorax, with the aid of auscultation, percussion, and succussion, has usually been represented to be an affair of great simplicity, and when the entire progress of any case has been witnessed by any one observer, when the accession and the whole of the ordinary pheno-mena of the affection are well defined, when, in fact, pneumo-thorax exists as it is usually described in books, a very simple affair it is. But every really practical and observant physician is aware that at the sick man's bed side doubts and difficulties will occasionally arise, even in those diseases which upon paper are represented in characters apparently so clear as not to be mistaken. The diseases or conditions with which pneumo-thorax may conjecturally be confounded, are—1st, emphysema of the lung; 2dly, the tympanitic resonance said to occur during the progress of pneumonia; 3dly, a flatulent stomach overlaid by a consolidated lung; and 4thly, phthisical cavities. Of the first of these Dr. Hughes observes, that with moderate attention to the history. symptoms, and physical signs, it is scarcely possible that a mistake can arise. Of the second, he has not any personal experience, unless, he says it be referrible to the third state, a stomach distended with gas, and overlaid by a solid and contracted lung. In this combination the absence of respiration and the tympanitic resonance on percussion are often complete, and succussion occasionally exists. The side is contracted indeed, but sometimes, though rarely, it is likewise so in pneumo-thorax. The ribs are but slightly elevated, or almost motionless, and he believes that in a few rare examples the only circumstances upon which we can rely for the diagnosis of the two affections are the fistulous, metallic, or amphoric breathing, and the metallic ringing of the voice, and cough, which are constantly present in the one affection; the want of completeness, uniformity, and consistency in symptoms and signs of the other, and the history of the respective cases. But of all diseases a large phthisical cavity is by far the most liable to be confounded with, and the most difficult to be diagnosticated from, pneumo-thorax. He lately saw a case examined in the hospital, in which one immense cavern occupied the whole of the left lung, and in which, even after death, it was for some time difficult to decide whether the cavity was in the pleura or the lung itself. In such a case excepting the history, there is not any circumstance whatever upon which a diagnosis could be formed, with even tolerable certainty. A few years since there was an elderly woman in the hospital, in whom all the facts of the history, the symptoms, and physical signs, led to the supposition of the existence of pneumo-thorax, with the single exception of the cavern being situated at the upper third of the lung. Upon inspection after death, a very large and old vomica was found, with firm and hard parietes, and nearly all the remainder of the lung dry, tough, and airless. In another case examined last year, a circumscribed pneumo-thorax, of the size and shape of a fœtal head, existed in the left mammary region, which presented all the physical characters of a large vomica. A phthisical cavity, indeed, may be accompanied with all the symptoms and auscultatory signs of pneumo-thorax, and pneumo-thorax only by those of a phthisical cavity. The diagnosis in a vast majority of cases may, notwithstanding, be effected with facility, and in circumstances of difficulty may be assisted by the following considerations. In simple phthisis, the tympanitic resonance, and the metallic tinkling (not common in any form), is very rarely so well marked as in pneumo-thorax, while succussion is very frequent in the former. Laennec is reported to have heard it on one occasion. In pneumo-thorax the chest is *generally* enlarged; in simple phthisis almost always contracted. In the former affection the patient usually lies on the affected side; in the latter upon either side, or upon the back indifferently. In pneumo-thorax the cavity is commonly at the lower part of the chest; in simple phthisis the chief excavation is almost universally at the upper part.

Hermaphroditism.—Dr. Knox, in a paper, parts of which have already appeared in several consecutive numbers of the *Medical Gazette*, under the title "Contributions to Anatomy and Physiology," examines at some length the question of hermaphroditism and its causes. He sets out with the remark—since we cannot doubt the existence of hermaphroditic structure; since it obviously occurs in man, and that hermaphrodites are neither deformed males nor deformed females, and that neither the doctrines of a *lusus naturæ*, nor any other doctrine with which he is acquainted, can explain to a rational mind these singular and mysterious appearances, there remains one legitimate subject of inquiry—the investigation of the cause. Some very eminent physiologists have imagined a solution of the causes of hermaphroditism to exist in the speculative views, as to the original laws agreeable to which they imagine all animals to be formed or constructed. Hermaphroditism, they remark, occurs in many of the lower animals; and if it be true that man is forced by a law of nature to pass through all grades of formation, should the development of the generative organs, by any accidental cause, known or unknown, be arrested, these organs will remain necessarily at a stage of the development corresponding to some of the lower animals; and hence the origin of hermaphrodites. It is sufficiently singular that, generally, the persons who support this hypothesis maintain also the theoretical opinion, that the male and female organs are essentially the same, being but slightly modified. Dr. Knox is inclined to deny the doctrine that the male and female organs are originally the same, and he cites a case in support of his argument, of a hermaphrodite that was brought before the Royal Society of Edinburgh some years since, in which the testes were of the natural size, the vasa deferentia perfect; the animal alternately, showed the propensities of male and female, and was obviously capable of acting efficiently as male; but there were present, besides these organs, a perfect vagina and uterus, with slight remains of the fallopian tubes, and perhaps ovaria, but of these latter there was not any certainty. The cause assigned by Dr. Knox for hermaphroditism, consequently differs from that alleged by other physiologists. He admits the existence of this great law in the construction of the genital organs; that the embryo is at first hermaphrodital, both sets of organs being present: if the cause determinative of sex should act in an efficient manner, one set of organs nearly disappears, and the fœtus becomes male or female; but if not, nature adheres to her original type, and both kinds of organs remain: the type of the generative organs even in the highest order of animals is hermaphrodital. He supports his doctrine by illustrations drawn from comparative anatomy, and from vegetable physiology. In the vegetable kingdom, perhaps, we have a hermaphrodite perfect in all respects, and the production of an individual without the concurrance of two; for wise purposes, without doubt, nature has disjoined the sexes in some, uniting them in others; but the original impress, the preconceived plan, cannot be mistaken, and when she deviates from ordinary structure, the return is always to the original type. To him, then, it appears, that in the construction of animal bodies, an original type has been contemplated in the forming each great system of organs, and that she has not proceeded from the more simple to the more complex, adding structures as they might be required, nor yet has she selected any particular animal as a model for all the rest. The doctrines of 'formation arrêtée,' and the superaddition of parts and systems of organs as animals ascend in the scale of being, has no foundation in truth, or at least must be included in a broader generalization. It may be, perhaps, pushing a metaphysical abstraction too far, to assert, that in forming any organ, or series of organs in any animal, all the complex elements which the same organ may present in other animals are also present in the more simple, but still Dr. Knox believes this to be the case. Though the human cranium be in the adult state composed but of eight bones, it is essentially constructed out of a series of bones as numerous as those of the cranium of the crocodile, or fish; nor could this have ever been imagined by any one *à priori*; the proofs have flowed from direct inquiry into structure. The bones of the human shoulder, which seem so simple in their adult state, may yet be proved to be very complex when young, and to possess all the elements, all the original germs or centres of ossification, which ultimately as separate bones are found to compose the shoulder of the echidna. He does not mean to say that the skeletons of these animals were the original type laid down by nature in the execution of her great plan, but without doubt the type of the skeleton of all the vertebral kingdom is not so simple as in man, but extremely complex. Dr. Knox applies

his theory not merely to the explanation of the production of hermaphrodites, but to the condition of the organic system throughout animated nature, averring that nature has originally but one type for each organ or assemblage of organs in every breathing creature. Two objects seem to have been contemplated in the construction of animal bodies; the performance of function, as regards individualism, and the providing for or contemplating all possible existing forms of animal bodies. The number of component elementary parts, then, are the same in all the organs, and this accords better with those ideas which naturally flow from a close observation of nature's plan; viz., that the mind which contemplated, and the idea which fashioned the living animal kingdom, foresaw all things, all possible combination of forms, and whilst the species of animals were determined by fixed laws, thus giving to each kind its own special secondary type, one great elementary structure was made to pervade all. Whilst the supporters of the doctrine of analogous organs and "formation arretée," are attempting to shew the analogy between the component parts of the lungs and of the gills, fancying them to be the same organs because their functions are similar; the similitude, nay, identity, of the osseous branchial apparatus with the ribs, or with the pulmonary tubes of the animals which breathe by lungs, meeting insurmountable objections and obstacles to their theories, and forced to alter and amend their views daily, as new facts are discovered; whilst they cannot even name the bones termed branchial arches, calling them sometimes ribs, though they must know that fishes have ribs in their proper place and usual situation, and sometimes os hyoides, being uncertain as to their real nature; whilst they are unable to determine the nature of the so-named swimming bladder, and fancy it to be some how or other connected with the ear; a single phrase seems to him to solve these questions; the lungs and gills are not the same; they are not formed of the same materials; the type of the respiratory organs in all vertebral animals is at once pulmonary and branchial. Nature foreseeing that certain vertebral animals would live well by lungs, others by gills, and that some would require both, gave a type to meet all; that type is complex: all animals originally possess both gills and lungs. This original type of organs is extremely complex, and embraces within its range all possible structures; no particular animal has been selected as offering within its structure the types of all the organs; the economy of some low in the scale being very complex as to certain organs, and *vice versa*. Dr. Knox concludes his interesting paper with a rather extraordinary flight, which, however, we think right to place before our readers: they will judge for themselves. He says:—"I have often thought that certain organs found in the mammalia, with whose functions we are not acquainted, and which seem to have a reference neither to the adult nor fœtal condition, nor essential to individual life in any known animal, may be the remains of the organs required by that portion of the animal kingdom which has ceased to exist. In the composition of the skeleton of the antediluvian Sauria, unusual combinations of structure are obvious; arrangements and forms of bone, with dimension and shapes, not only not familiar to us, but evidently of a nature differing widely from the present animal kingdom. It will be looked on, I fear, as too bold a flight of the imagination to conjecture that the plan of the present creation was included in the former; that the unexplained organs in animal bodies, and which are in us rudimentary, and so far as we know useless, were once developed, and formed, perhaps, important organs, in a race of animals which ceased at a time when the earth's surface became unfitted for their support."

Ischuria Renalis.—Dr. Thompson has narrated in the *Medical Gazette*, the particulars of a case of ischuria renalis, in which no urine was secreted for the space of above 120 hours: during the subsequent 48 hours, only half-an ounce was passed, and the natural quantity was not restored till after the expiration of a month from the period of its interruption, nevertheless no urgent cerebral symptoms at any time occurred.

Paraplegia nearly cured by Tonics and Galvanism.—Mr. Howell, of Clapton, records in the *Medical Gazette* the case of a patient, to whom he was called, and who he found labouring under paraplegia with retention of urine and incontinence of fæces; the paralysis was complete, sensation and motion being extinct below the second or third dorsal vertebra. This state had existed six weeks, and in addition to other evils a false passage had been made in attempts to pass the catheter. He had a large moxa on the loins, and a sloughing sore on each trochanter; he was much emaciated and depressed in spirits as well as constitutional power; thought recovery was hopeless, and looked forward to death as the only relief to his miserable condition. Mr. Howell placed him on the hydrostatic bed, allowed generous diet, exhibited mineral and vegetable tonics, and finally had recourse to galvanism, using the electro-magnetic apparatus daily. It was applied to the hollow spaces behind the internal malleoli, over the posterior tibial nerves, the result being that the patient acquired the power of moving all his toes, then of flexing and extending the foot, and so on till he could move the whole limb, and some degree of control over the bladder and rectum was also obtained. The electric current was next passed more directly through the parts, by attaching one pole to the end of a catheter introduced into the bladder, and the other over the sacrum. This was continued for some time, when the patient went into the country. He is able to walk a mile with the assistance of a stick only, and says, with rest, he could walk two; and his health is much improved. It is altogether a very satisfactory case. Mr. Howell further narrates two cases of paralysis, resulting from injury which occurred in the practice of the London Hospital, in which recovery took place. Paralysis in the first case appears to have depended on general debility, and an unhealthy, probably anemic condition of the spinal cord, a state analogous, perhaps, to incipient ramollissement, and incompatible with the condition of the medulla—that of generating nervous influence. The repeated and continued exhibition of mercury for some months previously contributed to bring on the disease. If we consider one effect attributed to mercury, that of rapidly destroying red blood, this appears more than probable. The marked good effects of quinine and iron in this case may perhaps be allowed, in support of the theory of Liebeg, that these, and other medicines of the same class, act by supplying some constituent or elementary principle that is deficient in the brain or spinal marrow, and at the same time necessary to its healthy and normal condition and to the exercise of its function. The debilitated state of constitution depending on the phosphatic diathesis is readily to be accounted for by the loss to the system of some valuable constituents excreted in the urine, and the readiest, and, indeed only method, of curing the disease, is by preventing the escape, or further, by artificially supplying the deficient principle.

Paracentesis Thoracis in Pneumo-thorax.—The opinions or the practice at least of almost all modern physicians, appear very nearly to coincide upon these points, and the belief seems now to be common, that, excepting for the purpose of affording relief to the distressing dyspnœa, paracentesis is not to be recommended in pneumo-thorax. In the Tables published by the late Dr. Davis, of 29 cases in which paracentesis was performed, the following were the results:—sixteen cases of empyema, twelve recovered, four died: nine of pneumo-thorax, all died: from hydro-thorax, all died. Of seven cases that have been seen by Dr. Hughes or collected by him from various sources, one died four hours after the operation, and was thereby not relieved; one died twenty-four hours after, not relieved; one died forty hours after, not relieved; one died sixty hours after, relieved; one died six days after, relieved; one died twelve days after, not relieved; and one died sixteen days after, relieved. From these facts, it appears evident that the operation of paracentesis affords not any prospect of effecting a cure of pneumo-thorax, and that in many cases experience warrants but little hope of its affording even temporary relief. When, indeed, it is recollected that in numerous examples the egress of the gas remains perfectly free, it appears difficult to understand upon what intelligible principle the operation, at least in such cases, can be recommended with even a fair prospect of success. There are, however, three conditions under which it may possibly be advantageous to perform paracentesis in pneumo-thorax. First, when the accession of the complaint is marked by great anxiety and general distress, arising from excessive dyspnœa; secondly, when, after a considerable duration of the complaint, gradually increasing dyspnœa supervenes, in consequence of the egress of the air being prevented or obstructed by an accidental fold of membrane, plastic pleuritic effusion, or bronchial secretion; and thirdly, when fluid effusion is added to the other effects of the accident, and accumulates in such quantity as materially to embarass the respiration, and thus increase the distress already existing. In these circumstances, as purulent or sero-purulent fluid may require a dependent opening for its exit, the operation may be fairly expected to be followed by temporary benefit. As a general law, then, we may consider, that in pneumo-thorax proceeding from disease, and not from external injury, the operation of paracentesis offers little prospect of advantage, and is therefore not to be recommended except for the purpose of relieving urgent symptoms of dyspnœa and anxiety, caused by the accumulation of gas or of sero-purulent fluid.

Destruction of the Contagion of Plague.—The Pharmaceutische Central Blat. states that a commission of Russian medical authorities has been making experiments in Egypt, on the destruction of the contagion of the plague, by means of hot air. The woollen articles of clothing were worn by persons decidedly affected with the disease, for twenty-four hours, exposed to a heat of 144° to 167° Fahr., in a heated room, and were afterwards worn by persons in perfect health, who had held quarantine in disinfected clothing. These persons, fifty-six in number, wore the woollen clothing during a fortnight, and not one of them became subject to the plague for several weeks after the experiment.

Complete Lateral Dislocation of the Bones of the Forearm.—Mr. Neilson, of Killala, narrates the case of a boy, 14 years of age, in the *Dublin Medical Press*, who met with an accident by which this injury was produced. When seen, the right elbow joint appeared to be nearly double its natural breadth; the coronoid process of the ulna was resting outside the external condyle of the humerus, which was broken and very moveable; the olecranon was drawn up nearly three inches from its proper position. The olecranon and coronoid processes could be very easily felt—almost seen, whilst the integuments stretched between them showed plainly the shape of the sigmoid cavity. The head of the radius was, of course, distant from the humerus the entire thickness of the head of the ulna, and perfectly moveable; the separation of the articulating surfaces was so complete, that the arm could be flexed or extended considerably, and the hand placed prone or supine with great ease, and very little pain. When the arm was flexed, the olecranon of course projected very much behind the humerus, while the coronoid process came rather in front of that bone. There was not any external wound, but the integuments were very much stretched. The dislocation was reduced by keeping the broken condyle steady, making slight extension, then gently flexing the arm, and at the same time pressing the bones of the arm and forearm in opposite directions. The patient is at present going on well.

Escape of Urine at the Umbilicus.—Dr. Starr, of Kettering, narrates the case of a female child thirteen weeks old, in whom the uraehus was open, urine occasionally escaping by the umbilicus, although there was a perfectly formed urethra, capable of performing all its proper functions. Attempts were made at the County Infirmary to remedy it by operation, but hitherto unsuccessfully.

Opium in Strangulated Hernia.—Mr. Walker of Newcastle-on-Tyne, mentions the case of a patient with strangulated scrotal hernia, to whom he gave two grains of opium every fifteen minutes, until six grains were taken, when the rupture became spontaneously reduced, without manual interference.

GOSSIP OF THE WEEK.

Mr. Wakley is a peculiarly unfortunate magistrate. Things happen to his prejudice that never could have occurred to anybody else. The boundaries of possibility scarcely give him protection from the unaccountable malice of his assailants. If M'Naughten's or any other madman's enemies were real, they could not have been more ingeniously mischievous than Mr. Wakley's. At an inquest in Kentish Town, on Friday last, he affirmed that thirty inquests were reported, during the last spring, in the daily papers, as having been held by him—all without foundation! Two reporters, he added, he was about to indict for perjury, committed to his injury. Mr. Wakley is indeed to be pitied: his friends seem to neglect him at least as much as his enemies persecute him.

We have seen an interesting account of a new year's festival kept on the 4th, by the female inmates of Hanwell Lunatic Asylum. The wards were tastefully decorated, the dance, dominoes, kaleideseope, music, singing, and amusements of a literary character, occupied the evening. The Matron with Dr. Conolly and the other Medical Officers were present, and could not but have been gratified with the affectionate regard shown to authority and perfect attention paid to good order and harmony by a multitude of human beings, whom Society has been accustomed to treat as so little under the empire of humanity's better feelings. Such instances as this give us bright hopes for the present age's achievements in the great field of practical benevolence.

The *Gazette des Hopitaux* tells us an amusing story which, *though* not repeated to it by a lady, the *feuilletonist* declares may be false. The president of the Chamber of Deputies, who is celebrated for a quiet habit of "selling" his friends, is on extremely close terms of intimacy with an old Parisian Curé, troubled with an hæmorrhoidal affection. Addressing his usual metaphoric enquiry to the Ecclesiastic "*comment va la mappemonde?*" in the presence of an eminent physician who makes geography his "hobby," the latter's curiosity was excited, and learning on private enquiry from the president that the "mappemonde" was an extraordinary variety which would be a great addition to his scientific collection—procured from the jesting functionary a promise of his influence with the Curé to procure him a view of so precious a piece of *virtu*. The interview being arranged with the unsuspecting abbe, the curious physician was introduced next morning, and found the worthy priest in bed. After the customary expressions of politeness the Doctor gently turned the conversation to the object of his visit, when the good Curé turned round and shewed his visitor as fully proportioned a "mappemonde" as any geographical physiologist could desire to see—adding a respectful request for his new friend's opinion. The mystification, which took nearly an hour's mutual explanations before it was clearly understood, made the physician furious, but left him, we are told as great a "geographer" as ever.

Mr. George Ireland Mills continues to act in the discharge of his lucrative duty or rather engagement as deputy coroner to Mr. Wakley. He held an inquest last week, singularly enough, at the Phœnix, Lisson Grove, on the body of a child drugged to death by that scourge, scarcely second to war in its murderous effects, Godfrey's Cordial. The administratrix was a lady attached to the Rev. Mr. Law's chapel in Aberdeen-place, Maida Hill, and acting for the District Visiting Society. This charitable person carried the cordial with her on her rounds, and killed the child in two small doses. The jury's verdict was "natural death." If coroners did their duty, and instructed juries, that in those cases, to cause death, even in sheer ignorance, is manslaughter, a check would be given to this perilous intermeddling. As usual, no surgeon seems to have been called to give conclusive evidence as to the action of the poison.

At length the governors of Bethlem Hospital are bestirring themselves to make that noble institution of some little service to science. Arrangements are being made for lectures; pupils are to be admitted; an anatomical museum is to be constructed, and the study of lunacy can now be carried on by the profession in other places beside the pages of our lamented contemporary the *Lancet*. The importance of this innovation will be understood when it is remembered that medical men are responsible at law for the opinions they are so frequently called upon to certify on this or that persons sanity; and that in point of fact they have hitherto been almost cut of from all means of forming a scientific judgment on the matter. It is needless to say that the merit of the great change lies at the door of Dr. Webster—but we have already made the public aware of his laudable labours.

TO CORRESPONDENTS.

ERRATA.—*Will Sir B. Brodie, Dr. Forbes, or some other gentleman fond of "lawgivership," do us the favour of entering Parliament and making it high treason for any printer* (diabole suadente) *to throw doubts on an Editor's classical knowledge, by corrections, emendations, and other such malpractices, done of ignorant knowledge aforethought? WE have a special claim on such truly protective legislation. We lie wholly at the mercy of the foul fiend. Our leaders once launched from the pen, are cast upon the wide waters of printers' discretion and floating their secret course, are unseen by us till they come back, after many days, in immutable type, with sometimes a sad (shall we say needless?) fructification of errors. Thus our printers' devil, fonder of the objective than the* dative *case in his* active *capacity, would insist on* correcting, *a fortnight ago, Cicero's "Liceat mihi," into "Liceat me," and this last week preferred his "similimus," to our* simillima, *in the notion we suppose that one* l *was long enough for a dozen words; and that the bird of sullied plumage (Mr. Wakley), if not of the neuter, could not be of the feminine, and* argal *must be of the masculine gender. Similarly objecting to the assurance "I* eannot *doubt," (page* 229, *column* 1, *line* 47,) *of Liebeg, who, he thinks,* can *do any thing but save a ruined journal, he printed "*I doubt." *And so in Mr. Braid's paper, he seems to have taken equal liberties, for that gentleman writes:—"p.* 224, *col.* 3, *line (from bottom)* 12, *for "is," read* as; *p.* 225, *col.* 2, *line* 4, *for "experiment," read* Experiments; *p.* 226, *col.* 1, *line* 21, *for "these," read* their; *p.* 226 *col.* 3, *add to first paragraph, "she has now continued quite well for more than two months." 16th line of next paragraph, for "veins," read* fingers; *and read* S. *for* I, *in the fourth last line of the article." While waiting the parliamentary boon we solicit, it will be some consolation to our readers to know that we shall try what a rigid* surveillance *may do in lessening the* faux pas *which by the confession of all authorities, no severity of supervision can wholly prevent.*

P. P—*Wishes to be told, "*1, *a method of preparing by a very simple process, pure muriatic acid; 2nd, the composition of Garden's Terchloride of Carbon*; and 3rd, the composition of Camphine." Other portions of our correspondent's letter we may notice next week. The queries we have given suggest to us the offer of our pages as a medium for making any of those medical or pharmaceutical inquiries which all have occasion at times to put, and in reference to which it would be so great an advantage to have as it were, a consultation with the many thousand readers of the* Medical Times, *so many of whom may have peculiar facilities for a more than ordinary acquaintance with the subjects that are thus placed under their notice. For such an interchange of benefits, the great essential is, that gentlemen possessing the desired information, will feel it a pleasure if not a duty "to enlighten those that sit in darkness." Our Journal, by a little zeal on their part, would be a still more efficient means of producing all the benefits involved in the advance of science, and the relief of many a medical brother from professional embarrassment and inconvenience.*

A. B. C. (Fowey) *is warmly thanked: we are extremely glad to receive the suggestions of our subscribers, for where practicable, we nearly always find it advisable to act on them. We may indeed be proud of our readers: for we rarely perceive that any of them ask for an apportionment of our space irrespectively of the claims on us of the general bulk of our subscribers.*

Augustine.—*If the almanack be sent to the office a perfect copy will be supplied for it. The other matters will all come in good time.*

* Three parts of Chlorine and one of Carbon.

Several correspondents are warmly thanked for their offers of aid, and assurances of warm sympathy and support in our increased and increasing exertions.

Z. I. O.—*We are not aware of Dr. Smyth's residence. We believe the article on Anaphrodisia was published in the* Medical Times *about eighteen months since in a review of Dr. M'Cormack's* Methodus Medendi.

"Justitia" and "One of the Degraded."—*The correspondence between these writers has become as unfortunately personal as anything we feared when inserting the first letter. The fault is partly ours; we went, doubtless, a step too far, when we presented the Council so striking a proof of the mischievous effects of their new charter. But* Justitia *must excuse us if we think him not more guiltless than ourselves. In making his grave charge against our respected correspondent and ourselves, he forgot that even in reference to his own object, the next worst thing to an anonymous assault on a friend, is an anonymous defence. A shadow under the name of "*Justitia," *asserting this or accusing of that, without any responsibility was only losing time when not discrediting his own cause. We told this to "*Justitia" *at the time, and to his answer, since received, that we have been wanting in courtesy to him—must reply that our duty is to be* just *above all things, and courteous only when "*Justitia" *will allow us. In truth, however, we stretched courtesy in giving admission to his reply: it had no title to it while unauthenticated. "*Justitia's" *assurance that in bygone days he has been of use to us may be true, but in no matter affects the question; if it did, we should yet remind him that his testimony for himself, like that for the Shrewsbury "fellows" offers no standard to judge its value by. Who is the witness? Nobody knows. What is the value of his sayings? Ask the lawyers.*

We may announce for next week a lecture, by G. J. Guthrie, F.R.S.; an interesting pencilling of Liebeg, by J. S. Muspratt, Esq., of Giessen, and a number of other valuable articles which have made way for our lengthened reports of the proceedings of our learned societies.

Mr. Hallam's article on the "Abuse of Intoxicating Liquors" is in type, and will appear next week.

The formulary will be continued next week.

Our drug price list will be given next week: it will contain the prices for Tuesday next.

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LECTURES ON SURGERY.

By Sir B. C. BRODIE, Bart., Sergeant-Surgeon to the Queen.

Operations for fistula in ano.

Gentlemen—I concluded my last lecture by describing the manner in which you should operate for a simple *fistula in ano*, and explained to you that you should pass a probe, or the instrument that serves both for probe and director, through the external opening into the cavity of the abscess, and then through the internal opening, which you should take means to find, after which you must then bend the probe thus, (shewing a bent instrument), and upon that divide the parts with a pair of sharp knife-edged scissors.

We will now proceed to consider those cases of fistula where there is some complication. The external orifice of the fistula is sometimes at a considerable distance from the verge of the anus, perhaps two inches or even three, or it may be as far off as the buttock. You may, if you please, under these circumstances, operate in the manner I have already described; that is to say, you may pass your probe-director in at the external orifice, along the sinus, and through the internal orifice into the gut, and then having curved it, divide the whole of the parts upon it, but this operation is exceedingly painful, and may be attended with considerable hæmorrhage, and at the best there will a large surface to heal by granulation. Besides which it is not necessary. You should introduce the probe-director in the usual way through the internal orifice of the rectum, then feel for it externally near the anus, and divide the integuments down to it with a lancet or probe-pointed sealpel, so as to make a new orifice near the anus. When you have effected this, you withdraw the probe, re-introduce it by the opening you have just made, pass it through the internal orifice, as you would do for simple fistula, and then complete the operation, so that you divide the parts upon the director from the new, and not from the old opening. The fistula has been kept open by the infiltration of fæces, &c., from the rectum, and when that has been arrested by the division of the gut, including the internal orifice, the part incised will heal in the usual way, and the other portion of the sinus will heal spontaneously.

It may be that the matter has burrowed, and produced sinuses in various directions; they are sometines confined to one side of the gut, but they may extend on each side. You must make a very careful examination of these to find the internal opening before you proceed to operate, and sometimes several examinations are requisite. Generally speaking there is but one of the sinuses that communicates with the gut by an internal opening, although occasionally there are two. It will be your business to find out the original sinus which has the communication with the rectum, and very often it will not be necessary to interfere with the others. There are, however, exceptions, as there may be sinuses, where the matter lodges and cannot escape, and these must be laid open, just as sinuses situated elsewhere require to be freely opened, when the matter cannot escape.

If you take care, you will generally find the internal orifice, but it is sometimes so small that you cannot do so, at least at first. Now, perhaps after repeated examinations you might discover it, but your patient wishes his operation done, and will not wait. What are you to do then? You must perform Pott's operation, which he brought forwards as applicable to nearly every case of fistula. You must make an artificial opening into the gut. It is a bad proceeding in general and very unsatisfactory, for you may be assured that if you make an artificial opening, and do not find the real one, in three cases out of four you will be plagued with it afterwards; a little infiltration of fœces or mucus will take place from the gut, and prevent its healing. You must, therefore, do something more; having made your artificial opening, and laid open the fistula, you must introduce a straight bistoury into the rectum, and divide the sphincter muscle completely. No large division is necessary, but when you have done this, you will not have any further trouble. It is a better proceeding than merely laying open the sinus into the gut, when you cannot discover the internal opening, but not so good as the division of the parts from the orifice. You have more bleeding and pain, and there is a larger wound made. The bleeding, however, although it may be considerable, is never dangerous, being always in sight; you may, perhaps, see the wounded vessel, and be able to secure it, but if not, a dossil of lint dipped in a styptic lotion, applied to the part, and kept there by an assistant for half an hour, who, at the same time, keeps up pressure with his finger, will suffice.

In some cases the fistula has not any external orifice I have already mentioned to you two classes of cases of this kind; in one of these the abscess bursts into the rectum by another opening, one day being empty and the next full; you may feel it externally just beneath the skin, when it is distended, and you should then take the opportunity to puncture it with a lancet, and thus reduce it to the state of a common fistula, except that it has two internal orifices, both of which you must discover and include in your incision, when performing the operation, which may be done in the usual manner. In the other case when there is a large cavity in the neighbourhood of the rectum, and no external aperture, the internal orifice is generally large enough to admit the end of the little finger. The opening is always immediately above the sphincter muscle, and generally at the back part of the gut, opposite the os coccygis. You proceed in this case in the following manner:—A bent probe is to be passed into the rectum upwards, until it is beyond the supposed seat of the orifice, and then drawn downwards, and its point insinuated into the cavity. You will then feel it just under the skin, and should make a puncture with a lancet, then introduce the probe-director, and divide with the scissors in the usual manner.

There is another form of *fistula of the rectum*, which requires especial notice. A lady—and I believe I shall illustrate it best by narrating her case—there was a middle-aged lady, who had an abscess formed in front of the rectum, proceeding, as I think, in the usual way, from ulceration of the bowel. It burst in front near the posterior margin of the vagina, and seemed like a common fistula. She consulted a surgeon, who treated it like one, and what was the consequence? He divided the sphincter ani and sphincter vaginæ together, and it never healed. It appeared like a ruptured perinæum, and she became subject to involuntary discharge of the fœces, by which her life was rendered miserable. I saw this case twenty-five years ago, and it made a great impression on me.

Cases of this kind do not very often occur; I have only seen a few examples, but this one was sufficient to show that a peculiar mode of treatment was required. This last year a lady consulted me, having such an abscess, which had opened at the posterior margin of the vagina. I merely divided the sphincter muscle, and dressed it. It was a long while before it recovered its complete usefulness, which was what I desired. The discharge from the fistula diminished immediately, and gradually ceased. When I saw her last, some months since, the part appeared to be firmly healed.

Why do the fœces so readily get into the internal orifice? Because there is an obstacle in the sphincter, and when that is divided, they escape easily at the anus. I should have mentioned that I was led to perform this operation from what occurred to Mr. Copeland in a similar case, in which the parts closed up firmly.

A few words now about the dressing:—if you perform the operation in a proper manner, there is very little to dress, there is only a narrow sinus. You must not cram it full of lint, but only put in a little to prevent its healing directly; and as the parts about the rectum are somewhat sluggish, it may be dressed with the dilute citrine or red precipitate ointment. When it is granulating, you will favour the healing process by touching it lightly every second day with the argentum nitratum. After the first few days it is not generally necessary to dress it; when the edges have skinned over, it will heal better without any dressing than with it. If you cram the sinus full of lint, it will cause a great deal of pain, and the matter, not being able to escape easily, may burrow and form fresh sinuses.

There are some cases of abscesses about the rectum, which may be confounded with the disease we have been describing. An abscess may be seated in an external pile. The pile may become inflamed, and suppuration take place, and you open it, and evacuate about a teaspoonful or so of matter. You pass in a probe, but you do not find that it goes up by the side of the gut. This complaint is a very painful one, especially at stool, and while the last drops of urine are coming away. It is easily treated by snipping off the pile. An abscess may also form in an internal pile, which, if it be small, may be snipped off, but if large, it may be removed by ligature. There is a blunder that is very liable to be made with these cases, that when a probe is passed into an abscess of this kind, the walls are likely to break down from the loose state of the cellular membrane, and the probe may consequently pass up several inches between the mucous membrane and the muscular coat of the bowel. I remember a case that occurred some years ago, where a surgeon of considerable eminence in this town, made an incision two or three inches long, into what he thought was a sinus running up the rectum, but which I am convinced from what I have since seen, was only a sinus of his own making, by passing the probe through the walls of the abscess, and breaking down the loose connecting cellular membrane.

In a great majority of cases, it is necessary to lay open a *fistula in ano* into the rectum, and from analogy this was formerly thought requisite in all cases of fistula. It was even deemed requisite in *fistula in perinæo*, which differs from the fistula in ano, inasmuch as the fistula is kept up by the urine coming from an opening in the urethra behind a stricture, while the fistula in ano is prevented healing by the infiltration of fœces or mucus from the

rectum through an aperture above the stricture; *fistula in perinæo* is to be healed by dilating the stricture, and will generally heal spontaneously when that has been done; if not, if the stricture is kept dilated by passing an instrument every other day, it will heal in the course of a few months. The only case in which it is necessary to lay open a fistula in the perinæum is where matter collects, and cannot escape.

It used to be the practice to lay open fistulous openings connected with diseased glands in the groin. It is only advisable where the matter cannot escape; laying open the sinus does not cause it to heal, but prevents it extending. It will not get well until the diseased gland has taken on healthy action, but it may sometimes be useful to dissect it out, or destroy it by escharotics. It will heal as soon as the gland has recovered itself, but not sooner. The same observation is applicable to fistulous openings communicating with dead bone. There is not any use in laying them open, or in injecting them with lotions, as they will not heal until the piece of dead bone has come away. All that can be done in the meantime is to watch the disease, and to prevent the collection of matter in the sinuses.

Sir B. C. Brodie stated at the conclusion of his lecture, that although the hour had not elapsed, still there would not be time to commence a new subject.

ROYAL WESTMINSTER OPHTHALMIC HOSPITAL, CHARING-CROSS.

Clinical Lecture, delivered by Mr. Guthrie, Friday, January 12th and 19th, 1844.

On Congenital Cataract, &c.

Gentlemen—The report for the year 1843 has been approved by the committee. The number of patients admitted to the benefits of this charity has been 3889, of whom 151 have been received and treated in the hospital, and 3738 have been out patients. Of the principal operations one has been for extirpation of the eye, eighty one for cataract, and seven for the formation of an artificial pupil.

The house-surgeon Mr. Fogo, reports that 76 of the 81 operations for cataract have been completely successful, two partially so, and that three failed from excess of inflammation. The seven operations for artificial pupil succeeded in making a new pupil and restoring sight.

A few squinting persons still apply, and the number of operations performed on such persons since April 1840 is 1604, and in no case has an accident of any kind occurred.

The assistant-surgeons will in future keep the case books of the in-patients who now amount to twenty-one, which number, however, can only be maintained by making great exertions to obtain money. They will distinguish accurately between the different kinds of cataract, and the operations performed for each. They have made out a very comprehensive table of diseases which they will carefully keep, and they will shortly print, for the use of students, a book of the medicaments in use at the hospital. The secretary enters the trade, occupation, or profession of every patient admitted against his or her name, as far as they can be made out, and we shall thus have a good statistical as well as medical report. If there is anything else you think can be done for your advantage, or that of the professional public, and you will state it to me, it shall be done, if possible.

I again draw your attention to the case of P. Dudy, to whom I alluded when speaking of rheumatic ophthalmia. In his case I punctured the cornea, and in mentioning how easily an accident might happen to the lens, I told you I should allow the point of the cataract knife with which I did it, to puncture the capsule, that you might see it, knowing I could do no harm, and not believing I should do any good. I did this twice. The eye has now lost all trace of inflammation, the iris looks much more healthy, although the pupil remains very much dilated. The lens with its capsule appear to have separated from the hyaloid membrane, and rise and fall behind the lower part of the iris, being greatly diminished in size, and thus enabling the man to see objects above it.

I believe this to have been a case in which a fluid lens has separated with its capsule from the attachments of the latter, a thing often spoken of but rarely seen. I have had three cases of removal of a portion of the eyeball, in which the lens came out in this fluid state, contained in its capsule, which flattened as it rolled on the palm of my hand, but I have never seen such a thing occur in the ordinary operation for cataract. At all events, Mr. P. Dudy's case is one of great interest to all students.

There are seven instances of congenital cataract in persons now attending, and I avail myself of the opportunity to bring them under your especial observation. You have seen me operate on the eyes of J. Westcot, 17 years of age, by division for solution, in a particular way, which shall be presently noticed. The cases were alike in each eye, and, when the pupils were thoroughly dilated, presented a small lens of a semi-opaque appearance with a black ring around, formed by the transparent vitreous humor. I had a figure engraved in my work on these subjects, representing this kind of cataract, and I believe I was the first person to point out its nature, and to distinguish the complaint in several persons in whom it had been mistaken for amaurosis, and on whom I operated successfully, and who carried with them the written opinions of several able men that their complaint was amaurosis, and the prescriptions ordered for their relief. I might if I had chosen, have made a great display of these papers, and have arrogated to myself much superior knowledge, I have, however, always recollected to do as far as I have been able, as I would be done by, and that such things are not done by men of character or of real honor. It is dirty work, and do not be guilty of it. Teach your brethren, excel them if you can, but never try to depreciate another, that you may raise yourself in the estimation of any one.

These are cases of great interest from the circumstance that the sufferer is never quite blind, that the lens and capsule are not entirely opaque, although the capsule is much the worst; the lens is not principally affected in the first instance, nor perhaps for years. The lens and capsule are both less than the natural size by somewhat more than the black ring I have noticed as surrounding them and which is dependent on the pigmentum nigrum appearing through the transparent vitreous humor. This is shown by dilating the pupil to the utmost, as in the case of the boy John Cannon, seven years of age, who has a well formed soft cataract in the left eye, nevertheless you cannot see the edge of the lens. The iris, which is only a ring, so fully is the pupil dilated, still overlaps the outer circumference or edge of it; and it is so in every case of cataract except the one I am describing, in which you see the black ring around the very defined circumference of the capsule, the form of which, and of the inclosed lens, is distinct. The necessary conclusion is that the lens and capsule ceased at a particular point of time to grow, probably when the eye had acquired half its size, and that every other part except the capsule, and consequently the lens, continued to progress in dimensions until the full size of the eye had been attained. The ciliary processes are I should think of their proper length, although they appear to be deficient by not touching the capsule of the lens, but as I have not had the opportunity of ascertaining any of the facts by dissection, opinions on those points are merely speculative. I operated on both eyes of a young gentleman last summer, who laboured under this kind of cataract. He now sees so well with glasses as to read the smallest print by candle-light, and intends to go into the church, and I think young persons obtain a very good degree of sight generally in these cases.

Henry Sievewright, who is 32 years of age, has always seen badly and been near sighted, and has become very blind as to reading for the last nine months; he suffers from this complaint, although it is not a very clear case. The pupil cannot be sufficiently dilated to show the whole of the black ring, and the opacity which is only a semi-opacity seems to be situated principally in the back part of the lens or rather in the posterior part of this capsule. This has increased, I suspect within the last year, and has been the cause of his increased defect of vision. In some cases the capsule is striated with semi-transparent intervals; in others, there is a central spot. There is a little girl and a man attending, each of whom have a central white spot on the capsule, which is not so perfectly transparent as it ought to be; they can however see as well, perhaps better, than if they underwent a successful operation. I do not therefore mean to meddle with them until vision begins to fail, which it probably may do, at some, and no distant, period of time. This is the cataracta capsularis centralis, and is a congenital evil.

The capsule in the cases I have endeavoured to describe is always thicker than usual, although soft and somewhat fleshy; and it becomes thinner and tougher when cut, so that it causes a good deal of trouble in some cases, and a second and third, and even sometimes a fourth operation, are necessary to effect its entire removal. Experience and observation have led me therefore to deviate a little from the ordinary mode of operating by division through the sclerotica, and I rarely operate in these cases through the cornea. In the case of Westcot I introduced a needle through the sclerotica, having a sharp curvature at the extremity, a Scarpa's needle a little more shortly curved, and this I drew backwards and forwards across the front of the capsule, tearing it in every direction, and then passing it three or four times through the lens. The pupil has been keptfully dilatent by the external and internal application of the belladonna, and the lens is now all in the anterior chambers and fast dissolving. There was a sharp attack of inflammation the day after the operation which required two bleedings to overcome, and I hope I have avoided the necessity for a second operation, or at all events a very slight one, on any piece of capsule which may now be hidden from our view. In Sievewright the pupils, I have said, will not dilate, I shall therefore merely open the capsule in one eye in the centre, and allow the parts to be dissolved and absorbed for a time, and I shall do this because I do not wish to have the lens pressing against the back part of the iris or cornea at present. In the boy Cannon I shall cut the lens and capsule in pieces, and push as much as possible into the anterior chamber, keeping the pupil always fully dilated. I shall do these operations on Wednesday next, and you will see the result in the course of a few weeks. They cannot fail to be successful under ordinary care.

Mr. Guthrie then operated in a case of complete eversion of the upper eye-lid of the right eye, of a most disagreeable appearance, and placed it in its proper situation. He said it would require another operation to secure success, and promised a lecture on that occasion, and we await his time.

J. F.

ON THE PHYSIOLOGY OF HEALTH AND DISEASE.

AS APPLIED TO VEGETABLES AND ANIMALS, BUT MORE ESPECIALLY TO MAN.

By M. RASPAIL.

3° *Ingestion of the ova of aquatic animals, and especially of those of the Salamander, the Frog, the Toad, the Leech, &c.*—There are, in the class of accidents, facts so easy of comprehension, that we can readily believe them without seeing them; we know them by heart beforehand, as perfectly as if we had frequently witnessed them. Of this character, evidently, is the introduction of the ova of aquatic animals, into the stomach of terrestrial animals, while drinking at pools, marshes and stagnant waters. Without referring here to the innumerable ova of the *helmintha*, voided by fish and other aquatic vertebrata, and which one is so liable to swallow, while drinking at these waters, (we shall return subsequently to this part of the question), is it not perfectly possible that, by accident, and for want of sufficient attention, one might swallow the ova of the leech, or a portion of the spawn of the frog, the toad, or the salamander? We cannot absolutely deny the possibility of such a case; let us then trace its nosological consequences.

And first of all, would these ova meet with the conditions necessary to their becoming heathed, and

passing through their first stage of development, by the stomachic incubation? Why should not such be the case, since the ova would here find, besides a temperature more elevated, and consequently more favourable to the process of exclusion, a liquid equally suitable as that from which they have been withdrawn? By attaching themselves to the walls of the stomach, their presence alone will give rise to morbid symptoms, which, unless the physician suspect the cause, would probably be combatted by an antiphlogistic treatment, with a light and fluid diet. Now, under these circumstances, the stomach would present, to the incubation of the ova, conditions equally favourable as those of the medium in which they had been laid; while there would always be sufficient liquid contained in this organ to prevent even the most transient desiccation or wasting away of their albumen. But immediately that the exclusion shall have taken place, the symptoms, hitherto uniform, will be liable to vary in intensity and in nature, according to the habits, that is to say, the specific characters of the little being which shall have escaped. There would, in the first place, be merely a loss of appetite, trifling nausea, indigestion, sensation of weight in the head, listlessness, marked by weakness of the pulse or else by slight febrile disturbance. From the moment of the exclusion, the symptoms would become greatly aggravated, according to the species of the animal. The small tadpoles of the salamander and of the toad would, by the grazing action of their tails against the walls of the stomach, infallibly give rise to inflammation of these surfaces, and to a nervous spasm attended by nausea and vomiting. The patient would experience a crawling or tearing sensation, the course of which he would be enabled to follow with his finger. But if there should be small leeches hatched in the stomach, we should then have added to the above symptoms, hæmatemesis (vomiting of blood), syncope, frightful convulsions, and epileptic fits; and if the number of these vampires be very great, death would soon result from a morbid cause acting with such intensity, and on so vast a scale. Fortunate will it be, if, throwing aside scholastic theories, the medical man adopt an inflammatory treatment for this homicidal practice; wine, garlick, pepper, assafœtida, sea-salt, in sufficient quantity, these are the remedies to be employed on the failure of ordinary means; for then the cause of the evil being violently expelled, the organ will be freed from the destructive authors of this incessant tearing; and this once accomplished, the cure will speedily be brought about.

After these simple explanations, we may readily conceive how frequent these cases may become, in man as well as in animals, in countries devoid of clear and limpid streams, and where there is nothing to quench the thirst but artificial collections of stagnant and brackish waters, which receive no increase, except from the rain. The cause of these various accidents no doubt frequently passes unperceived, inasmuch as death takes place before the discovery is made, and also because autopsies are rarely performed in retired country places; but we have sufficient cases of this kind recorded, to remove all air of fiction from such an hypothesis. Hypocrates* reminds his readers that sudden hæmatemesis, taking place without any premonitory symptoms, may arise, either from an ulcer in the stomach, or from the presence of a leech. Absyrtes, Anatolius, Pelagonius, and others, speak of leeches which horses and other animals are liable to swallow, while drinking at stagnant and marshy waters. Pliny† informs us that this accident may occur in the elephant, and Herodotus speaks of it in the crocodile, on the palate of which animal the leech sometimes affixes itself. Dioscorides and Matthiolus ‡ warn us to guard against the same accident, when we feel pressed to drink upon the borders of pools or collections of brackish water. It might be objected that, in the cases to which we have referred, the authors make mention only of leeches in their perfect state, and not of their ova; but this argument has no force; for the accidents being produced only by the reptile when hatched, and not by the ovum, and the discovery being made merely by the expulsion of the leech, the physician directs his attention simply to the introduction of the *annelides* under this form, without feeling the necessity of pursuing his researches higher. But, since beasts and men are liable to swallow leeches of a large size, by what argument can we refuse to admit the possibility of their swallowing, at the same mouthful, leeches which have but just been excluded, and especially the ova themselves, when, in consequence of the falling of the soil or other circumstances, they shall have been expelled from the slime, in which the leeches have made their nidus. Would not this be admitting the more important fact, while denying the smaller? Now, should such an accident take place, the cause of the evil will be so much more liable to escape the suspicion of the medical attendant, as the period of the stomachic incubation of the ova shall be more distant from so unnoticed a circumstance (and one which would be so readily forgotten), as the introduction of these ova, by a few mouthfuls of water taken *en passant*, near the border of some marsh. Who would think of the ingestion of a leech, supposing the effects did not declare themselves till some days afterwards, and perhaps at a distance of some leagues from the spot where the liquid was obtained.

Let us then no longer object to the indisputable evidence of facts, that the supposition of the development of these ova in the stomach, and of the stay of the newly hatched annelides in this viscus, is irreconcilable with the want of air in the digestive organs, for the reptiles and animals which we are here considering are of an amphibious nature, and can exist under water. On the other hand, the act of deglutition gives entrance to air into the stomach; cold liquids, and which are consequently impregnated with their habitual proportion of air, are incessantly producing the conditions in which these reptiles are accustomed to live. Lastly, the experiments of Bibiena, Sorg, * Thomas, and others, have plainly demonstrated that leeches can live for a longer or shorter period in air deprived of oxygen; that they have the power of existing, and even of sucking blood, in the partial vacuum of the air-pump; and this applies in like manner to the tadpole of the salamander and of the toad, and to all kinds of insects. I have myself kept the spanish fly, the green beetle, &c., under the exhausted bell of an air-pump, without these insects appearing to be at all affected by the difference of the aerial medium; they were still living when I restored them to the atmosphere.

The ingestion of the ova of the salamander, of the frog, of the toad, and of those of the aquatic mollusca, will necessarily be more frequent than that of the ova of leeches, inasmuch as the former float upon the water, in long, viscous, bead-like streaks, which are divided and subdivided by the teeth of the fish into portions of all sizes. This it is that explains so readily the vomiting of small toads or salamanders—cases which appear so incredible at first sight, but of which we find numerous examples recorded in the annals of science.† We find in the *Annali Universali di Medicina* of 1840, a case of this kind, which presents all the characters of the most undoubted authenticity, as far as the fact itself is concerned. In this paper, Cantu de Carignano relates that in 1801, a woman named Marie Malacorne, inhabiting a town of Piedmont, and who was twenty-five years of age, of a sanguineous temperament, and who menstruated regularly, was subject to dyspepsia and continual sickness; she called in Dr. Cantu, who found her in the act of vomiting. What was his astonishment on beholding small *lizards** escaping with the greatest agility from the vomited matters! The gravity of the doctor was ruffled, and he believed himself the object of a mystification. Thinking to convict the patient of imposture, he caused her to vomit in his presence, into a deep vessel with polished sides; and immediately this vessel contained five living and healthy *lizards*, which he examined with all the attention of a man struck with amazement. Consequently, he could no longer entertain a doubt about the fact of this woman vomiting *lizards!* The ejected matters, submitted to a minute examination, presented a large quantity of the ova of these reptiles. The poor woman was regarded as bewitched, and all her neighbours fled from her approach. Numerous surgeons, physicians, and learned men, came to observe this prodigy; when, on enquiry, it was ascertained that this woman had habitually drunk, for a long period, of the water from a neighbouring cistern; and this water, on being examined by professional men, was found to contain a considerable number of *lizards!* An attempt was then made to release the patient from her troublesome guests, by means of an infusion of tobacco, of which upwards of four ounces were administered by the mouth, in the course of the day, and the same quantity by lavement. The copious vomitings induced by this medicine set the patient completely free from her tormentors. It is evident that by the word *lizard*, is meant the aquatic salamander, a small water-lizard, and which the Italians designate, in common with the others, by the name of *lacertola;* the French translator took no account of the distinction. Lizards, properly so called, do not lay their eggs in water. With this rectification, the particulars of the case will bear the strictest investigation.

It is now more than a hundred and sixty years since Thomas Reinesius described the case of a female, thirty years of age, who, being accustomed to drink from a neighbouring pool, ejected from her stomach during a period of five years a quantity of frogs, toads, and salamanders.† Chr. Franc. Paullini‡ speaks of a jester attached to a prince, who was amusing his patron by swallowing hen's eggs in a raw state, and without breaking the shell, and who was seized, at the expiration of a few days, with pains in the bowels. An infusion of tobacco was administered by the mouth, which caused him to eject, by vomiting, a chicken without feathers and dead, but very greatly developed. This was in the spring of the year, and it is probable that the egg had been already sat on by the hen, and that the incubation was completed in the stomach. The same author mentions another case, that of a young girl, who, to prevent adhesion of the lips of the vagina, in consequence of an ulcerous sore, had introduced a hen's egg into the parts, and which in this medium underwent all the phases of incubation, insomuch that she appeared to bring forth a living chicken. These two singular examples will serve, from their very striking characters, to familiarise the mind still more with the possibility of the preceding accidents.

We will just recapitulate some points enumerated under this third division, so as to form an idea of the manner in which their theory is explainable. We find a child suddenly and without known cause, affected with loss of appetite, somnolency, irregular febrile movements, &c., and who, from this apathetic state, falls into a series of convulsions, of which the paroxysms may even assume an epileptic form. Instead of receiving any amelioration, the symptoms, perhaps, grow worse, under the influence of bleeding, leeches, and an antiphlogistic regimen. Vomiting takes place, at first of a sanguinolent slimy matter, subsequently of clots of blood; the abdomen becomes distended, the respiration stertorous, and a final convulsion carries off the poor little patient, at the expiration of two or three days. How would the physician characterise such a disease? He would probably regard it as a case of hæmatemesis, complicated

* *Prædict.* lib. ii. 27, edit. by Vanderlinden.

† Lib. vii. ch. 10. *Cruciatum in potu maximum sentiunt, haustâ hirudine.*

‡ Lib. vi. ch. 22. Many cases of this kind may be found related by ancient authors. It is especially in Arabia and the level countries of Ceylon, Egypt, Algeria, and in the Alps, that these accidents occur with the greatest frequency, on account of the stagnation of the drinkable waters.

* F. L. A. W. Sorg: *Disquis. phys. circa respiration. insect. vermium.*

† See, on this subject, the letter of Georges Segerus. Physician to the King of Poland, inserted in the *Ephémérides des Curieux de la Nature*, Ann. ii, Dec. 1, 1671, obs. 56.

* We transcribe this case according to the account given of it in the French Journals; the mistake will be explained lower down.

† *Actes de Copenhague*, Ann. 1673, obs. 39.

‡ *Ephem. Curios. Nat. Appendix ad Annum* 5, *Decad.* 2, 1687, page 31.

with convulsions, and even with epilepsy; and this supposition would be still further strengthened should the child be at the period of dentition. After the description of the symptoms, he would have recourse to the autopsy—that *last resource* of unsuccessful inquirers; he would find the stomachic parietes inflamed and ecchymosed; at different points, he would discover even the place or the seat of hæmorrhage; the *meninges* would be injected, the brain congested, the lungs and the heart engorged with a frothy blood (complications of peripneumonia and of cerebral fever); and if the isthmus faucium presented, upon its tissues, an abnormal coloration, the idea of croup and hooping-cough would not fail to offer itself to the imagination.

But everything is changed, if the accidental disclosures of the patient, or the suspicions of the attendant lay bare the cause of these evils, and discover, in the ejected matters, the authors of these disorders,—authors which in themselves are so minute, as to be inappreciable to observation when made at a certain distance, or on a post-mortem examination, which has reference only to the effects induced. This case would then, no longer coming within our nosological and pathological classifications, rank itself under the head of accidents originating from animal causes. If the annelides be very young, they will pass unnoticed even in the matter of the vomiting, which so few people take the trouble to analyse. If they remain attached to the organ, unwilling to discontinue their work of death, how can they be discovered at the autopsy, when dead themselves, poisoned, and, perhaps, decomposed by the progress of the cadaveric decomposition? Would they not be scraped away by the scalpel, mingled and confounded with the gastric fluid? We should thus have no means left by which to determine their true nature.

I will not take up your time any longer, with the accidental introduction of the ova of the *saurii* or other insects into the different cavities of the human body; into the air passages, the anus, the urethra and the vagina, in consequence of bathing imprudently in waters infested by these animals. We may readily conceive that, in these cases, the morbiparous cause is capable of giving rise to uterine hæmorrhage, to hæmaturia, to dysentery, to peripneumonia, and to all the varieties of local affections, which will change in character and in name according to the spot in which these animalculæ shall fix themselves. The observant physician will not fail to give their due weight to these considerations, as far as they relate to the divination of the occult causes of diseases, and may serve to guide him in their treatment.

SECOND CLASS OF ANIMATED MORBIPAROUS CAUSES.

Entomostraca and crustacea.—These insects greatly resemble the *arachnides* in the number and somewhat indefinite form of their claws, in the simple construction of their eyes, and in the arrangement of their branchial organs; they also have an analogy with insects properly so called, by reason of their long *antennæ*. The shrimp and the lobster are the most familiar types of this class which we possess. These animals are all carnivorous; now, every carnivorous animal is either of a ferocious or of a parasitical nature; this depends entirely on the size of the animals, for the flesh of which it has an instinctive relish. To illustrate this position:—man himself would be the parasite of the ox, if, as compared with this animal, he resembled in proportions the gad-fly or the flea. In the same way, the crustacea which live on shell-fish, and which come under the head of carnivorous animals, are comparatively fish of a large size: those, on the contrary, which have an instinctive taste for the flesh of the larger fish, or for that of the whale, are of the smaller kind, and affix themselves to their prey, under the form of parasites; we find them crawling like lice, upon the flesh of the whale, or adhering firmly within the branchial organs of the fish,—the only organs, in fact, which appear to be at all vulnerable in these animals.

Some of this class live in fresh water (*the craw-fish*, &c.); others in the sea (the *crab*, the *lobster*, &c.); while one of their lowest branches is terrestrial (the *wood-louse*, &c.), but it approximates in habits to the others, by reason of the humidity of the medium in which it takes up its abode. They are all, like the *arachnides*, oviparous; they emerge from their ova in a perfect state, and, without passing through the double metamorphosis of insects; they enlarge without losing anything of their primitive forms. Their feet or claws, on drawing nearer to the buccal orifice, assume successively the form and purpose of gills, and then of jaws,—organs of labial prehension, which bring the prey within the reach of the two horn-like mandibles, where it has to be masticated; in the parasitic species, these apparatus are less distinct and in a more rudimentary condition. In some (*crabs*, &c.), the tail (or caudal fin) is so little developed, that the species seems to be composed merely of a dorsal shell (*carapace*), and of an abdominal plate, around which the claws are inserted. In others (the *craw-fish*, the *lobster*, &c.), the tail acquires as great a development as the body itself. Lastly, in the terrestrial branch (the *wood-louse*, &c.), the body is reduced to such small dimensions, that the tail alone seems to form the entire length of the animal.

COURSE OF LECTURES ON THE THEORY AND PRACTICE OF MEDICINE.

Delivered by C. J. B. WILLIAMS, M.D., F.R.S., Professor of the Practice of Medicine, and of Clinical Medicine, at University College

Physical signs—continued.

In the last lecture, we were speaking of the occurrence of streaks of blood in the sputa, together with clots of opaque expectoration, as characteristic of the passage of the disease to the third stage. These signs, as well as the general symptoms of dyspnœa and cough, increase according as the matter is secreted in abundance, and as the bronchi become blocked up and obstructed by this accumulation within their passages; the cough is increased in order to expectorate this matter, while the irritation from this matter tends, no doubt, in some degree to increase the ulcerative process; ulcerations take place in the parts over which the matter passes, and very commonly the larynx manifests signs of the disease. The irritations are referred chiefly to the larynx and the trachea by the patient. I believe these irritations are a good deal connected with the passage of the matter over these parts, the matter having, certainly, an irritating property. Then, with the increase of these symptoms, there is a general sinking and loss of strength and flesh, and there is altogether a degradation of the system. But it is remarkable in phthisis,—and this constitutes one of those things which have attracted the attention of practical men and pathologists—that you very commonly meet with patients in whom a great part of the lung may be destroyed, without the individual complaining of it, or only complaining in a slight degree. To explain this, you must take into account that the disease is not an affection of the lungs only, but a disease of the blood itself, and that in proportion as the lungs become diseased, the blood is not only altered in quality but also reduced in quantity. The great blood-making process is in the lungs; and as the lungs are diminished in size, there is not only a loss or deposit of the fibrinous matter in the diseased portions, but a diminution in quantity also takes place, so that a sort of balance is kept up between the diminishing lung and the blood itself, which is to pass through it. This at least is the case in many instances: in some cases I have found the converse to take place—where the blood does not diminish in proportion as the lungs become impaired. Then you have every symptom of oppression and congestion of the lungs, with tightness and constriction, this terminating very often in hæmorrhage or dispersion of the surplus blood. On the other hand, you often find the reverse condition; the disease of the lung is not very extensive, but the blood is very much reduced; this is in the anemic or cachectic state,—a low state of the constitution, where the blood is not made the most of, and where there is a predominance of the constitutional over the local symptoms. The patient in this state, may complain of a little tightness and cough, and there is a gradual decay of all the powers. The cough is perhaps the principal thing complained of. This is important, as the local disease may predominate in some, and the constitutional in others; and the symptoms connected with these two great causes of disturbance, may exhibit two corresponding varieties. This is the true explanation of the fact. You find, generally speaking, the predominance of the local symptoms and the symptoms of oppression, in the more chronic cases; and in the cases we have enumerated, in local inflammations where the constitution has been less disturbed, the blood-making process goes on pretty well. Where the obstruction and irritation of the lungs produce serious local effects, in these cases the symptoms become more predominant and obvious. On the other hand, where the constitution seems to be especially affected, the progress of the disease, despite the absence of many local symptoms, is extremely rapid; the patient seems to have no strength to withstand the disease; it becomes rapidly fatal, and this in proportion to the amount of disease in the lung. You know there are some chronic cases of an inveterate character, in which old people are affected with a continual cough and pallor of the countenance: now if you examine the lungs of these people, you will be thunderstruck at the extremely small portion of lung left for them to breathe with. But the change takes place very gradually, and the constitution does not suffer in proportion, as the patient is gradually reduced to the lower scale: they have, perhaps, restricted themselves in conformity with this condition; and thus they have lived on, so that the disease has persisted without terminating fatally, although there might be most extensive disease in the lung.

Among the other symptoms to be mentioned, with regard to this stage, and which has been insisted on by Dr. Stokes, and other writers, is the diminution of the lung, which takes place in a degree proportionate to the continuance of the expectoration. There are various causes which are not very obvious, but no doubt the night-sweats, and diarrhœa, prove a means of lowering the system, and the quality of the blood; so that while the organs are reduced, the blood and its component parts are reduced also, and thus the balance is kept up. There are many symptoms, often extremely troublesome or distressing in phthisis, not always by any means severe, though sometimes they may become so; and these are cough, pain in the chest, the symptoms of dyspnœa, and a sensation of fainting, weakness, sickness and diarrhœa. Then there are the accidents that may occur in connexion with the state of the lung, as perforation of the pleura, laryngeal disease and hoarseness, with an uncomfortable feeling about the larynx; also gastric dyspepsia, softening of the coats of the stomach, arising from follicular disease, while, in some young subjects, peritoneal affections frequently occur. In some cases, the disease may have encroached upon the arachnoid membrane, or the substance of the brain.

The *physical signs* of the third stage are very characteristic; the expectoration assumes more and more of the opaque character; you have the signs of commencing softening and excavation in some parts of the lungs, generally the upper part, which I have described as the first seat of the induration; on listening attentively day after day, you often hear a kind of click, or bubble, accompanying the full efforts of inspiration. A click-like sound is heard under one clavicle, or in some of the upper portions of the lung; this increases, and by and by, two or three clicks are heard at each breath, and as the hollow, which the tuberculous excavation has formed, is increased, we have developed the cavernous rhonchus—a succession of bubbles owing to the sudden entrance of air into a tube containing some fluid. This bubbling is sometimes so coarse that it becomes perceptible to the hand placed over the cavity; so that the gurgling or clicking may be actually felt. As this liquid becomes drawn away and evacuated from the tubes, and the cavity is emptied, you then get an additional sound from the air passing in and out, just that sort of respiration that you would expect in a cavity of this kind. This sound arises (I am particularly speaking of the tubular sound) from the air passing freely in and out of these large and open cavities, which have a free communication with the bronchi.

When these cavities are constricted or narrowed at various parts, we have a somewhat amphoric

bottle-like sound; and you may get a great variety of sounds produced in this way. You have different characters observed in this cavernous breath-sound, which depend on the large or small size of the cavity. This sound usually accompanies expiration, though in some varieties, it is heard principally during inspiration. This is a matter which has not yet been dwelt upon. The bronchial tubes, from the manner in which they are so freely communicated with, become the seat of vocal resonance, so that you have the sound of the voice produced over the cavity; the sound is loud and the utterance distinct, as if issuing from the walls of the trachea or larynx itself; and generally there is a sort of swelling or bulging out of the chest at this spot. One of the most distinctive characteristics of pectoriloquy, is its circumscribed character. We have spoken of there being, in the early stage of phthisis, a deficient resonance, accompanied by the symptom of bronchophony, or transmission of the voice from the tubes underneath; but, in all these cases, the phenomena are produced over a considerable space, not circumscribed to one spot. When the voice is found to be remarkably distinct in one spot, and unaccompanied by any sound around it, that is distinctive of pectoriloquy; and when it exists in that form, pectoriloquy is the sign of the existence of a cavity. It frequently happens that, together with the formation of the cavity, there is a good deal of consolidation around it, and then you generally have bronchophony, and a sort of bubbling diffused voice-sound often very loud around it. Still the true voice generally comes out of the cavity. The character of the voice is sometimes considerably altered. Where the cavities or communications are quite free, you get the voice clear. Where the cavity is large, and the communication is but small, the voice is transmitted with a sort of echo, or buzzing, like the blowing over the mouth of a bottle, with cavernous respiration mixed up with it. Where the cavity is extremely large, you also have the motion of the voice transmitted, or at least you have the amphoric phenomena well marked, accompanied sometimes by metallic tinkling, where a small quantity of liquid is present. The distinctions between this and pneumo-thorax are very obvious. Now all the signs of cavities, which I have mentioned, may be durable, or again they may not be constant. There is a secretion going on, and you may have cavernous respiration supplanted by a total absence of sound; sometimes the passage is so blocked up, that there is no communication with the external air for a little while; not until a fit of coughing sets the passage clear again. In this state, the sound on percussion usually becomes duller.

Where there is a large cavity over the apex of the lung, you do not have the sound very dull, nor do you always have it very clear, there being a sort of mixture of the two;—it is a combined sound. In many instances, where there is a cavity near the surface, you hear a gurgling on the stroke of percussion; and this gurgling sound sometimes partakes of the character of the crack-pot sound. Sometimes there is more of a bubbling character with this gurgling sound, and this is the more highly developed character of the crack-pot sound. The dulness usually continues to a considerable degree, because the walls are flaccid and yielding.

The signs of excavations in the lung itself, are often obscured in a great degree by the consolidations about the cavities; and where this is the case, there is an increase of the dulness on percussion, and sometimes when some parts of the lung are more emphysematous than others, then the dulness is more apparent. The dulness is not materially diminished by the formation of cavities. The walls of the lung are, in a great degree, from their flaccidity and irregular density, dampers, as it were, of sound. When a large sized cavity is nearly empty, you get a sort of metallic resonance, or, sometimes, an amphoric blowing or crack-pot sound, accompanied by a little gurgling, so as to render the sound more complete. Sometimes too, this sound is elicited by the motions of the heart in the vicinity of the cavity. There are various ways in which the sound may be produced, but it is not necessary to dwell longer on these signs. There is an increased sinking of the walls of the chest usually perceived at this period, in proportion to the progress of the disease, partly arising from the want of elasticity in the lungs, and partly from the increased consolidations of the surrounding parts. Where a considerable amount of contraction and depression has been produced, as the process of excavation goes on, this collapse diminishes, air enters into the cavities and re-expands the walls of the chest; and likewise, in *some* instances, for it is a very unusual circumstance that this should occur, when the walls rise up again under this excavating process, there is a restoration of the motion of the lung on that side; instead of there being a perfect stillness, as in the state of complete consolidation, the air goes in and out, and you see an expansion of the corresponding part of the chest. This corresponds with the highest development of the cavernous phenomena, —where you have cavernous rhonchus, or cavernous respiration in a high degree. I have seen, in many instances, those physicians who trust to the external appearance of the chest, more than to the aids I have here put forth, come to the conclusion that the side, really most diseased, was the healthy side; whilst the other side, where the disease had not advanced so far in the consolidated state, and was more fixed, *that* they thought was the most diseased side. Sometimes, in these cases, a very close scrutiny by the eye will enable you to observe a considerable motion of the chest. Generally speaking, it is upwards and outwards, the cavities being more usually towards the apex, or towards the anterior portion of the chest.

The subject of *expectoration* in this stage of phthisis is important, and proceeding as it does from the excavations, it might be esteemed quite a physical sign, and should be closely watched. No doubt the greater amount of expectoration proceeds, not so much from the interior of the cavities, as from the bronchial tubes, which are in a state of chronic inflammation; and you find generally in bronchitis a muco-purulent matter. You sometimes find pieces of so large a size, and so perfectly opaque, expectorated in phthisis, that you can scarcely avoid the conclusion that they do come from the cavities. This is when they are perfectly opaque, very consistent, and consisting almost entirely of a shreddy lymph, or something between pus and muco-purulent matter, but which, when expectorated into water, renders it muddy. I have seen ragged shreds projecting into the water, whilst the fluid was quite turbid from the infusion of particles of albuminous matter through it. This expectoration is quite characteristic of phthisis. The clots are of a yellowish green colour, very opaque, and approaching to the consistence of tuberculous matter, generally sinking in water from their great viscidity. Frequently it is of a red or brownish colour, sometimes of a dark green. This is a sign of the period preceding death. Some days before death, the expectoration assumes a dark and more livid hue, apparently from the mixture of the colouring matter of the blood with it. At this period, it is common to find hæmoptysis to a very great extent. In connexion with this, I may advert to that very curious fact, principally made known by Raciborski, that, by anastomosis of the pulmonary vessels with those of the walls of the chest, these latter vessels do in some cases become varicose and enlarged in size, and that independently of the application of counter-irritants. I have seen, frequently, on the exterior of the chest, more especially in the early stages, a varicose state of the vessels, more on one side than on the other.

Now with regard to the *diagnosis*, I shall not have much to say on that point, having already enlarged so much on the history of the disease. In the next lecture, however, I shall state what is necessary on this subject, as also on the *prognosis* of the malady.

Naphtha.—Naphtha was found to be of service by Mr. Worthington in the treatment of chronic bronchitis. It was given combined with squills and vinegar. In phthisis it seemed in a few cases to afford relief, but the approach of cold or of atmospheric change always reproduced the symptoms. He reports more favourably of the chloride of sodium.

PARISIAN INTELLIGENCE.

(FROM OUR OWN CORRESPONDENT.)

Paris, Jan. 18, 1844.

Efficacy of tartar emetic in Pneumonia.—A case of pneumonia occurred in the wards of Professor Andral at the Charité, where venesection having failed, the cure was obtained with rapidity by the administration of antimon. tartariz. on the Rasorian principle. A labourer, aged 69, of a strong constitution, was exposed while at his work to a cold wind; during the night he experienced several shivering fits, followed by profuse perspiration; the next day, fever, anorexia, cough, and vomiting of bilious matter. The symptoms presented on his entering the hospital (Nov. 8, 1843,) were; respiration 44, short on account of a sharp pain in the left side; pulse, full, 100; crepitant rhonchus at the base of the left lung; expectoration viscous, and of a light brown colour; skin yellow. No amelioration in the state of the patient, though he was bled copiously three times, in an interval of two days, consequently the following draught was ordered: ℞ Aquæ distill. flor Aurant. ℥iv, syrup. Rhæados, ℥j. antimon. tartariz. gr. iv., which produced several stools but no vomiting. This draught was administered for three days, (during which time the amelioration continued to be progressive) and then ceased; demulcents and mild opiates being substituted. On the 17th the patient was convalescent, and left the hospital cured on the 8th Dec.

Strangulated Hernia.—Several patients affected with strangulated hernia now in the wards of M. Blandin, at the Hotel Dieu, furnished this eminent professor an opportunity of presenting some remarks on this disease. 1° *Exomphalos; Strangulation.*—A woman, age 68, strong and hale, entered the hospital on account of a strangulated umbilical hernia. Instead of the ordinary cicatrix, there existed a tumour of the size of the two fists; the superior extremity, smaller than the inferior, proceeded from the umbilicus; its surface was lobular and uneven. This last symptom, of frequent occurrence in exomphalos, is owing to the presence of filaments in the hernial sac, and of the large intestine, which offers marked inequalities when distended by gas or fœces. The lower part of the tumour was hard, the upper soft; pressure on this latter part, though it failed to reduce the swelling, still produced a slight noise, somewhat similar to that caused by the passage of gas from the hernia into the abdomen; pain in the abdomen and especially in the epigastrium; nausea, vomitings, tympanitis, no stool since the commencement of the accident, (48 hours.) The abdominal parietes indicated that the patient had been a mother; questioned therefore as to whether the hernia came on soon after delivery, she replied negatively, and that it appeared long after, and without any known cause. It is highly probable however, that it commenced at that period, but being very small, was not remarked ere its size increased all at once. Though the strangulation took place 48 hours previously, the operation did not appear to be indispensable, on account of the soft state of the upper part of the tumour; besides which it might be productive of very serious if not fatal consequences, on account of the size of the hernia. Consequently the following treatment was adopted; tepid bath; purgative and narcotic enemas; emollient poulticcs on the tumour; a position so as to relax the abdominal muscles; venesection. In the evening the patient was better, had vomited only once; abdomen supple; tumour smaller and softer; a second bath was given, and venesection was again performed. The next day the reduction was easily obtained. In all probability the strangulation here was produced by obstruction, for two reasons: 1° exomphalos is generally formed by the large intestine, the seat of the accumulation of the fœces; and 2° the portion of the intestine contained in the hernial sac is reflected from above downwards on the lower part of the circumference of the umbilicus. Now, these two circumstances presented themselves in this case. Moreover the tumour had not the resistence of inflammatory strangulated hernia. Finally, it generally happens in old persons that obstruction is the cause of the strangulation, on account of the inertia of the intestinal canal, and this patient was 68 years old. 2° *Hernia Cruralis.*—A woman, aged 42, strong constitution; mother of 8 children; 2½ years ago,

after the birth of her last, was affected with crural hernia, for which a bandage was applied; but instead of being useful, it, as frequently happens, when the bandage is not well made, produced accidents instead of preventing them. Twenty four hours before her coming to the hospital, the hernia became strangulated; several attempts had been made by private practitioners to reduce it, without effect. An opinion generally admitted is that taxis often succeeds, when persevered in for some time. This mode of proceeding is not only pernicious, but may become the cause of fatal accidents; for, if the reduction is impossible, the pressure exercised on the parts may compromise the success of the operation. Desault and numerous other surgeons have signalized the possibility of such an event. Unable myself to reduce the hernia, I decided upon operating immediately, and discovered, after dividing the skin, cellular tissue and sub-cutaneous fascia, a cyst filled with a ropy liquid. It is not uncommon to find such a cyst, either separate or communicating with the hernial sac; in this case it was separate. The sac having been opened, the stricture alone remained to be divided. In crural hernia, this cannot be done beneath the intestine, on account of the bone; nor above it, from the danger of wounding the spermatic chord in man, and the ligamentum rotundum in women, and the arteries contained in these parts; nor outwards on account of the epigastric artery. In a case where a distinguished surgeon operated, the stricture having been divided on the external side of the intestine, hæmorrhage took place, which caused death. Dupuytren recommended making it outwards and upwards, but upon what grounds it is difficult to say, as by such a method the epigastric artery may be wounded. It must therefore be performed on the inside of the intestine, to accomplish which, the bistoury must be pushed inwards on the pulp of the indicator. The intestine must then be pulled gently out, in order to ascertain whether it does not offer some alteration on the spot where the constriction took place, avoiding thus reducing a sphacelated portion of intestine. When on the point of replacing the intestine in the abdomen, I perceived, fortunately for the patient, a small spot in which gangrene had taken place, owing, in all probability to the taxis performed before she entered the hospital. Had this lesion passed unperceived, and the parts been reduced, peritonitis would inevitably have been the result, and death would probably have taken place in the space of five or six hours. The healthy portion of the intestine was then returned into the abdomen, the sphacelated portion alone remaining outside; an incision was made on the spot, and a sound introduced, in order to facilitate the passage of the fœcal matter. Nothing occurred before the third day, when the patient was taken with slight colic, meteorismus, and the fœces seemed no longer to pass through the opening; but these symptoms are not of an alarming nature, for they are caused by the swelling of the intestine, and do not last long. This took place in the present case; for on the eighth day some gases and a small quantity of fœecs escaped through the anus, and it is almost certain that the wound will close gradually, and the patient be relieved of so disagreeable and disgusting an infirmity.* 3° *Bubonocèle*, a young man was affected with a right inguinal hernia, of which he took no notice, as it caused no inconvenience. One day he found himself, notwithstanding his utmost efforts, unable to reduce it, and the tumour became the seat of acute pain, followed by colics, nausea, vomiting, &c. Reduction being impossible, the operation was performed immediately, and on opening the sac, the intestine was found sphacelated to a considerable extent. It was then divided, allowing the fœces to flow freely out (which gave considerable relief), and an artificial anus established. Soon after the operation, a second opening was formed in the intestines, proving that serious accidents would have occurred, had the artificial one not have existed. The patient, though he eat frequently, seemed never satisfied, and grew much thinner, probably because the hernia was formed by the beginning of the small intestine, and the food remaining but a short time in the alimentary canal, only a small portion of its nutritive qualities were absorbed,—a quantity inadequate to supply the losses sustained by the economy. On this account it became necessary to perform enterotomy, much sooner than I intended. This operation is sometimes followed by inflammation, limited at first to the diseased portion of the intestine, but having a tendency to extend over the whole abdomen, thus placing the patient's life in danger. This, however, does not happen so frequently as is supposed, and I myself have performed enterotomy seven times with complete success. In the case under consideration, as soon as the *enterotome* was applied so as to seize the septum, a severe pain came on, similar to, though less intense, than that caused by the strangulation. This pain gradually diminished towards evening, and the next day had completely disappeared; the constriction was therefore increased, which caused a renewal of the pain, of very short duration. In all probability, adherences will now be formed, and the septum destroyed, of which circumstance we shall be warned by the instrument sinking deeper into the intestine. A remark which must not be omitted, is that the constriction ought not to be too powerful in the beginning, as it might destroy the septum before the adherences were formed, and give rise to peritonitis by the passage of the fœces into the peritoneal cavity. To-day, three days after the operation, the patient is going on as well as can be expected; he will be kept on broth for the next seven or eight days, for, were solid food permitted, the residue might cause the instrument to fall prematurely, and give rise to dangerous if not fatal consequences.

Prizes. The Belgian *Academie Royale de Medecine* proposes the following questions for 1844.—1°. "What influence have, up to the present time, human and veterinary medicine and surgery had mutually on each other, and to what extent have the latter contributed to the progress of the former?" Gold medal, worth 20*l*.—2° "Describe the different ferruginous compounds; state the best mode of administering them, and the changes they undergo in the digestive and circulatory system." Gold medal, worth 16*l*. For 1845.—1° "What is the influence of the marshes and *polders*, especially in Belgium and the neighbouring countries, on the health and life of man; and what are the best private or public hygienical means to be employed in order to neutralize their deleterious effects, if not wholly, at least partially? "Gold medal, worth 48*l*.—2°. "Describe chlorosis and anemia; establish by clinical observation, and as far as may be, by experiments and chemical analysis, the pathognomonic and differential characters of these diseases, as well as the symptoms which distinguish them from the organic and dynamic affections which resemble them." A gold medal worth 20*l*.—3°. "Describe tubercular ostitis, especially its diagnosis, nature, and treatment." A gold medal worth 24*l*.—4°. "Shew the mode in which nerves are formed and developed in the whole animal series." A gold medal worth 24*l*.—5°. "Determine, by experiments, the modifications which albumen, fibrin, sugar, fecula, and gum undergo in the digestive organs; under what form they are absorbed; and how they act before and after they are changed from chyle into blood." The Academy is desirous that to this essay should be added the analyses and the quantity of the substances produced by the above-mentioned modifications. A gold medal worth 32*l*.—Manuscripts alone are received; they must be addressed before the 1st of June, 1844 and 1845 to the *Bureau de l'Academie, hotel du Ministre de l'Intérieur, Bruxelles*, and to be written in Latin or French. The *Société Royale de Medecine*, Marscilles, proposes for 1844.—"Point out the advantages to be derived from *esprit de corps*." A gold medal worth 8*l*.—For 1845. "Decide, by observation and experience, how far nature acts in the cure of acute diseases, and how far medicine in that of chronic ones." A gold medal worth 16*l*. Manuscript essays for the former must be addressed to the general secretary, before the 1st October, 1844: and for the latter before the 1st October, 1845.

Curious Case of Lichen. By Dr. Devergie, Physician of St. Louis.—Under the denomination of *lichen*, are included all diseases which present pyramidal papulæ on the skin, principally on the part of its surface corresponding to the extensor muscles of the limbs, offering all the characters of a boil, except that very seldom the papulæ suppurate, and that the limits of the inflammation are distinctly traced. The different varieties are comprised under the names of *lichen simplex, lichen pilaris, lichen circumscriptus, lichen agrius, lichen lividus, lichen tropicus, and lichen urticatus;* besides which, Biett described another, which he called *lichen gyratus*, and considered as one of the forms of lichen simplex.* In the present case, the disease is more a species of *lichen agrius ferus*, than one of *lichen simplex;* the size of the papulæ, the itching, the duration and the form are sufficient to characterise it. According to dermatologists, in *lichen agrius*, the papulæ are distributed in round patches, principally in the ham, the bend of the arm, and the internal surface of the skin covering the limbs, whilst the other varieties occupy the external surface. In my opinion, *lichen agrius* may present itself under the form of patches, and under that of a ribband; the former to be found chiefly in the ham and the bend of the arm, the latter on the inside of the thigh and arm, in an oblique direction from without inwards, and from above downwards. Three symptoms characterise this variety: 1° the larger size of the papulæ lichenoïdes; 2° the itching they occasion; 3° the length of time they last, and the difficulty with which they are cured. From these considerations, I conclude that the variety described by Biett is not one of lichen simplex but of lichen agrius; that the denomination of *gyratus* is not exact, for it gives the idea of being disposed in a spiral form; whilst, on the contrary, it is longitudinal; I therefore propose calling it *lichen perpendicularis*. Lichen is a disease of very frequent occurrence, developes itself at all ages, and during childhood may be taken for psora. The simplex, pilaris, and urticatus, yield to simple remedies, even in the adult; but the agrius lasts a considerable length of time, especially in persons of a scrophulous taint. Tepid baths are useful at the commencement; alcaline and sulphurous baths are too irritating; vapour or Russian baths, or those containing deuto-chloride of mercury, are the most efficacious. Alone, however, they are insufficient; internal remedies must be added, and the best is the tinctura mcloë vesicatorii. In the case of a child, seven years old, I administered it at the dose of gtt. viij. morning and evening, and succeeded in curing a disease which had resisted various modes of treatment. As to its action on the genital organs, only two cases have come under my notice, one of a young man who took 25 drops of the tincture, and the other of a woman who was taking 20 drops. But even here the excitation was slight, and yielded, as soon as the dose

* A similar case occurred at the Hotel Dieu, in 1828, and the operation was performed by Dupuytren, who made on that occasion the following remarks:—"When the gangrene of the intestine is very limited, the formation of an artificial anus is not so dangerous as is generally supposed. The cure is in most cases complete in twenty or twenty-five days; and it would appear that the contact of the fœcal matter hastens the cicatrization; when the intestine is entirely healed, it adheres to the internal surface of the abdominal parietes, the cellular tissue uniting them gradually becoming longer and longer, from the peristaltic movements of the intestine, until it forms a mere filament, which sometimes breaks, leaving no traces whatever of the operation. This fact was established beyond a doubt, by the autopsy of a woman who died from another disease, eight or ten years after having been operated on for hernia. The intestine was found to be united to the abdominal parietes only by a filament.—[G. de B.]

* MM. Cazenave and Schedel, in the *Abrégé des Maladies de la peau*, p. 269, thus express themselves: "There exists another remarkable variety, which has not yet been described. Biett, who has had frequent occasions of observing it, proposes calling it *lichen gyratus*. It is characterised by papulæ, united in small groups, which, in the form of a ribband, begin on the thorax, and extend along the inside of the arm as far as the little finger, following exactly the direction of the cubital nerve." This work was published under the eye of Biet himself.

was decreased, to a few frictions of a camphorated ointment on the parts. *Case.*—L—, aged 37, jeweller, of a good constitution and sanguineous temperament; the only illness he ever experienced was a pneumonia. In July, 1842, after having, during three weeks, worked from 15 to 20 hours per diem, he felt an itching at the anus, followed by papulæ, which extended themselves to the inside of the left thigh and leg, as low down as the instep. The papulæ increased in size, and were accompanied by an itching which was intense as soon as the body became warm. When he came to the hospital (3rd of May, 1843) these papulæ were of the size of a lentil; began just above the anus, and extended from thence, under the form of a ribband, along the inside of the thigh and leg, went round the malleolus internus, under the externus, and ended on the instep near the origin of the little toe. They were conical, and the summits of some of them were scratched off, and covered with small scales, or scabs, containing a small quantity of dried blood. The appearance of the disease; its long duration (9 months); the itching which accompanied it; the failure of the remedies hitherto employed; and the absence of any syphilitic origin, rendered the diagnosis certain. It was a *lichen agrius*. Common and sulphurous baths, ointment containing sulphur, calomel, &c., and a tisanne of fumaria officinalis having failed, the following treatment was adopted: vapour baths; cauterisations at first with the nitrate of silver, and afterwards with iodine; as a tisanne a decoction of cichorium intybus; tinctura meloe vesicatorii, first at the dose of gtt. iv. in a julep, daily, increasing the dose every second day with gtt. ij. of the tincture until gtt. xxx. were taken; papulæ covered every evening with hogs lard, which was washed off the next morning with an alcaline lotion. This caused a diminution in the size of the papulæ and the itching; an ointment containing the proto-ioduret of mercury was added, and the cure finally obtained by the application of the emplastrum vigo cum mercurio,* and alcaline baths.

Academy of Sciences.—Sitting of the 15th January. Baron Ch. Dupin in the Chair. *On the organisation of several species of invertebrated animals.*—M. Milne Edwards read a report on a series of memoirs presented by M. A. de Quatrefagues. Zoology, studied according to the descriptive school, though useful, still exercises rather the memory than the mind, and ought to be considered as an introduction to researches of a higher order. On the contrary, the objects sought by the physiological school are the essential properties and functions of animals, consequently the most important questions of true philosophy. The study of three orders of facts, contribute the most to the progress of science. 1° Nutrition. 2° Development. 3° Organisation of the lower orders. The first belongs to experimental physiology and chemical analysis; the two others are essentially anatomical, and lead by different roads to the same goal. The memoirs are six in number: *in the first*, the principal anatomical characters of the holothuria are described; *in a second* the polypus, which forms the link between the alcyonians and the zoantharia: *in a third* a zoophyte, under the name of eleuthcria, which he found on the coasts of France, and which he considers to be the perfect type of the *hydraires*, an opinion founded on the form, and on the simplicity of their structure. From the researches of MM. Sars, Lowen, Dujardin, and Van Beneden, it is proved that the *medusas*, before they reach their perfect state, pass through one which is similar to that permanent in the polypi *hydraires*, and that these last undergo metamorphoses no less considerable; *in a fourth* the polypi, which are found on the shells of the *buccins*. They are described under the name of parasitical *synhydres*, are fixed by their basis on a common tissue spread out in the form of a layer; possess a digestive organ, analogous to that of the *hydres*, which end in a common canal, as in the *sertilaria*; and are united by capillary canals, contained in the common tissue, which establish a communication between their respective stomachs, rendering thus the nutrition common to all. Some of them possess a mouth and tentacula, with which they seize their food; these act as purveyors to the remainder of the community, who could not exist without their aid. The functions assigned to the last, is the propagation of the species by means of eggs, which detach themselves from the parent before they are completely formed, and develope themselves in the ensuing spring, and of small bulbs, which are carried away by the currents, and form colonies at a distance. Nothing, however, exists to justify the conclusion, that the *stomata* are the males, and the *astomata* the females. This mode of reproduction is only to be met with in these animals; *in a fifth*, a species of gasteropodes, comprised hitherto under the name of nudibranchia, which differ from the generality of gasteropodes, by the modifications in their circulation, digestion and respiration; *in a sixth*, the annelides. In one class, called by M. de Quatrefagues, Dujardinia, there exist on each side locomotive organs, similar to the paddles of a steamboat, which propel the animal forwards. As yet but little is known concerning their mode of reproduction; but the author has proved that the male and female are separated. In consideration of the importance that ought to be attached to these memoirs, the commission proposes their insertion in the *Recueil des Savans Etrangers*, and to send M. de Quatrefagues to study on the Mediterranean coast the mollusca and annelides, to be found in that sea.

On the sources of the Miasmata which cause typhus and intermittent fever at Rochefort.—Memoir presented by Dr. Cornay.—Rochefort, founded in 1666, in the midst of marshes, which were gradually dried by means of trenches and canals, does not contain within its walls any cause of disease; but touching the ramparts are fields surrounded by ditches, in which, from neglect, a thick muddy water, covered with numerous aquatic plants, stagnates. To the north-east are marshes badly dried and badly kept; to the south-east the Charente, a rapid river; to the south-west, the part, the most pernicious on account of the existence of several salt marshes, used formerly to produce salt, but abandoned for the last 150 years, in the reservoirs which remain, the water stagnates and becomes a source of disease. The winds which dominate are north-west, cold and sharp; north-east, cold in winter, refreshing in summer; south-east, moist and warm, which, as they cross the least unhealthy parts, cause little sickness; south-west, cold and damp in winter, mild and damp in summer, blow nearly half the year, and at the moment when the miasmata are most powerful. The marshes are under water until the middle of July, and consequently until then have no bad effect; but after this the putrefaction commences, and lasts until the end of September. The deaths according to the different *arrondissemens* are:—

To the North East.

La Rochelle—1 death in 35 inhabitants; La Jarrée—1 in 48 inhabitants; Ile de Ré—1 in 29; Ile d'Oleron—1 in 34; Vergeroux—1 in 29.

To the North West.

Aigrefeuille—1 in 41; Surgères—1 in 50; St. Jean d'Angely—1 in 49; Charente—1 in 48.

To the South East.

Jonsac—1 in 40; Saintes—1 in 48.

To the South West.

St. Agnant—1 in 21; Marennes—1 in 19, 18, 17, and even 16.

The marshes may be divided into—1° Those covered with fresh water, and which are situated to the north-east and south-east; the mortality is here 1 in 45. 2° Those situated on the coast, badly drained and not dry, mortality 1 in 33. 3° Those which were formerly saline marshes, mortality 1 in 20. 4° At Rochefort, mortality 1 in 29.—The same author presented two other memoirs:— 1° On hypertrophy of the spleen in intermittent fever. (Vide *Med. Times*, vol. ix, p. 104.) 2°. On a new classification of birds founded on the shape of the ossa palatina.

On the action of the Secale Cornutum taken in bread; by Mr. Bonjean of Chambery. In a former memoir, the same author announced that, from experiments performed on animals, he was led to conclude that the secale cornutum was less dangerous when taken in bread than in powder; and that the heat and fermentation, far from increasing its poisonous qualities, rendered them less active. The following fact is a proof:—a family composed of nine persons eat 8lbs. of bread, containing a considerable quantity of secale cornutum, each member having taken on an average about ʒiß in the space of three days. Convulsions and other accidents took place, which yielded to an appropriate treatment in a very short time. It is therefore impossible to deny that heat and fermentation possess an influence on the poisonous properties of the secale cornutum, for the same quantity taken in powder would have been more than enough to destroy the whole family.

Academy of Medicine. Sitting of the 16th Jan. M. Ferrus in the chair.—The discussion on the memoir of Professor Cruveilhier, postponed on the former sitting, was renewed. Professor Blandin—As my opinions differ from those of the learned author of the memoir, I consider it indispensable to state my reasons. I think, first, that fibrous tumours are not to be met with frequently in the mammæ; often, I admit, tumours are found, which offer a fibrous appearance, but they are real scirrhus, susceptible of degenerating. 2nd, That a fibrous tissue does not abound in the mammæ; this, however, is but of secondary importance, as it is not in organs of a fibrous texture, that fibrous tumours are the most frequent. 3rd, That the characters assigned are not pathognomonic, for encysted encephaloid tumours are hard, mobile, and non-adherent. 4th, That cancer when removed does not of necessity reappear; on the contrary, if the operation is performed at a fit time, and especially when the tumour is enveloped by a cyst, it seldom re-appears. I myself extirpated one not long since, which was evidently an encysted encephaloides. 5th, That the character founded on the *non*-degenerescence of the tumour is not exact; for do we not see tumours of the uterus, positively fibrous, soften. 6th, That the tumours ought not to be left to nature. Were it possible to establish a certain diagnosis between fibrous tumours and a cancer enveloped in a fibrous cyst, the operation might be needless; but as this is impossible, delay is dangerous. From these considerations I conclude, 1st, That fibrous tumours of the mammæ are far less frequent than the other tumours of these organs, and especially encysted cancer. 2nd, That their diagnosis is not easily established. 3rd, That they may sometimes degenerate into cancer. And 4th, That the operation ought to be performed.—M. Rochoux made a few remarks on the structure of fibrous tissue, when examined with a microscope. In the healthy state, it offers but little difference from cellular tissue, the fibres crossing each other in a very irregular manner. Therefore, to obtain precise notions on the subject, it is necessary to study what may called the embryology of tumours — M. Castel. Bichat, quoted by our learned colleague, did not state that the fibrous tissue formed so considerable a portion of the mammæ. In the disorder described, I perceive only an embryo, the beginning of a disease. If the tumour is isolated completely from the surrounding parts, it must be considered as a foreign body, nothing else; and in my opinion all tumours degenerate, if they have sufficient time. The discussion was then postponed, the Academy being obliged to form itself into *comité secret*, to hear the report of the commission concerning the election of a member in the section of internal pathology. It is said that on the proposition of M. Gueneau de Mussy, the report was sent back to the commission, on account of the omission of the name of M. C. Broussais from the list presented.

GARLAND DE BEAUMONT, D.M.F., B.L., & S.,
Honorary Physician to the Spanish Embassy.

IODURET OF SULPHUR.—Mr. Worthington has found the ioduret of sulphur an useful external application in cases of tinea capitis, and other cutaneous affections. It was used in the form of ointment made with a scruple of the ioduret to six drachms of white cerate.

* The *Emplastrum vigo cum mercurio* is composed of mercury 65 parts; styrax 48 parts; simple plaster 312 parts; wax, resin, and turpentine, of each 16 parts; gum ammoniac, bdellium, olibanum and myrrh, of each 5 parts; saffron 3 parts; oil of lavender 2 parts.—*Paris Pharmacopœia.*

ON THE EFFECTS OF OPIUM ON THE INFANT SUBJECT.

By JOHN B. BECK, M.D., Professor of Materia Medica and Medical Jurisprudence in the College of Physicians and Surgeons of New York.

As a remedial agent, opium has always and justly been looked upon as one of the most valuable in our possession. It has been styled the "donum Dei," the gift of God to man, and Sydenham says of it, that it is "so necessary an instrument in the hands of a skilful physician, that the art of physic would be defective and imperfect without it; and whoever is thoroughly acquainted with its virtues and the manner of using it, will perform greater things than might reasonably be expected from the use of any single medicine."* High as this panegyric is, it is unquestionably just. Admirable, however, as this agent is, if properly used, it is equally true that, in unskilful hands, there is scarcely any article, in the whole range of the materia medica, capable of producing a greater amount of mischief. That this must be the case, is evident, if we reflect for a moment upon the nature of the effects which it is capable of producing, and, at the same time, recollect that these effects are not uniformly the same, but are modified by various circumstances. Thus, at one time, we find it operating exclusively as a stimulant, while at another it displays nothing but its sedative power. Given under certain conditions of the system, it quiets irritation, calms the pulse, softens the skin, and promotes balmy sleep. Under other conditions of the system, it quickens the pulse, suppresses the secretions, increases animal heat, and disturbs the brain. In the one case, the state of the patient is materially improved; while, in the other, it is rendered worse. It depends, then, entirely upon the circumstances under which it is given, whether it will prove salutary or injurious, and it is this which renders the proper use of it a matter which requires so much tact and experience. Now, the circumstanees which modify the action of this agent are numerous. Age, sex, temperament, climate, nature of the disease, stage of the disease, in short, everything which can affect the condition of the system, modifies, in a greater or less degree, its effects. To understand, therefore, completely the manner in which it operates on the system in its different phases, it is necessary to analyse all these modifying circumstances. On the present occasion, I propose to make a few remarks upon only one of them, viz., *age*, with the view of shewing more particularly the peculiarities of its operation on the young subject. With regard to the effects of opium on young subjects, there are two facts which seem to be well established. The *first* is, that it acts with much *greater energy* on the infant than it does on the adult; the *second* is, that it is more *uncertain* in its action on the infant than the adult. It is in consequence of these peculiarities attending its operation on the infant, that even the smallest quantities have not unfrequently produced the most unexpected and even fatal results. Of this, almost every physician must have seen some melancholy instances. Dr. John Clarke states, that "half a drachm of genuine syrup of white poppy, and, in some instances, a few drops of Dalby's Carminative, have proved fatal, in the course of a few hours, to very young infants."* In one case, he says, forty drops of Dalby's Carminative destroyed an infant. Mr. Marley says, "I have known three or four instances where the most dangerous symptoms were produced by Godfrey's Cordial and Dalby's Carminative; two nostrums which have no doubt added considerably to the mortality of infants." In a case that fell under his observation, the most rapid and alarming symptoms followed the exhibition of an ordinary dose of syrup of poppies. In another case, he knew half a small tea-spoonful of the syrup of poppies prove nearly fatal to a child eight or ten days old. Thirty-five drops of Dalby's Carminative, he has known to prove fatal to a young child, while, in other cases, larger doses have been given without any unpleasant effects. The same writer relates the case of an infant nearly poisoned, by considerably less than half an ordinary-sized tea-spoonful of paregoric.† Dr. Bard says, he once knew an infant of several months old killed by ten drops of laudanum, and another brought into very great danger by less than two drops.‡ Dr. Montgomery states, that he has known more than one instance in which a tea-spoonful of the syrup of poppies has proved fatal to a healthy child.§ Professor Hamilton relates two cases, in which four drops of laudanum proved fatal to children some months old.‖ Dr. Merriman reports two cases, in which a dose of Godfrey's Cordial proved fatal.¶ He also states, that he once saw a child in the month thrown into a state of excessive stupor, by taking one dose only of a mixture in which there were four drops of laudanum; the actual quantity swallowed could scarcely have amounted to one drop.* Dr. Cristison states, that "the administration of three drops of laudanum in a chalk mixture for diarrhœa, to a stout child, fourteen months old, was followed by coma, convulsions and death in six hours." In another infant, a few weeks old, death resulted from taking four drops of laudanum.† Dr. Ryan states, that he has known one drop of the "sedative liquor of opium" narcotize an infant.‡ Of laudanum, two drops have been known to kill an infant, nay, in one case, a single drop destroyed a new-born infant.§ I have myself seen a young child narcotized by about twenty drops of paregoric. The foregoing facts are sufficient to shew that opium acts with peculiar energy and uncertainty upon the infant. The causes of this would seem to be the following:

In the *first place*, the great difference in the physical organization of the *infant* and the *adult*. In the young subject the brain and nervous system are much more impressible, and the slightest causes, as we know, will sometimes derange them. Besides, in the infant, the circulation is more rapid—there is a greater proportionate quantity of blood circulating in the brain, and hence a much greater tendency to cerebral determinations. From these peculiarities in the organization of the infant, it happens that convulsions are so much more common in the early periods of life. Thus, for example, the irritation of teething—of worms or crude matters in the intestines, is frequently followed by convulsions. Intermittent fever, which in the adult commences with a chill, in the child is frequently ushered in by a convulsion. Scarlet fever, too, in the child, not unfrequently commences with a convulsion, while in the adult I have never witnessed such an occurrence. Now, with such peculiar predispositions characterising the system in infancy, it may readily be conceived how it is that such an article as opium should act with more power at that period than in after life.

In the *second place*, the difference in the *temperament* or *constitution* of infants. In the adult, we know as a matter of fact, that opium differs greatly in its effects in different constitutions. Thus, as a general rule, the sanguine temperament does not appear to bear the use of this drug as well as the melancholic or the nervous. In the former, it is much more apt to produce cerebral disturbance, and in large doses is more likely to prove injurious. Now, infants differ from one another, as much, if not more, than adults, in these peculiarities of constitution, and, as a matter of course, the difference in the effects of this article must be greater. Besides, as these peculiarities and differences can only be detected by actual experience, and as we cannot of necessity have the same benefit of experience in the case of infants, it is obvious that the difficulty of justly appreciating the action of this drug on the infant must be greatly increased. A greater or less degree of uncertainty, therefore, must neeessarily from this cause attend its use in the early periods of life.

In the *third place*, the actual state of the system as to disease. There is no circumstance which modifies the effect of opium in so great a degree as this. In the adult we see this continually. In some conditions of the system, even small doses produce the most unpleasant effects, while in other conditions, immense quantities may be given with little or no effect; thus, for example, when severe pain or spasm are present, quantities of this article can be borne, which under other circumstances would prove exceedingly injurious. As illustrative of this, I quote an interesting case related by Dr. Percival. He states that a young man was admitted into the Manchester Hospital, on account of a violent spasmodic disease which recurred periodically in the evening, and after trials of various remedies, doses of opium sufficiently large to mitigate the violence of the paroxysm were ordered, and he took twenty-two grains every night during a week, without producing any soporific effect. On the eighth night he had no return of the spasm. He nevertheless took the opium and in the morning was found dead.* In this case, a great and sudden change had unquestionably taken place in the nervous system of the patient, and to this must be ascribed the difference of effect. If, in the adult, the state of the system makes such a wide difference in the effects of this article, how much more so must all this be the case in the sensitive infant; and it is by not duly regarding this, that such unexpected results sometimes follow from the use of opium. Thus, for example, a child labouring under the acute pain of colic will tolerate doses, which, in the ordinary condition of the system, might prove destructive.

There is one condition of the young subject particularly, in which this remedy is frequently resorted to, in which this is strikingly illustrated. I mean that state of exhaustion which arises from diarrhœa and other bowel complaints. In this state the head is very

* The Works of Thomas Sydenham, M.D., with Notes by Benjamin Rush, M.D., p. 115.

* Commentaries on the Diseases of Children, p. 33.

† On the Diseases of Children, pp. 29, 30, 31.

‡ Bard's Midwifery, p. 328.

§ Pereira's Mat. Med., vol. ii., p. 711.

‖ A Treatise on the Management of Female Complaints and of Children in Early Infancy, p. 344.

¶ Treatise on the Diseases of Children. By M. Underwood, with Notes by Merriman, Hall, and Bell, p. 106.

Bell, p. 143.

† Treatise on Poisons. Second Edition, p. 625.

‡ Midwifery, p. 477.

§ London Medical Gazette for 1839, p. 294.

* Percival's Works, vol. i., p. 422.

apt to become affected, and if opium be given with a view of checking the intestinal discharges, not unfrequently insensibility gradually ereeps over the little sufferer, and in a short time death is the result; and this, too, even when the quantity used has been apparently adapted with great nicety to the wants of the ease. Every observing practitioner must have witnessed such instances. Now in many cases of this kind, there ean be no question that the child sinks under the sedative influence of the opium; and the reason is that, in the exhausted state brought on by the disease, the system succumbs much more readily to the narcotie effects of this article, than it does in other conditions of the system.

The foregoing considerations appear to me sufficient to account for the greater power, as well as uncertainty in the aetion of opium on the infant, than on the adult.

If it be a fact, then, that opium acts in this way upon the infant, it appears to me to involve inferences of great practical moment, which eannot be too deeply impressed on the mind of the young practitioner.

1. That its use should *be avoided as much as possible* in the young subject. I will not say that it ought to be interdicted altogether, because if used with discretion, it is a remedy of great value in many of the diseases of infants, but it should never be used unless there exists a strong and manifest necessity for it.

2. Great caution should be exercised in the form in which it is administered. No preparation should ever be used, which *is not of a known and determined strength.* In England, the *syrup of poppies* is the preparation most used for children. In this eountry it is also used, but not to the same extent. This is a pleasant and mild opiate, and on these accounts is well adapted for children. It is liable, however, to great objections. Besides being apt to ferment and spoil, it is very *variable in its strength.** On this account it is really a very dangerous article; and many cases are recorded (some of which I have already related) in which fatal results have followed the use of it, even in moderate doses. Another objection is, that it is liable to sophistication. Thus a mixture of *laudanum and simple syrup*, has sometimes been sold for it. In the *London Medical Gazette* (May, 1831, p. 253), a case is related, where a child died in consequence of a small dose of this latter compound having been given by the mother, who had previously given the same quantity of the pure syrup of poppies, with advantage.

The best preparations for children are *laudanum*,† and *elixir paregeric.* These are of known strength, and susceptible of division into the minutest doses. *Dover's powder* is another preparation, which may be given to children. It may readily be divided into the smallest doses, and it seems to act much more mildly than equivalent doses of simple opium. It need hardly be stated, that all such articles as Godfrey's Cordial, Dalby's Carminative, &c., should be totally discarded from regular practice. Besides being uncertain in their strength, and on that account exceedingly objectionable, the sanction thus given to them encourages their use by persons out of the profession, who eannot be supposed to be acquainted with the dangerous effects of opium on the infant system.

3. In very young subjects, we should never begin the use of this article, except in *very small doses.* Although most practical writers lay down cautions about the use of opium in these cases, yet it does not appear to me that these cautions are sufficiently precise. Most of the writers to whom I allude, specify doses as suitable to certain ages, without stating, that even these doses may, in certain conditions of the system, prove just as injurious as much larger doses. To illustrate, I will quote the directions given by one of our standard authorities. Dr. Dewees says, "the proper dose of laudanum for infants and children, may be reckoned at the following rates. Half a drop for a child under ten days old; a drop, for one from that period to the end of the month; a drop and a half, or two drops for one from that period to three months; three drops from this to nine months, &c. &c." "When laudanum is to be used as an injection, we may safely increase the quantity three or four fold." He adds, "These doses are prescribed for children who are altogether unused to the use of this drug; the power of bearing more, may be rapidly increased by habit."‡ Now, it appears to me that a more dangerous set of directions could not well have been given. Although many children may bear the quantities here specified without injury, yet every now and then a case will occur, in which the most serious results will follow; and it is against these that the necessary precautions should always be taken. In the case of a new-born infant, we are entirely ignorant of the manner in which such an article as this will affect it, and it therefore will not do to begin with *average* doses. To practise safely, we must feel our way with doses much smaller: and then we shall have some guide, and the only guide which the nature of the case admits of, to make the necessary increase in the quantity to be given. Under no circumstances, as a first dose, ought half a drop to be given to a child, under ten days—or a drop to a child during the first month. One-eighth of a drop is sufficient to begin with. The quantity, too, directed for an injection is too large. Instead of three or four times the quantity given by the mouth, as far as my experience goes, double the quantity is quite sufficient.

4. The doses of opium should not be repeated *at too short intervals.* This, too, is a point which is not sufficiently guarded by some practical writers. One writer, for example, after specifying the quantity suitable for a child of two and three months. adds, that "this is not to be repeated in less than an hour." If this means anything, it means of course, that after the lapse of an hour, the dose may be repeated with safety. This, however, will not be sustained by experience. Even if a first dose does not narcotize, it frequently produces a degree of listlessness and indifference to food on the part of the child, which, if it be kept up by repetitions of the opiate, may eventually prove just as destruetive. This is strikingly illustrated in those states of exhaustion from diarrhœa, where the due supply of nourishment is so essential to recovery. Where repeated opiates are necessary, the intervals between the doses should be long enough to recover somewhat from the sedative influence.

Before concluding these observations, I cannot refrain from making a remark or two in relation to the use of this article by persons out of the profession. The mischief that is done in this way is incalculable. If, in the hands of those acquainted with its virtues, opium is an article so dangerous and uncertain in its action, what must it be in the hands of the ignorant; and yet we see it given to infants, day after day, and night after night, by nurses and mothers, not merely without the consent of the physician, but sometimes contrary to his express injunction.

There are two ways in which it is used by persons out of the profession, in both of which it proves injurious to the child. The first, is by giving it in occasional doses; the second, by giving it constantly. The first is bad enough, but the second is still worse. The first, now and then, unexpectedly destroys a child; the second is followed by a train of the most disgusting consequences, worse, if possible, than those of habitual drunkeness in the adult. Fortunately, these latter cases are not of such frequent occurrence; occasionally, however, they are met with where the parent, for the purpose of quieting it, has been induced to keep a child for months under the daily influence of paregoric, Godfrey's Cordial, or some other opiate nostrum. In these cases, the effect is to stunt the growth of the child; it is emaciated and puny; the skin is flabby and shrivelled; the lips are bloated, and the countenance sallow and wrinkled. There is an absence of all intelligence, and the whole appearance is haggard and aged, presenting a sort of "miniature of old age." Not long since I witnessed a case of this kind, in which a child of fourteen months old did not appear larger than one of two or three months. With the exception of one month, it had been kept upon paregoric almost every day since its birth. The mother was a poor woman, and on inquiring of her the reason, she stated that she had resorted to this method of keeping the child quiet while she attended to her work.

Of the extent of the mischief annually perpetrated by the unprofessional use of opium, some idea may be formed from a report made to the House of Commons, containing returns from the coroners of England and Wales, of the inquisitions held by them during the years 1837 and 1838, in cases of death by poison. The total number of deaths by poison in these years was 543, of which 52 were very young children, most of them at the breast, in consequence of opium, or some of its preparations having been given by mothers and nurses, in ignorance of its effects. In addition to this, 20 more were destroyed by opium or laudanum administered in mistake for other medicines.*

These facts are certainly appalling; and if any subject connected with medical police is worthy of the attention of the public authorities, it is certainly this. How the evil is to be corrected, it is not easy to say. Much, however might be done by the proper dissemination of information on the subject. In most cases where opium is administered to children by persons out of the profession, it is disguised in the shape of some nostrum, so that they are not aware of what they are giving, and even when they are aware of it, they are not ac-

* When properly prepared, *one ounce* of the syrup of poppies is generally estimated to contain about one grain of opium; a drachm, therefore, contains one-eighth of a grain. From the variable proportions, however, of active principle contained in the capsules of opium, it is impossible to calculate with any degree of precision, the strength of the syrup prepared from them.

† Even this preparation should not be given without circumspection. "When long kept, with occasional exposure to the air, laudanum becomes thick in consequence of the evaporation of a portion of the alcohol, and the deposition of opium. If given in this state, it often acts with unexpected energy, and cases of death have resulted in infants from its use in doses, which would have been entirely safe if the tincture had been clear."—*Wood & Bache's Dispensary, p.* 1032, *2nd ed.*

‡ On the Diseases of Children, p. 363.

* See Dunglison's Intelligencer, vol. iii., p. 259.

quainted with the dangerous effeets of it on the infant system. If parents and nurses were made better acquainted with the fact that sueh articles as Godfrey's Cordial, Dalby's Carminative, and most of our medicated lozenges and eandies, owe all their composing properties to the opium which they contain, and that opium, even in small doses is frequently a deadly poison to the infant, one would suppose that it could not but exert a salutary influence in correeting, to a certain extent at least, the evil of which we are speaking, and the dissemination of this kind of knowledge by the proper authorities would confer a lasting benefit upon the community.

I have thrown together the preceding observations because the subject is one of interest and importance, and because it appears to me that it has not sufficiently attraeted the attention of the profession.—*New York Journal of Medicine for January.*

A CHILD WITH TWO HEADS.

To the Editor of the "Medical Times"

On Friday last, having heard that a child had been born with two heads, I went over to the Old Kent Road to see this phenomenon. It appeared that the poor woman, who is nearly destitute, was taken in labour on Tuesday last, and, after much difficulty, was delivered of this monstrosity. The husband showed me the child—it was a full grown female infant, the mother having reckoned her period of gestation to have extended over nine months and a fortnight—the trunk, the upper and lower extremities were solitary, without any demareation which would indieate an attempt on the part of nature to form two bodies: but above, instead of there being one head and one neck, two sprang up from the thorax, without junction of any kind one with another, and both perfectly and distinetly formed; so that by covering over one head, as perfect a child would remain as when the other was covered up;—in faet, the mother wishing to see her *two* children, for she had been told that she had been delivered of twins, in order that she might not be frightened, upon being shown the two heads, the body being hid, was satisfied that there were in reality two. One of the heads had been much pressed on during delivery, and was more elongated than the other. On separating the heads, the skin at the lower part of the neek was put somewhat on the stretch; but this junction of the textures did not extend more than an inch—the eervieal vertebræ of both appeared, to the feel, perfeet in each. The cord was transparent and infiltrated with serum, and near the umbilicus it was distended into a poueh by the extravasation of blood.

Such were the appearances externally; and though the putting on reeord of the existence of sueh an exeess of development may have its use, yet it is to be hoped that whoever may become eventually possessed of this interesting specimen, will let us know something about the distribution of the vessels, and more especially the distribution of the nerves—for, unless there be a double eireulation and a double set of nerves, it appears very uneertain where the nerves from eaeh head and neek terminate, and how the aorta sends off from its arch the branehes to supply both.

Such monstrosities as this, seldom arrive at so full a growth; usually the child is brought forward in the early months as an abortion, long before the completion of utero-gestation;—and even if they live so long in utero as to become of full size, some accident occurs at labour to cut short its existenee, or it is inea-

pable of continuing for a moment alive in the atmosphere, from its deficient and inadequate formation.

There does not seem to be a conceivable form to which nature cannot mould a human embryo; if she be exuberant, we have extra toes and fingers; if more so, we have two trunks and double limbs; and if still more so, she gives, as in the above case, a double mental organisation. Yet whilst she gives too much, sometimes, there is as often a deficiency of her favours, and we have the greatest deformity induced, as in fissure of the palate, or the most fatal results in consequence, as in the following case, of arrest of development in the intestine. A child was brought, twenty-four hours after birth, to Mr. Babington; the nurse stated that nothing had passed through it during that period. A silver female eatheter was introduced, and it passed readily up the rectum to its whole extent; some eastor-oil was given, and the child was brought to the hospital in the evening; still no evacuation had taken place. A small rectum-bougie was passed up, and it met with no obstruction: castor-oil was again given, but it could not now be retained; so the child continued for three days, when it beeame jaundieed and greatly emaciated. Mr. Babington made a puneture in the direetion of the large intestines from the rectum, but without relief—the child dying from inanition shortly afterwards. On examining the body, the stomach and sueceeding portion of the intestinal tube was found to be perfectly sound for a short distance; but after this, it degenerated into a ligamentous eord, here and there admitting a fine probe; but in other parts, no trace of the intestine remained, there being quite a fissure in the mesentery. Tracing the intestine from the rectum, rather above the situation of the sigmoid flexure, it terminated in a cul-de-sac of about twiee the calibre of the gut; the large intestine seemed, above this, to have been less developed than any other portion of the intestinal tube.

Such cases must invariably prove fatal, the duration of the child's life depending upon the greater length of the intestinal tube, before it ceases to be developed. No purgatives can be of use, and the only question seems to be, whether to puncture in the dark from the rectum, or to try and form an artifieial anus in a part where most likely the intestine is pervious. The latter practice seems to me, the best, though a sorry one; for it is impossible to tell, as in this case, where we may find the desired spot above which the intestine is perfeetly free.

Alfred Ebsworth.

Hill-street, Berkeley-square.

THE NEW CHARTER IN THE PROVINCES.

(To the Editor of "The Medical Times.")

Sir—Being incidentally on a trip through some social channels in "Proud Salopia," I have heard, in common with the rest of the medieal public, the roll and roar of breakers, as far as the waves of agitation arising out of the new Charter, have broken on the somnolency of the natives here. My residence not being in the county, and not knowing any of the elevated parties named by your correspondents, even personally, I can have neither prejudice nor prediletion that has referenee to them. I am, however, one of your regular readers, and as far as the relative merits of the general members of the profession here may be judged, as assumed subordinates to the *elite* of the order, who repose on the *prestige* of hospital appointments, I would beg leave to refer you back to some strictures on "Mr. Farr," which appeared in your number for September 4th, 1841. The rejeetion of Mr. Farr as a candidate for the offiee of house-surgeon to the Salop Infirmary, served only to extend his valuable services over a wider theatre of aetion; as the previous dismissal, by the same parties, of the eelebrated Dr. Webster, brought him out as the luminary of a more extended horizon. The following passages appear in your correspondent's letter of the date alluded to:—"It is the espeeial discredit of the Salop Infirmary to have sueeessively rejected the services of some of the ablest members of the profession in its loeality, as ignorance, or undue influence chaneed to prevail, or as the claims of the politics and partizanship of the day, superseded those of art and seience. In this manner the distinguished and useful services of a Webster, Farr, Clement, Blower, Keate, and a Johnson, have severally come under the *ban* of a direetorship, as little ealculated to refleet eredit on the Institution, as to confer service on the publie. We have the melaneholy fact, that few of the medical staff of our Infirmaries are men of good, or extensive practiee; and our charitable institutions have become the receptaeles for professional dunees and drivellers." So much for the boasted "level" of the "leveller, Justitia," who would lower all above him to his own grade. Brawlers do not challenge the heavens for nothing. "Fiat Justitia, ruat—*nonsense.*"—Sheridan.

I have learnt from indisputable authority here, that when it was discovered that the three surgeons of the Salop Infirmary were to be indueted, as *a matter of course*, into the brotherhood of this order of "Odd Fellowship," extraordinary; the first and principal surgeon of the town, and the eonsulting authority of the county, to whom the forms of initiation were likewise proposed, peremptorily declined the honour of the fraternity! And had the same alternatives been offered to Messrs. Keate, Foulkes, Heatheote, and others, the same stand would have been made against the sweeping ereation of such an aristoeratical *fantoccini* of the mere creatures of office. The appointed professional gen tlemen in question are in no way individually implieated—they may be respectable or otherwise: it is the *monstrum infandum* of the Charter against which the profession is in arms. Mr. B.—— is, I believe, a *Bird* of deeent plumage (if I may be allowed to pun, where no one wishes to punish); but does not, that I am aware of, claim to be *rara avis in terris;* and would eertainly be *nigro que simillima*—a black *goose*—were he to claim the "level" on which Woreester "justice" has placed him. My enquiries have never pervaded the happy obscurity of the other "Fellows;" but they may serve on the superfieies of things, as pictorial illustrations of the corps of Chartered Magnates, in our new life peerage of coroneted lancers. It has been well observed, by an able writer in your periodical, that "all rational government in the affairs of men implies the representation of intelligenee; the presenee of which may be traeed alike in the Utopia of Plato, and the Pantocracy of the Lake School." But if the principle be held neeessary on the broad theatre of a nation, where the existenee of intelligence in relation to ignorance, is as the exception is to the rule; how much sterner is the demand in a community of scholars, where the proportions are reversed? Our old acquaintance *John Bull*, the corypheus of elose systems of representation, on only hearing of the wholesale appointment of the

provincial bumpkins of the county infirmaries *per saltum*, doubted the fact, and waited for it to be "explained away." He now finds that they constitute the main circle of the "lower house," and are "all hail Fellows, well met!" The twin Baronets, Sir Benjamin Brodie, and Sir James Graham, while denouncing and degrading "obstetrication" as an art, have contrived to deliver themselves of a surgical "Reform Bill," in which the Commons represent nobody but the Peers of the Upper Council; and the latter wiscacres in their excess of caution, like the miser, avaricious of the security of the stores in his cellar, in nailing the cellar door, contrived to nail himself in. In legislatorial midwifery—dovetailing the Home Secretary, with Council and Fellowship—fusion and confusion—they have given birth to "*triformis chimera!*" a monster of three heads, without brains in either; being such a patchwork piece of tinkering, or rather law-tailoring, that it was pronounced to be a missfit before it was tried on. As another sample of gross injustice to the profession and the public, in the same county, we find Mr. J. M. Colcy, of Bridgnorth (late Mayor of that Borough, for two successive years), a professional gentleman distinguished by his contributions to medical literature, as well as by his extensive practice, excluded from the Fellowship, by the appointment of a Mr. Stephen Woolrich, a person unheard of beyond the sound of Bridgnorth bells. I record these things, Sir, under a sense of humiliation, as derogatory of what we had a right to expect from the leading members of an honourable and liberal profession.

I am, Yours,
CHIRURGUS.

CARBON. AMMONIÆ IN FEVER.

(To the Editor of "The Medical Times.")

SIR—Observing in your valuable publication "a new method of treating fever," I beg you will allow me to bear testimony to the success attending that method, and to offer a few remarks. During the last three months I have had several cases of fever under my care, all of which I treated in the manner recommended by your correspondent, namely, with the carb. amm., combined however with vegetable tonics, and my success was truly astonishing. The symptoms attending fever are such as indicate considerable arterial excitement and cerebral derangement, viz., headache with flushing of the face, suffusion of the eyes, intolerance of light, sickness, incoherent talking in the sleep, with a pulse about 110. The above symptoms, so much resembling inflammation of the brain, present great difficulty in forming a correct diagnosis, and tend to mislead the practitioner as to the exact nature of those symptoms. I need not impress you with the great nicety required to distinguish between inflammation of the brain and excitement from exhaustion, as admirably described by Marshall Hall. It is of vast importance for medical men to be certain of correctness in their diagnosis, for upon that depends the rationale of the treatment. In the cases of your correspondent, his treatment is the same as recommended by all authors for exhaustion and debility, and it is owing to the incorrectness of diagnosis, that fever *is* so differently treated. It being supposed that the excitement of fever, with its concomitant symptoms, is an inflammatory disease, it is treated accordingly by depletives, &c., thus aggravating the symptoms, and bringing the disease to a fatal termination, and, therefore, it is that I dwell upon the importance of correctness in diagnosis, for without that no disease can be successfully combated.

I remain, Sir,
Most obediently, Yours,
PEN.

Tottenham, Jan. 8th, 1844.

ON THE ABUSES OF INTOXICATING LIQUORS.

By W. HALLAM, Esq., M.R.C.S. Lond.: Newcastle-under-Lyne, formerly House Surgeon to University College Hospital.

CHAPTER II.

Action of Alcohol on the human system. Post-mortem appearances in case of death from intoxication, &c.

"O, thou invisible spirit of wine; if thou hast no name to be known by, let us call thee—Devil!" SHAKSPEARE.

The strongest undiluted alcohol induces, when swallowed, a sensation of burning heat in the mouth, fauces, œsophagus and stomach, and an increase of the natural secretion from the lining membrane of the parts, to protect them as it were from the fiery irritant. The stomach, unless it contains sufficient liquid substances to dilute the alchohol, is highly inflamed; a sensation is felt as if the organ were burnt by a caustic, and its vitality is shortly destroyed. The shock is conveyed to the brain through the medium of the nerves, and persons have been known to die immediately. The same effects, in a somewhat modified form, follow the imbibition of a large, and in many instances of a moderate, quantity of the common ardent spirits, rum, gin, brandy, or whisky. Orfila mentions the case of a soldier who drank eight pints of brandy for a wager. He died instantly.* Taken therefore in large quantities, even in the diluted form in which it exists in spiritous liquors, alcohol must be regarded as a *powerful poison*. Drs. Paris, Orfila, and Christison, place it among the narcotico-acrid class. When its effects are sufficiently great to receive the designation of *poisoning*, in the majority of cases, the phenomena of the delirious stage of intoxication, described in our last chapter, are soon followed by dozing and gradually increasing stupor and insensibility; and it is found on trying to awake the patient, that he cannot be roused, or should this be possible, he immediately relapses into the same state. After the stupefaction has continued for several hours (if the case terminate favorably) it subsides gradually, and is followed by the usual consequences of simple intoxication, as headache, sickness, &c.: on the other hand, when the case terminates fatally, the coma becomes deeper and deeper—the face is pale or livid—the pupils dilated—the breathing stertorous—the pulse feeble or intermitting—delirium and convulsions supervene in some cases, and death closes the scene. When death takes place *immediately* from drinking large quantities of spirituous liquors, profound coma comes on without any previous excitement.

Physiologists are now agreed that alcohol, in producing its poisonous or deleterious effects on the system, acts in two ways. 1st, through the medium of the nervous system (as exemplified in cases of immediate and sudden death), in which there has been no time for its absorption, and, 2ndly, by its secondary effects after it has been carried into the system by absorption.

At the time the experiments of Mr. *(now Sir B.)* Brodie were made known, several years ago,* alcohol was believed to act on the brain through the medium of the nerves, and to do so without entering the blood, and no doubt this is the case when death ensues momentarily. Rayer found that a small portion of alcohol, applied to the peritonæum of rabbits, extinguished life in less than a minute. The experiments of Mr. Brodie were also performed on rabbits. After injecting alcohol into the stomachs of these animals, those that survived the immediate shock were speedily convulsed in the extremities—the breathing became laborious—gradually slower—and finally ceased altogether, and the pupils were also dilated. From the fact of the brain exhibiting after death nothing more than a congested or gorged state of its blood-vessels, the opinion that death arose from the shock on the nervous system was generally received and believed. From the subsequent experiments of Majendie, however, there can be no doubt that, when death does *not immediately* ensue after the administration of alcohol, either in man or animals, it is absorbed and enters the blood. This celebrated physiologist, after tying up the outlet of a dog's stomach, injected a portion of alcohol into the organ. In half an hour afterwards, he found a strong odour of spirit in the blood drawn from the animal, a portion of which yielded alcohol on distillation. The fact of its absorption, is, in my opinion, sufficiently evidenced by the speedy reaction on the kidneys, which ensues from indulgence in alcoholic beverages; and the characteristic odour in the breath for a considerable time after their being swallowed.

The appearances observed, on examining the bodies of persons who have died from drinking, very nearly resemble those produced by asphyxia. The cavities of the heart, and the larger vessels connected with it, are filled with dark blood, also the liver and kidnies. The sinuses, veins, and smaller vessels, are gorged with the same substance. According to Dr. Ogston, the brain itself is found generally firmer than usual, and congested, and often there is effusion between the membranes and in the ventricles, the fluid in some rare instances being impregnated with spirit. Dr. Ogston gives the following case, which occurred under his own observation:—"The body of a woman, aged 40, who was believed to have drowned herself in a state of intoxication, was found, on the 23rd of August, 1831, in the Aberdeenshire canal. In company with another medical man, I was requested to inspect the body in order to report the cause of death. In addition to the usual appearances in drowned persons, we discovered nearly four ounces of fluid in the ventricles of the brain, having all the physical qualities of alcohol, as proved by the united testimony of two other medical men, who saw the body opened, and examined the fluid."* Dr. Wolff found, in a man who died of long-continued intoxication, that the surface and ventricles of the brain had a strong smell of brandy, although the contents of the stomach had not.†

* Toxicol. Gen. ii., 454.
* See Philosophical Transactions, c. i. 118.

* See Edinburgh Medical Journal, vol. xi, p. 293.
† Rust's Magazine, xxv, 126.

PROXIMATE CAUSE OF INSANITY.—Dr. Morris' one of the physicians to the York Dispensary, in a paper published in the *Provincial Medical Journal*, states his belief that insanity is always caused by irritation of some portion of the brain, and not by inflammation in any case. The irritation may be idiopathic, in which case, in its early stages, no alteration of structure in the brain or elsewhere, consequent upon it will be found; or it may be induced by either the irritation or inflammation, mostly of the chronic type, of distant organs, more particularly those which are usually observed to have some effect on the cerebral system, viz., the digestive canal, the liver, the lungs, and the genital organs. There is, however, here a very difficult point, and one which we are unable at present to settle—in what cases these distant affections respectively are the effects of the remote causes of insanity, and in what cases they are merely incidental. This can only be ascertained by extensive and combined microscopic researches, by which he thinks we might not only determine this point, but also ascertain what effects were produced by each species of insanity, and probably be able to show what portion of the brain was affected when particular faculties of the mind were impaired.

ULCERATION OF THE LEG.—Mr. Whitcombe, of Presteigne, narrates, in the *Provincial Medical Journal*, the case of a woman who had extensive ulceration of the legs, first on the left and then on the right one, for a long period of years. Amputation was performed on the right leg, and the stump soon healed. The left leg again became affected, but was neglected for some time; the foot separated at the ancle-joint, and the poor woman ultimately sunk, ten days after admission into the workhouse.

TO CORRESPONDENTS.

P.—(1) *Our maxim,* semper ubique, *is "justice courteous if possible, but never courtley* justice." (2) *Raspail deals more in poetic similitudes, than strict anatomical classification. He is the only party responsible to criticism. Will* P *take this in lieu of a hurried note?*

An Invalid—*Will do well to consult a qualified practitioner. For Varicose veins as for every other malady, the man who reads medical works to prescribe for himself loses time and does mischief. A wise medical man if ill puts himself wholly under another's treatment. He is never in worse hands than in his own. As the subject is touched on, however, we may use the opportunity of saying that we shall probably, e'er long, give Sir Benjamen Brodie's opinions on that subject.*

Mesmero-Medicus *suggests the analogy between the effects of aconite in the cases of Van Helmont and Dr. Devay, recently given in our Journal, and those of magnetism. In answer to the question subjoined, we think that the recent German biography of Van Helmont would be an interesting work for translation, but should doubt its being a lucrative one, unless edited by a Faraday, a Prout, or some known chemical or physiological authority. An interesting case of poisoning by aconite is given in the Philosophical Transactions.*

A Medical Student.—*We think they would be better. But in such cases each patient should be his own mechanic. A modified instrument after a good model, is the desideratum in individual cases.*

Dr. Hoskins' papers were regularly posted on Friday. In future we must endeavour to give him the benefit of the Morning Post.

A new Subscriber has been anticipated.

Justitia.—*We must, though with some reluctance, decline inserting our Correspondent's short note. Considering that* Justitia *was the assailing party—as between* him *and* One of the Degraded—*we should feel it necessary to insert a further reply, and we are anxious to close the correspondence. One among many unpleasant features in these cases is, that both cannot have the last word.*

E. *wants to know why Chloride of Sodium, or Nitrate of Potass invariably fails—as he knows—to preserve meat, however well applied, when rubbed in by women under the influence of Catamenia? The alleged fact wants a little further evidence, before an attempt be made to solve the problem.*

A Constant Reader.—*Indeed we do* not *know what the Sydenham Society is about. It smells to us amazingly like a job: but as Dr. Forbes has some directing hand, it has, no doubt, excellencies which are not wasting their fragrance in the desert air.*

A Christian, *who is exceedingly alarmed at Malthusian tendencies, is thanked for his paper proving celibacy the doctrine of devils. His suggestions are worth thinking over.*

P. P.—*Kane would give our Correspondent much information, not in Turner. Camphine is supposed—we are told—to be a combination of turpentine and naphtha.*

An Observer *if he turn to No.* 221 *of the* Medical Times *will find a rather startling proof that we are not one-sided in our treatment of mesmerism. If our Correspondent will give in terse terms, plain facts, rather than reasonings against mesmerism, we shall be proud to offer him our columns. As the present letter is long, and consists of objections to Mr. Braid's opinions, which must occur to most minds who have not studied the subject with sufficient attention to be able to form a well-grounded opinion either way, and throws, we think, no new light on either the bright or dark side of mesmerism,—we fear that, with the pressing claims on our space, we shall be unable to give it insertion. One circumstance deserves selection.* Observer *declares that his servant-boy was not at all affected by a mesmerising lecturer—except that he was thrown into a sound sleep before a room full of people. Our Correspondent is anxious to learn the cause of Hypnotism and Mesmerism, before he will discuss the facts. We suggest the opposite plan.*

Dr M'Donagh.—*We believe the work is not translated, and doubt the success of the labour as a literary speculation. A publisher, our esteemed agents at Dublin (Messrs. Fannin & Co.), would give the safest opinion.*

Mr. Edwards.—*We fear we must decline this gentleman's contributions.*

Mr. Short, of Staple's Inn—*Sends us a plan for improving the condition of cabmen and hackney-coachmen. We wish the project every success, particularly if it teach that impudent confraternity a little honesty.*

Mr. Greenhow's *paper arrived too late for this week.*

The Drug Price List *is unavoidably postponed till next week, when we shall give it with a list of* duties *included. Two or three other articles we are engaged for are similarly excluded.*

A pressure of affairs must be our plea with numerous correspondents for further delay.

A Constant Reader.—*Dr. T. Williams, of Guy's Hospital, received the last Jacksonian prize. That on urinary maladies has not yet been adjudged.*

Mr. Jacob Sproule *writes to us in severe terms against the management of the Irish Infirmaries. He declares that the majority of these institutions owe their origin to the private investment of a clever knave of a surgeon who invests* 50*l.* or 100*l.* *in the names of so many subscribers, and by Act of Parliament can thus claim an equal sum from the county, and as the latter, under good management, will probably pay the expense of the new infirmary, his own advance is merely nominal. As the county rates are often paid at the expense of families turned out of house and home, that their furniture may meet arrears, Mr. Sproule thinks that the charge for this kind of charity is more injurious than beneficial to the poor. Our correspondent then animadverts on the charge made on the poor by dispensary doctors, and expresses himself with a bitterness on their treatment of their poor patients which we cannot but hope, and think, is, except in a rare instance or two, undeserved. Mr. Sproule proposes that such institutions shall be wholly and exclusively the county's: and that the medical attendant shall be wholly unconcerned in this speculation.*

M. Y. Z. *enquires whether a committee of enquiry will be moved for by Lord Ashley, in reference to Poor Law Medical remuneration. We believe it is very probable the step will be taken, though we are far from seeing its necessity if the noble lord be well supplied with authenticated facts in advance. There cannot be too little delay in coming to an adjustment, and that there may be no pretence for it, medical officers should at once transmit every fact of importance to Mr. Guthrie or the noble member for Dorset.*

THE MEDICAL PROFESSION.—THE CHARTER.—At a preliminary meeting held at the Crown and Anchor, it was unanimously resolved that a PUBLIC MEETING of the Medical Profession of the Metropolis and the Provinces be called for MONDAY, January 29, at Seven o'Clock p.m., at the Crown and Anchor, Strand, to express their indignation at the infringement made on the rights of Medical Men by the Charter recently granted to the College of Surgeons, and to take efficient means to protect the interest of the profession in the ensuing Session of Parliament. The Chair will be taken at Seven o'Clock, precisely.

W. SIMPSON, Sec. pro. tem.

THE MEDICAL TIMES.

SATURDAY, JAN. 27, 1844.

POPE.—Folly, with giant strides, comes on amain;
Invention strives to be before in vain.
Feign what I will, and paint it e'er so strong,
Some rising genius sins up to my song.
FRIEND.—Yet none but you, by NAME, the guilty lash:
Even Guthrie saves half Newgate by a dash—
Spare then the person, and expose the vice.
POPE.—How, Sir! not damn the sharper, but the dice!

EPILOGUE TO SATIRES.

THE Profession is arrived at an important epoch in its annals. Before we issue another number Parliament will have met, not to disperse—whatever the pressure of party politics—till it shall have discussed our medical misgovernment, and enunciated on it some decided opinion. All kinds of causes, not excluding even our own apathy, have converged to make this for us a Session of important action. A crisis, whether we would or not, has been forced on us. We cannot remain longer indifferent if we wish: and, little as we have hitherto made ourselves known, or our power felt, we much mistake the signs on the horizon, the temper of medical men, and the spirit of the day, if the aggressors will not for once repent the temerity and fool-hardihood with which they have challenged us to the affray.

The one topic wanting to give to Medical Reform Parliamentary interest, is luckily furnished, with delightful abundance, in that singularly droll document, the Charter—which seems to have been designed as a novel galvanic battery and moral repertory of nitrous oxide—for at once shocking the nerves, and exciting the risibility of the profession. Sir James, we dare say, is well shod, but, for this one session at least, we would not stand in his shoes for a trifle—not certainly for *that of his* "Chartistic" *fame with posterity.* If his heart be tough enough for a Poor-Law Meat Tender—his face eased with brass enough to supply all the pure surgeons he has "Fellowed" with the compendious capital and stock-in-trade of door-plates—his sensibilities no more acute than Mr. Wakley's, Joseph Adey's, or a Pensylvanian bondsman's—we should yet fear that the poor man can not survive the badgerings and beatings his precious charter will doom him to.

Home Secretaries are not infallible, and have often before made bad faults, and worse blunders, but the cream of Home Secretaries' faults and blunders was wanting till we had Graham's Charter. The whole world that can muster good humour enough not to be angry with it is laughing at it. It is drolly atrocious, infamously comical. So much contains it of mixed "Jenkinism" and "Sibthorpism" in action, that if it escape *Punch* we shall despair of our funny friend till Guthrie couch him. In its favour Parliament should establish the old duty of burning by the common hangman.

There is ingenuity in it; boldness; foresightedness; minute carefulness of detail; occasional cleverness of a high order; frequent deep policy; but the marvel and the fatality is that all these reasonable qualities are pertinaciously exercised on the side of absurdity! they resolutely wear themselves out in making bad consummately so! It is the madman's genius raising nonsense into symmetry and grandeur, or humbler and more appropriate image—George the Third logically scraping his thumb after setting out with the "axiom" that it was a horse-radish!

The success with which Sir James' advisers made it consistently and in excess bad, surpasses all power of explication. It has all kinds of faults, and, like a woman, runs into contradictions not to escape them; were we cataloguing them for a month, we should leave a good half untold: but that Parliament may not be without a sample we will hastily chronicle a few.

Firstly—While it recognizes in words the justice of government by the members through the members, it consecrates, in fact, the infamous principle of self elective government. The ten self-elected examiners, the twenty-one self-elected councillors are perpetuated in office for their lives *at their own prayer.* This is a stain never to be washed out except by a complete remodelling of the body. The election by Fellows of the Council, providently provided for the *next* generation, is a rich illustration of the Charters elaborate absurdity. While the great bulk of the members are for ever excluded from any choice of the Council, the "Fellows" are to have elective power; but are to be *so* selected, and when selected, *so* hampered and restricted, that self-election under a new phrase is re-enacted for the Council.

Secondly—It directly perpetuates the shocking system of varied amounts of educational qualifications for men ostensibly occupying the same grade, and presenting apparently equal claims to public confidence. One of our great complaints is, that neither we nor the public can tell

the value of a man's diploma, no matter whether he be Apothecary Licentiate or Apothecary Master—Surgeon Member or Surgeon Fellow—Physician Licentiate or Physician Fellow. The examinations, somewhat strict in one place are lax in another—the years of study many at this College, are few in that. Now, this Charter gives the Council power to fix any amount of fee or qualification in admitting members. The same privilege is to be exercised at Dublin and Edinburgh, and the funds of the Institutions, and the caprices of their self-elected Governors, are to determine out of an abundant "fellow feeling," the minimum of cash and stupidity that shall admit a man to membership. This is a privilege insulting to the profession, and infinitely dangerous to the public.

Thirdly—It breaks faith, *foully* breaks faith with the mass of members. By a large investment of time and capital, they joined themselves to the Corporation, with the clear understanding of enjoying for life an honourable status. By the arbitrary elevation above them of certain members who were formerly but their equals in collegiate rank, and, perchance, their inferiors in age and social standing, the bulk of the surgical community have been sunk a grade in their own Corporation; their position in society correspondingly depressed; and an attack made on their professional competency pregnant with mischief to their pecuniary interests. If dishonesty can refer to other things besides cash—if rank, mental ease, independence, our own and neighbour's respect, the means of happiness, a good name "the immediate jewel of our souls"—be worth consideration quite as much as the glittering "trash" that

"——— has been slave to thousands,"

let us forbear, for decency sake, all sneers at Pennsylvanian probity till Parliament set to rights this discreditable page of Corporate accounts.

Fifthly—With unequalled consistency while affecting to encourage pure surgery, it *virtually* excludes army and navy surgeons, first, from the grade of Fellows, and secondly, and more certainly from that of Councillors.

Sixthly—In placing the brand of exclusion on Pharmacy and Midwifery, it does its best to inflict a heavy blow, both morally and materially, on the respectable body of *General Practitioners*, emphatically THE BRITISH PROFESSION. Illustrative instances of its practical operation in many directions at once occur to us. With thousands of patients, possessing no means of guessing at superior ability, save through superior diplomas, the fact of not being a Fellow will inspire distrust. Governors of Eleemosynary Institutions, acting under a similar impression, or goaded by a Fellow and future candidate, will make Fellowship an essential qualification for their official surgeon. Already at St. Thomas's Hospital a notice has emanated from the Medical Staff, and the Governors, at their next meeting, are to decide on the proposed exclusion of all candidates *not Fellows*. At law the surgeon will meet with defeat in his claims to remuneration for giving medicines in surgical, or attendance in midwifery cases. The Charter and the College have treated these duties as not only not included in the pale of surgery, but as opposed to it, and the poor surgeon, however hard he may have worked, cannot ask the law to secure him payment for travelling beyond his vocation.

Seventhly—It is insulting to the Profession, whose opinions were contemptuously disregarded in reference to every provision of so important a change. Medical men are not children: they *should* be of full age, gentlemen among the most liberally educated, and thoughtful of their day, and as such not *very* unreasonable, it may be, in their notions of what would best suit their dignity and interests, yet the Baronets of Lycurgus-celebrity hold them too cheap for even the honours of a gratuitous consultation! Poor-Law Medical remuneration is a much smaller matter, yet before proposing a change in it, Lord Ashley and Mr. Guthrie gracefully do union surgeons the *useful* courtesy of inquiring their opinions.

Eighthly.—It is a half cunning, wholly insolent treatment of Parliament. The House of Commons is bound to look after the Medical profession as one of the most important sections of her Majesty's subjects; had received from them numerous petitions for an adjustment of their position; had so far sanctioned their prayer as to appoint a committee of inquiry, the results of whose laborious labours have been placed before it; had received a promise from the Ministers that it should be shortly consulted on an important measure for regulating the whole profession, and just before that moment has arrived, an individual ventures to use the Royal prerogative, and pre-arranging into a binding law—having immediate and actual force—every matter of substance in that bill, which is yet to be laid before them, forces the House into questioning the exercise of Royal power, or yielding to be a mere registering office for the silly legislation of an ignorant minister. That such an act is not only an absurd and impudent anticipation of the will of Parliament, but that it is also utterly *unconstitutional*, is as plain as that we live in a constitutional country. The Charter vitally affects the privileges, the social standing, the business, the vested—the thrice-vested—interests of a most important part of the community, and if it have any binding efficacy, independently of Parliament, we have in this department of Government a straight return to the principles of the Stuarts. Let this precedent be established, and as far as Medical men are concerned, Home Secretaries may play with impunity the part of Charles, Serjeant Surgeons that of Strafford, and Royal Charters quite as efficaciously as Royal Proclamations, be made the instruments of arbitrarily degrading subjects and stripping them of their rights.

Space lacks, if not inclination, to enumerate the innumerable half-mischiefs, half-absurdities of this gravely facetious, this comically tragic document. Rabelais, Swift, Cervantes, were common place jokers to the gentlemen who drew out its several clauses. Such a scathing satire, such a telling caricature on irresponsible legislation, was never penned since the Roman Emperor's decree making his *horse* Consul. In considering it more attentively, we are forced into the conviction that Sir B. Brodie has been surreptitiously devoting energies and immolating character to do the Profession efficient service. As Zopyrus disfigured his face, and inflicted on himself severe wounds, that his master's enemies might trust him with a chance of betraying their city, Sir B. Brodie has inflicted on himself the stab of all kinds of injuries that he might give the Profession a chance of righting itself. Without this last move of stupid aggression into which he has involved Sir James and the College, no power could have set the profession in action. We hardly know which most to admire, our Serjeant Surgeon's masterly ingenuity or unexampled self-devotion. Since the idiocy of Brutus expelled the Tarquins, we know nothing equal to either. The public meeting of Monday next is the first great fruit of his consummate policy. Oh, how we rejoice (and Sir Benjamin doubtless with us) at the prospect of such a demonstration! How will it smite the hearts and abate the triumph of men who, forgetting the ennobling tendencies of science, and slinking from the noon-day light of conscious honesty, fix themselves like bats in a state of semi-torpidity in the dark and unseen recesses of a College Chamber, muttering the dictates of a miserable selfishness, and the prejudices of a narrow minded bigotry for the governing laws of thousands of scholars and gentlemen! Earnestly do we hope that no one of those gentlemen who knows what is due to his own honour who can feel the injustice done to a brother as done to himself, and form a conception of all that our noble science, under a better system, might do for the profession and society, will be absent that evening without a valid excuse: and still more earnestly do we trust that the medical men who have so laudably made this first decisive advance will exhibit that prudent, independent, and dignified course of policy which while meriting and conciliating universal support, will teach the world how safely our suspected Profession may be trusted alike with its own interests and those of science. For ourselves, we nourish for their labours, and success, the highest anticipations, and in faith of them, exclaim with Orlando—

Masters go on, and we will follow ye
To the last gasp of truth and loyalty.

REVIEWS.

On Superstitions connected with the History and Practice of Medicine and Surgery. By THOMAS JOSEPH PETTIGREW, F.R.S., F.S.A., &c. CHURCHILL.

[Second Notice.]

THE subject of "charms" opens to us a singular characteristic of the human mind, as essential a part of its constitution as hunger is of the animal economy. All nations, in all stages of civilization, have been under the current superstitions in reference to them, and the strongest and best of minds, if gifted with any imaginative tendency, *i.e.* any extra portion of the purer mental power, have shewn in this direction the most remarkable weakness. Without allowing ourselves to be carried away into any of the Psychological or religious enquiries this vague and universal tendency suggests, we shall give a few extracts from our author on some of the more absurd medical vagaries it has led to.

"Van Helmont affirms that he had a metal, of which, if, a ring were made and worn, not only the pain attendant upon hæmorrhoids would cease, but that in twenty-four hours, whether internal or external, they would vanish altogether.* Brand† gives "A charme to staunch blood: Jesus that was in Bethleem born, and baptyzed was in the flumen Jordane, as stente the water at hys comyng, so stente the blood of thys man N. thy servvaunt, thorw the virtu of thy holy Name + Jesus + & of thy Cosyn swete Sent Jon. Aud sey thys charme fyve tymes with fyve Pater Nosters, in the worschep of the fyve woundys." Pepys, in his 'Dairy,' gives also the following:—

'FOR STENCHING OF BLOOD.
Sanguis mane in te,
Sicut Christus fuit in se;
Sanguis mane in tua vena,
Sicut Christus in sua pœna;
Sanguis mane fixus,
Sicut Christus quando fuit crucifixus.'

"Homer refers to the suppression of bleeding from the wound received by Ulysses, by a charm; and Sir Walter Scott, in the 'Lay of the Last Minstrel," says:—

'She drew the splinter from the wound,
And with a CHARM she staunch'd the blood.'

"Toads, either alive or dried, and laid upon the

* Lib. De Febrib. cap. ii.
† Popular Antiquities, vol. ii. p. 580.

back of the neck, are often mentioned as a means of stopping a bleeding at the nose. They were formed into a powder, called the Pulvis Æthiopicus, of which the mode of preparation is given in Bates's *Pharmacopœia*. It was used externally and also given internally in cases of dropsy, small-pox, and other diseases.

"Boyle says,* "Having been one summer frequently subject to bleed at the nose, and reduced to employ several remedies to check that distemper; that which I found the most effectual to staunch the blood, was some moss of a dead man's skull (sent for a present out of Ireland, where it is far less rare than in most other countries), though it did but touch my skin, till the herb was a little warmed by it."

The chapter on the influence of the mind on the body, is a collection of illustrative facts, not unknown perhaps before, but valuable in their collected form as materials for thought and philosophic induction. They teach us how dark and mysterious is the psychical condition, about whose manifestation so many of us speak with equal dogmatism and ignorance. It opens a vast and noble field of unexplored research for a mind, which with the powers of a Hunter, a Newton, or a Cuvier, would seek equal fame in a walk of its own.

"Sir Astley Cooper, in his lectures on surgery, was accustomed to relate some instances bearing upon the subject under consideration. The effects of fear in destroying your best efforts to relieve injuries are well known to any surgeon of experience. Sir Astley says that he has often known patients declare, after an accident, that they were sure they should not recover, and they seemed to be deprived all restorative power. I have often witnessed instances of this kind. A gentleman consulted Sir A. Cooper, and he was found to have a stone in his bladder. "I hope not," says he, "for I never can submit to an operation." He returned to the country, and died in a few days after. Mr. Cline operated for a tumour in the breast of a lady. She felt certain the operation would kill her; but she yielded to the solicitations of her friends, submitted to it, and it was performed with great skill, and unattended by anything remarkable. She, however, died only one hour after the operation; and it was found that she had arranged her family and domestic concerns in such a manner, that no confusion should arise from what she thought her inevitable doom.

"A schoolmistress, for some trifling offence, most foolishly put a child into a dark cellar for an hour. The child was greatly terrified and cried bitterly. Upon returning to her parents in the evening, she burst into tears, and begged that she might not be put into the cellar; the parents thought this extremely odd, and assured her that there was no danger of their being guilty of so great an act of cruelty; but it was difficult to pacify her, and when put to bed she passed a restless night. On the following day she had fever, during which she frequently exclaimed, "Do not put me in the cellar." The fourth day after, she was taken to Sir A. Cooper, in a high state of fever, with delirium, frequently muttering, "Pray don't put me in the cellar." When Sir Astley inquired the reason, he found that the parents had learnt the punishment to which she had been subjected. He ordered what was likely to relieve her, but she died in a week after this unfeeling conduct.

"Another case from the same authority may here be cited. It is the case of a child, ten years of age, who wanted to write her exercise, and, to scrape her slate pencil, went into the school in the dark to fetch her knife, when one of her schoolfellows burst from behind the door to frighten her. She was much terrified, and her head ached. On the following day she became deaf, and on the next, so much so as not to hear the loudest talking. Sir Astley saw her three months after this had happened, and she continued in the deplorable state of deafness.

"Professor Woodhouse, in a letter to Dr. Mitchell, of New York, has given a recital which also tends to show what singular effects can be caused if the imagination be previously and duly prepared for the production of wonders. At the time that nitrous oxide excited almost universal attention, several persons were exceedingly anxious to breathe the gas; and the professor administered to them ten gallons of atmospherical air, in doses of from four to six quarts. Impressed with the idea that they were inhaling the nitrous oxide, quickness of the pulse, dizziness, vertigo, tinnitus aurium, difficulty of breathing, anxiety about the breast, a sensation similar to that of swinging, faintness, weakness of the knees, and nausea which lasted from six to eight hours were produced—symptoms entirely caused by the breathing of common air, under the influence of an excited imagination."

At the present moment Greatrakes's mode of "stroking" will be read with interest. It contains the only reference, which the cautious author, in a book on Medical superstitions, gives to the subject of Animal Magnetism.

VALENTINE GREATRAKES' CURES.

"About the middle of the seventeenth century, in the reign of Charles II, Mr. Valentine Greatrakes, a gentleman, a member of the church of England, of great honesty and exemplary sobriety, who is said always to have refused any gratuity for his performances, excited great notoriety, and became, by superstitious feelings, the most celebrated quack of the day. He was a native of Affane, in the county of Waterford, in Ireland, born of a good family, and had received a good education. In 1649, he entered into the service of the English parliament, and remained in the army until 1656, when, upon the disbandment of great part of the English army, he returned to his native country, and there was engaged in several duties of importance, being registrar for transplantation, a justice of the peace, clerk of the peace for the county of Cork, &c. He lost those places at the time of the Restoration, and it was then, as he describes it, he 'felt an impulse that the gift of curing the king's evil was bestowed upon him.' His impulse was not long confined to the attempted cure of this solitary disease, for, converts rapidly succeeding, he undertook the cure of ague, epilepsy, convulsions, palsy, deafness, and various other complaints all peculiarly under the influence of the nervous system, and all of which were therefore likely to be benefited by the power exercised over the imagination. He published an account of his cures first in 1666, in the shape of a letter addressed to the Hon. Robert Boyle, accompanied by testimonials from Bishop Wilkins, Bishop Patrick, Dr. Cudworth, Dr. Whichcot, and others of distinction and intelligence. This book is rare, the greater part of the impression having been destroyed in the great fire of London, and it was not reprinted until 1723, by some one who, believing the cures to have been effected by miraculous and supernatural operation, thought it his duty to revive the subject. Those who may be desirous of examining into the cases, may consult the work already referred to, and 'Stubbe's Miraculous Conformist, or an account of severall Marvailous Cures performed by the stroaking of the Hands of Mr. Valentine Greatarick:' Oxford, 1666, 4to.

"John Leverett, a gardener, succeeded to the 'manual exercise,' and declared that, after touching thirty or forty a day, he felt so much goodness go out of him, that he was as fatigued as if he had been digging eight roods of ground. This is precisely what is now being affirmed by the animal magnetisers."

With the preceding quotation, we conclude our notice of a book which, with all its deficiencies, presents irresistible claims to a place in the library of every literary *Medicus*.

INTERMENT OF THE LIVING.—Mr. Druitt adds his warning voice to that of many others who have shewn that the living are frequently interred as dead, and the fearful error not found out until it is too late to remedy it. Numerous instances have already proved that efforts at resuscitation should not be speedily abandoned.

CLINICAL REPORT OF THE BRITISH DISPENSARY IN SYRIA.

Communicated by W. HOLT YATES, M.D.

(To the Editor of the "Medical Times.")

SIR—As everything connected with the East is now viewed with increasing interest, I doubt not that the "Clinical Report of the British Dispensary in Syria," will be acceptable to your readers. Not to trouble you, however, with too lengthy an address, I must refer those who are unacquainted with the climate and general condition of Palestine to my remarks in the *Medical Gazette* and *Lancet* of the 17th March, 1843, and also to the published "Transactions and Reports of the Syrian Medical Aid Association."

I am sure it will be gratifying to you to learn that the efforts of our agent have succeeded; and that by his assiduity, good conduct, and professional skill, he has secured the entire confidence of the people. During the first six months of his residence, he relieved, under every disadvantage, 623 males, and 674 females, which, added to the returns of the two succeeding quarters, (as included in the following table) make a total of 4,298 cases, for the entire year, i.e. up to last September; and he has performed several important surgical operations to the satisfaction of all parties.

Report of the British Dispensary at Beyrout, Syria: from September 1842, *to September* 1843.

	Cases.		Cases.
Ophthalmia	993	Catamenial Derangements	54
PurulentOphthalmia	16	Eruptions	190
Pterigium	12	Worms	112
Entropium and Ectropium	35	Cancer	8
Cataract	22	Hernia	19
Amaurosis	5	Hydrocele	3
Intermittent Fever	313	SyphiliticComplaints	16
Continued Fever	144	Abscess	37
Puerperal Fever	10	Ulcers	282
Rheumatism	429	Tinea Capitis	23
Pneumonia and Bronchitis	284	Hare Lip	5
Phthisis	5	Club-foot Deformities	4
Inflamed Tonsils	9	Deafness	47
Dyspepsia	14		4181
Diseased Liver	46		
Dysentary	62	Add cases not included in the above	117
Diarrhœa	35		
Dropsy	3	Total during the twelve months	4298
Paralysis	18		
Spinal Affections	4		
Urinary Diseases	63		
Hysteria	4		

REMARKS UPON THE ABOVE REPORT.

Ophthalmia.—"The universal prevalence of eye-diseases in these countries," observes Dr. Kerns, "will prepare the committee for the large number of cases under this head, in which I have included every stage of the disease, from simple conjunctivitis, to ulceration or opacity of the cornea, any subdivisions appearing useless. The disease if neglected or improperly treated, rapidly runs its destructive course; and, the treatment adopted by the natives, being *mere quackery*, the lamentable results are to be seen *everywhere*. It is difficult to assign the chief cause of ophthalmia in these countries, as it is to be found among all classes of every age, and under the most opposite circumstances. Exposure by sleeping in the open air, poverty, and want of cleanliness, have each in turn been named as the cause; but many cases have come under my notice, to which none of these causes could apply. I am inclined to think that exposure to the unsubdued light of the sun arising from the peculiar head

* Essay on Porousness of Animal Bodies, vol. iv. (Works), p. 767.

dress, is amongst the most fruitful causes of this disease."*

Purulent Ophthalmia is not a very frequent, but as elsewhere, a very formidable disease; if taken in time, however, it yields to the nitrate of silver and ordinary treatment.

Entropium is frequently met with, and I have operated with success in several instances.

Cataract.—Of twenty-two cases, I operated on about ten, with various degrees of success. Some succeeded to the utmost: two were lost by subsequent inflammation, the patients having returned home; and as they lived at considerable distances, were, of course, beyond my reach. One completely successful case, was a man nearly seventy years of age. He resided *nine hours* distant from me, on Mount Lebanon. He subsequently came to see me at intervals; and on two occasions, led other *blind* men to my dwelling, in the hope that *they*, too, might obtain similar relief.†

Intermittent Fever.—For this disease, it is difficult to assign an evident cause. Marsh miasmata is out of the question, where the land is parched with drought one-half of the year: and at no period, in this district, are marshes or stagnant pools to be found of any extent: however, if we omit the association of marsh, which is but a casual circumstance, the theory of decomposed animal and vegetable matter will remain as probable as any other, and as applicable. These effluvia are often more offensive from the absence of water. The disease is here found among persons of all classes, and all ages: and in many cases it recurs several times when the patient is supposed to be quite well. In such, change of air, either from the plains to the mountains, or the reverse, is attended with the most beneficial result. In cases of long standing, quinine appears to lose its effect. A gentleman told me some time since, that he had just finished an ounce bottle of sulphate of quinine, and yet ague still hung upon him, appearing at regular intervals.*

Continued Fever is generally of the common inflammatory form. I have met with very few cases which assumed a typhoid character. In persons of an ordinary full habit, fever in this country sometimes runs on rapidly to a fatal termination. The practice of the natives betrays lamentable ignorance, often consisting of the use of rose water, or some other such useless article; but fortunately they are fond of bleeding, which, though sometimes injudiciously had recourse to, in many cases proves the sole means of saving life.

Rheumatism arises in a great measure, from the habit of sleeping on the ground, upon only a mat or rug; and of course any other exposure to night air or damp.

Pneumonia and Bronchitis may also be justly ascribed to exposure, by sleeping in the open air, and to imprudence when heated to excess by exertion under a hot sun.

To be concluded in our next.

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* See my remarks on this subject in my communication to the *Medical Gazette* and *Lancet*, already referred to. *Chronic* disease of the eyes in Syria and Egypt, is comparitively rare, for inflammation if neglected (as it too frequently is), runs its course so rapidly, that patients sometimes lose their sight *in three days.* The Mahommedans, being fatalists, trust every thing to providence, and often *do nothing* to help themselves. If they interfere at all, their plan is to take castor oil, or some milk, which has been allowed to stand on the pulp of the "bitter apple." Sometimes they apply the actual cautery, or scarify the back of the neck by means of a razor and a buffalo's horn, a very primitive, but effectual mode of cupping; and they have recourse to the bath. But their treatment, as in every other case, is generally counteracted by inattention to diet, and by the most reckless exposure to the sun's rays; young men very commonly put out their right eye that they may avoid the *Conscription.*—W. H. Y.

† In Mahomedan countries, disease is believed to have been sent by "Allah," as a punishment for sin; *therefore*, it is accounted presumptuous to eradicate it: but if a "Hakkim" passes by, the afflicted kiss the hem of his garment with superstitious veneration, and beseech him to "lay his hands on them, and heal them" for every one who has "the *gift* of healing" is regarded by them as a man "sent from God"—and they often call him "the man of God." They believe that he has the power to minister to *all* their necessities, and that he must be a *good* man to be endued with such power. If he refuse to help them (because it may be, the case is hopeless,) they think that "Allah" *forbids him;* but on the other hand, if he happily cures them, they thank not *him*, but "Allah." "Thanks," they say, "are due only to the *Most High;* all men are equal in the eyes of God, but it is a duty and a privilege to help our neighbours." They shew their gratitude to man *by acts*—they *thank* God, in prayer, and call down blessings on their benefactor! But they have no notion that the "art of healing the sick," may be acquired or taught!—W. H. Y.

* In obstinate cases of ague, I have found a combination of 5 minims of the liquor arsenicalis with two grains of sulphate of quinine, taken every four or six hours during the interval, cut short the paroxysm when quinine or the liq. arsenicalis, *alone*, has failed. The chief causes of fever are unquestionably, I think, sleeping in the open air, exposed to the heavy dew of the night; and the effluvia arising from vegetable matter which has been washed down from the neighbouring heights, by the torrents in the rainy season, and left to decompose during the intense heat of summer. Dr. Kerns forgets that, although there may be no "stagnant pools" on the shelving grounds between the sea and the mountains, there is abundance of moisture: for in these countries, the dew falls so heavily after sun-set, and so fast, that, unless a man be duly prepared for it, it would wet him through in half an hour. Accordingly, we find that fever is most prevalent during the summer heats; and the resident merchants retire to the villages of Lebanon to avoid them. The effluvia generated by putrid matter is always rendered *most active* when there is a combination of heat with *moderate* quantity of moisture.—W. H. Y.

Bunions.—A country vicar, or some one else signing under that name, in the *Provincial Medical Journal*, says his wife has recently adopted the following plan to relieve a bunion with which a daughter of his is troubled. She first of all puts on the patient's foot a stocking much too wide, this she pinches in between the first three or four toes, and it is sewn up between each, so that it resembles a glove with the fingers sewn together, each toe of course being in a separate cell; and lastly she stiches on to the bottom of the stocking so prepared a stout piece of card board, cut to the shape of the front part of the foot. By this plan the great toe is kept from intruding on its neighbour, and the patient can walk more comfortably than she has done for a long time.

Frequency of the Heart's Pulsation.—Dr. O'B. Bellingham, in a clinical lecture published in the *Dublin Medical Press*, gives the following table, as to the frequency of the heart's action in a ratio corresponding with the elevation above the sea:—When the number of pulsations at the level of the sea is 70, at 3,250 feet above its level, it is 75; at 4,870 feet, it is 82; at 6,500, it is 90; at 8,125, it is 95; at 9,740, it is 100; and at 13,000, it is 110. He draws these statements from Mr. Parrot's researches.

TRANSACTIONS OF LEARNED SOCIETIES.

Medical Society of London.—*Jan.* 15, 1844. Mr. Pilcher in the chair.—*Croup.*

Dr. Golding Bird narrated the particulars of a case of some interest that had recently occurred in his hospital practice. It was a case of *croup*, a disease which had been very uncommon in his own experience, and he believed it was equally so in that of others. *Croup*, or the host of diseases to which that name is applied, is common enough, but not *true* or *inflammatory croup.* The patient, George Coles, was a fine healthy child, about three years of age, and was admitted into Guy's hospital in the children's ward, under the care of Dr. Golding Bird, on the 4th of December last. About a week previously he had an attack of catarrh, the symptoms presenting the croupy character on the second of the month. The child was admitted into the hospital in the evening, and consequently was not seen by Dr. Bird until the next day. When brought in, his symptoms were decidedly those of croup; the face was exceedingly flushed, the fever intense, there was great dyspnœa, and croupy respiration. He was ordered to have six leeches applied to the throat, and a combination of calomel and antimony every two hours. This medication was preceded by an emetic of ipecacuanha. When seen by Dr. Bird the next day, there was great distress, impending suffocation, the face livid, nearly purple, the skin hot and dry, the respiration hurried, and accompanied by a loud noise; the inspiration was attended with a shrill metallic crowing noise, the expiration with a loud hissing sound. The croupy respiration came on in paroxysms. The child was sensible but very restless. It was difficult to distinguish the respiratory murmur in the lungs by auscultation, in consequence of the tumultuous action of the heart, which could be heard all over the chest. Percussion was universally loud. The pulse was 120, and jerking. He was ordered half a drachm of tartarized antimony wine, with ten minims of the compound tincture of camphor to take every two hours, and a grain of calomel to take every two hours, alternately with the medicine previously prescribed. Flannels wrung out of scalding hot water were also directed to be applied to the throat. In the evening the child was so livid, and the symptoms so exceedingly severe, that very little hope of saving its life remained, and the question as to the propriety of tracheotomy was entertained. It was, however, deferred to a later hour in the evening (ten o'clock) and the temperature of the ward meanwhile raised to and kept at 68°, a basin of water being placed on the top of the stove, to render the air moist. When the time fixed for the operation arrived, the little patient was better; the respiration was easier, the skin perspiring, and the face less livid. The operation was accordingly postponed, and the medicine ordered to be continued every three hours. The next day the child was still further improved; some shreds of false membrane had been brought up, and the croupy respiration was not so evident; the hissing expiration was louder. Medicine to be continued every four hours. The improvement the next day was great; respiration was audible over the chest, the croupy sound less distinct, and the distress diminished. The stools had now assumed the chopped spinach appearance characteristic of the effect of calomel. Medicine to be taken every six hours. The child rapidly convalesced; the antimony was given until the hissing sound was entirely gone, and then a grain of iodide of iron three times a day was prescribed. Some time after convalescence had taken place, there was a hoarseness of voice in speaking, and a hoarseness about the larynx. A glandular swelling also formed on the right angle of the jaw, which was opened, and a large quantity of pus evacuated, and the same thing took place on the other side of the jaw. This case Dr. Bird described as a well-marked instance of the disease, which he said is not frequently seen in London, and should not be confounded with *laryngismus stridulus*, nor with the *cynanche membranacea*, which is met with in epidemics of scarlatina. There is not any analogy between them either in their pathology or treatment. With regard to the treatment, it is very unsatisfactory; the only chance for recovery is by

attacking the complaint in its early stage. Dr. Bird plaees great reliance on antimony, used to keep up nausea for several hours, more so than on any other remedy after loeal bleeding, and also on opium combined with it, by whieh spasmodic action is controlled, the irritability of the inflamed organ diminished, and the eough lessened. The warm moist air that was obtained by inereasing the temperature of the room, and by placing the dish of water on the stove, he also considered to be of great service. He (Dr. G. Bird) had had three cases of croup reeently under his care, althongh two years had elapsed since he had seen a case until now; he had seen *laryngismus stridulus* repeatedly, but not *true croup*. Cases may have oeeurred, for among the poor they not unfrequently do not apply for relief, but are taken ill and die at their own homes, but still he thought he should have seen some eases, if it had not been of rare occurrence. Tracheotomy he thought was of very little serviee; he had seen it tried in two cases, and in one the ehild died the moment the larynx was opened, from spasm of the glottis. The larynx was drawn away from the external ineision, a portion of false membrane blocked up the opening, and the child died direetly. The false membrane was afterwards found to extend down into the bronehus. If there be evident obstruction of the bronehial tubes, it would certainly be a reason against operating, but in this respeet auscultation does not aid us in forming a diagnosis. So little air enters the ehest, that the air-cells are imperfectly emptied or filled, and then the sounds heard in auscultation are modified. They are also modified by the action of the heart, as stated by Dr. Stokes. Dr. Bird reeollected a case, whieh had not been under his care, in whieh traeheotomy was performed; there were not any previous indieations of bronchitis, but the moment the tube was passed in, and the air entered freely, the symptoms of bronchial inflammation became manifest, and the child soon died. The ease he had just described, was as severe as any that had been recorded, and when he left the hospital, he felt himself hardly warranted in not having agreed to the operation, but still the event had justified his decision.

Dr. Wiltshire had not yet seen any case of true croup at the infirmary for children, but had there lately two cases of eroupal breathing with laryngitis, but no indications of bronehitis. Leeches were applied, and antimony exhibited every three hours, whieh afforded mueh relief, and the next day the symptoms of bronchial inflammation became manifest. He had seen more eases at Edinburgh, where they are brought from Leith, in which plaee it is endemic. He further enquired if the members had seen severe pneumonia complieating the present endemic of measles? He had observed it to a great extent, and in some eases there were symptoms of laryngitis. He had found leeches and antimony most to be relied on, more so than on ealomel. In two cases, the calomel and antimony ran off by the bowels, and was followed by severe aphthoid inflammation.

Mr. Headland remarked that Dr. Bird's case was a very interesting one. He believed *cynanche trachealis* to be a very rare disease; he had seen it but very unfrequently, but lately, within a year and a half, he had met with two cases, not having had one for several years previously. The ease of Dr. Bird was well related, but the defective part was, that there was a difficulty of discovering to which of the remedies the marked relief was to be ascribed. The treatment included three potent remedies, bleeding, calomel, and *antimony* with *opium*, and we did not know which had cured the disease. He believed that in croup bleeding was generally injurious, and thought that Dr. Bird's patient would have done equally well without the leeching. It would be found that in fatal cases bleeding had been generally practised, and he thought that death was hurried by it A large abstraction of blood causes a state of depression from which the ehild does not rally, and thus does not give time for the action of other remedies. The disease is marked by the secretion of phlegm and by spasm, and it is to the combination of antimony with opium that he would attribute the successful result. The profession owe a debt of gratitude to Dr. Graves, of Dublin, for the introduction of that combination of remedies, and also for recommending the applieation of very hot flannels to the throat. A point of great interest in the treatment of this disease is the relative value of ealomel and antimony. The well-known efficacy of calomel in inflammatory affections of children has led us to use it in croup, without drawing eonelusions from experience, as to its utility; in fact, it is used empirically. Dr. Bird, it seemed to him, relied much on the occurrence of sweating, and he was desirous to know if he attributed mueh relief to it, and thought it had been caused by the aetion of the medieines. He inquired beeause there was a general opinion that when sweating occurred, the disease was arrested, and medication was consequently suspended. He was inclined to look upon it generally as a symptom of the worst kind. He had seen a ease of cynanche trachealis, in whieh reeovery took place from the exhibition of the combination of the antimony and opium. He much doubted whether bleeding would have afforded any relief. With respeet to the observation that eases of laryngismus stridulus might be confounded with croup, he observed that there was a great difference between the two; laryngismus stridulus had none of the eharacters of the disease. We should be more likely to mistake searlatina for measles. The one is very rare, the other very common; the pathology of it however is still in obscurity.

Dr. Golding Bird had listened to the remarks of Mr. Headland with great pleasure, nor did he differ with him in opinion. The leeches were applied before he saw the patient. Great relief was derived from the application of scalding hot water to the throat, a practice whieh he had learned from Dr. Addison twelve years ago for laryngitis. If he were to pick out a treatment, he should choose antimony and opium, on whieh he had great reliance, and scarcely any on calomel, which he had, however, given, because as croup is so fatal a disease, he was unwilling to lose even a ehanee. He believed that calomel was not of mueh use, beeause the children died or recovered before it could produce any of its effects. Antimony, whieh is the most efficient remedy, acts as a sedative to the heart, and prevents the deposit of lymph by the loaded capillary eirculation. The constant state of nausea which it creates, is also of serviee in dislodging the false membrane in flakes. The effect on the skin is also very important; he believed that when the larynx is nearly blocked up, the child lives by the skin, by whieh the arterialisation of the blood is performed, as shown by the experiments of Milne Edwards, both in phthisis and bronchitis. The skin aeted as one great lung, and the sweating that oeeurred in those maladies, was an effort of nature to arterialise the blood. In the perspiration of children labouring under pneumonia, a substance similar to urea had been detected. The practiee of Dr. Graves, as stated by Mr. Headland, was certainly very excellent. He (Dr. Graves) had given a eombination of antimony with opium in the third stage of typhus fever with great advantage, and Dr. Bird added that he had employed the same combination in similar cases with equal benefit. He agreed with Mr. Headland that it was not neeessary to mark the distinction between croup and laryngismus stridulus; they were distinct in their pathology, symptoms and treatment, and he shonld not have made the allusion to them which he did, but for the great authority of Dr. Copland, who had confounded them together. Before concluding his observations, Dr. Bird added that he believed that the cause of death in croup was spasm of the glottis.

Mr. Pilcher remarked with reference to the operation of traeheotomy, that it was extremely doubtful, if it was ever serviceable. He had himself only performed it once in such a case, and he hoped he should never be called upon to do it again under sueh eircumstanees. The patient was the child of a medical man, a friend of his, and was dying from effusion into the larynx. He was called up in the night time to operate, as a last hope of saving the little sufferer's life, and had little or no assistance from any one. The difficulty in performing the operation was very great, and just as the trachea was opened, the child gasped and died. He believed that he experienced more difficulty in operating in this instance, than he would have done had he had to take out a stone from its bladder. The greater part of the members of the society had on a previous occasion declared this operation to be an inefficient remedy in such cases; it is done on a surface, which is in a state of inflammation, which is increased by it, so that plastic lymph is thrown out, and acts as an impediment to the free passage of air. It is also difficult to say how far the lungs are implicated, and when the operation has been performed, we may find the disease more extensive than it was supposed to be, and that tracheotomy has been practised in vain. He doubted whether the child would have recovered in Dr. Bird's case, had the operation been performed, as the consequent increase of inflammation might have defied all remedies.

Mr. Dendy observed with referenee to the application of leeches, that in this, as in other discussions, suffieient attention was not paid to the different stages of the complaint. If at the commencement of the attaek we are quite sure of its nature, then leeehes may be of great serviee, by checking the inordinate action of the heart, and preventing the effusion of plastie lymph. If, however, it be already effused, then leeches are worse than useless, by depressing the powers of life. Antimony is then our sheet anchor, and Mr. Dendy stated, that besides the advantages obtained from its use enumerated by Dr. Bird, that he believed that the retching it induced assisted the dislodgement of lymph from the trachea. When the larynx, however, is blocked up with the tree lymph, then opium will be injurious, and its combination with antimony not advisable.

Mr. Robarts thought the complaint was more frequent than it was supposed to be, and mentioned several eases that had occurred in his practiee to prove his position. The operation of tracheotomy in his opinion is not advisable, or only to be reeommended when every other hope has passed away. He had never seen the spasm of the glottis, mentioned by Dr. Bird in his cases; there was great difficulty of breathing, but it came on, not in sudden paroxysms, but gradually, until at last the patients died. He thought they died from the mechanical obstruction to breathing caused by the false membrane.

Dr. Bird was of opinion that Mr. Robarts's cases were not true croup, as his description corresponded more with the diphtheritic affection of the throat and pharynx, occurring in measles. He still believed that patients die from spasm in true croup. The difficulty of breathing does not suddenly increase.

Mr. Robarts said that the tube was blocked up, but not entirely; less air was admitted to the lungs; the patient gradually becomes aphyxiated, and so dies, not suddenly. He doubted the spasmodic eough being the cause of death.

Mr. Dendy inquired what was the cause of the spasm? was it a mechanical cause, as the secretion of the larynx, such as the phlegm which is expelled in hooping cough, after which the cough ceases. In croup in the same manner, when the plastic lymph has been thrown off, there is not any more spasm.

Mr. Headland asked Mr. Robarts the relation the successful eases had to the fatal ones in his practice, when bleeding was practised.

Mr. Robarts answered that that would be hardly a fair criterion to go by, as they rarely sent for him before the little patient was in *articulo mortis*. He believed the result to be two successful, to five fatal cases.

Mr. Clarke asked Mr. Robarts if all cases came to him in sueh a desperate state, and would he have recourse to bleeding under such circumstances?

Mr. Robarts replied that he bled up to a very late period of the disease, and never saw anything like debility produced, nor anything that could lead him to suppose that the abstraction of blood had done harm.

Jan. 22. *Obscure abdominal tumour.*—Mr. Dendy narrated the particulars of a case of obscure abdominal tumour, previously prefacing it with some remarks on the difficulty of their diagnosis. E. C. D. aged 31, a gentleman pale and slender, but generally in the enjoyment of good health, with the exception of catarrh of the bladder to whieh he is subject, was attacked last October with influenza, and

when convalescent, returned home late from a visit, in consequence of which he became worse, and had severe febrile symptoms set in, in a few days. To relieve these, he took large doses of nitrate of potash; he then experienced a weight at the stomach, with diminished appetite, which he regarding as dyspeptic, took five grains of calomel, and used enemata of warm water. Their action was followed by syncope. After this there was perceived a tumefaction of the left side of the abdomen, extending from the ribs to Poupart's ligament, and from the side to the umbilicus; it was of uniform shape, solid and doughy, but not painful; the intestines could be felt on the other side, full of fluid. There was some difficulty of breathing, and the urine deposited lithates. Warm water enemata produced evacuations, which were but slightly fœculent. This attack was speedily followed by severe neuralgia, which often occurred spontaneously, but was always produced or aggravated when the tumour was pressed or rubbed towards the spine. The pain was then excessive, and was followed by stupor lasting several hours; it was occasionally relieved by the exhibition of Dover's powder, and afterwards by small doses of morphia. The bowels for a long time were very inactive, the excretions being chiefly gelatinous, scarcely any fœces being for a considerable period mixed with it. The patient under the continuance of the disease and severe pain, became emaciated—the neuralgic pains were aggravated by taking fluids, their seat being the sacral plexus and the sciatic nerve. The greatest distension of the abdomen during the existence of this tumour, was two feet eleven inches in circumference. Before, however, it had attained those dimensions, the bowels had begun to act more healthily, and the urine after a time was very turbid, and deposited pus freely. When this had taken place, the size of the abdomen gradually diminished, the next report being that it was two feet six inches in circumference; the tumour was then flatter and more lobulated. The pain also gradually subsided, the tumour continued to diminish, the urine still containing pus, and finally the patient became convalescent. This was not the first attack of the kind under which this gentleman had laboured: on a previous occasion, a few years before, Mr. Pilcher had seen him, and regarded the tumour as intestinal, not exactly caused by an accumulation of fœces, but of morbid secretions, collected in the cells of the colon. By his advice a flexible tube, thirty inches long, was passed into the bowel, and as it passed through the sigmoid flexure, the patient described it as feeling to him to be passing behind the tumour. Warm water was injected by it, and could be heard through the abdominal integuments rushing along the arch, and even the descending portion of the colon. When the tube was withdrawn, there were not any fœces on the end. Hypercatharsis afterwards set in, and very severely: the urine next deposited pus for some time, and the patient ultimately recovered. During the course of the treatment of the last attack, the patient was visited by several physicians and surgeons of eminence, by some of whom it was respectively regarded as consisting either of intestinal impaction in the cells of the colon, mesenteric disease, enlargement of the omentum, or spleen, psoas abscess, malignant disease, serous cysts, or acephalocysts, or disease of the kidney. This last opinion was that expressed by Dr. Bright. The obstinate constipation that existed, and the sudden development of the tumour, favoured the opinion that it was intestinal impaction, while its locality near the sigmoid flexure, and the almost unobstructed introduction to a considerable distance of the flexible tube, and its withdrawal untinged with fœces, showed that it was not in the colon, leading to the belief that it was the ileum that was affected. The morbid action of the mucous membrane led to the inference that the spleen was not the part diseased. Whatever the part was that was previously engaged, the left kidney soon became prominent in the diseased action, the cause thereof being uncertain; there was not any stricture of the urethra, nor were there any symptoms of calculus in the bladder. It was singular, that before such attack, the patient had taken large doses of the nitrate of potash, and it was possible, but still doubtful, that nephritis had been thus excited. The nature of the disease is undecided.

Dr. Leonard Stewart inquired if the cerebral functions were perfect, and whether at any time the patient had been paralytic?

Mr. Dendy replied in the negative; his patient, with the exception of these attacks, had always enjoyed good health.

Dr. James Johnson observed, that he was old enough not to be ashamed of having made a mistake. He had certainly regarded the complaint as splenic, but from the termination of the case, he was induced to believe it a case of disease of the pelvis of the kidney. He had given Mr. Dendy an abstract of a case which was published nearly thirty years since, which, he thought, bore a good deal upon the case that had just been narrated. It was one of suppurative disease of the kidney, and published by him in 1816. A poor woman in the eight month of pregnancy, complained of violent pain in the right side of the abdomen; there was fever, and scanty, high coloured urine; the abdomen was very large, and there was a distinct sulcus extending from the scrobiculus cordis to the pubes. Delivery took place, but there remained a large tumour on the right side of the abdomen. She was troubled with colliquative diarrhœa, and constant micturition, and one day the bed and floor were deluged with an immense quantity of milky fluid, which came away from her. On examining the abdomen afterwards, the tumour was gone. She ultimately sank, and the *post mortem* examination shewed that the disease was a large cyst containing three pints of this milky fluid, its internal surface being thickly studded with capillary bodies. The ureter, which was of enormous size, could be traced from this cyst to the bladder. There were not any traces of the kidney. This patient had had a similar attack during a former pregnancy, and after the discharge of the milky fluid she recovered. During the examination, an absolute stricture of the ureter could not be detected, but there could not be a doubt that such existed. The ureter was as large in its calibre as the aorta, and the disease was attributed by Dr. Johnson to the pressure of the enlarged uterus. The case bore great analogy to that of Mr. Dendy's, more especially as they had both occurred twice.

Mr. Pilcher alluded to the opinion which he had expressed as to the nature of the disease. He had had no doubt but that it was an intestinal tumour, and in that several other medical men coincided. In consequence of that opinion he introduced a long tube. He was also induced to form that opinion from having dissected a somewhat similar case of supposed kidney disease, in which pus had passed two or three times by the urethra, and yet the kidneys and ureter were found to be perfectly healthy. He had gone to see Mr. Dendy's case fresh from this *post mortem* examination. The tumour had suddenly subsided after diarrhea, and he had been led to believe that the colon was distended with fluid matter to an enormous amount. The second attack he had attributed to diseased secretions of the mucous membrane of the intestines, which had accumulated and produced enormous distension, and when evacuated by the anus, was immediately re-secreted. It was an interesting fact that when the tube was passed into the bowel, the patient experienced a sensation as if it were passing *behind* the tumour, and this again diverted attention from the kidney, and one other reason was the obstinate constipation that existed, and the absence of fœces from the evacuations. The extreme agony was produced by mechanical pressure on the sacral nerves. Dr. Bright had considered the disease to be suppurative action of the kidney on each of the two attacks, and he now thought so, as the tumour had subsided after the passage of pus from the bladder. On the former occasion there was a discharge of pus, but there was also severe diarrhœa. Dr. Bright, when he saw the patient previously thought the kidney was entirely disorganised, and could never again be subject to a similar disease, in fact, that there was only a cyst left. The great depression and emaciation were accounted for by the formation of pus. He (Mr. Pilcher), believed that the cyst of the kidney remained atrophied, but still possessed sufficient vitality to take on the suppurative action when the general health became affected. It was a singular fact that a similar tumour had formed at the respective ages of seven, fourteen, twenty-one, and again at twenty-eight. The full period of seven years, was however, broken into at the last attack, the previous tumour having been formed only four years before. This case shows the extreme difficulty of forming a diagnosis in cases of abdominal tumour. Mr. Dendy's case is not a very common one; it rarely happens, except when there is a stricture, that the proper structure of the kidney is absorbed. The cyst was filled with pus and urine, and perhaps also with cheesy matter. There must have been an obstruction to the flow of urine either into or from the bladder, and as there was not any stricture of the urethra, it is probable that there was one affecting the ureter.

Dr. Theophilus Thompson inquired if there was any phosphate of lime or other calcareous deposit in the urine?

Mr. Dendy replied that previously to, and since the illness, the urine had been healthy. During its existence the lithate of ammonia was deposited.

Dr. T. Thompson thought there was not any reason to doubt that suppuration had taken place in some one or other of the calices of the kidney, or perhaps in the pelvis. The case recalled to his mind an instance of disease in some respects differing from the one before the society, but still having sufficient analogy to warrant him in referring to it. A woman, about 40 years of age, had a large tumour form in the left side of the body, which caused great pain in the sciatic nerve. After a time pus was discharged with the urine, the daily average being above three or four ounces for a considerable period. The woman was also subject to diarrhœa, and had a peculiar susceptibility to the action of medicines. In consequence of the urine depositing the triple phosphate, the hydrochloric acid was prescribed in small doses. He believed there was a calculus of this kind obstructing the pelvis of the kidney, and keeping up irritation, and causing such severe diarrhœa, as to jeopardise the patient's life. Palliatives only could be used—she survived two or three years, and when the body was examined, the pelvis of the left kidney was found to be enormously distended with pus, and the ureter obstructed. A calculus of the triple phosphate was found projecting from one of the calices, and had probably been enlarging all the while. The difficulty in Mr. Dendy's case was to know the cause of the inflammation and suppuration. He thought it possible that there might be a calculus obstructing one of the calices, but that would not explain the occurrence of the attack at the fixed periods stated by Mr. Pilcher, and the long intervals which occurred, during which the patient enjoyed good health.

Dr. Leonard Stewart had made the enquiry respecting the condition of the brain, as he had been frequently reminded during the reading of the case, of one in which he had been recently consulted. An old gentleman, who gradually became paralytic, had involuntary discharge of the fœces and urine, which latterly became continual, and also an abdominal tumour, the nature of which could not be made out. When the body was examined after death, the intestines were found healthy, the tumour having been formed by an enlarged and thickened bladder, the mucous membrane of which was somewhat diseased about the cervix.

Dr. James Johnson enquired what was the dose of nitrate of potash which had been taken. It was said to be large, but the amount had not been stated.

Mr. Dendy replied that the patient had prescribed it for himself, and had taken one drachm three times a day, and at one time the quantity taken during the day was as much as six drachms.

Dr. J. Johnson thought that such enormous doses must produce much mischief; indeed, he had seen great discomfort from merely half a drachm.

Dr. T. Thompson inquired, as the nitrate of potash seemed to have excited the two last attacks, to what cause the three first were attributed? Had any medicines been then exhibited?

Mr. Dendy, in reply, stated that the three first were very slight, lasting only thirty hours, and were readily removed by the free action of the bowels. There was not any discharge of pus on these occasions.

Dr. T. Thompson felt the full force of Dr. Johnson's remark as to the nitrate of potash having caused the disease. He believed it to have been a case of pyelitis, and not of inflammation of the substance of the kidney itself, as there was not any case on record of such extensive suppuration as the kidney itself; life would be destroyed before it could occur.

Mr. Headland remarked that the case was not accompanied by symptoms of nephritis. He thought there was an old cyst, and that something had occurred to cause an elimination from the blood into it, but not of pure pus, and that that something was the direct action of the nitrate of potash. The dose was very large, and far beyond what was ordinarily prescribed; its primary action in such a dose, unless largely diluted, would not be that of a diuretic, and it would have a special action on the mucous membrane of the bowels, thus explaining the gelatinous evacuations, the passing of shreds of membranes, &c. It might also have exerted a special influence on the cyst, not as a diuretic, but by causing the elimination of pus globules from the blood.

Westminster Medical Society, Jan. 20.—Mr. Fisher in the chair.—*Paralysis of the Portio Dura.*

Dr. Chowne brought forward the case of paralysis of the portio dura, to which he had alluded on a previous occasion. The child was decidedly paralytic of that nerve, when it was about ten months old, but was otherwise healthy looking. It was not known when the face was first affected, but it was first observed by a friend of the mother's who had not seen the child for a long time, and who at once perceived that the face was awry. It might, however, have existed some time previously, and probably at so early a period as not to excite any notice, for neither the mother nor those friends who were in the habit of seeing the infant constantly, had remarked it. When Dr. Chowne first saw the child, it was about two-and-twenty months old; the paralysis still continued, and from the expression of the countenance, one side of which was very dull and stupid, he thought the child was idiotic, which was not the case. When the face was perfectly at rest, both sides were apparently alike, but when any thing occurred to bring the facial muscles into powerful action, then the difference became evident at once. The child was playful, and intellectual for its age. The right eye was always open, even when asleep, and there was always a little tearfulness or weeping from it, from the constant exposure. The child's health, in other respects, is very good, so that it is entirely a local affection. When seen by Dr. Chowne, about two months since, the paralysis was persistent. Paralysis of the portio dura is sometimes produced by sitting in a draught, sometimes not from any appreciable cause, and sometimes as a consequence of severe otitis. In this case, the peculiarity of which consisted in the period at which it had happened, no cause could be assigned for its occurrence, and it might possibly be congenital. There had not been any accident, blow, or fall, to account for it, nor had the child suffered in any way from its teeth, of which it had the proper number; nor had there been any symptoms of cerebral disease.

Mr. Streeter enquired as to the state of the hearing, the earliest period at which a medical man was consulted, and the nature of the labour.

Dr. Chowne replied that the hearing was perfect; that he believed that he was the first medical man who had seen the child professionally, and not then on account of the paralysis, but for some other malady. He was unable to state the nature of the labour, and enquired of Mr. Streeter if he knew of any case where a difficult labour had been productive of such a result.

Mr. Streeter remarked that he had stated at the last meeting that the youngest patient he had seen labouring under this complaint, was a little girl five years of age at the time, and now about seven or eight. It was caused in her by exposure to cold. He had asked the question to settle the point whether or not it was congenital.

Dr. Reid said he was about to ask the same question, more especially with respect to the use of instruments, as he could recollect two cases where the forceps had been used, where paralysis of one side of the face existed for a few days, caused doubtless by the pressure exerted on the portio dura.

Mr. Streeter, in answer to a question put by the president, stated that he had not yet been able to learn anything more decisive respecting the case which he had narrated at the last meeting, in consequence of the present state of the lady's surviving sister, but he was more than ever convinced that the disease was owing to the habit the lady had of picking her ear with a pin. Any one who will try the experiment will find how easily it may pass through the fenestra ovalis into the labyrinth. In all other cases of inflammation extending to the brain from the ear, it passed to the middle lobe, and not along the neurilema of the acoustic nerve. Mr. Streeter remarked further that he wished particularly to draw the attention of the members of the Society to the fact that paralysis of the portio dura is not always unaccompanied with fatal disease of the brain.

Mr. C. Chowne inquired of Mr. Streeter, if he had found when there was paralysis of the portio dura, that the portio mollis was implicated? In other words, was there deafness accompanying the paralysis?

Mr. Streeter would wish to refer this question to Dr. Chowne, who had paid considerable attention to the subject, from having had under his care, at the Charing Cross Hospital, a case of this paralysis accompanied with abscess, on which he had delivered a clinical lecture. The cases that were alluded to in the paper which he had read at a previous meeting of the society were partly collected from various sources, and partly from his own practice.

Mr. Snow inquired if any member was acquainted with the pathology of the disease, when produced by exposure to cold.

Dr. Chowne remarked that the pathology of the disease was exceedingly obscure. When it was the consequence of cold, the person after exposure to a severe draught, from which at the time he does not suffer any inconvenience, goes to bed, and rises in the morning apparently well, but with the face on one side, which he discovers by looking in the glass, or by an awkward accident with his tea. It very often happens that he has not any sensation at all of what had occurred. Some peculiar effect has been produced on the nervous influence, something by which the bulk of the nerve is thickened, or else the periosteum of the canal through which the nerve passes, so that there is a diminution of its calibre. We do not know precisely what has taken place. This thickening of the nerve or membrane, will generally subside and get well, but it is a very obstinate complaint, and frequently leaves some degree of paralysis behind. With regard to the question of deafness, it rarely accompanies this form of paralysis, and when it does, it is produced by some other disease of the organ of hearing, of which the paralysis is also a consequence. In Mr. Streeter's case he thought the paralytic condition of the portio dura was a sequel or consequence of the original disease, and not the cause of the inflammation which had extended to the brain. He (Dr. Chowne) had been not long since consulted by a gentleman advanced in life, who was said to have had a paralytic stroke, and his friends were very much alarmed; he however could put his tongue out straight, and he soon saw that it was the portio dura only that was affected, and satisfied the family that his life was not in danger. He remembered very well the case that had been alluded to by Mr. Streeter; the patient had caught a very severe cold by exposure to the wind on board a Gravesend steamer; otitis set in, and paralysis of the portio dura, the latter as a consequence of the otitis. He was ultimately cured of the inflammation and deafness, but the paralysis of the eyelid and face became permanent. He has, however, escaped without any injury to the eye, which generally ulcerates from the organ not being protected by the eyelid. Another consequence is that the muscles of the face, not being put in requisition, are absorbed, and the skin hangs like a complete pouch.

Mr. C. Chowne had asked the question, because he had recently under his care a servant-girl with otitis, for which he had employed the antiphlogistic treatment. In three or four days' time the face was drawn a little to one side, and the patient became deaf. The inflammation was cured, but the two last-named symptoms partially remain.

Mr. Streeter could not agree with Dr. Chowne in being so utterly at a loss to account for the pathological condition of the nerve; the attack came on after exposure to severe cold, a sharp blowing wind, and was now and then attended with a little pain. He thought the pathological condition was essentially inflammatory—inflammation of the sheath of the nerve, with perhaps a slight effusion of serum, and in the more severe cases, the nervous fibrillæ themselves affected. He treated it as an inflammatory disease, occurring in a bony canal, and he thought that if it were not relieved in a few hours, so much mischief would be done as to render it irremediable. Dr. Chowne had stated that the eye was lost by ulceration of the cornea. He had always thought it was by successive thickening and opacity of that membrane. In his case the fifth pair had been implicated, and this had produced the ulceration of the cornea.

Dr. Chowne explained that he did not intend to specify ulceration of the cornea, but disease of that membrane, such as the constant exposure would create; inflammation takes place from the accumulation of dust, &c., and the sight is destroyed by a variety of injuries, the ball being exposed to every kind of irritation, from which it should have been protected by the eyelids. With respect to the pathology of the complaint, when there was pain, he should treat it as inflammatory; but in those cases where the disease came on in a few hours after exposure to cold, without any peculiar sensation, or disease in the ear, he must suppose that there was something in the pathological condition of the nerve that could not always be accounted for.

Dr. Reid had always been accustomed to look upon paralysis of the portio dura, as a very light complaint. He had had three cases in private practice in ladies; in two of which the patients complained of pain and stiffness, and all were traceable to exposure to cold. One case lasted five weeks, the others a much shorter period. The pain that was complained of was not neuralgia, but more like common face-ache. The treatment consisted in the application of leeches behind the ears, and the use of veratrine ointment in frictions. They were all cured. He should not have hesitated in giving a favourable opinion, but from what he had heard on this and on the previous occasion, he should now be more cautious. He inquired if any member was acquainted with a case of this disease resulting from a mechanical injury to the parts.

Mr. Rutherford Alcock thought that the malady was not produced by any change of structure in the nerve, but that it resulted from a functional change, and that it was analogous to cases of wasting of the limbs, which he had seen, and which fully recovered. He did not think that there was reason to believe there was any softening or other change in the nervous structure. With respect to injuries, he had seen wounds over the brow produce imperfection of sight, but as they were attended with symptoms of slight concussion, he could not tell to which of the two causes distinctly to refer the imperfection of vision. In two of the cases there was dilatation of the pupil, and a more or less altered condition of the iris. When there was an injury at the root of the fifth pair of nerves, he should look for ulceration of the cornea, for every one knows that impaired nutrition is followed by ulceration. When the eyelids are kept open by disease, the eye loses its brilliancy, leucoma follows, and the eyesight is lost. His chief object in rising was, that he was anxious to call the attention of the Society to the fact, that because there was an altered condition of the muscles, it is not always to be referred to a change of structure in the nerves; it may be merely functional change, and not beyond the reach of medicine, especially in cases of sciatica and rheumatism. A case from which the reverse inference may be drawn has been placed on record, where the spinal marrow was in a state of softening, without loss of sensation or motion.

Mr. Hardwick alluded to the connexion of the

fifth pair of nerves with the seventh, the fifth being a nerve of sensation and the seventh of motion; and stated that any cause influencing the nerve of sensation, must more or less modify the power of the moter nerve. He was of opinion that paralysis of the portio dura was sometimes produced by a similar condition of the fifth pair.

Mr. Snow had asked the question respecting the pathology of this form of paralysis, to elicit an explanation of this kind from some member, but still it did not exactly clear up the difficulty, for the fifth pair could not be in such a state that the seventh pair shall lose its sensibility thereby, without having previously lost its own, which has not been found to be the case. We are therefore still in a dilemma on this point.

Mr. Chance had had only one case under his own care, but had seen several in the Middlesex Hospital, under Sir Charles Bell and Mr. Mayo. These cases were all the result of exposure to cold, and all got well. On looking into the mouth, he had found that the uvula was drawn to one side, and could not be retracted, as in ordinary cases of cold.

Dr. Chowne had seen this condition of the uvula, and always looked for it; it was drawn up like a hook, and he inferred that in some instances it was supplied by a twig from the portio dura, in others not. He looked upon its occurrence as a diagnostic sign that the complaint is really the disease in question and no other. With regard to the pathology, it should be separated according to its several causes. When it arises in common with other diseases, its pathology is not difficult, but when the case is otherwise, it then becomes a difficult task to determine its condition. With regard to the explanation of Mr. Hardwick, he could not see why paralysis of that motor nerve could not take place in the same way as of any other nerve of motion; it is not necessary for the first effect to be produced on the nerve of sensation. As to lesions of nerves and alterations of structure, he thought when it was said that none could be found, that it merely meant that none was perceptible. For functional change, there must be some physical cause, however occult. We are as yet very much in the dark as to the lesions that we can and those that we cannot trace. A gentleman, who had the anterior part of his brain in a state of *ramollissment*, was yet able to transact business of some intricacy a short time before he died; and again, a paralytic limb may be very bad one day, and much better the next, or the paralysis may pass from one limb to another, or from one side to another, and this change may occur in a few hours. These are cases such as warrant us in exercising great caution in forming an opinion as to their pathology.

Mr. Streeter drew attention to the ulcer of the cornea, which supervened in his case the day after the paralysis of the portio dura had occurred. He regarded it as a pathognomonic sign that lesion had taken place at the root of the fifth pair of nerves, and would be inclined to look upon it, when complicating such a case, with great distrust and suspicion, as indicating internal disease in the brain. The symptom mentioned by Mr. Chance, of the uvula, he also regarded as very important and pathognomonic, and he thought that by attending to the condition of the muscles supplied by the portio dura, an exact knowledge of the seat of lesion would be obtained. He then referred to the pathology of the disease, said he had not intended to imply that the inflammatory action was confined to the bony canal, as any part of the nerve might be affected, and he again gave it as his opinion that in many cases at least inflammation is the cause of the paralysis. Mr. Hardwick's explanation he thought was more physiological than pathological, and it was not in accordance with the laws of nature, that one nerve should perform the duty of another, nor could he find by analogy that such was the case anywhere in the system. Besides the fifth pair is not wholly a nerve of sensation; a large portion of it is motor, and supplies the muscles that move the jaw.

Royal Medico-Botanical Society. Jan. 11. 1844. Dr. Cooke in the chair.

A communication, by Dr. Houlton, on the Hyoscyamus Niger was read. The author commenced alluding to the difficulties with which the study of botany was surrounded, and the numerous errors contained in works on the vegetable materia medica, owing to the fact that the time, labor, and expense required to verify the descriptions of plants by personal observation are more than one individual can give, and he quotes Decandolle to show the sad state of descriptive botany. That celebrated writer says that probably not one half of the *known species* of plants have been described from living specimens; that hardly a quarter of them have been sufficiently verified, and that there is scarcely a hundredth part about which one might not reasonably doubt whether they are species or varieties. In this remark of Decandolle, Dr. Houlton fully joins, and one of the most important plants, the description of which is imperfect, is that which forms the subject of this essay, yet if there is any plant in the materia medica of this country, that one might expect to be well described, it is surely Hyoscyamus Niger; it is a large plant, and one that is by no means rare; tons of it are every year brought into the London market, and some one or other of its preparations used by every practitioner. Dr. Houlton has, however, been unable to find in any work such a full and accurate description of it, as is requisite for practical pharmaceutical purposes. The discrepancies of those authors who in their works have treated of hyoscyamus, are pointed out by Dr. Houlton, more especially with reference to its duration, some writers asserting that it is annual, others biennial, and again others declaring it to be both annual and biennial, while another writer states that there are two varieties, one annual, the other biennial. A doubt respecting the duration of an important medicinal plant is a matter of no small consequence. Some of the authorities by whom it is described as an annual, give it attributes which belong to the biennial plant: for instance it is said that the roots are dug up early in the spring, and have been mistaken for parsnips. These are clearly the biennial roots, as the roots of the first year's growth would not be sufficiently advanced for such an error to be committed, whilst the biennial roots have considerable resemblance to small parsnip roots in the winter and spring. In describing this plant, one of our first-rate authors says, "that the ovary is two celled with numerous ovules adhering to the dissepiment." Dr. Houlton has frequently examined this part of the plant, and could never find any such adherence; he has always found the ovules attached to the placentæ, one in each cell, and quite free from any adherence to the dissepiment. After years of investigation and constant, and earnest inquiry, he has further come to the conclusion respecting the duration of the plant, that it is biennial both in its cultivated and wild state. It is important to know that it is a biennial, and to know how to distinguish between the annual and the biennial specimens. The annual plant has no stem, the leaves are all radical, each having a footstalk or petiole: the leaves are woolly, but possess but little of that odour which is peculiar to the mature plant, and they are destitute of that clamminess which is observed in those of the plant in the second year of its duration. It yields less extract than the others, and is not fit for medical purposes. The leaves of the first year die in the autumn, the root lives through the winter, and in the following spring sends up a very curious tuft of pointed pale green woolly leaves; they seem to rise from the crown of the root, but they are, in fact, attached to the young stem, which rises with them; the stem grows to the height in some situations, of four feet or more—the average height is about from two to three feet; the stem when fully developed, is well furnished with large long leaves, deeply incised, so as to appear almost pinnatifid, they are sessile, and nearly embrace the stem, and having decunent lobes, which are of a more delicate texture than the blade of the leaf; these lobes are important parts to observe in examining a specimen. These leaves are very clammy and fœtid, having an odour very similar to that of the leaves of the black currant shrub; these are the true medicinal leaves, that part of the plant now employed in medicine: they are in perfection when the plant comes into flower, which is late in the month of May, or early in June, influenced in this respect by the season; in a fine mild spring it will flower in May, in a cold spring it will not flower until June; perhaps the middle of June may be generally considered as the period at which they may be safely collected—seldom later; and they should be gathered as soon as possible after the first flowers are blown. If we wait until the seeds are ripe, as we may without infringing upon the law of the college of physicians, which says the leaves are to be gathered before the seeds are ripe, a considerable portion will be lost, for the best leaves will be dead. There are two kinds of hyoscyamus sold in London, as the Hyoscyamus Niger, one of them is a smaller plant, its leaves of a paler hue, nearly ovate, and with few incisions, nothing of the pinnatifid character about them, some of the upper leaves were entire and ovate, less hairy than the true; on some leaves scarcely any hairs could be observed, they were nearly glabrous, and nearly all petiolated, some of the uppermost were sessile, but these had no decunent lobes, the leaves were neither clammy nor fœtid; they had a faint hyoscyamus smell, but as plain terms they did not stink; the main stem in a great proportion of them, divided into three branches springing from a common centre, and each becoming about as long as the main stem; the reproductive organs were similar in all essential respects to those of the true Hyoscyamus Niger. It is an annual plant and flowers in July; its duration and time of flowering are the same as some of our writers of the present day put down for Hyoscyamus Niger. It should not be employed in medicine. The other kind is an annual plant also, flowers late in July, is rather smaller than the Hyoscyamus Niger, and larger than the other annual kind, except that the leaves are shorter and broader, in proportion to their length, and less incised, it differs but little in its general appearance and odour from the true kind; the odour is not quite so powerful. It is a very handsome plant. Dr. Houlton considers it merely a variety of the *Hyoscyamus Niger* and may probably serve as a substitute for it. Dr. Houlton next proceeds to give directions for the management of the plant in a pharmaceutical point of view, for a proper plant may be spoiled by improper management. The metropolitan pharmaceutist should procure the plant entire, as it is brought to market; and when in flower, the leaves should be stripped from the plant as soon as possible after the herb is received; should any delay be unavoidable, the flowers and flower buds should be removed, for if they are allowed to remain, such is the vital endowment of these parts, so strong is the effort that they will make to fulfil the end of their being, that they will make a great demand on the plant itself, and the leaves which have been thus made subservient to their support, will become pale and flaccid, and of course much deteriorated. The fact of flowers living upon the juices of a plant after it is removed from the ground, is curious to observe; the plant in question will shew the fact well. The plant when it cannot be immediately attended to, should not be allowed to lie in heaps, but should be carefully strewed about. Storck complains of want of care on this point in the pharmacien of his day. It is advisable that the leaves should be dried by the pharmacien and without the aid of artificial heat; it is not of much importance whether they are dried in the sun or in the shade. Dr. Houlton generally exposes them to a current of dry air; if the weather should be wet, it will be desirable to have a fire in the room in which the leaves are drying—some lay great stress on the drying of leaves in the dark, but this is of no practical importance; whilst the vitality of the leaf remains, light will do it no harm, but when it is quite dead it should be kept in the dark. Living leaves require the influence of light to preserve their green colour, for they do not part with their oxygen readily in the dark, and in consequence become pale. The officinal preparations, powder, extract, tincture and fluid juice are afterwards noticed by the author, who remarks that when carefully prepared, they are all good, but the extract is the most likely to vary in strength. The different modes of preparing this latter are also slightly touched upon, and the paper concludes with a notice of the action of hyoscyamus on the system.

Mr. Mowbray then laid before the Society some specimens of various fruits and seeds which he des-

cribed, and concerning which he narrated several interesting particulars.—1st. *Algarrobas, or fruit of the carob tree, St. John's Bean, or Carouga; Ceratonia Seliqua. L.* Mr. Mowbray observed that the tree which bears this fruit flourishes chiefly in Spain, where it grows to a considerable size. Except in cases of extreme want, the fruit is only used for feeding cattle and pigs; during the scige of Barcelona the fruit which he had the honor of laying before the society, had been picked up by one of the emigrants to Graeia; the sweetness of the pulp at once struck him as likely to be applicable by the aid of English skill, to some of the necessities of life; it had in due course reached Mr. M.'s laboratory where, from a series of experiments he had ascertained that it was applicable to various uses; among others, that it served for the manufacfacture of a very excellent oxalic acid, whilst by removing the skinny husk, as by crushing under edge stones and sifting, a saccharine powder might be obtained, which by simple cold infusion and subsequent evaporation of the liquor, gave an excessively sweet grape sugar, together with a little gum and albumen. Several tons' weight are about to be exported, to be used in the adulteration of brown sugar. For feeding cattle this fruit might be imported with much profit, and doubtless the large proportion of saccharine matter it contained, nearly 20 per cent. would render it useful in the arts. *Seeds of the Sesamum Orientale.*—These seeds, which are of a light amber colour and rather small, are the source whence the so-ealled nut oil of the shops, is obtained. This oil is in demand by the inferior class of chemists for the purpose of adulterating the expressed almond oil; it possesses in a high degree the flavour of the Barcelona nut of commerce; these seeds are shipped to this country from Bombay, where they are known as teel seed. Specimens of the marking nuts of India were next submitted to the meeting by Mr. Mowbray. This fruit, whose botanical derivation Mr. M. was not in a position then to furnish, is used in India for marking linen, cotton, &c.; by dividing the fruit, it will be perceived that the interior is composed of a kernel rich in oil, surrounded with cells whence their exudes a jet black fluid; it is this fluid which is used for the purpose above mentioned, by both the natives of, and visitors to India, as a ready and economical marking-ink. *Cotton seeds.*—These seeds are only interesting as furnishing an expressed oil in great abundance, and which expressed oil was used in the United States for adulterating castor oil, at a time when the price of this latter permitted it, previous to its re-exportation to England, and is still used for adulterating copaiba balsam, which it readily converts into that variety, known in France as *non solidifiable. Madia Sativa.*—The seeds of this plant which has excited so much attention on the continent were also submitted to the society by Mr. Mowbray. The various novelties of commerce introduced to the meeting, together with the really valuable and practically useful paper on Hyoscyamus, by Dr. Houlton, excited much interest among the members, as evinced by the remarks which were elicited.

Fracture of the neck of the scapula.—Mr. Worthington states that a lad aged 12, presented himself with fracture of the neck of the scapula, which had been treated for dislocation. Three months had elapsed since the accident had occurred. The shoulder had in a great degree lost its rotundity, and pain was experienced upon any attempt at moving the arm. Three weeks after admission the pain increased, accompanied with fullness and tenderness, and terminating in abscess. Two openings were the result, one situated near the axilla at its posterior part, the other higher up, corresponding to the spine of the scapula, within two inches of its neck. A probe could be made to enter each sinus, discovering the bone to be carious. During the progress of these symptoms the general health at times materially suffered. The patient remains under treatment, and the question is still *sub judice*, how far it may be expedient to remove the head of the scapula by excision.

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A SELECT PRACTICAL FORMULARY.

TRANSLATED FROM THE FRENCH OF M. FOY, PRINCIPAL PHARMACIEN OF THE HOSPITAL'SAINT LOUIS, AT PARIS.

(Continued from Page 206.)

Cloves, powder, six to ten grains in bolus or pill; tincture, ten to thirty drops; a very powerful stimulant, employed as a condiment in domestic economy. *** The essential oil of cloves, which is more frequently employed by perfumers than by physicians,is rubefacient and almost caustic. It is particularly used toallay the pain produced by carious teeth; a drop or two is put on a piece of cotton, and inserted into the cavity.

Drops of Aconitine, five parts of aconitine, and two hundred and eighty-eight of rectified alcohol; mode of exhibition, five or six drops daily.

Drops, Alcaline (Hamilton), one part of sub-carbonate of potash, dissolved in twenty-four parts of distilled water; mode of exhibition, ten to forty drops daily in infantile convulsions.

Drops, Antimonial (English prescription), a solution of corrosive sublimate and muriate of iron.

Drops, Sedative (Magendie), sixteen grains of acetate of morphia, rubbed down in a glass mortar, with a drachm of alcohol at 36°, one drachm of acetic acid, and an ounce of distilled water.

Drops, sedative (German Hospitals) one part of tincture of assafœtida, three parts of tincture of castor, two parts of tincture of opium; mode of exhibition, ten to twenty drops in an appropriate menstruum, or in a little cold water. Used in hysteria.

Drops, English cephalic, thirty-two parts of spirit of crude seta (soie) one part of spirits of lavender, four parts of alcohol at 36°. Mix and introduce it into a retort, and distil to dryness. Anti-spasmodic and vermifuge; mode of exhibition, five to ten drops is an appropriate menstruum.

Drops of Delphine, prepared in the same manner as the aconitine drops.

Drops, Lancaster or Quakers' black (English hospitals), twelve parts of sliced opium, three parts of bruised nutmeg, one part of saffron, ninety-six parts of vinegar, eight parts of sugar, two parts of yeast; the whole to remain in contact for a month, then to be strained off and filtered, and preserved in a well-stoppered bottle; mode of exhibition, two to six drops in a draught, julep, &c., as antispasmodic. ***The acetic tincture of opium is a preparation more certain in the effects it produces.

Drops, Rose (Magendie), sixteen grains of pure morphia, eight grains of crystallized citric acid, rubbed together in a glass mortar, and an ounce of distilled water, and two drachms of tincture of cochineal added gradually; mode of exhibition, six to twenty drops in a draught, julep, or mixture. It possesses the same properties as the salts of morphine.

Drops of Veratrine, prepared in the same manner as the drops of aconitine.

Gargle, Chlorurettep (Cullerier), half an ounce of Labarraque's solution, eight ounces of barley water, and an ounce of honey of roses; used in cases of fœtid breath, ulcerated gums, &c.

Gargle, Cyanuretted (Parent), ten grains of cyanuret of mercury, dissolved in a pint of weak linseed, or marsh mallow decoction; used in the treatment of syphilitic sore throat.

Gargle, on disinfectant Collutory (Magendie), sixteen to thirty grains of chloruret of lime dissolved in an ounce of gum solution, and half an ounce of syrup of orange-peel; mode of exhibition, to be applied by means of a pledget of lint to ulcerations of the gums.

Gargle, Detersive (Parisian hospitals), this gargle, employed in scorbutic affections, pellicular stomatitis, &c., is no other than the gargle with honey of roses, with the addition of a quarter of a drachm of sulphuric acid.

Gargle, Stimulant, two parts of syrup of gooseberries, one part of tincture of cinnamon, sixteen parts of infusion of peppermint; used in malignant sore throat.

Gargle, Iodurettep (Ricord), four ounces of lettuce-water, four ounces of poppy-water, half a drachm to two drachms of tincture of iodine, one ounce of syrup of honey; used in scrophulous sore throats.

Gargle with oxymel (Parisian hospitals), one part of simple oxymel, and seven parts of barley-water; used in angina with or without inflammation.

Gargle, Quarins, two drachms of powdered hydrochlorate of ammonia, a drachm and a half of powdered pyrethrum root, macerated for twelve or fifteen hours in ten ounces of sage-water, and four drachms of spirits of horseradish, strained, and half an ounce of honey added; used in cases of inertia, or palsy of the tongue, or in inflammation of certain parts of the mucous membrane of the mouth.

Gargle of Bark, sixteen parts of decoction of bark, one part of honey of roses. * One to three drachms of vinegar or hydrochloric acid, may be added to each pint of liquid; used in chronic and gangrenous angina, and in obstinate ulcerations of the pharynx.

Gargle, Discutient, one drachm of sal ammoniac, dissolved in twelve ounces of water, and an ounce of syrup of vinegar added; used in superficial inflammations of internal parietes of the throat and mouth.

Gargle, Sedative, one grain of extract of opium, dissolved in ten ounces of boiling water; used in painful ulcerations of the throat and tongue.

Gargle, Stimulant, (Swediaur), one part of oxymel of squills, ten parts of cinnamon water; used in chronic angina.

Gargle, Tonic and Astringent (Hunter), six ounces of decoction of bark, two ounces of tincture of myrrh, half a drachm of dilute sulphuric acid; used in scorbutic affections.

Guaiacum (wood and resin), decoction of the wood, boiled for a long time, two, four, and eight ounces to a quart of water; tincture, one to two drachms in draught or mixture; resin, ten to thirty grains in bolus, pill, or emulsion; aqueous extract, two to thirty grains; a diaphoretic stimulant, employed in gout, chronic rheumatism, certain inveterate diseases of the skin, scrophula, obstinate and inveterate syphilis, &c.

Gentian root, powder, as tonic, six to twenty grains and more; as febrifuge, two to four drachms and more, given in the form of bolus or pill, or suspended in a little water or wine, or ptisan, &c.; cold infusion, two to four drachms to a quart of water; wine one to four ounces; syrup, one to three ounces; tincture and extract, half a drachm to two drachms in draught, julep, mixture, &c. Gentian is one of the most powerful indigenous tonics, and one of the most frequently employed. Alone or combined with cinchona stimulants, or chalybeate preparations, it is especially adapted for dyspepsias, serous diarrhœas, scurvy, scrophula, chlorosis, gout, jaundice, slight intermittent fevers, &c.

Gentianine, the active principle of gentian, employed in the dose of two to four grains in bolus, pill, tincture, or syrup.

Gum Tragacanth, powder, ten to sixteen grains in looch, emulsion, draught, &c. Gum tragacanth is not often employed in medicine; it nevertheless possesses the same properties as gum-arabic, and there is not any reason why it should not be employed in similar circumstances, but in smaller doses, viz. half a drachm to two drachms to a quart of water. In pharmacy it is commonly used to give their syrupy consistence to looches, to hold matter in suspension in an aqueous menstruum, which are not soluble in it, to prepare the mucilage necessary for the preparation of lozenges, &c.

Gum Ammoniacum, powder, ten to sixty grains, and more in bolus, pill, or mixture; tincture, half a drachm to two drachms in an appropriate menstruum. Gum ammoniacum possesses the anti-spasmodic properties of assafœtida. It excites the pulmonary exhalation, assists expectoration in chronic catarrhs, and other inveterate affections of the air-passages; it is employed in the treatment of articular swellings, scirrhus, tympanitis, &c. In pharmacy, it enters into the preparation of gums diachylum, vigo plaisters, &c.

Gum Arabic, powder, half a drachm to two drachms in draught, julep or mixture; cold solution as ptisan, half an ounce to two ounces of the gum, washed and bruised, to a quart of water; syrup, one ounce to three ounces. Gum is one of the most frequently employed emollients used in medicine. It is of service in all the acute inflammations of the mucous membranes, in gastric irritations, diarrhœa, &c. In pharmacy it forms the basis of the pectoral, cough, and demulcent pastes. When powdered, it serves for the preparation of mucilages, which are used to hold in suspension in certain menstrua, those bodies which are not soluble in them.

Gamboge, powder, two to six grains in bolus or pill, or suspended in a julep or draught, or else administered by the endermic method. A very violent drastic purgative, used in England, but rarely in France, as a powerful derivative, in certain dropsies, and in certain cutaneous affections. In Italy medical men look upon it as a powerful counter-stimulant. Gamboge also possesses anthelmintic properties. Administered in large doses, it causes vomiting, colic, and gastro-intestinal inflammation.

Gum Kino, powder, ten to thirty-six grains in bolus or pill; tincture, half a drachm to a drachm, in a proper menstruum; decoction, one or two drachms to a quart of water. Gum kino is without contradiction, one of the best astringents we possess in the treatment of diarrhœa, chronic mucous discharges,and in passive uterine, intestinal and other hæmorrhages. It has been employed successfully in diabetes.

Grains of Catechu, two parts of powdered catechu, eight parts of powdered sugar; mix, and make a paste with a sufficient quantity of gum tragacanth, which is then to be divided into very small grains rolled in the hollow of the hand, and dried slowly. Catechu thus prepared is the inodorous catechu, but it may be aromatised at pleasure with rose, cinnamon, vanilla, amber, violet, &c., by preparing the mucilage with rose or cinnamon water, or by adding to the mass a sufficient quantity of aromatic tincture of vanilla, of amber, or of powdered orris root.

Grains of Health (Bailly and Cadet), eight parts of powdered socotrine aloes, eight parts of powdered jalap, two parts of powdered rhubarb, and a sufficient quantity of syrup of worm-wood to make a mass, which is to be divided into pills, weighing three grains, which may be silvered. Dose, one or two daily. These pills will serve in lieu of Dr. Franck's pills.

Grains of Life (Mesue), three parts of powdered socotrine aloes, three parts of powdered mastic, one part of red roses; mix and add a sufficient quantity of syrup of wormwood to make a mass, to be divided into four grain-pills. Dose, two or three before dinner, as tonic and stomachic.

Gratiola, a violent purgative, which is rarely employed except in the country, in the dose of from two to six drachms in decoction with a quart of water.

Guacine, Guaco, the active principle, guacine, of the guaco, and the stalks and leaves of the guaco itself have been recommended in the treatment of Asiatic cholera, yellow fever, the bites of venemous reptiles and of serpents in particular.

Hellebore, Black, powder, ten to twenty grains in bolus or pills; extract, two to ten grains in bolus or pill; tincture, fifteen to twenty drops in an appropriate menstruum; a very violent and drastic purgative, and one rarely used; it is still however occasionally prescribed in dropsies, and diseases of the skin.

Hops, infusion, two to four drachms to a quart of boiling water; powder, twenty to forty grains in bolus or pill; rarely employed; tonic; used in scrophulous, cutaneous affections, &c.

Holly, Leaves, powder, one to three drachms in four ounces of water or white wine; to be taken as a febrifuge three hours before the fit.

Hydro-Alcoholates, tonic drinks prepared with one part rectified alcohol to thirty parts of water.

Hydro-Bromate of Potash, four to eight grains daily, in bolus or pill; it possesses the same properties as the hydriodate of potash.

PERISCOPE OF THE WEEK.

ÆTHONIDES.—Mr. Balmain says in a paper published in the memoirs of the Chemical Society, that all the compounds described as æthonides are one and the same substance; a new compound of boron and nitrogen, probably formed by the decomposition of the æthonide of the metal by the nitro-muriatic acid used at the end of the process. It would appear that there are two compounds of boron and nitrogen, one which is not altered by exposure to a white heat, is decomposed by the action of water at ordinary temperatures, and also by the action of nitric acid, and which does not phosphoresce before the blow-pipe; and a second, which is not decomposed by any reagents, with the exception of water and oxygen at a high temperature, and which phosphoresces beautifully before the blow-pipe. The first is formed when mellon and boracic acid are heated together, and combines with the metals: the second, whenever a compound of the first with a metal is decomposed by abstraction of the metal, which is effected with such difficulty, that the traces left induced Mr. Balmain to suppose that it was an essential element of the compound. Whether or not these two compounds are isomeric, remains yet to be ascertained.

ORIGIN OF CATARRHS.—Mr. Harrison has written a lengthy paper in the *Provincial Medical Journal*, filled with quotations from various authors, to show—what was previously pretty well known,—that wet and cold are not to be considered as the only sources of catarrh. He thinks it may be inferred that if the body be previously in good health, if the animal heat be kept up by exercise and sufficient clothing, and if there be a free change of air, there will not be as much danger as is imagined, even from sudden transitions of the temperature. The common opinion as to the danger of rapid alternations of heat and cold he believes, requires some modification. If the body be warm, provided the vital energy be not previously exhausted, it is in the best position to resist the influence of cold. It is not the suppression of perspiration which we have to dread, but the exhaustion which accompanies it: perfect suppression of perspiration Dr. Edwards states to be impossible, for however cold and moist the air may be, that in immediate contact with the body becomes sufficiently warmed to enable it to take up more fluid from the surface of the skin, and if, on the other hand, the humid atmosphere be of equal temperature with that of the body, the true secretion of perspiration is augmented, although it be not evaporated.

PUERPERAL FEVER.—Mr. Elkington of Birmingham has published a letter in the *Provincial Medical Journal* on the subject of the contagionsness of puerperal fever, in support of Mr. Storr's views. He believes that there are three forms of this fever; first, that which is acompanied by acute inflammation of the peritoneum, the uterus or its appendages; secondly, the erysipelatous form, and thirdly, a mixed form;—all requiring a modification of treatment. The erysipelatous, or that form which appears in some way or other to be connected with erysipelas, and which seldom will bear general depletion or active anti-phlogistic treatment, Mr. Elkington considers to be decidedly contagious. The facts more directly bearing on the question of contagion are briefly these. On Augnst 28th, 1833, Mr. Elkington was attending a bad case of erysipelas, and made free incisions in the diseased part. He was immediately called to a midwifery case, his patient having puerperal fever on the 31st, and dying Sept. 3. He had also another midwifery case on the 28th, the patient dying on the 4th of September of puerperal fever. On the 3rd of September he had another midwifery case, the mother having the fever on the 5th, and dying on the 9th. On the 5th, the body of one of the patients was examined by Mr. Elkington and his brother, both of them having midwifery cases immediately afterwards. Both these patients had puerperal fever, and one died. Four of these patients were bled, the one that recovered was not. Several other labours were attended during that time, the mothers escaping the fever. Two or three of the friends of the patients had erysipelas. The nurse of the second patient died of erysipelas of the arm. In June, 1835, he attended a gentleman with erysipelas of the arm, and made free incisions, which were followed by sloughing. During his attendance on this case, he changed his dress and sponged his body before he went to any labours, with one unfortunate exception. He was met one evening, when returning from having seen his patient, by a messenger, who requested him immediately to visit a lady dangerously ill, and on his arrival he found, to his exceeding regret, that it was a case of alarming flooding from placenta presentation. He was obliged to turn and deliver at once. Puerperal fever came on, and she died on the fifth day. His erysipelatous patient recovered, and left his house, which was shut up for some months. In April, 1839, (a long period for contagion to lie dormant) Mr. Elkington attended in labour a patient who was then living in the house. She had a very quick time, but about the third day became feverish, and continued in a doubtful state for eight or ten days, but gradually recovered. Her husband had sore throat and likewise her daughter, and the baby had a severe attack of erysipelas of the penis and of one hand, followed by suppuration and sloughing, but recovered. Since then he has had two other cases of puerperal fever associated with erysipelas, but by refusing to attend labors during his attendance on these cases, has avoided communicating the disease to others. The plan of treatment he has found most successful has been the use of hot, dry applications to the abdomen and extremities, and the exhibition of large doses of calomel, opium, and tartarized antimony.

MIDWIFERY ATTENDANCE UNDER THE NEW POOR LAW. — Mr. Cox, of Wilford, narrates, in our Minor Contemporary, several cases of gross misconduct and ignorance in the treatment of labors by midwives under the New Poor Law arrangements. We recommend the letter to Mr. Guthrie's serious consideration. It will be an additional fact for him to arm Lord Ashley with in his attempt to modify the operations of these stringent laws, under which, although their aim be good, much mischief and loss of life have unfortunately occurred.

YELLOW BARK.—As the result of his experiments on bark, Mr. Battley states that it will yield to cold distilled water all its constituents except starch and woody fibre, some earthy salts, and a small portion of tannin and quinine, which can only be separated by means of an acid. Twenty-eight pounds of good yellow bark will yield from five to six ounces of concentrated liquor sp. gr. 1200, containing about ten ounces of quinine, the aroma and the greater part of the tannin and iron, and the peculiar acid of the bark, of which only a small portion is lost, forming an inert salt with lime. The liquor is prepared by coarsely powdering the bark, and macerating it four or six hours in twice its weight of cold distilled water, repeating the process twice or at most thrice, then concentrating the infusions over a water-bath to sp. gr. 1200, and allowing the liquor to deposit the gummy matter, and as much of the tannin as it cannot retain in solution. Proof spirit is to be added to it until it has spr. gr. 1100, to deposit the remaining gum and prevent decomposition. The quinine remaining in the bark may be obtained by acetic acid, and precipitated by ammonia, and then being redissolved in a small quantity of diluted acetic acid, may be diffused in the liquor. The advantage of the preparation is that it possesses all the principal ingredients of the bark in their natural state.

CONTRACTURE OF THE FINGER. This and the four following articles constitute the really useful matter contained in the last number of the Lancet. One of the most interesting and common forms of contracted finger is that resulting from disease of the palmar fascia. In this affection the middle, ring, and little fingers are principally liable to contracture. The contracture commences without obvious cause, the patient's attention being attracted to a stiffness in the palm, and an incapability of completely straightening one or more of the fingers. The contraction and stiffness increase until the tip of the ring or middle finger is drawn completely into the palm, greatly interfering with the functions of the hand. The contracted condition of the finger is constant, and not varying in extent at different periods, as some contractures from other causes. Its progress is slow, several years elapsing before the deformity attains the highest grade. An examination of the finger shows that the deformity is maintained by an indurated, inelastic, hypertrophied condition of the palmar fascia. The individual retains the power of flexing and extending the finger, within the range permitted by the contracted fascia. A tense cord is perceived extending along the palm, towards the most contracted finger, in part arising from shortening of one of the flexor tendons thrown into relief by its contraction. Dr. Little observes that he has sought for the cause of this complaint in some abnormal condition of the general system, and found that every patient had suffered from some form of dyspepsia, from rheumatism and lithic acid urinary deposits, and the majority admitted that at some period of their lives they had partaken freely of wine or other fermented liquors. Hence a rational pathology leads to the conclusion that this induration and thickening of the fascia is one of the forms in which a rheumatic or arthritic diathesis manifests itself. It is apparent that the affection of the fascia is primary, and that the contraction of the flexor tendons is secondary, consisting of structural shortening from long continuance of the deformity, independent of any lesion of innervation of the muscles of the forearm. The treatment consists in the subcutaneous section of one or more of the bands of contracted fascia, extending towards the fingers, and of the subjacent flexor tendons. These operations should be done in the part of the palm where the tension is most evident, and with the view of preventing adhesion of the tendon to other divided structures, as in a cicatrix, Dr. Little prefers severing the tendon apart from the fascia. The puncture heals by adhesion in forty-eight hours. After adhesion the contracted fingers should be gradually straightened by being bandaged on a splint. It is not desirable to effect this part of the treatment too rapidly, as great pain will be produced by the attempt. Three weeks or a month usually suffice for removal of the resistance presented by the various textures of the palm, that have been long contracted, for it should be remarked that the abnormal condition of the fascia renders the palm unnaturally concave. The use of the fingers is entirely restored, and at the expiration of a few months the induration and thickening of the fascia being slowly removed by absorption, no trace of the deformity will remain.

CASE OF HEMATEMESIS HOMŒOPATHICALLY TREATED.—About four columns of the *Lancet* are occupied with the details of a case of hematemesis, treated homœopathically by Dr. Epps. The doctor's plan consisted in the exhibition of globules of aconite, nux vomica, arsenic, and veratrum. To relieve the continual retching, he prescribed globules of ipecacuanha, and on one occasion he left three globules of opium to be taken if the bowels remained confined, the restlessness increased, the tongue became brown, and the sleep should be comatose. They were not taken at the time, but afterwards administered in single globules every eight hours, *for the inaction of the bowels, and the sleeping with one eye open.* The subsequent report was, "slept well last night, and with the eye closed. After taking three doses of the opium, her bowels were freely open; the stools black and offensive." The patient recovered.

THE MATERNAL INFLUENCE ON THE FŒTUS.—Mr. O'Shea, of Lambeth, narrates two cases to shew that impressions made on a pregnant female will influence the growth of the fœtus in utero. In one of these, the mother lost a child by death, and afterwards could not close one of the eyelids, the globe being exposed with dilated pupil, and a glassy vacant expression. The child of which she was pregnant was born with the right upper eyelid raised, and a deficient development of the iris and pigmentum nigrum. In the other, the child had no indication of its sex, an imperforate anus, and the right lower extremity was truncated. The presumed cause in this instance was the mother having stumbled over some gas fittings, and bent her leg under her. The last case savours too much of the reasoning after the occurrence of the event, nor is the imperforate anus nor the want of sex explained.

FOREIGN BODIES IN THE EAR.—An anonymous writer, after alluding to a case of a pea in the ear, which terminated fatally by inflammation of the brain, states that the late Mr. Alcock showed him

a little instrument which he had used for extracting such substances from the meatus. It consisted of a piece of twisted copper wire, making a handle with a loop at the end, which diverged at a right angle from the handle, or less acutely. This loop, adapted to the size of the passage, and bent to a convenient angle, was insinuated by a knack of the operator, beyond, as it were, the pea, and the extraction was easily effected.

Nerves of the Gravid Uterus.—Dr. R. Lee has published letters from Messrs. Paget, Lawrence, Stanley, Skey, Gulliver, and Sir B. C. Brodie, expressive of their belief that his descriptions and delineations of the nervous system of the gravid uterus are faithful and correct, and that he has satisfactorily displayed the same in his dissections.

Gangrene of the Lung: Pneumo-Thorax.—This and the three following articles comprise the principal matter contained in the last number of the *Medical Gazette*. The case is narrated by Dr. Hughes. A man, 30 years of age, was admitted into Guy's Hospital under Dr. Hughes' care in August last with pleuritis and pneumonia. A fortnight previously, according to his own account, he had been quite well. When admitted, his face was pale, his countenance haggard, and expressive of severe distress; but his skin was hot; his tongue much loaded, brown, and moist; bowels not open for two days; he said he had no cough, and complained only of pain in the side and difficulty of breathing. His respirations were 40 in the minute; his pulse 120, small, and very feeble; he lay upon his left side, and could lie upon his back, but not upon the right side. The physical signs which he presented were, on the left side there was a little increased fulness, but no bulging; the inferior ribs were not elevated on inspiration. Dulness on percussion existed on the left side as high as the spine of the scapula posteriorly, and anteriorly as high as the infra-clavicular region, which alone afforded tolerable resonance. The respiration was inaudible, or distant and tubular, excepting above the line of dulness, and even there was hoarse and imperfect. The voice was on this side less resonant than natural in the parts in which dulness existed, excepting over the mamma, where imperfect pectoriloquism was discovered; while in the infra-clavicular and acromial regions no peculiar modifications of the voice were perceptible. "Tactile vibration" was absent inferiorly. The impulse of the heart could not be distinguished below the left nipple, nor on the right of the sternum, but was felt more distinctly and strongly than natural at the epigastrium. The sounds and rhythm were normal. The right side of the chest was resonant on percussion, but the respiratory murmur was obscured by sonorous and mucous rattles. He was cupped and blistered, had calomel, antimony, and opium every six hours, and an oily draught to act on the bowels, with some relief to the symptoms, but on the third day, distinct amphoric respiration, as from a large tube entering a cavity, was heard in the left mammary region, where there was also a little resonant mucous rattle, and imperfect pectoriloquism. On this day was for the first time heard a very peculiar sound in the precordial region with each systolic and dyastolic movement of the heart, but most distinctly with the former. It was between a rubbing noise and that produced by a solid body striking against a cavity, and causing the agitation of a fluid mixed with gas, or the noise of fluid escaping from a bottle, with intermissions produced by the ingress of air. It might be indifferently represented in letters thus:— Bllop Bllop—Bllop Bllop—Bllop Bllop. It was very loud, most distinct below the left mamma, but audible, but with decreased intensity, as the ear or stethoscope was removed from this part in the course of the aorta, on the right side and the posterior part of the chest, and at the scrob. cordis. It was also distinctly heard when the ear of the observer was removed two feet from the chest of the patient, and imperfectly audible at even three feet. This sound, which Dr. Hughes had never heard before, he supposed might arise from the heart striking against a cavity containing fluid and gas, the parietes of the cavity being covered with soft or plastic lymph. The expectoration, which up to this time, had not been seen, was found to be of a dirty mucous character, and very disagreeable odour, but not decidedly gangrenous. The poor fellow's strength wasted away, diarrhea set in, and he died on the morning of the ninth day after his admission. On examination of the thorax after death, the pericardium was found distended by yellow serum, flocculent lymph and gas bubbles. On one part it appeared to be very red, and on the point of giving way. The heart was soft and flaccid. The greater portion of the upper lobe of the left lung was adherent to the costal pleura by firm lymph, and, with the exception of the thin internal edge, which was white and transparent from œdema, was of a dirty greenish colour, perfectly airless, sank in water, and contained several depots of matter of the size of peas, but no trace of tubercles. The lower lobe was anteriorly adherent to the costal pleura, to the pericardium, and to the diaphragm. On separating the adhesions to the costal pleura, the finger passed into a large cavity in the serous membrane, from which burst a large quantity of fœtid gas, and dirty gruel-like serum, the amount of which had caused a considerable descent of the diaphragm on that side. The quantity of the fluid was about five pints. The surrounding membrane was covered with a thick layer of yellowish opaque-fibrinous exudation. There were several cavities in the lower lobe of the lung, two of which were as large as a pullet's egg, though irregular in form. One was close to the diaphragm; the edges of the other were firmly adherent to the pericardium, opposite to the apex of the heart, and to that portion of the serous covering of the organ which was of a deep red colour. These cavities were almost empty, and had a soft, flocculent, dirty, brownish-green lining. Their external parietes were well defined, and surrounded by pulmonary tissue, which was dark, but still crepitant. The odour was fœtid, and the loose shaggy membrane of some of them floated in the pleuritic fluid, into which air blown into the left bronchus freely escaped, through the large irregular apertures thus formed. The right lung was healthy. The liver was large and myristicate: the kidneys coarse and congested,. The peculiar sound heard during life might be referred to one of three causes, viz., air mixed with serum in the pericardium, gas mixed with fluid in the pleura, and a gangrenous cavity in the lung close to the apex of the heart. Dr. Hughes considers the last named to be the cause, namely the beating of the apex of the heart against the gangrenous cavity containing air and fluid. The gangrene did not affect that part which was not inflamed, but that which was most compressed by the fluid. With this view Dr. Hughes thinks it might have been advisable to have tapped the chest, but no opportunity offered for the performance of the operation,

Ergotism. — Dr. J. B. Thompson describes under this name a disease which it appears is not uncommon among the natives on the western coast of Africa. A lad about 18 years of age, servant to the brother of Governor Rankin, then residing at the Gambia, was thus affected. It was observed that whenever this boy was in the act of brushing the flies and mosquitos from his master, while at dinner, he dropped off into an apparently sound sleep, and remained fixed in his then position. He was often noticed to do the same when about to get anything from off the side-board, or in opening a closet in the dining room. It was often amusing, indeed most laughable, to behold him during this period of somnolency. He was not unlike a person going about the house in his sleep. Indeed, there seems to be some analogy between this affection and that of a confirmed somnambulist; but the former cases are more generally followed by serious —sometimes fatal consequences, after a period of years have elapsed. It would appear as if the circulation in the brain was much engaged; death, in such cases, mostly terminating in a form of asphyxia or apoplexy. The treatment of this singular complaint has not yet been discovered, nor have autopsies thrown any light upon the subject.

Day of Fever.—In a paper entitled 'Statistics of Fever,' in St. Thomas' Hospital, Dr. Burton observes that the histories of the epidemic fevers which existed in early times, and the numerous records of their more recent occurrence in localities remote from one another, furnish sufficient support to the opinion of the probable continuance of an universal and variable, but constant rate of mortality, and that the healing power of physic is controlled by causes the fatal influence of which can never be entirely obviated by medical art. He quotes the records of St. Thomas' Hospital and those of St. John's Fever Hospital in Limerick, published by Dr. Geary, to shew that the mortality was least among the patients admitted during the first week, and greatest after the second week of the fever, from which he concludes that had those patients who were not admitted into the hospital before the second week, been received earlier, their mortality in the total number would have been considerably less, and many lives saved. In pursuing the inquiry as to the influence of the day of commencing treatment on the mortality from fever, and its duration in fatal cases, as well as in recoveries, the agency of organic disease and that of the febrile poison considered as an entity, but without respect to its essential nature, will appear to exercise a strong controlling power which should not be overlooked. To the existence of organic disease, either confirmed before the accession of fever, or caused during its progress, may be ascribed, in part at least, the greater mortality which took place, during the two coldest quarters of six years when the inclemency of the seasons, which is experienced by patients who resort to hospitals far more severely than by others in comparatively easy circumstances, was likely to have excited acute inflammations in some patients, and to have aggravated the infirmities of others. The coexistence of organic disease and recent congestion has been often noticed at post-mortem examinations by different physicians.

Surgical Instruments.—An anonymous writer states, that after using an instrument constructed on Lallemand's plan for cauterizing the prostatic part of the urethra, he cleaned it thoroughly and set it aside. When he required to use it again a year afterwards, while previously examining the stylet, he found that the temporary application of the nitrate of silver had rendered it almost as fragile as the pith of a rush; it broke on the application of the slightest force into fragments an inch long. It had been made of German silver, the ends only being constructed of the pure metal. Had the accident occurred while the porte caustique was in the prostatic portion of the urethra, the consequences would have been serious. This shows the necessity for carefully examining all surgical instruments previously to using them.

Congenital inguinal Hernia.—Mr. Hawkins mentions, in the *Provincial Medical Journal*, a case of congenital inguinal hernia, which became strangulated, was operated on, and the testicle, which had not descended, was found in the sac. The man recovered.

Indian Hemp.—Mr. Worthington, of Lowestoffe, states that he has tried the Indian hemp in several cases. As a therapeutic agent it fell far short of the virtues ascribed to it by Dr. O'Shaughnessy; in some two or three cases where its sedative influence was produced, much larger doses were required than he administered. He found belladonna, given in doses sufficient to produce a dilatation of the pupils, a much more speedy and permanent remedy.

Carcinoma of the Pancreas.—Dr. Fletcher brought before the Birmingham Pathological Society a specimen of carcinoma of the pancreas, the head of which was very much enlarged, and closed the duodenum, so as to form a stricture of that intestine just beyond the pylorus; and also exhibited a portion of the liver affected with the same disease from the same subject. The patient was a woman, 52 years of age, whose countenance had exhibited signs of organic disease. The principal symptoms during life were a severe pain in the region of the stomach near its pyloric extremity, tenderness of the abdomen, pulsation like that of an aneurism in the hypogastric region, and irritable stomach.

Cirrhosis of the Liver.—Dr. Fletcher has had a case of cirrhosis of the liver with a softened spleen, in the person of a blacksmith, 49 years of of age, who had been accustomed to drink hard. The man died of ascites.

GOSSIP OF THE WEEK.

The papers narrate the birth of a child of normal proportions, except in the circumstance of having a third arm and hand (but with only three fingers) supplying the place of a leg. The birth is announced to have taken place in Duke-street, St. Georges-in-the-East. The father's age is given as 80, the mother's as between 30 and 40.

A letter of considerable cleverness has appeared in the *Times* newspaper, under the signature of "Randy's Ghost." The author enlarges on the injustice done to the Surgeons of the Army and Navy, refers to the ridiculous arrangements characterizing the plan of electing councillors and writes with a smartness and acquaintance with the subject which disclose sufficiently plainly the secret of authorship. The writer deals very unceremoniously with Dr. Forbes, who is declared to have known exactly nothing of the subject on which he dilated with such philosophic profundity. The more clever, we say, Dr. Forbes.

The *Spectator* gives, from what it calls a respectable authority, a long communication detailing some extraordinary mesmeric incidents. A married lady, magnetised by the writer, for the first time is suddenly gifted with prevision, and fixes a day and hour in the next week when she is to be the subject of a severe spasmodic attack. Questioned on the best treatment, she recommends the magnetiser to be present, and to make passes from the heart downwards to the feet. About the time fixed, this gentleman is at his post, but out of some incredulity, half an hour after the moment named, and finds the lady in the precise condition she had prophecied. He follows the plan previously recommended, much abates the pain, and seems now convinced that the preservation of life depended on magnetism. Supposing good faith on the part of the lady and gentleman, the only circumstances parallel to this are the much contested dreams in which a future danger is supposed to be foreshadowed to the mind, and which by a strange and *therefore* well-marked coincidence really comes about. The papers this week speak about a boy crushed to death in a mine by a heavy stone as he had dreamed the same morning.

The following gentlemen have been admitted Licentiates of Apothecaries' Hall, within the present year:—Messrs. W. Emmerson, South Shields; C. P. Symonds, Great Yarmouth; E. J. Wright, London; G. Hammond, Dover.

The following gentlemen were admitted Members of the Royal College of Surgeons, on Friday, Jan. 19th, 1844:—J. M. Howell, G. R. Nuttall, F. Harvey, E. Le Clerc, C. G. Read, and G. M. Tracey.

For several weeks back the lists of mortality gave us an increase of deaths, compared with corresponding weeks in previous years. The last two weeks registered, gratify us with the opposite result. For the week ending Jan. 6th, the deaths are 933; for the week ending Jan. 13th, 929; the average of deaths for five winters being 1,009. The diminution of deaths under particular diseases is most perceptible in maladies of the respiratory apparatus. During the latter week, of the twenty that died of small-pox, twelve had not been vaccinated; of the remaining cases, two are described in the following terms: "small pox natural, 6 months after vaccination," under 1 year, and "small pox, 10 days' duration, 6th day of the eruption after vaccination," 2½ years. In four cases, the circumstance of vaccination is not mentioned. The following are the ages of those who died from this cause: five under 1 year, four 1—3, three 3—5, five 5—10, two 10—15, and one 27 years. The following are the cases of death by *violence*, which appear in the tables the two weeks:—Murdered and exposed by some person unknown, a male newly born; suicide by drowning, a female, 28; accidental, a male, 62; suicide by hanging, a male, 34; fractured ribs, a male, 71; accidental choking by a piece of meat, a male, 4; suicide by hanging, a male, 33; accidental injury to the spinal chord at the neck while at play, a male, 25; accidental burn, a female, 6; suicide by hanging while insane, a male, 45; alcoholic liquors, a female, 2; poisoned herself in temporary insanity, 38; found dead, suffocation, a male, 4 months; hanged himself in a state of temporary derangement caused by excessive drinking, 45; accidentally scalded, a female, 3; accidentally drowned by falling into the Thames, a male, 17; poisoning with laudanum (probable cause), a male, 52; epilepsy, three days following concussion of the brain, a male, 2; accidentally suffocated, a female, 7 weeks; accidental, a male, 37; compression of the brain, a male, 34; temporary insanity (2½ oz. of laudanum, and strangulation with handkerchief), a female, 30; accidental, a male, about 50; accidental death by a fall, a female, 54; accidental, a female, 6; hanged himself in a state of temporary insanity, 39; and accidental death from inhaling the steam of a boiling kettle, a male, 2.

Mr. Hayes Higgins has addressed a long letter to a contemporary vindicating the offer of 50*l.* a-year and board with the matron by the Taunton and Somerset Hospital, to an eligible house surgeon. He informs us that sixteen fully qualified gentlemen have become candidates, and gives us to understand that the appointment will be "clover" to the gentleman happy enough to get it. To the arguments added, that medical men generally are ill paid, and that this offers a due proportion we take the liberty of objecting. However great the tendency to low remuneration, the places where the scale should fall last, should be the public *Medical* Institutions. They offer a bad precedent, which the public will be but too happy to justify themselves by in asking greater reductions, and such bodies can afford to do a medical man justice without measuring their repayment by other's niggardly wrongs.

We understand that new charters have been forwarded to the Colleges of Surgeons at Edinburgh and Dublin. The great object of the framers has been, we understand, to identify the system of surgical government in the three countries, and as a consequence, our Irish and Scotch surgical brethren are likely to find themselves furnished with the common cause for complaint.

A meeting was held at the Crown and Anchor on Tuesday evening, to concert measures for calling a public assemblage of the profession. We understand that the greatest harmony and zeal prevailed, that a liberal subscription amounting to nearly twenty guineas was entered into on the spot, and that the conviction that the profession would rise under the new insult as one man was universal. A rumour has reached us that that worthy anatomical veteran, Mr. Carpue, who, according to Astley Cooper years ago, should have been twice President of the College before then, is to take the chair.

In the *Western Times* of this week there is a long account of a mesmeric seance at Exeter, with, we think, the successful exertions on the part of Dr. Elliott and Mr. Pridham of that city, in detecting trickery on the part of the peripatetic and very ignorant exhibitor. A bold essay was made at Clairvoyanee, and the puzzled subject was doomed by the ingenuity of his examiners to be silent or make guesses He made guesses and was palpably wrong. In a paragraph subjoined, it is stated that one of the boys mesmerized, owned to a respectable hotel keeper, whose name is given, that he had pretended to be asleep just to hoax the people. Whatever truth there may be in mesmerism, there seems to us very little in these *interested* showmen who live by *phenomena*, and must, therefore, at any price have them.

Medical Literature.—The "Medical Times Almanac" for 1844, contains not only a great mass of useful knowledge as an "annual" for the profession; but a wide range of information highly servicable to families in general, but more especially so to families in the country: and which information is found in no other manual for the year. We have observed in the *Medical Times*, a gradual advance in character and circulation; the just reward of its superior independence, industry and intelligence: and in the first number for the present year, we have the paltering policy of the *Medical Gazette* in reference to the new "chartered College of Surgeons," properly shown up and dissected.—The merits of this joint-stock specimen of compounded legislation, by the two Baronets, Sir James Graham and Sir Benjamin Brodie—Slippery and Sloppery—Bolus and Blunder—cut and thrust—will soon be brought to a test, as its invidious character becomes developed in the practical machinery of the Institute. The election of the 300 fellows has, in many instances, as it already appears, created unmitigated disgust, from the gratuitous assumption that in Hospital districts, the Medical staff of the Infirmaries are constituted of the first men in the profession: when, in a majority of cases, it is notorious that they are elected by the most disgraceful local jobbery. We are destined to hear more of this in a short time. This creation of a professional aristocracy by the rump of the old council—who, having represented nobody, consider that they are entitled to elect nobodies—will speedily produce a reaction, which must of necessity lead to a revision of the whole scheme of incorporation. The free ground occupied by the *Medical Times* will form a *point d'appui* for the profession—of the result of which we cannot be mistaken.—*Shropshire Conservative.*

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LECTURES ON SURGERY.

By Sir B. C. BRODIE, Bart., Sergeant-Surgeon to the Queen.

Abscess near the rectum; fatty, or steatomatous tumours; mammary tumours—Delivered Jan. 17.

Gentlemen—There are two classes of cases which lead to abscess near the rectum, which I ought to have mentioned, but neglected to do, and of which I intend to give a brief notice now, to supply that deficiency. I was sent for about twenty years ago—and I mention the case because it first drew my attention to the subject—I was sent for to see a gentleman under these circumstances. He had been suffering for a considerable time from pain, deep-seated in the pelvis, which was followed by a sense of bearing down in the gut, and violent spasms—or at least, what he called such—probably affecting the sphincter ani. On examining the parts externally, I could not discover anything; but on passing the finger into the gut, I could feel a large bulging in its side, as high up as the finger could reach. I introduced a lancet into this, up to the handle, and a considerable quantity of pus was discharged. The opening was enlarged with a probe-pointed bistoury passed into the gut, and there was some little hæmorrhage, which was controlled by pressure. The patient was immediately relieved, but the matter continued to flow for some time afterwards, gradually diminishing in quantity. He recovered, and when I saw him some months after, he remained well; he died ultimately of a different complaint.

In this case there was not any evidence of connexion with the rectum, and I have seen three or four other such cases. One of these was a patient in this hospital, who had all the symptoms of deep-seated abscess by the side of the rectum, which afterwards presented at the anus, but he died of some other disease before it burst. On examination of the body, there was found a large abscess in the pelvis by the side of the rectum, extending up to the fascia of the obturator foramen, whence it appeared to arise. There was not any connexion with the gut; I am not, however, able to say that it did not arise from the rectum, but from the pain, and from circumstances connected with other cases, I believe it to have been formed by its side merely.

Abscesses form by the side of the rectum during the commencement of stricture, or of malignant disease. They begin like a common abscess by an ulceration of the gut, the difference being that in the common abscess the ulcer is just above the sphincter, and in these cases, just above the stricture, which is generally situated about three inches above the anus. Abscesses which are connected with stricture or malignant disease, are seldom single; one forms and breaks, and then another, and a third, so that you may have five or six, having an external opening by the side of the anus, or some that are formed by the ulcer in the gut above the stricture, may burst again into the rectum below it. I mention these circumstances merely to prevent mistakes, for I have very little to say about their treatment. It is not of any use laying them open; there is a great length of gut to incise, there would be danger of hæmorrhage, and after all, fresh abscesses would form. Where the abscess is near the skin, you may push your lancet it, and let out the contents.

I have now to draw your attention to another subject—to fatty or steatomatous tumours.

These are of different kinds, the following being the most common. The fat resembles ordinary fat, except that it is more delicate, is of a looser texture, and lighter colour. The tumour is composed of lobules, and is contained in a loose membranous bag, which is not attached to the adjacent parts, but the fat it contains is adherent to it. They form under the skin in the cellular tissue, never in parts where the natural adipose structure does not exist, as in the eyelid, scrotum, &c. They seem occasionally to originate in a slight injury or laceration of the part where they are found, and gradually increase in size. A gentleman making an effort by which his shoulder was strained, felt a snap at the part, and a fatty tumour soon formed. A lady also, while exerting her arm, felt a snap at the shoulder, and when she consulted me a short time afterwards, I found there a small fatty tumour. The diagnosis when it is just under the skin is generally very simple; it gives a peculiar sensation to the finger, which it is very difficult to describe, but when once it has been experienced, is readily recognized afterwards. It is sometimes not immediately under the skin, but deeper seated, and then the diagnosis is more difficult. A lady had a tumour under the shoulder, and I did not know what it was; it was found on operating that it was partly covered by the trapezius muscle, some of the fibres of which were divided, when out there started a fatty tumour. A lady had a tumour of the breast, which was thought to be cancerous by one surgeon, and by another, fungus hæmatodes. It was not known what it was. On cutting down on it, it was found to be a common fatty tumour lying behind the gland of the breast, pushing it forwards, and making it seem diseased. Although a fatty tumour may appear to be a small one externally, it may be found to be a large one when operated on. This happened last week—a patient had a tumour in the axilla, which appeared to be a small one, but I could not get my finger behind it. When I cut down upon it, I found a large fatty tumour extending far back between the scapula and ribs, so that I did not dare to follow it. I therefore applied a ligature, and cut it away.

When the fatty tumour enlarges, the skin is put on the stretch, but it rarely happens that inflammation or ulceration takes place from the pressure that is exerted, although I have known it occur in a patient in this hospital. An elderly man was brought in who had had a fatty tumour in the buttock for years. One year before he was admitted, inflammation came on in the part, abscesses formed, burst, and continued to discharge. Matter and oil or grease were discharged together. It may be worth while to mention what happened in this case. The tumour was dissected out, which was easily done, and the wound healed readily, but the patient became very ill, and suffered a good deal from distress, arising from the sudden stopping of the discharge of pus and fatty matter. By management, however, all went on right.

With regard to the removal of these tumours, they should not be interfered with when small, as they may not increase, but they should not be suffered to become too large, for this reason, they may contract adhesions to the neighbouring parts, and thus increase the difficulty of the operation. When the tumour is large enough, it should be dissected out; an operation that is simple enough if you know how to do it, but difficult if you do not. You must make an incision from one end of it to the other, then cut into the tumour, lay aside the knife, and with the finger separate it from the cellular tissue, and you will generally succeed in getting it all out except at one point, where the vessels are, and there you must apply a ligature. If the tumour be situated under a muscle, you must operate in a similar manner, but the muscle must be fairly divided, as well as the skin, or else you will not be able to get at it.

Another kind of fatty tumour occasionally occurs, which is not described in books. It is not defined, so that you cannot say where the morbid structure ends, and the healthy tissue begins. A man was brought into the hospital about eighteen years since with an enormous double chin extending down to the sternum, and two great tumours as large as oranges behind each ear. They had begun to form about three or four years previously; did not cause him any pain, but made him very miserable, as no one would employ him. He was a gentleman's servant. He had half a drachm of the liquor potassæ given him three times a day, the dose being gradually increased to a drachm. In a month's time, the tumours were diminished in size, and were gradually lessening, when iodine, which has obtained a reputation for the removal of morbid growth more than it deserved, was administered. He soon lost flesh, and the tumours began again to increase in size. The liquor potassæ was then resumed, and he was much improved by its use. He took an enormous quantity of it, after which he left the hospital, and was lost sight of. Some years afterwards I saw him in service in a lady's house, and there were still some remains of the tumours, but they were scarcely observable. I have seen other cases of the same kind, some of which have got better, but in others I have failed to do good.

There is another kind of fatty tumour which has not been described by writers. A patient has tumors in different parts of the body, which feel as if they were absorbent glands under the skin, and are not attended with pain. When they begin to grow, they grow to a certain point, and then do not increase. They are unconnected with any other disease, and I used to doubt their nature; but one of them, which was dissected out, proved to be a fatty tumour, but more consistent than usual. If the tumour is of an inconvenient size, it may be dissected out without causing any harm, but it is useless to do so if there are a great many. Will medicine do any good? I have given liquor potassæ, and in two or three cases it has been of service. I suppose it acts by combining chemically with the oil, forming an alkaline combination with it, which is carried into the blood, and thus got rid of. It cannot be called a very efficient remedy in such cases. It must be taken in large doses, which may be done with impunity if sufficiently diluted. If it should disagree, it should be given in smaller doses, and in milk and water, or clove, or ginger tea. In this way, it should be continued for weeks or months, and may be taken for a long time without injurious effects.

A very singular kind of fatty tumour is one that feels of greater consistence, and when cut down upon, is found to be covered with a reflected membrane, just like the pleura or peritoneum. It is very difficult of removal, because the reflected membrane must be taken away, as well as the tumour. How to distinguish it previously to an operation I cannot tell.

There is a tumour occurring in the female breast which Sir Astley Cooper has called the *mammary tumour*. It is of a peculiar structure and lobulated, the lobules being made up of smaller ones. I was

called to see a young lady, who had a rather large tumour of the breast, of this nature; I made an incision, and removed the tumour, which was composed of lobulated adipose tissue. The wound healed, and the disease never returned. I have seen other cases that were between the two; in some cases partaking more of the mammary than of the fatty tumour, and in others more like the fatty than the mammary. The proceeding for their removal is the same; you must divide the skin and the tumour, and turn it out with the finger. There will be one point of adhesion, where the vessels are.

A lady had what was supposed to be a cancerous tumour of the breast, which had increased to a considerable size. Sir Astley Cooper was called in, and he considered it to be more like hypertrophy of that gland, and that it was nothing else. He recommended pressure, but not deriving any benefit from it, and being tired of carrying the tumour about with her, the lady determined on its amputation. The gland was found to be perfectly healthy, but there was seated behind it a compound of the mammary and fatty tumour, which was dissected away. The patient did perfectly well.

I have said that the skin over a fatty tumour is not ready to ulcerate, but matter may form, and then ulceration take place as a consequence. Sir Astley Cooper thought it might undergo an alteration of structure, and assume a malignant character. He removed what appeared to be an ordinary fatty tumour, but more condensed, from the buttock by dissecting it out, and in it he discovered morbid growths of the medullary or fungoid disease, and no doubt, had it proceeded to ulceration, it would have run the course of other malignant tumours.

I have thought it right to bring this subject before you, because these are things not recorded in books, although they are known to practical surgeons, and it is right you should know them, and not have to find them out for yourselves.

PARISIAN INTELLIGENCE.

(FROM OUR OWN CORRESPONDENT.)

Paris, Jan. 25, 1844.

On the diagnosis and mode of development of Scarlatina. By Professor Chomel.—At No. 11, St. Catharine's ward, is a young man affected with scarlatina, who does not know where he contracted the disease, having never, to his knowledge, approached a person affected with the disorder. This is not to be wondered at, in large cities, where often the inhabitants of the same house are strangers to each other, and where so many thousands jostle and bustle past one another in the streets. There the contagious principle must possess modes of propagation which we cannot discover, for how can we tell whether the individual we have just been in contact with has not past the preceding night beside a patient afflicted with scarlatina. Consequently it is only in small towns that this question can be decided. But may it not have declared itself spontaneously. Rubeola, variola, scarlatina, are not inherent to this country; they only appeared at a certain epoch; but the causes which produced them do not exist, and it is only where such is the case, that they appear spontaneously. If it is admitted, as some authors have asserted, that they originated in Arabia, then Europe does not present the necessary conditions; and it may be concluded, that in the latter regions when a person offers one of these affections, it is produced by contagion. In small towns and villages, the inhabitants being acquainted, it can be positively ascertained that such a person, on his return home from a spot in which the disease reigned, was taken ill, and that it afterwards attacked all those who had not previously been affected. Therefore, whenever I see a patient affected with one of these diseases, I conclude that it was contracted; and if I know not the precise place where he caught it, still my opinion is not changed, on account of the cause being somewhat obscure. For instance, in the present case, I think the disease was produced by contagion; and what is more extraordinary, is the assertion of the patient, who states his having already had scarlatina when six years old. Without denying the possibility of such an event, still it is more than probable that the first was rubeola not scarlatina; the more so, as the patient does not remember having been affected with that disorder. For the last six days he suffered from a slight sore throat, followed by shiverings and redness of the skin. These symptoms did not hinder him from continuing his work (he is a jeweller), eating and drinking as usual, and that without aggravating the disease. He presented on his entry the following signs: pulse 116, full, strong; cephalalgia; skin red; lips swoln; eruption about to decrease on the face; tongue white in the centre, apex and edges red. The inflammation of the buccal mucous membrane develops itself in the same manner as on the skin, but goes through the different phases with much greater rapidity; so much so, that in an exanthema when the eruption is hardly visible on the cuticle, it has already reached the second stage in the mouth, and when at its maximum in the former, has nearly disappeared in the latter. Sometimes the redness, instead of being uniform, as if the skin was dyed with raspberry juice, offers small red points similar to those of rubeola. This may cause some confusion in the diagnosis, especially when rubeola is not accompanied by irritation of the conjunctiva, or of the nasal mucous membrane, and when in scarlatina the mouth remains unaffected. The following symptoms will be found useful in diagnosticating these two diseases. Thus: in rubeola, the eruption does not appear in a regular and symmetrical manner; on one part a small spot is found, in another, a large; here, a round one, there, a triangular; some are dark red, others bright red; sometimes slightly raised above the level of the skin. In scarlatina, on the contrary, the redness is uniform; if in patches, they appear with regularity and are small, roseate, of equal size, and equidistant from one another; finally, in this last case, it seldom happens that there does not exist on some portion of the skin the redness characteristic of scarlatina. In the case under consideration the diagnosis is certain, not only on account of the presence of the preceding symptoms but likewise from the state of the mouth; as to the œdema of the hands which never takes place in rubeola, it does not exist, and it is impossible to say if it will appear later. Another circumstance is the simultaneous development of the vesicular and scarlatinous eruptions; it is not uncommon to see the former in the bend of the arm, the groin, &c., and here a few were to be found. Finally, the manner in which desquamation takes place is very different; in scarlatina the scarf-skin falls off in large, whilst in rubeola it takes place in small scales like bran; besides which the skin seems to have lost its ordinary suppleness, and presents a peculiar, smooth, polished and shining aspect. *Treatment.*—In all diseases which are produced by contagion, it is against the cause that the remedies must be administered; for the inflammation of the skin is not characteristic of the affection, there being cases on record in which it did not take place. Scarlatina therefore ought not to be defined as an inflammation of the skin, for though it is generally complicated with this phenomenon and cynanche, still both may fail. *The pathognomic and primitive phenomenon, is, in my opinion, the contagious principle.* I lay more stress on this, because in cases in which the inflammation of the skin is very intense, the treatment must never be similar to that which is necessary in cases of pneumonia and the like. Venesection ought not to be frequently employed, experience having proved that it is often productive, in exanthemata, of very fatal consequences. The first thing to be attended to, is to place the patient in good hygienical conditions, keeping a moderate temperature in the circumambient atmosphere. It must not be supposed, however, that I exclude altogether bleeding in the treatment of scarlatina, the more so as I think in some few cases it may be useful. What I mean is that it must be employed with circumspection in serious cases, and never had recourse to in ordinary ones. Energetic revulsive remedies are far more efficacious. A method preconised in England, when the eruption takes place with difficulty, is, cold ablutions, on account of the reaction which follows, the redness and heat of the skin increasing. But in order to have beneficial effects, the patient must be strong and robust, otherwise the reaction may not take place. A case, which occurred in one of my wards, is a proof of this; a woman was received on the second or third day of the eruption, in a very debilitated state; instead of employing cold ablutions, I ordered a bath at 105° F. When removed, the skin was of a scarlet colour, and the patient recovered. Would cold ablutions have produced the same effect?—When speaking of the diagnosis, I mentioned how essential it was to ascertain positively whether the patient had been previously affected with rubeola. If such is the case, the individual may with impunity attend persons labouring under this disease, whilst if exposed to scarlatina he would contract the disorder, and *vice versâ*. Another reason of far more importance is, that, during efflorescence in rubeola, œdema and albuminaria seldom take place, and therefore that it is not necessary to keep the patient for twenty or twenty-five days from cold air, or to watch over him so as to prevent the least deviation from strict hygienic rules.

Cataracta; consecutive accidents. Dr. Sichel has published a memoir *on the accidents which follow the extraction of the cataract; and on the suppuration of the cornea, and the whole eye, with the best means of obtaining its cure.* Since the description of this operation by Daviel, every operator has unfortunately had opportunities of observing, in cases, which at first seemed to promise a rapid cure, a serious accident which comes on sometimes in a very insidious manner. It is a sort of suppuration produced by various and, in some cases, without any known causes, a suppuration which attacks rapidly or slowly the cornea, and secondarily the whole eye. Professor Maunoir, sen., of Geneva, in a memoir lately published, attributes it to the mortification of the cornea, caused by the opening made in that membrane being too large. But this cannot be considered either theoretically or practically as the cause; numerous others exist, the most frequent of which is the separation of the lips of the wound. *Symptoms.*—The first symptom which appears is a small quantity of a thin, serous fluid, which soon becomes mucoso-purulent, and, after moistening the edges of the eye-lids and eye-lashes, is accumulated in the internal canthus. Shortly after, and sometimes simultaneously, the edges of the eye-lids swell, and offer a dark red, shining hue, and slight œdema. These symptoms, contrary to the assertion of M Maunoir, may come on as late as the tenth day; it is therefore highly necessary not to conclude that the cure is complete, before ascertaining by the examination of the eye, that no inflammation exists, and that the cicatrization is perfect. In some cases the disease remains stationary a day, and sometimes a week. If therefore, an appropriate treatment has failed to afford relief on the third day after their apparition, the eye must be examined in order to discover, if possible, the cause, and apply the proper remedies. Hesitation or delay may here be productive of the most serious consequences, and though no symptom seems to indicate that the disease continues to increase, yet when the apparatus is removed and the eye opened, the cornea is found partly or entirely infiltrated with pus. As long as the inflammation is limited to the cornea, no pain is felt; but it appears when the phlegmasia extends itself to the internal membranes, and especially to the iris. In this last (iritis), the pain is often paroxysmal, extending along the branches and ramifications of the infra-orbital nerve, and the treatment must be energetic, and persevered in as long as any inflammatory signs appear. Sometimes iritis comes on without causing the least pain, and it is only discovered by examining the eye. The second stage is characterised by increased secretion, tumefaction and redness of the eye-lids, extending to the whole surface of these mobile coverings, which become more and more renitent. The liquid secreted, whilst it increases in quantity, becomes thicker, of a dark yellow colour, and purulent; the light reddish blue tint of the eyelids is changed to dark vermillion, and the œdema becomes general. If, at this period, the lids are separated, which is not done easily or without pain, on account of the swoln and inflamed state of the upper one, the conjunctiva is found to be the seat of phlegmonous chemosis, and the upper lip of the wound is separated more or less from the under. In a more advanced stage, pus separates the edges of the wound so that they form

right angles with each other, and fills the two cameræ: the most energetic remedies are unavailable to restore sight, and it is with difficulty that the inflammation is prevented extending itself to the eye, and ending in suppuration. If the eye is examined shortly after the appearance of the disease, the suppuration occupies only a portion of the wound, and then by an appropriate treatment its progress may be arrested, and the patient is not forced to make use of an artificial eye—a very important circumstance, when the person is not rich. The pupil is sometimes obliterated by a false membrane; if in this case portions of the iris and cornea remain in their normal condition, the artificial pupil may be formed after the other accidents have disappeared. When the development is very slow, the cornea sometimes presents a greyish hue, but this is not produced by sphacelus, but by a mixture of a fibro-albuminous liquid with the pus situated between the different layers of the cornea. *Causes:* Though numerous, they may be included under the two following heads. 1° *Traumatic Ophthalmia—Causes which existed before or arise during the operation.*—Strong, sanguineous constitution; peculiar disposition of the eye to become inflamed, indicated by increased sensibility, and by its becoming injected from the most trivial causes; chronic inflammation of the external membranes; slight granulation of the palpebral conjunctiva; cicatrices of the cornea, produced by a former ophthalmia. In such cases a preparatory antiphlogistic treatment and a proper regimen is indispensable, especially when to the hyperemic and inflammatory disposition existing, is added an habitual cerebro-ocular congestion. Chronic conjunctivitis, however slight it may be, must be combated for several weeks constantly by irritating pediluvia, gentle purgatives, astringent collyria, and cold fomentations. The nitrate of silver, being too irritating, ought not to be employed, except when there exists a granular state of the conjunctiva, which perhaps may need an application of the sulphate of copper *in naturâ*. The presence of a cicatrix points out the necessity of a very minute examination, so as to ascertain accurately not only the present but likewise the previous symptoms, as it is preferable in this case to employ uselessly antiphlogistics, and even to change the *modus operandi*, than to run the risk of giving rise to serious accidents by employing the method by extraction. The following circumstances render extraction more difficult: the globe of the eye very small, or deeply seated; the cornea but slightly convex; the camera anterior narrow; the lids thick; eyes very mobile and turning upwards as soon as touched with the instrument; contraction of the muscles of the eye, which is sometimes very considerable when the *keratotome* is penetrating through the camera anterior, &c.; sometimes the skill of the operator surmounts the difficulties which present themselves, whilst in others, notwithstanding the utmost care and attention, the operation becomes a predisposing cause. In these cases, from gr. i to gr. iß. of the extractum, or gtt. x. or gtt. xii. of the tinctura opii, ought to be administered immediately after the operation, and a small quantity of blood should be taken from the patient at the same time or the next day; and if traumatic ophthalmia declares itself the most energetic means must be employed. In order to keep the eye motionless, the fore finger of the hand that is free must be placed gently on the inner canthus, avoiding pressure, and the operation must be performed slowly, the surgeon speaking now and then to the patient so as to soothe him. Finally, the assistant, whose duty it is to raise the upper lid, should be recommended to place his finger so as to prevent the eye ball rolling upwards, but at the same time not to press upon it. *Causes which act on the patient after the operation.* Every circumstance which excites the eye, whether dietetic, or making use of the organ too soon, may create ophthalmia. To prevent these accidents the patient must be watched, and strips of court plaister kept constantly on the eyes: sudden movements of the head and body, straining, &c., may cause a separation of the lips of the wound and subseqnently ophthalmia; the slightest blow on the eye produces the same effect. The utmost care must therefore be taken to avoid these accidents. *Rheumatismus* is not an imaginary cause, and when such a disposition exists, cold fomentations must never be employed, especially in autumn; the treatment must be anti-phlogistic. and anti-rheumatismal. 2° *Separation of the lips of the wound,* which may be caused by:—*Accidents which take place during the operation.*—If the incision is clumsily done, it becomes one of the most frequent causes of separation; the greatest care must, therefore, be taken, in order to perform it in a proper manner. Its extent ought to be equal to about one-half the circumference of the cornea; the knife must be introduced 0·118 inch above the transverse diameter, and 0·079 inch distant from the outer edge of the cornea: the counter-opening on the same level, and equi-distant from the outer edge. The obliquc incision proposed by Wenzel, is preferable; consequently, the angle formed by the blade of the knife with the cornea, must be a very obtuse one, so as to pierce that membrane obliquely. The instrument must then be pushed onwards slowly, and when the division is nearly completed, the operator must cease for an instant, and exhort the patient to be calm, and to avoid contracting the muscles of the eye; after which the *keratotome* must be withdrawn, so as to terminate the incision in the most gentle manner possible. This method which repeated success proves to be the best, prevents the sudden escape of the crystalline lens, the prolapsus of the iris, or the separation of the lips of the wound. It is for these reasons that Mr. Alexander, of London, withdrew the knife, and finished the division of the cornea with a pair of scissors—a modification, useless, if not injurious. Not only too large an incision, and which is nearer to the sclerotica than 0·079 inch, may produce separation, infiltration, and suppuration of the lips of the wound; but likewise too small an opening produces the same effects, on account of the difficulty experienced in extracting the crystalline lens, especially if it be large. For this reason, a large incision is preferable to a small one, in cases of semi-fluid, or semi-firm lenticular cataract, which may be recognised by the following symptoms:—Lens of a whitish grey tint; shadow on the iris very slight; contractions of the pupil very limited; sight less perfect in a moderate light than in cases of firm cataract. When the cornea is divided, several causes may become injurious, by producing violent and sudden contractions in the muscles of the eye, by which the lips of the wound are separated, such as too large a *cystitomus*, or scoop; the too-frequent introduction of this latter; injuries done to the iris; too strong pressure on the eye to force out the lens. These may be avoided in making use, instead of a *cystitomus*, of a needle having at one end a narrow lance to divide the capsule, and at the other a scoop about 0·118 inch in diameter, which must, notwithstanding, be introduced with precaution, and as seldom as possible. If, perchance, small portions of the capsule cannot be removed by the scoop, a very small forceps must be introduced, *closed*, and opened as little as possible so as not to injure the lips of the wound. The lens is now pushed slowly forwards by very gentle pressure, which must be diminished when it is about to escape through the pupil and the wound. Immediately after it is completely out of the eye, the assistant must let the upper lid fall, and the eye must not be opened again, except merely to try the sight, the alarm felt by the patient being calmed when he finds that the operation has succeeded. The edges of the wound must then be brought together, and strips of court plaister placed on the orbit, so as to keep the parts hermetically closed. This is especially needful in old persons, where the flaccidity of the cornea sometimes prevents the exact reunion of the wound.—The prolapsus of the vitreous humour may likewise become a cause. *Accidents which take place after the operation*—pressure on the eye; sudden movements of the body; straining to evacuate the rectum of its contents: to avoid this, a smart purgative must be given the day before the operation, which leaves the patient quiet for six or seven days; nervous agitation, delirium; prolapsus of the iris; imperfect cicatrization. To resume,—Extraction ought to be employed in cases of fluid or semi-fluid cataracts in persons upwards of 40 years old, on account of the difficulty with which they are reabsorbed. On the contrary, couching is preferable, when they occur in young persons, and for firm cataracts at all ages. No operation ought ever to be performed so long as sight remains perfect in one eye, otherwise diplopia will be the result; this, however, does not take place when the sound eye is affected with myopia, amblyopia or opacity of the cornea. As to the treatment of the consecutive accidents, the inflammation must be combated *without delay* by active antiphlogistic remedies; the suppuration by instilling into the eye a few drops of laudanum, at first diluted with water; cauterizations with nitrate of silver; and if the patient is of a weak constitution a decoction of polygala senega internally, combined with nutritious diet. At a later period, astringent lotions; ointment, containing hydrargyri proto-chloruretum or hydrargyri oxydum rubrum; and gentle pressure downwards on the lower lid, so as to increase the distance between it and the wound, and prevent its irritating this latter.

Academy of Sciences; sitting of the 22nd January. Baron Ch. Dupin in the chair.—At the secret meeting which took place on the 15th, Professor Andral, in the name of the commission of medicine and surgery, proposes awarding the following prizes: 1st, The sum of 240*l.* to MM. Stromeyer and Dieffenbach, the first for having performed on the dead body the operation for strabismus, and the second for having done the same on the living subject. 2nd, 200*l.* to Messrs, Bourgery and Jacob for their *Iconographie d'anatomie chirurgicale et de medicine operatoire.* 3rd, 160*l.* to Dr. Thibert, for his reproduction in wax of different cases of pathological anatomy. 4th, 120*l.* to Dr. Longet, for the pathological part of his treatise on the anatomy and physiology of the nervous system. 5th, To Dr. Valleix, 80*l.* for his *Traité des neuralgies.* 6th, Honourably mentioned: Dr. Amussat for his researches on the wounds of blood-vessels; Drs. Serrurier and Rousseau, for their treatise on diseases of the air tubes in man and animals; and Dr. D. Boyer, for his treatise on the cure of ulcers by means of pressure with strips of diachylum.

On Metallic Acids.—M. E. Remy read a memoir containing his researches *on the acids formed by osmium and iridium.* These metals, though they exist in considerable quantity in the mines of platinum, have as yet been but little studied. Berzelius admits that his researches must only be considered as a simple sketch. One of the reasons why osmium has been so little examined by chemists is, that similar to arsenic, when heated, it unites with oxygen and is volatilized under the form of a deleterious gas, difficult to condense. The best method to obtain osmium and iridium (by that of Berzelius the latter is never entirely free of the former) is the following:—mix 100 parts of platinum ore with 300 parts of nitre, in a Paris crucible, and submit the mixture for an hour to a red heat, and when calcined it must be poured on a metallic plate in the open air. During the whole time the face must be covered, otherwise the skin will be irritated by a small quantity of osmic acid which escapes. The mass is then mixed with nitric acid and placed in a retort, and the disengaged osmic acid is received in a concentrated solution of potash. The residue is then mixed with water, which dissolves the nitrate of potash, and afterwards with hydrochloric acid which forms with the iridium a soluble chloruret, leaving the osmium under the form of osmiate of potash. This last in losing a part of its oxygen, is converted into a red salt, crystallizing in octohedrons, and may be called *osmite of potash.* This salt is formed by the combination of an acid, containing less oxygen than osmic acid, with potash, and is decomposed by the weakest acids, furnishing osmic acid and deutoxide of osmium. It is obtained by pouring on a solution of osmiate of potash, a small quantity of alcohol; the temperature of the mixture is increased; it assumes a red colour, and crystallized osmite of potash is precipitated, insoluble in alcohol, and unalterable when exposed to the air. Mixed with a cold solution of ammonia, it is at first dissolved, and afterwards forms a new compound almost insoluble in cold water. It is from this bi-basic salt, when calcined, and a current of hydrogen gas allowed to pass over it, that pure osmium is obtained. To obtain iridium, mix with the chloruret of osmium and iridium some ammonia; a dark red precipitate is thus formed, composed of bichloruret of osmium

and iridium united with ammonia. A current of sulphurous acid gas decomposes the chloruret of iridium, and forms a new compound, soluble in water, crystallizing in prisms of a brown colour, and easily purificd. This salt when calcined in a current of hydrogen gas furnishes pure iridium.

On the Cannabis Indica.—Memoir presented by M. Liautaud. The narcotic and exhilarating principles of this plant are well known in India, Persia, Asia Minor, Turkey, Egypt, &c., and for this reason it is employed in nervous disorders, and in smoking. Hahnemann recommended it in convulsions; in Egypt it is administered in the plaguc, and in Calcutta is of very general use. Rumphius described it as a peculiar species of cannabis: Roxburgh, Hamilton, and Dr. Wallich, as a variety of the cannabis sativa. The *churrus* or Indian hemp is in irregular fragments of a dark green colour, granular texture, composed, according to Dr. O'Shaughnessy, 1° of a green substance offering the characteristic smell of hemp, 2° a resin containing the narcotic principle, and 3° remains of the plant. The district of Patna furnishes the best churrus as well as the best opium. This substance is obtained in two ways; by hand, or by an individual walking to and fro among the plants; the waxy substance which exudes from the stems and leaves, and adheres to the person, is collected. The *gunjah* or entire plant is sold at Calcutta, and furnished Dr. O'Shaughnessy with 20 per cent of resinous extract. The diseases, in which the author, after making several experiments on animals, tried its efficacy are: rheumatismus acutus and chronicus, hydrophobia, cholera, tetanus. dysenteria, delirium tremens, convulsions in children. In tetanus, 3j of the tincture must be given every half hour until the paroxysms cease and catalepsia shews itself. In hydrophobia, grs. x, to grs. xx, of the extract until the patient is comatose. In cholera, gtt. xxx of the tincture until the cold stage and the vomitings cease. The resinous extract is prepared by boiling the tops of the gunjah in alcohol until the resin is dissolved; after which the tincture is evaporated until perfectly dry, in a vase placed in boiling water. It may be given in pills, alone, or combined; the tincture is prepared by dissolving the extract in rectified spirit.

On anatomy among the Chinese; by the same.—The anatomical plate which accompanied the letter was purchased from a physician of *Tching-hae*, after that town surrendered to the English army, on the 14th October, 1841. The plates were engraved in the year, 1576, at which period, China had little or no communication with foreign countries. The translation is from the pen of M. Julien. The organs composing the human body are divided into two classes: 1° the *tsang*, or parenchymatous viscera, five in number,—lungs, heart, liver, spleen, and kidneys: 2°. The *fan*, or membranous viscera, six in number,—large and small intestines, stomach, bladder, vesica fellis, and the three *tsiao*. The brain is not included in the number, and is known under the name of *mother of the spinal marrow*; this last extends from the head to the extremity of the theca vertebralis or coccyx. The orifice of the air (*ke*) communicates with a canal corresponding to our trachea, which divides itself into seven other canals, one in the centre, leading to the heart, four leading to the left lung, and two to the right. The lungs (*fé*), two in number, are contained in the thorax; they are divided into six lobes, two to the right, and four to the left. The heart (*sin*) placed in the centre of the lobes of the lungs, seems to be suspended by its basis to the trachea; its apex is turned to the right. The pericardium (*poon-lo*, literally envelope of the arteries) covers the heart, and is composed of seven imbricated layers. From the basis of the heart, to which the canal communicating with the mouth is attached, three other canals arise; that to the left descends, beside the vertebral column to the kidneys; that in the centre to the liver; and that on the right to the spleen. The heart and lungs are separated from the abdominal viscera by the diaphragm (*kin-mo*, literally skin of the thorax,) which is attached to the vertebræ, the ribs, and the abdominal viscera; stomach represented under its real form, its cardiac extremity communicating with the mouth by means of the œsophagus; its upper surface is covered by the omentum; to the right the pylorus (*ycon-mer*, literally obscure opening) establishes the communication with the small intestines (*sceaou-thang*), which fill the upper part of the abdomen. The small intestine is separted from the large by the ileo-cœcal valve (*lan-mum*) where the liquid part of the food is parted from the solid, the former being carried to the bladder, the latter to the rectum (*thé tchang*), which ends at the anus. The upper part of the bladder (*yeang kouang*) is hid by the intestines, and united to the urethra, through which the urine escapes. The spleen is situated somewhat above and to the right of the stomach. The liver is on the left side of the stomach; the *vesica fellis* (*tan*) in the centre of the lobes of the liver (*kan.*) Finally, behind and to the left near the vertebral column, is the kidney (*chin*) covered by several membranes. This organ, according to the Chinese physiologists, secretes the seminal fluid, excreted by the urethra. There is a singular analogy between the Chinese and ancient Grecian theory of the urinary secretion; they say that urine is separated from the food in the intestinal canal, from whence it passes into the bladder by pores or imaginary canals, which opinion was generally received before Haller. The principal organ is the heart, seat of the soul; next the liver, and thirdly the lungs.

On a Vegetable Poison, which the Indians in the neighbourhood of the Caraccas put on their weapons,—by Professor Pedroni, of Bordeaux. It is under the form of a solid extract, attracting the moisture of the atmosphere; soluble in water and alcohol; the solution in the former of a dark brown colour; the latter of a light sooty tint; is compossed of fecula (in large quantities); ligneous substance (a little); strychnine 1-6; iron; brucine; sulphate of potash; chloruret of potassium; resin; water; chalk. A small quantity of the aqueous solution was placed under the skin of the right thigh of an animal; seven minutes after, tetanus came on, and death in twelve minutes: the same result was produced in eleven minutes with the alcoholic solution. The tetanus was not intermittent, as in cases of poisoning with the nux vomica.

Cauterizations in Cynanche Trachealis.—Dr. Hatier addressed a letter, in which he recommends cauterizing the fauces with azotate of silver, before the apparition of the membranes, by which means they are prevented from developing themselves.

Ulcerations of the Cornea—Professor Velpeau presented, in the name of M. F. Micallef, physician to the hospital of Malta, an observation on the efficacy of the sequi-oxide of mercury, in the treatment of ulcerations of the cornea.

Academy of Medecine. Sitting of the 23rd of Jan. M. Ferrus in the Chair.—At the request of several members the part of the *procès verbal* relative to what took place at the *comité secret* is suppressed.

Glanders.—M. Landouzy, of Rheims, addressed an observation of glanders caused by a wound made by the tooth of a sick horse on the hand of a man, while forcing open its mouth.

The discussion on Professor Cruveilhier's memoir was then continued. *Professor Gerdy* admits with the author of the memoir that fibrous tumours exist, which are however in some cases with difficulty distinguished from cancer. They offer a white firm tissue, similar to that of the fibrous tumours met with in the uterus; are generally not painful, and when so, the pain is not like that which exists in cancer; never become cancerous; may be divided into benign, malignant, doubtful. Certain signs indicate the presence of a malignant tumour—such as skin shining, presenting here and there depressions produced by the retraction of the cellular tissue; itching, shooting pains. In these cases, and when there is any doubt, the operation ought to be performed; but benign tumours may be allowed to remain. *Professor Velpeau* said, that tumours, not susceptible of becoming cancerous, exist in the mammæ, and are of two kinds: the one fibrous, the other fibrinous; these last produced by extravasation of a small quantity of blood in the tissue of the mammæ and which are evidently not cancerous. Since Bayle and Laennec, four species of cancerous tumours are admitted: viz., encephaloïdes, scirrhus, colloïdes, and melanosis, which are easily distinguished from the former when removed. Can this be done in the living subject? in some cases without a doubt, whilst in others it is impossible. In my opinion, no real fibrous tumour, no more than a lipoma, ever becomes cancerous, the observations published on this subject being far from conclusive. As to the necessity of the operation: it ought to be performed not only when there is a certitude that the tumour is of a cancerous nature, but, likewise when there is the least doubt; for if permitted to remain, certain death is the consequence; whereas, by its removal the life of the patient may be saved, even if it is cancerous, for it does not always re-appear. In a case which occurred to me, though the tumour was of an encephaloid nature, it has not been re-produced, though six years have elapsed since the operation.—After a few remarks from *Professors Moreau, Roux*, and *Cruveilhier*, the discussion was postponed.

Professor Blandin presented a tumour which he had removed from the roof of the mouth, which had begun to degenerate. If a fibrous tumour, it is a proof that they become cancerous, and if a cancer, this last can present all the symptoms assigned by Professor C. to fibrous tumours.

M. Lisfranc presented a patient, operated upon by him, for an extensive burn on the thorax.

GARLAND DE BEAUMONT, D.M.P., B.L., & S.,
Honorary Physician to the Spanish Embassy.

SKETCH OF A CLASSIFICATION OF MENTAL DISEASES, WITH SUGGESTIONS ON THEIR MODE OF TREATMENT.

By Dr. VON DREER.

Translated from the German for "The Medical Times," by H. C. Mix, Esq., Graduate of Koenigsberg University.

Man recognizes his own nature only in his actions and in their effects. This knowledge of oneself ought to form the basis of the researches of the medical psychologist, for it is impossible to understand the various diseases of the mind, without being acquainted with its healthy state. He who accurately observes and is conscious of the various *transient* mental disturbances induced by different external circumstances, and by the gradual physical changes of his organisation, will be enabled to trace within himself all those forms of *lasting* mental distraction which constitute mental diseases, and thus arrive at a comprehension of their causes. Human nature, traced as minutely as possible by our own consciousness, presents an unbounded field to the physician as well as to the moral philosopher, offering to observation those fundamental principles which lead us to a correct judgment of all possible deviations of the above phenomena, and of their causes in others, affording us also the means by which we may reconduct those deviations to the controul of reason. It follows from this, that the science of education and the instruction respecting the treatment of insane persons, are closely allied.

Ancient philosophers classified the functions of the mind into *higher* and *lower*, and considered the former as capable of mutation; the latter as absolute and constant.

Sensations, inclinations of desire and aversion, and the "*wishing*" faculty, constitute the three psychologico-physiological phenomena which form the *lower* mental facultics. The *higher* comprise the following: Firstly, pure reason; secondly, the higher degree of *appetitiveness*, and *the will*. The question "How are the two different classes of the functions of the mind produced?" we shall find the answer to be, that each of the manifestations of mind consist of two different elements, certain phenomena of organic life, and certain absolute faculties of the mind.

The healthy or normal state of the mind consists in a real ascendancy of the higher mental faculties over the lower, and this ascendancy causes the state of free will. The abnormal state of the mind, on the other hand, is produced when this ascendancy is wanting—when the manifestatiens of ideas, of inclinations, and of their actual determinations, are caused by the predominancy of the physiological phenomena, and when the action of the higher mental facultics is impeded. The former state, in its most perfect development, exhibits the man of sound reason, which healthy state, in ordinary life, is also indicated by prudence. The

latter exhibits itself by the very variable deviations from the normal state.

We may now reduce all the possible deviations of the human mind *into two principal classes.*

The first class is characterised by the ascendancy of physiological phenomena over psychical, all its deviations being caused by a voluntary subjection of the former to the latter, whilst the essential character of all other deviations *constituting the second class*, consists in the circumstance that this ascendancy has its origin in a changed state of the physiological powers, by which the manifestations of the mental faculties are suppressed, misguided, and impeded, where consequently no voluntary subjection of them takes place. The former class comprises all *errors*, *vices* and *crimes*, for which man is responsible, because such were preceded by a voluntary subordination of his sound mental faculties. The second class comprises all mental diseases.

This is the most general view of the doctrine of mental diseases. The various mental diseases have —from the most ancient period of medicine to the present day—appeared under three forms. They are designated *mania*, *melancholy*, and *imbecility*. Esquirol, who attempted to determine the difference of these three different forms, says: "We either find in the mentally diseased a rambling of the attention, which we observe in madness, or the concentration of attention to one object, as exhibited in melancholy, or total deficiency of attention, as exhibited in imbecility." Esquirol, therefore, is of opinion that the faculty of attention is essentially out of equilibrium in the insane. What, however, is attention? Attention is that transcendental act of the human mind by which it can at pleasure exclusively devote itself to certain objects. It is evident from this that it presupposes the voluntary action of the mind; Reil therefore observes, "attention is a voluntary act, and it requires exertion to commence and to continue it." Attention thus being a voluntary, free manifestation of power, how can the existence of it be assumed in a state of insanity, which, in itself, precludes the free action of the mind? But Esquirol asserts "that the attention in insane persons is materially disordered, and on contemplating the kind of distraction in which it exhibits itself in the three different forms, mentioned by him, it becomes evident that it has its origin in the loss of the free action of the mind. Free mental action being the essential quality of attention, an attention which cannot voluntarily fix itself on, or depart from a subject, is no attention, but it is rather a transcendental faculty of the mind, fettered by abnormal actions of the lower mental faculties."

The truth of this remark will become still more evident, on explaining those three different forms of disease observed in insanity *by the aid of the principles which we have stated above.*

According to these principles we may assume that the free, transcendental function of the mind is thus subordinate to the course of ideas, that it is drawn and carried away by them into a vortex, instead of its being the voluntary cause of their existence.

In *melancholy*, on the contrary, this transcendental activity of the mind is immovably fixed on an individual or on several ideas, or on a feeling and inclination, or on the execution of a certain action: so that attention seems to be concentrated in this one absorbing subject. It is quite different, however, I believe, in imbecility. I am of opinion that that state of the human mind which we call imbecility, is not produced by the ascendancy of the physiological powers over the psychical, as is the case in mania and melancholy, but that it proceeds from these physiological powers not having arrived at the degree of development, necessary to exhibit, in conjunction with the psychical powers, that degree of perfection of the lower mental functions, which constitutes the normal state of the human mind. This state of the organization, owing to which the transcendental functions of the human mind cannot perfectly develope and exhibit themselves, is either innate with the individual, viz., *idiotism*, or acquired in consequence of some incidental disease, viz., *real imbecility*. Imbecility—taken in another point of view, however—is also that state to which all mental diseases hasten: for the continuation of an abnormal state of the physiological phenomena, terminates at last in their extinction or destruction.

There are different degrees of imbecility, and it is either general or partial.

We will now leave the subject of these two states, idiotism and imbecility, and return to the more particular determination of those states of insanity, which, by the more ancient authors were designated mania and melancholy.

The human mind in its normal state, and with regard to the threefold kind of its manifestations, namely of its ideas, of its inclinations and emotions, and of the action of its will, may be considered as a whole, whose parts, by mutual relation, are connected with each other, forming a unity, which unity, in a perfect state, is directing and governing every individual part.

The question then is, what happens in a state of *mania*, with this fundamental principle of the mental functions of human nature? In a state of mania the free, transcendental ascendancy of the mind over the lower mental functions ceases, and that unity which connects them, no longer existing, they exhibit themselves multifariously, without unity, following one another in succession. This state, properly speaking, is therefore a state of eccentricity of the phenomena stated, and this eccentricity indeed is the principal symptom of the state of disease in maniacs. This eccentricity may be exhibited in different stages, which are so easily distinguished, that this form of mental disease may again be divided into three varieties. But we will first proceed to explain the other class of mental diseases termed melancholy.

Esquirol divides all forms of melancholy into two kinds, viz., lipomania and monomania. The former, according to him, is a mental distraction fixing itself upon one individual object, or a small number of objects, attended with sadness and dejection; the latter is limited to one, or a few objects, and attended with excitement. Esquirol —as indeed most of the modern psychologists—is also of opinion that every form of lipomania and monomania consists of a *partial* mental distraction, as a sort of antithesis to mania, which he considers as a *general* distraction. This mode of division which has been recently considered as very important, appears to me to be wholly inadmissible; it being incorrect that the mental principle is only partially deranged, in those diseases which Esquirol comprises under the designation of lipomania and monomania, and that a patient so afflicted is only to be considered as mentally diseased with regard to one idea, inclination or passion, and that his other mental faculties are in a perfectly healthy state. The free will of action—in such patients —is so fettered by a morbid idea, inclination, passion, or desire, that they are thereby rendered incapable of mentally devoting themselves to any other object. The reply which might be made to this, namely, that such patients judge correctly of every other object, not interfering with their predominating idea, cannot hold good, since it must be considered—Firstly, that in a case in which this state of concentration has arrived at its highest stage (extacy), the above mentioned partial mental health no longer exists, on the contrary such lunatics, when dangerously afflicted, are incapable of receiving any impression, which cannot even be excited by physical pain. Secondly—It ought further to be considered that monomaniacs or lipomaniacs are only capable of judging correctly of a subject not belonging to their illusions, when others succeed in temporarily rousing in those unhappy persons the free activity of the mind, by words or impressions, which however is only possible, when the concentration has not reached the highest degree. The same observation, under the same circumstances, may frequently also be made in mania, but yet no one will venture to assert that mania is only a partial mental disease.

I infer, therefore, that the two principal forms of mental diseases, (among which I do not reckon idiotism and imbecility, because they are different in their essences) exhibit the state of *eccentricity* and *concentration* of the lower functions of the mind, the influence of the free, transcendental action being prevented.

We will now proceed t the subdivision of each of these two principal forms of mental diseases, o which I term the one the *excentric*, and the other the *concentric* insanity.

The *excentric* insanity has three varieties, *the first of which* manifests itself by the following symptoms:—The lunatic exhibits a mixture of reason and insanity; he is usually calm, but, when in solitude, falls into a state of the most perfect excentric insanity; his ideas wander into the most boundless aberrations, and he commits errors in his ideas and actions. If, however, the functions of the mind be carefully guided to some interesting subject, through the agency of conversation, agreeable reading, or some other occupation, then such patients may, for a time again, be restored to a correct association of ideas.

In the *second variety* of excentric mania the mind is continually excited, similar to persons who have taken an unusual quantity of coffee or wine. Such patients are continually talking, exhibiting considerable incoherence; occasionally, however, they express themselves correctly and rationally. The physiological activity—being thus excited—is the reason which fetters their freedom of will, prevents them from remaining calm, and from following their occupations methodically and perseveringly. They are importunate, obtrusive, angry, contradictory in their actions, and full of the most changeable imaginations.

In the *third variety*, ideas succeed each other very rapidly; they are confused, unconnected, and are expressed with violence, with excitement, by noisy, threatening irregular and sudden exclamations. External objects are scarcely perceived in this state, consciousness is clouded, recognition limited, memory weak, feelings and passions transient but violent. They are malicious, impetuous, they strike, rave, break anything they come in contact with, and not unfrequently commit the most disgusting actions.

This is the highest degree of mania, which corresponds perfectly with the definition which the more ancient writers have given us of it.

(To be continued.)

TRANSACTIONS OF LEARNED SOCIETIES.

Westminster Medical Society, Jan. 27.—Dr. Reid in the chair.—*Malignant tumour of the thigh.*

A case was narrated by Mr. Fisher of malignant tumour involving the left thigh bone, occurring in the person of an old Waterloo soldier, who afterwards became a police sergeant, and served in the force for twelve years. The disease followed the receipt of a severe blow on the limb, given with a crow-bar, during a street disturbance in Cato-street, in 1838. He received at the same time other injuries, by which concussion of the brain was produced. The man was previously in good health, and had been seldom on the sick list, but was afterwards several times under the doctor's hands. The swelling shewed itself on the upper part of the thigh in the course of a few months after the injury, and was regarded as disease of the periosteum, resulting from chronic rheumatism. It was then relieved for a time by opiates and sarsaparilla, and the external application of belladonna, but the enlargement and pain re-appeared in two months, and then became chronic. In this way two years passed, the disease slowly increasing the while. He was then looked upon as unfit for active duty, and was discharged the force with a pension. He was now for a time lost sight of by the police surgeons, and passed under the hands of several practitioners, one of whom performed acupuncturation many times (between thirty and forty times), with considerable relief. Each puncture was followed by a serous discharge slightly tinged with blood. The man stoutly refused to submit to amputation. He was seen some months before he died by Mr. Lane when he presented all the characters of well marked malignant disease, and of broken health. He was also much troubled with cough and difficulty of breathing, leading to the supposition that the lungs were also engaged in the disease. He died in April, 1843; and the tumour on dissection proved to be composed of medullary and cystic sarcoma

with portions of fibrous tumour intermingled therewith. The disease was five years in duration.

Mr. Fisher drew attention to the combination of *cystic* and *medullary sarcoma* in this case, with the more innocent *fibrous sarcoma*, which he considered constituted its most important feature.

Mr. Iliff enquired if the old rheumatic pains, to which the man had been subject previously to the injury, were confined to the part where the disease had afterwards shewn itself? The only case of the kind he had seen had occurred in the person of a pupil of his, and was one in which the late Sir Astley Cooper had taken great interest. The young man, after running very fast, and being exceedingly heated, threw himself on his bed, the window being open. He was seized with most excruciating pain, which every one who was consulted looked upon as rheumatic, but eventually extensive malignant disease of a most fearful character formed, and he died. He did not mean to imply that rheumatism was the cause of the malignant degeneration, but simply that in the commencement of such disease, acute pain of a rheumatic character is experienced. In this case the pain was felt in the course of the sciatic nerve, and was evidently resulting from cold. The examination of the body shewed masses of an exceedingly malignant disease occupying the pelvis, to which Sir Astley Cooper could not give a name. The duration of the case was about five months.

Mr. Fisher believed that the rheumatism had rather served to mislead them as to the real character of the disease, by its existence, than by its seat. He believed that the man had been subject to lumbago.

Mr. Vickers, (the police surgeon under whose care the man had been during the early period of his disease) confirmed this statement, and added, that three months after his discharge from the force, and about three years after the injury, the man called upon him walking tolerably well, although the enlargement of the limb continued. The man attributed his amendment to the use of "brandy and salt." The symptoms, however, were mitigated only for a time. The true nature of the disease was not discovered during the first twelve-months of its existence. Up to that time it was thought to be periosteal; the pain was chiefly experienced at night time, and was then excruciating, requiring large opiates for its relief, a practice that was of necessity pursued to his death. The pain felt previously to the swelling taking place, after the injury had been inflicted, was comparatively trifling, and not sufficient to attract notice. It was not until after the general enlargement of the limb took place, that the malignant character of the disease was suspected.

Mr. Rutherford Alcock observed, it was difficult to understand how a blow on the bone could be followed at so distant a period by such serious consequences, supposing that to be the only cause. He had been led to believe, from what he had seen, that bones suffer from concussion in a way that is at present little understood. In cases of gun shot wounds for instance, where the injury is by no means commensurate to the part abraded,—a bone struck by a spent bullet, which is flattened by its own impetus, besides abrading the periosteum, has had its entire shaft die from the injury. In cases where amputation has been performed after gun-shot wounds, exfoliation of a portion of the bone, and sometimes to a considerable extent, generally takes place, and occasionally terminates fatally. A piece of dead bone six inches long has been extracted under such circumstances. The ball in striking the bone sharply, causes a concussion, with injury to the periosteum and medullary membrane, by which the death of the bone is ultimately produced, and Mr. Alcock thought it was possible that a similar result had taken place in this case; that the blow had caused disease of the medullary membrane, which had made its progress gradually, until it appeared externally, and had probably thus led to the formation of malignant disease.

Mr. Fisher observed that the disease had not lain dormant for two years, as during that time the man had frequently declared on the sick list, suffering from pain in the part and general ill-health, had been relieved by the treatment that had been adopted, and had afterwards returned to duty.

Mr. Chance enquired of Mr. Alcock, if in the case he had alluded to where the death of the bone had been caused, the dead part had been removed in any other way, than by exfoliation? He also mooted the question as to the propriety of amputation at an early period of the disease, and narrated the particulars of a case of malignant disease that had occurred in the Middlesex Hospital, under the care of Sir Charles Bell, where amputation was performed, and the disease returned in the stump. The case was one of medullary sarcoma. He could not think that the blow on the part had produced the malignant disease in the case before the society.

Mr. Alcock had not seen a blow on a bone cause fungoid malignant disease; he had merely reasoned from analogy; but he had seen a blow affecting the periosteum, lead to disease of the medullary membrane, whence fungous growths had sprung, but certainly not so severe as in the present case. He could, however, believe that if constant, long continued irritation were going on, it might then originate the malignant degeneration, and he instanced the effects of a blow on the female breast in causing cancer, as a proof of his assertion.

Mr. Snow mentioned the particulars of a case of malignant disease occurring in a farmer, and following a fracture of the thigh-bone. Amputation was performed, but it appears that there was previously a malignant tumour on the ilium, which had not been noticed, but which caused the death of the patient. There was not any examination of the body.

Mr. Fisher gave an account of a policeman who had malignant disease of the arm, following a fracture of the bone, which terminated fatally. The man was a patient in the Westminster Hospital, under the care of Mr. Guthrie, who was very desirous to operate, but a contrary opinion having been emitted at a consultation, the intention was abandoned.

Mr. Streeter inquired if there had been any pulsation in the tumour, and whether the stethoscope had been applied? His queries having been answered in the negative, he stated that his reason for making the inquiry, was an important one as regarded the diagnosis. He had not had much experience of malignant disease affecting the bones, but he had seen a case of malignant degeneration in the abdomen—fungus hæmatodes—which had presented pulsations for days and weeks, leading to the suspicion that it was a case of aneurism. After a time, however, other growths showed its character, and on examination of the body after death, malignant disease was found in many parts of the system. Within the last two years he had had an opportunity of seeing, through the kindness of a friend, a case that had excited some interest among several of the most eminent surgeons of the metropolis. It was pronounced to be a case of gluteal aneurism both by Mr. White and Mr. Liston. He (Mr. Streeter), when he saw the tumour, which was a very large one, situated on the left buttock, applied the stethoscope, and distinctly heard the *bruit de souffle*t. There was not any obvious cause for its production, nor could the patient call to mind having suffered any slip or strain of the parts. The disease had continued two years, and was not considered a fit case for operation. Mr. Travers saw the patient, and at first, thought it was malignant, but when he heard that Mr. White had punctured it, and that blood only had issued, he changed his opinion, and considered it to be an aneurism. The patient gradually sunk, and on examination of the body, a large tumour of a malignant nature, was found springing from the bone of the ilium, which was ulcerated through, so that the disease was within, and external to the pelvis. The preparation of the disease, Mr. Streeter believed to be in Mr. Liston's possession. This is not a solitary instance of malignant disease affecting that part, having been mistaken for aneurism, for in the late Mr. Howship's works is contained an account of the dissection of a case, where the internal iliac artery was tied for a supposed gluteal aneurism, but which proved to be a malignant tumour of the part. Mr. Streeter stated further, that in cases of cerebriform disease, or fungus hæmatodes, a pulsation resembling that of an aneurism may be heard with the stethoscope. He did not mean his remarks to apply to all cases of malignant disease, but in cases of the cerebriform degeneration he thought it might be regarded as a means of diagnosis. Incidental to his observations on the case of malignant disease, which was mistaken for gluteal aneurism, he remarked that he thought an equable pressure kept up over the sac of an aneurism, by an apparatus containing air similar to that used by Dr. Arnott for the female breast, might cause coagulation of the fluid contained within it, and thus induce a spontaneous cure.

Medical Society of London. Mr. Pilcher in the chair.—*Case of Obscure Abdominal Tumour; Inflammation of the Kidney: the present Epidemics; Peculiar Fever.*

The discussion on the case narrated at the last meeting of this Society by Mr. Dendy, was resumed by Dr. Willshire, who made some remarks on the action of nitrate of potash, and by Dr. Theophilus Thompson, who was inclined to attribute the formation of the tumour to a moderate and insidious attack of inflammation, affecting the pelvis and calices of the kidney; and stated that his opinion was strengthened by the secretion of pus, which he contended was a result of inflammation.

To this opinion Mr. Dendy objected, averring that there were not any indications of pyelitis about the case, and further that in some cases the formation of the pus globules might take place without any previous inflammatory action.

Dr. Golding Bird, whose opinion Mr. Dendy asked on this occasion, inclined to the belief that the formation of the pus-corpuscle is generally preceded by inflammatory action, and that purulent deposits, which constitute the only instances where pus is met with not preceded by inflammation, are the result of inflammation in another part of the system. He observed that cases of suppurative action going on in the kidney without the occurrence of pain, were familiar to every practitioner, and he alluded, in exemplification of his remark, to the case of a boy, who passed pus in his urine, and who complained of pain in the seat of the *left* kidney only. When the body was examined after death, the *right* kidney was found in a state of suppuration, and there was not any kidney on the *left* side at all. The kidney on the right was horse-shoe shaped, and extended partly over the spine. Many cases of inflammation of the kidney are unattended with pain, but the urine is albuminous, and contains a peculiar granular globule, to which Dr. Bird, by whom it is described in "Guy's Hospital Reports," gave the name of the "large organic globule." This he believed to be present in every case of pyelitis. In concluding his remarks, he stated that the observation of Rayer, that the urine in these cases is always alcaline, is incorrect.

Dr. Clutterbuck then drew the attention of the society to the great prevalence of inflammation at the present period, and for some time previously. Catarrhal and slight pulmonic inflammations were so prevalent, as to be called "*influenza*," a name sufficiently expressive of their character. It might be a matter of doubt whether there was more than a simple inflammation of the mucous membrane, but in some cases he believed it was more or less complicated with brain affection, characterized by unusual depression of strength, and the pulse more accelerated, smaller and feebler than in ordinary inflammations of the mucous membranes. He had observed a similar prevalence of other brain affections, whether chronic or acute; cases of paralysis and of apoplexy were unusually numerous, and the public journals recorded a great number of cases of sudden death, many of which were no doubt referable to apoplexy. Those who had been subject to such diseases previously, were especially liable to relapses, and he had remarked for several years past that, during the cold season, paralysis and other affections of the brain, were more prevalent than is ordinarily the case. He would go further and say the same of insanity, of which he had seen more cases in private practice within the last six weeks, than he had done for many months previously. He had had two, three, and four cases at a time, a thing that was very unusual. He could hardly have thought it worth while to notice this, had he not been led to believe that very simple

treatment was required, whether the disease was in one or the other organ. The treatment applicable for ordinary catarrh was suited for every one of these cases, with due attention to the circumstances of each. The cases of the epidemic where the brain affection is indicated by great depression, should not be considered as an obstacle to the antiphlogistic treatment, that is to the use of mild aperients, and moderate abstraction of blood. He knew that the general impression was against such treatment, and that most practitioners were averse to the abstraction of blood when there was great depression and a small pulse, but this appeared to him to be an error; the loss of blood was very serviceable, and not contra-indicated by the temporary depression. If other circumstances are favourable to the operation, he would have recourse to it without hesitation—it would give immediate relief, and shorten the period of the disease, besides causing a renovation as it were, the depression giving way, and the pulse becoming steadier, fuller, and stronger. He was of course speaking of cases where there had been previously the ordinary share of good health. The temporary depression might be regarded as a strong argument against the large bleedings, such as ten or twelve ounces, but he had meant the abstraction of four or six ounces only, a practice which was always safe and efficient. In paralytic affections the same proceedings may be adopted, the temporary depression not being regarded as contra-indicating blood-letting. Hemiplegia is no doubt caused by a topical inflammation of the brain—a partial and limited disease—most of the cerebral functions being properly performed. He judged there was inflammation from the accompanying symptoms, the persons in whom it occurred, their habits of life, &c. The treatment he would recommend would be entirely in conformity with that opinion, namely the antiphlogistic, by the abstraction of small quantities of blood from time to time, not large bleedings, which would prove highly injurious, while moderate antiphlogistic treatment would be decidedly of service. Stimulants, blisters, &c., he thought were decidedly injurions. He would make the same observations regarding insanity, which depended on an inflammatory condition of the brain, partial perhaps, but as much so as hemiplegia, and the treatment therefore must be in accordance. For instance, he had been called to a case of insanity, where the patient was so violent as to require the strait-waistcoat. There was not any attendant fever, the cause being distress of mind, anxiety, and exertions in business, with a want of success—certainly a very powerful excitement of the brain. There was a foul tongue, an accelerated pulse, heat of skin, sleeplessness for many nights, with great violence, muscular exertion, and mental excitement. He adopted merely the simple anti-phlogistic plan of treatment. The patient was restrained so as to prevent mischief, all excitement was avoided, the regimen was simple; cathartics, but not calomel, were exhibited; the head sponged with cold water, and a moderate abstraction of blood was practised and repeated at intervals of forty-eight hours. The disease was relieved after four bleedings, forty-eight hours having elapsed before there was any tendency to sleep, which at last came on gradually and spontaneously. He (Dr. Clutterbuck) was very cautious not to give narcotics, as he believed that they would be exceedingly injurious, and although they might force sleep for a time, would afterwards aggravate the disease. He would in such cases use the same simple treatment as in cases of catarrh, and he believed it would prove equally efficacious, if there was not a peculiar tendency to the disease, and there had not been more than one attack. The practical inference he would draw from these facts was, that *inflammation is far more frequent than is generally supposed, and that its treatment is also more simple than it is admitted to be; but by treating symptoms, we run the risk of aggravating the disease.*

Dr. Golding Bird enquired if any of the members had seen any cases of that peculiar modification of typhoid fever, which has recently devastated several of the Scottish towns. It has lately shown itself in London, and he (Dr. G. Bird) has now a case under his care in the hospital. It broke out a few months since at Glasgow, and is now very prevalent in Edinburgh. He had had a letter from Dr. Cormack, one of the physicians to the Royal Infirmary, and he states that he has his wards full, and that his three clinical clerks have all been affected with it, although slightly. The last one attacked was Dr. Martin Barry, who is now acting as clinical clerk there. The disease commences in the same way as a common continued fever, and under the ordinary simple treatment, soon gets well, the convalesence being very rapid. The patient appears to be convalescent, when he suffers a relapse, and becomes worse than he was before, not that kind of relapse which occurs when there is bowel complaint or brain affection, but precisely the same attack as at first, but more severe in degree, together with a remarkable complication of rheumatism, or some complaint resembling it, seated in the joints. This may continue for a few days, an apparent recovery take place, and this again be followed by another relapse, the patient ultimately getting well without the occurrence of the usual sequelæ of fever in this country. A boy was admitted into the hospital with the symptoms of ordinary continued fever, and was apparently doing well under the simple remedies that were employed—so well that on Saturday last, Dr. Golding Bird drew attention to the case as an instance of speedy convalescence, and remarked that the boy would soon be well, if he did not have a relapse like the patients in Edinburgh. On Monday (that day) he was asked to see the boy, and found him as bad as ever, lying on his back, with stupor, dull heavy look, dry tongue, no local inflammation, no purging, nor vomiting, but a complete relapse of the fever with intense pain in the joints, and but little swelling. On touching the wrist to feel the pulse, he screamed out with the pain. There was not any of that tenderness of the skin, which is sometimes met with in fever. There is nothing in common, in this disease, with the ordinary rheumatism or rheumatic fever; the symptoms are essentially different, except as regards the pain in the joints. Dr. G. Bird added that his colleague, Dr. Hughes, had had a case of this fever under his care, and had read the particulars before the Hunterian society.

Dr. Willshire remarked that there was some peculiar influence acting on the human frame, more especially within the last three days, as the whole aspect of disease was altered. At the dispensary for children that morning, every other case was one of violent diarrhœa.

Mr. Dendy had not seen any such cases, but had had one in private practice, which had puzzled him. A little boy who had been playing during the greater part of yesterday, suddenly complained in the evening of pain in the stomach, and had a watery evacuation almost involuntarily. The diarrhœa lasted four or five hours, and when Mr. Dendy was sent for the succeeding morning, the little patient was labouring under acute pneumonia. The instant the purging subsided, dyspœna came on, and the tongue, which had been clean the day before, was covered with a white coat. Mr. Dendy had never seen disease come on so quickly before:—the pulse was so rapid it could not be counted; the breathing was abdominal, the thorax scarcely moving, and the heart beating most violently. The case was a difficult one to manage, as the child was reduced in strength, but still the action going on was such as to require depletion, which was practiced in moderation. Bleeding, tartarized antimony, the warm bath, and blisters, had all been employed, but hitherto without influencing the disease. The mucous *râles* could be heard all over the chest, and the child was scarcely able to breathe.

Royal Medical and Chirurgical Society, Jan. 23. James Copland, M.D., F.R.S., in the chair.—*Case of Phlegmasia Dolens and Synovitis, &c.*, by Thos. Mayo, M.D., F.R.S., &c.

The train of symptoms described in this case commenced about five weeks after delivery, in a healthy female aged twenty-four, whose lochia, after the delivery, had been nearly suppressed. The first symptom was lameness, for which she was placed in the surgical wards of the St. Marylebone Infirmary. Abscess at the knee then was observable; the thigh swelled, and phlebitis of the femoral vein was next noticed. The phlebitis was subdued by antiphlogistic treatment; and the knee freely punctured, with much discharge of pus, and subsidence of the pain and fulness. Inflammatory cerebral disease next became manifest; and on this yielding to depletion moderately performed, a painful and highly congested state of the conjunctiva ensued. Hemiplegia now occurred, with a very defective articulation. Of this class of symptoms the first set yielded rapidly to remedies; the latter is still in some degree present. Strychnia seemed now to benefit the patient. Throughout this illness, the presence of a hysterical diathesis was highly observable. The author takes occasion to notice that this fact, coupled with the varying and Protean nature of the symptoms, might have seemed to justify the practice appropriate to hysteria, but for the presence of well-marked inflammatory symptoms; and he draws some practical inferences from this consideration, as to the means of preventing such mistakes.

Dr. George Burrows inquired the condition of the knee-joint subsequent to the evacuation of the matter. He believed it had not been stated in the account of the case afterwards.

Dr. Mayo observed in reply, that the knee-joint, when the pus had been discharged, rapidly improved, and became healthy. He had examined it from time to time, and did not find anything wrong in its appearance. The principal feature of the case was, he thought, the disappearance of one set of symptoms as the others arose; the cerebral symptoms were prior to the evacuation of pus; those of hysteric irritation followed the symptoms of cerebritis.

Dr. George Burrows mentioned the particulars of the case of a lad, seventeen years of age, who had been under his care in St. Bartholomew's Hospital, with pain in several joints, attended with symptoms of inflammatory fever. The attack came on after a long walk, by which he was much tired, and lay down on the grass in consequence. On rising he felt stiff in his joints, the left groin and instep afterwards becoming of a red colour, and fever supervened. The symptoms and history were those of simple rheumatic fever, and as such it was treated for a few days with some relief. A day or two afterwards the knee-joint became inflamed, and fluctuation was evident; he complained of pain in the right hip, and down the thigh, where thickening and hardness could be traced in the course of the femoral vein, in fact, phlegmasia dolens. The same thing occurred in the left leg, and suppuration took place in the left groin. The treatment consisted of local depletion, fomentations, poultices, &c. It was also considered desirable to induce ptyalism, but the bowels became so irritable, that the internal exhibition of mercury was necessarily abandoned, and mercurial frictions alone had recourse to. The symptoms continued: the right shoulder became affected and swollen, hectic fever set in, and sloughs formed on the back, on which account he was placed on Arnott's hydrostatic bed. After the lapse of several weeks, while improving in health, an abscess formed in the left groin, on which account he was handed over to Mr. Stanley, and was afterwards sent into the country. Dr. Burrows narrated the case as an illustration of synovitis occurring about a week or ten days prior to the attack of phlebitis, and this in a male subject. He remarked upon the sympathy existing between synovitis causing inflammation of the lining membrane of the veins, and the latter in producing synovitis, which he further illustrated by the connexion between rheumatism and pericarditis.

Dr. Robert Lee alluded to the case of the late Lord Liverpool, who had inflammation of the saphena vein of the left leg, which extended to the femoral, and caused complete obliteration, producing phlegmasia dolens. He had seen the same thing in ulcers, producing inflammation of the saphena vein, and also in pregnant women, and had also seen inflammation of that vein from a blow produce phlegmasia dolens, the same as it occurs in pregnant women. Dr. Graves, of Dublin, had published cases similar to that narrated by Dr. Burrows. He thought all the symptoms in Dr. Mayo's case were referable to inflammation of the veins of the uterus; there was not a full report of the case, but probably the symptoms of uterine

phlebitis were obscure. He believed that such inflammation had preceded the disease in the crural veins. He had no doubt that in all cases of crural phlebitis, the disease originated in the uterus, not merely in puerperal women, but also in cases of malignant disease of the womb.

Mr. Solly inquired what proof was there that the suppuration in this case really was in the knee-joint? As a surgeon, he could not see how inflammation of the knee-joint could dissappear so suddenly.

Dr. Mayo, to shew that the suppuration was really in the knee-joint, mentioned its great size, its smoothness, and general redness, as also the great depth necessary for the incision to evacuate the pus, and he observed that it was also the opinion of Mr. Phillips, who had operated. The peculiarity of its sudden subsidence was the peculiarity of the case, and he did not think it would have happened under other circumstances.

Mr. Solly was convinced it was not a case of suppuration of the knee from the description of its roundness given by Dr. Mayo. Had the knee joint itself been involved, the swelling would not have been smooth and round, but irregular, on account of the ligaments of the joints, which could not have presented an equable swelling.

Mr. Davis remarked that these cases generally occur in leucophlegmatic women, and he agreed in opinion with Dr. R. Lee, as to their origin from the uterus.

Account of a horn developed from the human skin, with observations on the pathology of certain disorders of the sebaceous organs, by Erasmus Wilson, Esq., consulting surgeon to the St. Pancras infirmary.—Investigating the pathology of the sebaceous organs, the author observed that several disorders of these organs were due to alteration in the qualities of the sebaceous secretion. This secretion is separated from the blood through the agency of the cells formed upon the internal surface of the glands, and contains, among other substances, an albuminous fluid and calcareous salts. When the albumen is in larger proportion than natural, the cells retain their distended form, and by accumulation produce those small tumours which are termed *molluscum contagiosum;* when the calcareous matter is in excess, and remains in the flattened cell, the accumulation of these cells constitutes the calcareous subaceous tumour. In other cases, the sebaceous cells, from torpidity of the skin, accumulate in considerable quantity and give rise to small sebaceous tumours. The peculiar pathological character of these tumours is their laminated texture, and the identity of structure of their contents with epidermis, most, if not all of the peculiar constituents of sebaceous substance being absent. When the contents of such a tumour as this are extruded from the mouth of the follicle, and become desiccated, they form a hard laminated semi-transparent mass, identical with horn. A horn of this kind was removed by the author from the thigh of an aged female. It had been some years in growing, and was two inches and three quarters in length, by two inches in its greatest breadth. The horn was laminated longitudinally, and towards the apex was split in the direction of these laminæ. In minute structure it was composed of flattened epithelial cells, closely condensed, and in some parts having a fibrous arrangement. The cells measured in length 1-500, and in breath 1-650 of an inch, average dimensions. Chemical analysis of horn shews it to consist of albumen, mucus, phosphate of lime, chloride of sodium, and lactate of soda. The author has collected ninety cases of horn, the majority of which occurred in the female subject. Among the older writers, horn was a subject of curious speculation. Rhodius met with a Benedictine monk, who had a pair of horns, and was addicted to rumination, and Fabricius having seen a man with a horn on his forehead, whose son ruminated, attributed the peculiarity in the latter to the ruminant character of the former. The most remarkable case of horn on record is that of a Mexican porter, in whom the horn was fourteen inches in circumference around its shaft, and divided into three branches. The author concluded by adverting to the authors on this subject, among whom are Vicq d'Azyr, Sir Everard Home, Alibert, Rudolphi, Cruveilhier, Sir Astley Cooper, and Mr. Travers.

The next meeting will be held on Tuesday, the 13th of February.

CHEMICAL ANALYSIS OF THE HAIR,

(Translated from the German by Dr. T. J. T. VON LAER, for the "Medical Times."

These researches were instituted by the author in Mulder's laboratory, under the guidance of that celebrated chemist. The author made use of auburn hair for this purpose, which was cut into pieces of an inch long, soaked in water for some hours and afterwards washed. The hair did not lose any of its external qualities after having been treated with hot ether five times. The etherial extracts were dark and cloudy, smelled of ether and sulphuretted hydrogen, and deposited grey flocks. A watery fluid was left after the evaporation of the ether, upon which large oily drops were floating, a great number of grey flocks also separated themselves. The residue of this mixture of fat and flocks was treated with hot ether, which left the flocks (A) void of fat upon the filter, whilst the yellow etherial solution deposited a solid fat (B) in white flocks after having cooled, The etherial solution was cooled down to 12° c. upon which a solid fat (D) separated itself. This was pressed out between blotting paper at a temperature of 40° c. The etherial solution which did not take up any more solid fat, was then mixed with the following alcoholic extract.

The hair which had been treated with ether, and dried, was treated eight times with alcohol of 30° c. B.= 0 838 specific weight. The first extracts smelled of sulphuretted hydrogen, the whole of the extracts, after having distilled off the alcohol, left a brown butter-like fat, and brown flocks, (X) which were removed by filtration. The red brown butter-like fat was dissolved in boiling alcohol, and cooled down to 7° when a whiter fat (E) separated itself. Some more solid fat (F) deposited itself upon further cooling. The residue of evaporation of the alcoholic extract was red brown, and was treated with rectified oil of turpentine. This left a red brown extractive matter (G) undissolved, but dissolved an oil-like fat (H) which was obtained pure by removing the turpentine by means of water.

The grey flocks (A) burnt with a slight flame upon platina foil without melting, and left a quantity of ashes, The brown flocks (X) burnt with a stronger flame, and likewise yielded a quantity of ashes. Neither of these materials belonged to the constituents of the hair, but were only mechanically adhesive to it.

The white solid fat (B) is very granular, does not glitter, melts at 49° c., dissolves slightly in cold, readily in hot alcohol, and in hot ether; from the former it separates itself upon being cooled; from the latter however, it does not separate itself. The proof of this fat being *margarin*, is afforded by the circumstance that it's alcoholic or etherial solution has no acid re-action, that it is not precipitated by chloride of platina, acetate of lead, oxide of copper, chloride of iron or mercury, that it burns upon platina foil without leaving a residue, and that it yields margaric acid when boiled in solution of potash. The white solid fat (D) exhibited itself as a mixture of margaric acid together with margarin. (F) consisted of a very slight quantity of a brown solid fat, which yielded the extract-like substance upon being boiled with water. (H) is a mixture of *Margarin* and *Elain*. (G) consists of chloride of sodium, chloride of potassium, muriate of ammonia, lactate of ammonia, and a colourless material, similar to the extract of flesh, which, according to Berzelius, originates from evaporation, and does not belong to the composition of the hair. Neither alcohol nor ether take up any colouring matter from auburn hair. If auburn hair is boiled with water, it assumes a reddish colour, and as much sulphuretted hydrogen develops itself, it may be concluded that the organic constituents of the hair are partially decomposed and transformed upon boiling. A volatile fatty acid seems also to be contained in hair; the author did not succeed in separating this in a sufficient quantity.

It appears from the author's experiments that the following substances are taken up from the hair by means of alcohol: margarin, margaric acid, elain, a brown extract-like substance!— soluble in water, chloride of sodium, chloride of potassium, and lactate of ammonia.

Behaviour of the hair towards certain reagents.—The hair, which had been treated with alcohol and ether, remaining perfectly unchanged in colour and appearance, on being put into closed bottles was brought into contact with the following reagents. Lime water, and baryta water, as well as strong ammonia, did not change it. Solution of potass (1 potass—8 water) assumed a yellow grey colour; it dissolved in concentrated potass with a dark grey-brown colour, with the development of ammonia. A precipitate which was again soluble in acid added in excess, was produced by diluted sulphuric and acetic acids, which are qualities belonging to protein. The author could not obtain from black hair (as Vauquelin states to have done) an oil containing sulphur of a black colour, neither could he force yellow oil from red hair. The hair was not changed by acetic acid, or diluted muriatic acid. The hair dissolved, after some weeks, in concentrated muriatic acid, excepting a few black flocks; the hair, when exposed to the air, exhibited the same changes of colour as protein.

Dilute nitric acid exhibited no influence upon the hair; flaxen hair assumed an orange-yellow colour, and was dissolved after four weeks, with the development of binoxide of nitrogen, and formation of xanthoproteic acid, excepting a few yellow flocks. No change is effected by dilute sulphuric acid; concentrated acid changes it into a gelatinous mass, without discolouring it, which is quite opposite to Vauquelin's assertion, according to which it is said to dissolve itself with a rose red colour in sulphuric and muriatic acids.

Behaviour of the hair towards chlorine.—Upon the treatment of the hair, which has been taken up through means of alcohol and ether, with chlorine and water, the substance serving as means of combination is decomposed; the sulphur and inorganic constituents are separated, and a chloric acid combination is formed from the principal constituents of the hair; the protein which does not change itself at 100° dissolves itself in ammonia, with the development of nitrogen. This combination was submitted to ultimate analysis, and exhibited perfectly the same composition, as the chloro-protein acid, exhibited and analysed by Mulder. To prove this the author treated this combination with caustic ammonia, and obtained from it the protein oxide, as Mulder had exhibited it, only free of water, whilst Mulder had found it=C_{40} H_{32} N_5 O_{16}.

It follows from this that the principal substance of the hair is nothing but a protein combination.

Effects of solution of potass upon hair.—The author dissolved human hair, which had been taken up with alcohol and ether, in solution of potass, (1 part potass to 36 of water,) at a temperature of 30° to 40° c., and obtained a precipitate (from the only slightly clouded fluid after the latter had been filtered,) by means of acetic acid, which fully indicated the composition of protein according to Mulder, corresponding to the formula of C_{40} M_{31} N_5 O_{12}.

Another substance remains dissolved in the fluid, which may be precipitated by a new addition of free acid on treating the solution of the hair in weak solution of potass with acetic acid or muriatic acid, so as to cause the reaction of the fluid to be acid, by which means all protein is precipitated.

The precipitate, when exhibited perfectly pure, gave the composition=C_{40} H_{31} N_5 O_{11}: contained therefore two atoms more of oxygen than the protein, it would consequently be a binoxide of protein, whilst the before-mentioned precipitate, exhibited from protein through chlorine by means of ammonia, would be tritoxide of protein.

The binoxide of protein forms a bright yellow precipitate, after having been washed, which flows together, when dried in the air, into a black, glossy, resinous mass; upon being pulverised, it forms a dark, amber-yellow powder. It swells very much upon being heated, and leaves a coal, which can only with difficulty be reduced to ashes. It is insoluble in cold water and alcohol,—it dissolves perfectly in diluted acetic acid when heated, likewise in dilute muriatic nitric, and sulphuric acids.

does not assume so strong a yellow colour as the protein, when treated with nitric acid. The solution in acids yields precipitates when treated with yellow and red ferrocyanides of potassium, as also with acetate of lead. This substance also dissolves itself both in potass and in ammonia.

If the binoxide of protein is treated with chlorine, there is formed at a loss of one atom of nitrogen, and gain of three atoms of oxygen, a new substance, the composition of which was found to be = C_{40} H_{31} N_4 O_{17} × O^3. (?)

The author is of opinion that the binoxide of protein forms itself from the hair upon the treatment with potass in the following manner:—There is contained in the hair Pr + 2 S., consequently bisulphuret of protein; upon addition of potass, they form themselves into 2 aeq. of sulphate of potass, and 1 aeq. of binoxide of protein.

This excellent investigation of Laer confirms us in Mulder's idea that there are several stages of oxydation of protein, and that the elements of the protein are very intimately connected,

The author further informs us that the basis of the tissue of the hair is nothing but a bisulphuret of protein; that, since we invariably obtain pure protein, besides binoxide of protein when treating the hair with solution of potass, and only the ordinary chloro-proteic acid upon treatment of the hair with chlorine, there is always pure protein to be found in the hair, besides the bisulphuret of protein; and Laer shows that the bisulphuret of protein, according to the degree of concentration of the solution of potass, interchanges more or less completely, its sulphur, with the oxygen of the potass, and that the substitution of 2S and 2O is never perfect.

Analysis of the hair.—Laer submitted human auburn hair, extracted with alcohol and ether, dried at 120°c, to ultimate analysis, and found a composition, which about corresponds with the following formula: C_{53} H_{41} N_8 $O_{17}S^2$. This formula is=C_{40} H_{13} N_5 O_{12} S_2 + C_{13} H_{10} N_3 O_5 or protein, combined with two atoms of sulphur and a substance similar to gelatine, to protid, and erythoprotid. In order to understand this analogy we beg to observe that the formula of gelatine is=C_{13} H_{10} N^2 O_5, that substance therefore only differs by 1 aeq. of nitrogen, for it is = C_{13} H_{10} N_3 O^5. The protid, however, is = C_{13} H^9 N^1 O_4, consequently, to the substance from the hair = C_{15} H_{10} N^3 C^5—2N HO. If we add to the protid 1 aeq. of water, we obtain 2 aeq. of gelatine through the addition of the formula of the substance obtained from the hair, namely:—

1 aeq. protid + 2HO . . .	= C_{13} H_{10} N^1 O^5
1 aeq. medium of combination of the hair	= C_{13} H_{10} N^3 O_5
2 aeq. gelatine	C_{26} H_{20} N^4 O_{10}

The substance from the hair, combined with the bisulphate of protein, is probably the combining matter of the primitive fibres, which, so to speak, performs in the hair the part of the cellular tissue in the muscles. According to this, it must resemble the gelatine, the protid, and erythoprotid. It is insoluble in alcohol and ether, it dissolves itself in hot water, in alcalies and in mineral acids, but not in acetic acid. The combining matter of the hair is destroyed by chlorine, and not precipitated, by which it distinguishes itself from the lime (gelatine). It is decomposed by potass, with development of ammonia.

Upon boiling of the Hair with Water.– At the ordinary pressure of the atmospheric air, or in Papin's Digester, the author obtained a material precipitable by diacetate of lead, and also a material precipitable by acetate of lead, which latter separates into grey flocks, and a red brown extract, by making the lead combine with sulphuretted hydrogen, and extraction of the residue of evaporation by means of alcohol.

Inorganic constituents of the Hair.—The author has instituted various researches into the contents of the ashes of differently coloured hair, in consequence of the problematical colouring matter of the hair, the results of his researches may be seen in the following table:—

	Ash.	Constituents Soluble in Water. Na Cl Ca S Mg S	Oxyd of Iron.	Sulphate and Phosphate of Lime, Silica.
	Per Cent.	Per Cent.	Per Cent.	Per Cent.
Brown Hair	0·54	0·17	0 058	0·312
,,	1·10	0·51	0·390	0·200
,,	0·32	—	—	—
Black	1·02	0·22	0·214	0 516
,,	1·15	—	—	—
Red	1·30	0·93	0·170	0·200
,,	0·54	0·27	0·270	0·000
,,	1·85	—	—	—
Grey	1·00	0·24	0·232	0·528
,,	0·75	—	—	—

It follows from this, that the quantity of inorganic constituents in the hair, is neither constant nor uniform for the same hair; we likewise observe no material difference in red, black, or grey hair, so that the difference of colour can neither be ascribed to the quantity of iron, nor to the quantity of salts. This is again a contradiction to Vanquelin's assertion that the colour of the hair originates principally from its quantity of iron. The author could not detect manganese or carbonate of lime in the ashes of the hair.

With regard to the quantity of sulphur in the hair, the author found the following quantities in 100 parts.

	Brown.	Black.	Red.	Grey Hair.
	Per Cent.	Per Cent.	Per Cent.	Per Cent.
Sulphur.	4·98	4·85	5·02	4·95
	5·44	5·24	—	4·63

The quantity of sulphur in black hair is consequently no larger than in brown or in grey hair. The quantity of sulphur in the hair exhibits only very trifling differences, owing to the quantity of substance of combination and of the primitive fibres, which latter alone seem to contain the sulphur, not being constant or uniform. The average quantity of sulphur in hair of all colours amounts to 5 per cent. The hair likewise contains unoxydised *phosphorus* since the quantity of phosphoric acid (which may be precipitated through means of oxide of iron) is much larger than in the existing phosphoric acid salts.

Respecting the colouring matter of the Hair.—The author only obtained negative results by his various researches into hair of different color, which again is quite in opposition to Vauquelin's statements. The author is much inclined to attribute the different colour of the hair solely to the aggregation of the atoms, and not to a chemical substance. Much may be said in favour of this view, if we bear in mind the differences of colour of the dry fibrin, albumen, casein and protein, as also of other substances similarly composed. In this manner we may also readily explain the occasional sudden change of the colour of the hair into grey. It appears therefore, from this excellent investigation of the human hair, that it contains, as the principal constituent, a combining matter somewhat similar to the gelatinous tissues, but different from it in composition and behaviour, it probably being composed according to the formula of C_{13} H_{10} N_3 O_5. We have further to observe the above-mentioned bisulphuret of protein which contains more sulphur than any of the protein combinations. This combination is decomposed, like all protein combinations, by means of boiling, developing at the same time more or less sulphuretted hydrogen. The quantity of sulphur in the hair, which, upon an average, amounts to five per cent., seems to be the cause that many of the metallic salts blacken the hair. The hair does not contain any particular colouring matter. There are also found in the hair traces of certain fats, &c.,&c. The salts and the oxide of iron of the hair are variable, and without influence upon the colour of it.

This simple composition gives us a natural conception of its formation, inasmuch as protein exists in the serum of the blood, and in the fibrin of the blood, and it is evident therefore, that the formation of the organic elements of the hair does not take place in the hair itself. The salts originate from the serum of the blood, the sulphur probably from the albumen of the same fluid. The albumen of the serum contains twice as much sulphur as the albumen of the fibrin; if therefore fibrin is produced from the albumen, sulphur must be liberated. The sulphur of the hair probably originates from this, and thus the growth of the hair may be in connexion with the transformation of the albumen. It must remain to be decided whether we may entirely or partially attribute to this the falling off of the hair during phthisis, and during convalescence after dangerous diseases, when the formation of fibrin is so trifling. In what manner, however, the combining matter of the hair is produced from the constituents of the blood, still remains to be explained.

ON THE CONSTITUTION OF THE BILE.

By J. THEYER and JH. SCHLOSSER, of Vienna.

[The ollowing paper forwarded to us by the authors, has peculiar value to Chemists, as containing a resume of the labours referred to by Liebig in his recent paper published in the "Medical Times," Jan. 13.]

Two theories exist concerning the constitution of this remarkable secretion, the Bile; according to the first it has long been regarded, as possessing saponaceous qualities, that is a combination of an organic acid with soda; and according to the other it is considered to be a mixture of several readily decomposable bodies, in which soda forms a never failing ingredient, although not necessarily in constant proportions. Several distinguished chemists who occupied themselves with this subject, obtained from bile, different bodies, which they considered as the principal ingredients of the same.

Thus, according to Thenard's view, the bile consists of biliary resin, a substance precipitated by basic acetate of lead, after freeing the bile from mucus; and picromel, a body precipitated by basic acetate of lead after the separation of the biliary resin.

Gmelin considers the constituents of the bile to be, Thenard's biliary resin, and biliary sugar, a body which is *not* precipitated by basic acetate of lead, but remains dissolved in the filtered solution, with acetate of soda, and the other soda salts in the bile, after treatment with sugar of lead, and separation of the lead by sulphuretted hydrogen.

Demargay regards Gmelin's biliary sugar and Thenard's picromel as identical, and possessing all the properties of an acid, which he names choleic acid, and considers the bile to be a combination of this acid with soda.

Berzelius in his extended treatise on this subject asserts bilin to be the principal constituent of the bile, by the decomposition of which certain acids result in the living organism as well as after extraction therefrom, with which bilin is capable of forming copulated acids. He states that the precipitate, formed by acetate of lead in the aqueous solution of the alcoholic extract, consists of choleate of lead with appreciable quantities of bilifellinic acid, the acid of the bilifelline with biliverdine and fatty acids. On treating the filtrate with basic acetate of lead, a plaster-like precipitate of bilifellinate and bilichloleate of lead is formed; the latter of which remains behind undissolved. On treating with alcohol—after filtration—the solution freed from lead by sulphuretted hydrogen, contains only bilin, and acetates of soda and potash, formed by the acetic acid of the lead salt employed. The bilin which is obtained after separating the alkalies by means of sulphuric acid is a body (easily soluble in water, absolute and hydrated alcohol) which affords the same decompositions as the bile itself.

Lastly, Kemp who has published on the constitution of the bile, concludes that it is a combination of an electro-negative body with soda, which he names bilic acid, different from Demarcay's choleic acid in not being precipitated from the soda compound by acetic acid, and from the bilin of Berzelius, by its not being separated from soda by carbonic acid. These are the principal views which as yet have been derived from the investigations of a body capable of undergoing such various decompositions; it therefore appeared highly interesting to us to determine which of these views may be considered as the true one.

In the following paper we present the results of our labours, which were made at the suggestion and under the direction of Professor Liebeg in the Giessen Labaratory, by which we have arrived at the conclusion, that the principal consideration should be only to employ extremely speedy and simple methods of procedure to avoid the possibi-

lity of a decomposition of the substance ensuing. Very fresh oxgall was throughout employed, which was extracted from the gall bladder immediately after death, strained through linen and evaporated in a water bath to a syrupy consistence.

The inspissated bile was dissolved readily without the application of heat, in ordinary alcohol, which was poured on until a portion of the solution filtered did not become turbid on the addition of more alcohol. The bile is in this manner perfectly freed from mucus, which remains on the filter as a green *magma*, while the filtrate consists of a transparent green solution which by transmitted light appears red. The method usually employed for separating the colouring-matter was with barytes water, but we preferred well-washed animal charcoal for decolorisation, as it must possess a very slight decomposing effect on the bile. Application of heat is quite unnecessary when the menstruum is animal charcoal, shaken with ivory black, and allowed to rest for twelve hours; if then a portion after filtration should not be perfectly colourless, more animal charcoal is added, and after some hours, on filtering, a transparent colourless solution is obtained, which at most, has only a slight yellow tinge.

It is then distilled in a water-bath until the greater part of the alcohol has passed over, and the residue has attained a light syrupy consistence. An equal volume of ether is added, the whole thoroughly shaken, and the ether allowed to separate perfectly, when it is decanted; this operation is repeated with small quantities of ether, until a portion, when evaporated on a watch-glass, leaves no fatty residue, which would be a mixture of cholesterine and fatty acids; one should not avoid the application of much ether, as many subsequent operations may be dispensed with by the perfect separation of the fatty substances in this manner. If this solution is evaporated in a water-bath, a tenacious resinous mass is obtained, which on further desiccation may be readily pulverised, and in its external appearance resembles powdered gum arabic. It is now pure, namely—free from mucus, colouring matter, and fatty substances, and is at the same time undecomposed bile, as we may be quite certain from the operations employed.

It consists of an extremely hygroscopic powder, which dissolves readily and perfectly in water, affording a colourless solution, which possesses a scarcely appreciable alkaline reaction, likewise in absolute and hydrated alcohol, but not in ether.

On burning, it leaves an ash of soda, which scatters readily like dust, causes an itchiness in the throat, is an incentive to sneezing, has a bitter, and afterwards somewhat sweet taste, and when moistened, has an extremely glutinous property; evolves carbonic acid on treating with acids, distinctly indicates the presence of chlorine with nitrate of silver. The aqueous solution of the bile shows no reaction with acetic or oxalic acid. A resinous mass is precipitated after some hours by hydrochloric acid; the presence of soda may be detected in the supernatent muriatic acid. Nitrate of silver produces a white plaster-like precipitate, which soon changes to brown. Perchloride of iron give a brownish red unctuous precipitate. All the organic matter is perfectly precipitated in white clouds by chloride of tin. Neutral acetate of lead precipitates the bile white and flocky, in the filtered solution, of which basic acetate of lead still produces a precipitate, if acetic acid had been previously added to the aqueous solution; no precipitate occurs with neutral acetate of lead, and with basic acetate of lead only when very little free acetic acid is present in the solution, and then only after it has been neutralised by the basic acetate of lead. The organic part of the bile is perfectly precipitated by basic acetate of lead, to traces of which the acetate of soda and neutral acetate of lead in the filtered solution, owe their solubility. No precipitate ensues on treating with barytes water, soluble salts of barytes, lime water, or chloride of mercury.

The alcoholic solution of the bile generally behaves like the aqueous solution. A concentrated solution of oxalic acid produces a crystalline precipitate of oxalate of soda, when it is allowed to rest for sometime. No precipitate ensues with neutral acetate of lead in the alcoholic solution; with basic acetate of lead slight sediment falls which appears on the addition of neutral acetate of lead. The precipitates of these lead salts in the aqueous solution are soluble in alcohol. Turbidness ensues on treating with lime or barytes solutions which disappears on the addition of water. No precipitate is produced by perchloride of iron or chloride of mercury in the spiritnous solution. Protochloride of tin produces turbidness, which on heating disappears. For elementary anslysis, the bile was heated in a stream of air of 212 Fahr.

ANALYSIS OF THE PURE BILE.

I. 0·463 grm. substance gave when burnt with oxide of copper, 0·9769 carbonic acid, and 0·3373 water.

II. 0·524 grm. substance gave when burnt with chromate of lead, 1·1146 carbonic acid, and 0·3999 water.

III. 0·384 grm. substance gave when burnt with chromate of lead, 0·8306 carbonic acid, and 0·2927 water.

0·2405 gave according to the method of Varrentrap and Will, 0·1375 chloride of platinum and ammonium.

0·462 gave 0·063 ashes or 13·63 per cent.
0·447 . . 0·0617 . . . 13·8 . .
0·5975 . . 0·084 . . . 14·05 . .
1·5065 . . 0·2087 . . . 13·85 . .

This gave 0·1315 chloride of silver, corresponding to 3·56 per cent. chloride of sodium, this subtracted from the ash leaves 10·29 per cent. carbonate of soda, which corresponds with 6·08 per cent. pure soda. These numerical results yield in 100 parts the following composition :—

	I.	II.	III.
Carbon	58·00	58.49	59·47
Hydrogen	8·89	8·48	8.48
Nitrogen	3·62		
Oxygen	20·65		
Soda	6·08		
Chloride of Sodium	3 56		

Treatment of the bile with sugar of lead.— A pa of the bile purified in the manner already described was dissolved in a large quantity of water, and diluted acetate of lead gradually introduced, so that the solution always continued alkaline. When this was slightly heated and the fluid stirred with a glass rod, a white tenacious like mass formed on the bottom of the vessel and on the glass rod; the supernatent liquor was poured off, and the pasty* mass affused while in the same vessel with cold distilled water, till no more soda or lead could be detected in the water. All the chloride of lead, which has been formed by the common salt present in the bile, however, is not removed in this manner; but this object is most readily attained by the solution of the unctuous mass in heated alcohol and filtration, by which means the chloride of lead remains undissolved on the filter. The filtrate evaporated in a water bath and well dried, afforded on cooling an easily pulverisable mass of a pure white colour, which dissolved in alcohol without leaving any residue, was insoluble in water, on boiling with which it became viscous, and frothed like soap. It is perfectly decomposed by sulphuric acid in the alcoholic solution, by means of which the organic substance with the excess of sulphuric acid is dissolved in alcohol, forming a colourless liquid; but it becomes turbid in a short time on exposure to the air. If an alcoholic solution of the lead salt is heated with sulphuric acid over a water bath, colours appear on the sides of the vessel which gradually change from blue to violet, and then to dark green. If a few drops of concentrated sulphuric acid be added to the dry salt, the whole will in a short time form a dark green mucous mass. The substance dried at 212° Fahr. gave when burnt with chromate of lead the following result :—

ANALYSIS OF BILATE OF LEAD.

I. 0·805 substance gave 1·194 carbonic acid 0·429 water.
II. 0·3955 .. 0·587 .. 0·213
III. 0·661 .. 0·9865 .. 0·346
0·459 .. 0·166 chloride of platinum and ammonium.
.06782 .. 0·3418 sulphate of lead.
0·707 .. 0·355

From this we deduce the composition in per cents.

	I.	II.	III.
Carbon	40·78	40·81	41·04
Hydrogen	5·92	5·98	5·81
Nitrogen	2·29		
Oxygen	13·95		
Oxide of lead	37·06	36·93	

The question arises whether the organic sub stance is actually undecomposed and transposed perfect into the lead compound.

The answer to this question was solved by a direct experiment, by the repreparation of the soda compound from the lead one. We proceeded in the following manner:—A part of the lead salt was added to boiling distilled water, by which means a saponaceous liquid was formed; crystallised carbonate of soda was then added, and slightly heated while in a state of repose, till all the oxide of lead was separated as carbonate. The filtered solution then only contained the organic parts of the lead salt combined with soda, and an excess of the carbonate of this alkali. The solution was evaporated to dryness, and treated with absolute alcohol in order to separate the excess of carbonate of soda; the filtered alcoholic solution evaporated in a water bath, produced a powder in appearance and taste perfectly similar with the bile, which dissolved in water and alcohol and reacted slightly. Alkalis, oxalic acid, nitrate of silver, perchloride of iron, protochloride of tin, chloride of mercury, barytes and lime water showed in the aqueous and alcoholic solutions precisely the same result as with pure bile, also neutral acetate of lead, and basic acetate of lead; the lead precipitates are partly soluble in acetic acid, and perfectly so in alcohol. The only difference in the reactions of this soda compound and the bile occurs with acetic acid, which if added in excess, and the solution heated, produces a white precipitate which disappears on the addition of alcohol. A white precipitate is also immediately produced in the aqueous solution with concentrated muriatic acid, while with the natural bile, it is sometime before it makes its appearance as a resinous mass. From this it would appear that the only difference which seems to exist between the natural bile and this soda compound, is that the latter is free from common salt, and its elements are less intimately combined.

The elementary analysis corroborates this perfectly.

Analysis of bilate of soda prepared from the lead salt.

I. 0·338 substance gave 0·739 carbonic acid, and 0 2625 water
II. 0·6055 .. 1·3125 .. 0 469
III. 0·3105 .. 0·668 .. 0·239

0·3569 substance gave 0·187 chloride of platinum and ammonium 3·32 per cent nitrogen.

0·323 substance gave 0·1685 chloride of platinum, and ammonium 3·30 per cent. nitrogen.

0·296 substance gave 0·038 ashes or 12·85 per cent., this gave 0·047 sulphate of soda, or 6·95 per cent. soda.

0·854 substance gave 0·125 sulphate of soda or 6·41 per cent. soda.

1·0855 substance gave 0·1655 sulphate of soda or 6·68 per cent. soda.

From the per cent. composition of this soda compound, its similarity with the natural bile is perceived, particularly if the chloride of sodium is substracted from the formula expressing the composition of the bile, and calculating in 100 parts as is done with the accompanying formula of analysis number I.

	Bile.	I.	II.	III.
Carbon	60·14	60·12	59·60	59·16
Hydrogen	8·38	8·62	8·60	8·55
Nitrogen	3·75	3·32	3·30	—
Oxygen	21·43	20 99	21·82	—
Soda	6·30	6·95	6·68	6·41

To be concluded in our next.

* If the soda be considered as remaining behind in the state of a neutral carbonate, after burning with oxide of copper, 1·1 per cent. of carbon must be added to the analysis in the calculation.

PRICK OF THE FINGER.—In the lectures on surgery, of the late Mr. Colles, published in the *Dublin Medical Press*, it is stated that it has happened that a person getting a prick of a pin in the finger will have that finger waste away, and not only the finger, but sometimes the hand and arm up to the elbow. Mr. Colles referred this to something wrong in the constitution, but did not know what it came from; warm applications, as warm water and electricity, often cure its progress.

SOME REMARKS ON THE CLIMATE OF HONG KONG.

Addressed to a recent meeting of the Royal Geographical Society.

For the "Medical Times." By JAMES B. THOMPSON, M.D.

The greater part of the disease and fatality amongst Europeans, particularly our troops on their arrival in our foreign possessions, especially in tropical climates, arises not so much from a specific insalubrity of the locality itself, as from want of that due precaution on first going ashore after a voyage from this country, which varies from four and a half to five months; and then forgetting that they have to contend with a tropical sun, incautious exposure to which, as to the chills of night-air, is a most fruitful source of inflammatory and febrile complaints;—then the abuse and injudicious use of spirituous liquors—the fruits, melons, and vegetables of the country, which people are too apt to partake of too freely after their arrival, and which indiscretion is invariably the source of much (indeed, from my knowledge of its prevalence on all such occasions, I would be right in saying all) of the disease appearing on the first arrival of Europeans, whether troops or emigrants. It has been found to prevail very generally amongst this latter class on their going ashore in any of our Polynesian colonies, particularly in Sydney. The too free use of the water, in which a considerable portion of vegetable decomposition has taken place, has, I am satisfied, been the cause of much of the diarrhœa and dysentery that presents itself on these occasions: hence the necessity for cautioning all persons about to leave this country for any of our tropical possessions. The water of any country should be first tasted before it is made use of either for drink or domestic purposes; had, these precautions been attended to in our first possesions in India, and afterwards during the Burmese war, and more recently in Scinde, it is the opinion of many competent authorities, that most, if not the large majority, of the lives that fell a sacrifice on these occasions might, and would, in all probability, have been saved fo their families—to their Queen and country. So convinced were the officers of the need of this necessary precaution, at a later period of our acquaintance with our eastern military stations, that many of them adopted a very wise, simple, and judicious mode of tasting the waters of the districts through which they were marching, or where they were located, as follows:—Having supplied themselves with fish, which they always took care to attend to—they took portions of the water, which was afterwards to be made use of for the purposes of the regiment, if they found the fishes lived in it; and to give this test of purity and freedom from deleterious ingredients a fair trial, it was deemed a sufficient proof when the fishes lived in the water for some days, which would not have been the case if the water contained anything impure or prejudicial to animal life, which was often found to have been the case in many new districts through which our troops had to march to their head quarters. Boiling the water, and using it when cold, was another judicious course adopted, and was no doubt in many instances a salutary precaution. The little attention paid to the ventilation of the temporary dwellings or barracks—the neglect of drainage and the non-removal of heaps of vegetable matter, in different stages of decomposition, from the vicinity of these habitations, does, in my opinion, lead in a great measure to much of the disease and mortality that has, and does still occasionally prevail, in our East and West Indian possessions. Taking all these matters into consideration, I apprehend we should be rather premature in arriving at the conclusion that our new territorial acquisitions in the Celestial Empire are particularly unhealthy; taking the geographical position and geological characteristics of the five ports open to the commercial intercourse of Europe, there is nothing to justify us in forming such opinions, and I am confident that a longer residence in that country, with the due and requisite precautions already adverted to, will verify the present views taken upon this subject. That climate has and does exert a very great influence upon the human constitution, as well as upon that of all animal and vegetable life, there cannot be a doubt. The term climate, in its ordinary acceptation, expressing that combination of temperature and moisture existing in the atmosphere, in all their variety of vicissitude, clearness, pressure, and electrical condition.

The circumstances exciting the most powerful influence in determining the character of climate, are the situation of the country as regards the equator, elevation of the land above the level of the sea, position with respect to the sea, nature of the soil, the degree of cultivation, and the prevalent winds. The fact that all places equi-distant from the equator do not experience the same mean annual temperature, sufficiently proves that climate does not depend solely upon the direct action of the sun. From a variety of circumstances, the temperature of the southern is found to be lower than that of the northern hemisphere, differing in degree (within certain limits) according to the distance from the equator. The climate of an island, too, differs essentially from that of a great continent, and that of the sea coast from that of the inland parts of the country. The effect of the sea is to equalise temperature; its waters are of an equable temperature, and affect that of the atmosphere passing over it, imparting warmth or cold to the winds that agitate its surface, according as their temperature exceeds or falls below its own. Unlike that of the land, the surface of the water cannot become powerfully heated, and add to the heat of the surrounding atmosphere: of two places, therefore, in the same latitude, insular and inland, the summer will be cooler, and the winter milder, in the former than in the latter.

The vicinity of the sea, too, affects the humidity as well as the temperature of the atmosphere; the air from passing over the ocean, is loaded with vapours, but sweeping over a large continent, is rendered dry and parching: the difference between a south-west and an easterly wind in England is thus accounted for; the comparative softness and warmth of south, south-west, and west winds, being caused by their passage over an extensive ocean of equable temperature.

9, Suffolk Place, Pall Mall, East. London, Jan. 29, 1844.

CLINICAL REPORT OF THE BRITISH DISPENSARY IN SYRIA.

Communicated by W. HOLT YATES, M.D.

(Concluded from our last.)

Pulmonary Consumption is a rare disease in Syria. For patients thus afflicted, or having what is usually understood by "delicate lungs"—if I may form an opinion after a single years' residence in this country—I think the winter climate of Beyrout cannot be surpassed by any other for salubrity.

Dyspepsia.—This complaint is very prevalent here in some form or other; and appears to arise from the very large proportion of vegetables cooked with oil, which constitute the food of the natives; and the habit of eating unripe fruits.*

Diseased Liver is by no means so frequent as might be expected from the prevalence of ague. But the people in general are sober: ardent spirits are little used.

Dysentery is not more frequent than might be anticipated from the number of dyspeptic patients.

Dropsy, as far as I have yet seen, is decidedly a rare disease in this country.

Paralysis.—Of the cases enumerated, some were affected inthe hand and foot; some in the two feet; some in the two hands, and others in the muscles of the face. I have tried electricity, and electro-magnetic influence in some cases with decided advantage, but not always.

Urinary Affections.—These depended chiefly on irritation of the bladder. Chronic disease of its lining membrane is rather frequent, and, I think, arises from the excessive use of unripe fruit.

Hernia.—I have not met with a single case of strangulated hernia; but, by means of the trusses which the Committee kindly sent me, I have been enabled to afford relief in several very distressing cases.

Ulcers, from whatever cause, are prone to assume a chronic character and become exceedingly difficult to heal. I seldom find any benefit from oily applications: the remedies which I generally employ are astringent. There is a peculiar ulcer known here as the "Aleppo Button," from its great prevalence in Aleppo. It occurs but once; and is, for the most part, confined to one ulcer, beginning as a common pustule on the cheek, and extending to the size of a shilling or a half-crown. It runs its course in about twelve months, and from all I can learn from the most intelligent residents in this country, it appears to resist every kind of treatment, until *the usual time;* after which, it dries up, very frequently leaving a deep scar on the face. I have not yet had sufficient opportunity of investigating its nature, or of ascertaining the most suitable treatment, as few cases have come under my own observation, and the patients only paid me a few visits. In such cases *the want of an hospital is very manifest.*†

Hare Lip and *Club Foot* deformities are not common. I have operated successfully on those which came under my care, and *to the no small astonishment of both patients and friends!*

Syphilis is not prevalent in this country. The cases which come under my notice are generally of a mild character. How far the observation may be justified, I know not; but this whole class of diseases are designated by the natives—"Habbeh Frangee," the "Frank disease" (or "Button").

Cancer.—I have only had one case which

* Add to this, almonds and cinnamon, which are mixed up abundantly in almost every dish,—the practice of treating their friends with sweetmeats,—and the abuse of coffee and tobacco. Moreover, the females become corpulent, dyspeptic, and sallow for want of exercise. I was once called to the harem of one of the Druse Emirs of Lebanon: I found the "Princess Royal" rolling about on the divan in great pain, in consequence of having partaken too freely of "raw liver" and other similar dainties. Her attendants were fanning her, and bathing the soles of her feet with rose-water!—W. H. Y.

† See Russell's "History of Aleppo," and his "Treatise on the Plague at Aleppo," also Maundrell's "Journey from Aleppo to Jerusalem."

admitted of an operation, and this of a trivial nature. The other cases had been long subjected to the irritating "nostrums" of the country. The last twelve months have not been marked by any unusual sickness; and, I believe, we had no visitation of plague, though two cases were *reported:* but from their history and result, there is much reason to doubt its correctness.*

I regret that it is not in my power to make my report more satisfactory, by adding the result and detail of cases; but this I find quite impracticable, owing chiefly to the inconvenient distances which a great proportion of the people come, and the unfavourable circumstances under which they are seen when they do come. I will attend to the suggestions of the Committee, as far as circumstances permit; but in the present state of the country, I do not think a *post mortem examination* at all practicable. Indeed, unless some such powerful influence as that of Mehemet Ali be enlisted in its favour, I think the day is yet *far distant!*

I forbear to make any comment on the above, beyond the few short notes which I have introduced *en passant;* especially as I have enlarged upon all these subjects in my recent work on Egypt.† Dr. Kerns has not yet been in Syria a year and a half; nevertheless, he has collected some very valuable statistics, and, indeed, accomplished so much that, as far as he is concerned, the undertaking is clearly no longer an experiment—its practicability is proved beyond a doubt. The records of the charity, supported as they are by the testimony of recent travellers, and of the resident merchants (who have been eye-witnesses of Dr. Kerns' labours), afford a convincing proof of the utility of the Institution, more particularly as in that widely-extended territory (including a population of *two millions*) there is scarcely any resource besides that which the Association has provided.

The Dispensary house at Beyrout is beset at all hours by persons of every denomination, who are anxious to obtain advice for themselves or relatives. Many have to traverse the rocky regions of Lebanon, a distance of thirty and forty miles; whilst others come even from Damascus itself, because in that great city there is not a single medical man who has the slightest claim to their confidence, those who *profess* "the healing art" being "charm vendors," "magicians," or "adventurers!" The following extract of a communication from Dr. Kerns, dated Nov. 10th, 1843, affords a striking illustration of this:—

"In compliance with the wish of the Committee that I should make a visit of inquiry to Damascus, I have done so, and just returned. I staid a fortnight there, and saw several patients. There are no European physicians or surgeons, except Italians and Poles, who, in this country, are generally *mere quacks.* I have no doubt but a physician would be well received there; but his expenses would be little less than at Beyrout. During my stay, I was called to attend the lady of a Scotch Missionary, in the capacity of accoucheur. This being her first confinement, she was very anxious, and regarded my opportune visit as a providential circumstance. I had the pleasure of leaving both mother and child well. The road from Beyrout to Damascus is very bad; it lies across the Lebanon and Anti-Lebanon mountains, and the journey took me two days and a half. Whilst travelling, I witnessed a curious specimen of Syrian surgical practice. A man fell from a walnut-tree, a height of 30 feet; his arm was broken, and his body severely bruised. On taking him up, the people instantly killed a sheep, and stripping off the patient's clothes, wrapped him up in the warm sheep skin (the fleshy side inwards) *broken bones and all,* like a mummy! I saw him twelve hours after the accident, he was then *steaming* in his new dress. Hearing who I was, they very gladly availed themselves of my services, and I left them quite satisfied with a more enlightened plan of treatment. I am happy to say my Dispensary still goes on prosperously. The weather is very pleasant now, being cool, &c."

THERMOMETRICAL TABLES.

SYRIA.

	Morning.	Noon.	Evening.	At Noon Highest	At Noon Lowest	
1842						
Sept	80	87	83	95	80	A heavy fall of rain, with thunder for several hours: thunder showers very rarely occur so soon!
Oct.	79	84	81	91	76	Some slight sprinkling of rain from a passing thunder on the 10th and 22nd.
Nov	65	71	64	77	64	Eleven days were more or less rainy. Snow on the Heights of Lebanon on the 24th
Dec	59	64	61	76	57	Ten days rainy. On the 24th snow fell as low as the village of B'Hamdoon.
1843						
Jan.	54	63	58	70	54	Twelve days rainy. Hail slghtly mingled with rain on the 9th and on the 21st.
Feb.	57	67	58	75	59	Nine days rainy, besides occasional sprinklings.
Mar	62	68	61	76	57	Seven days rainy. A remarkable comet appeared on the 4th.
Aprl	64	68	65	77	58	Rain fell on nine days this month.
May	67	73	69	80	60	Rain fell on four days.
Jun.	72	78	70	84	72	Five minutes light rain this month.
July	79	88	80	95	80	No rain.
Aug.	81	89	83	96	84	No rain.

At B'Hamdoon, a village on Mount Lebanon, about 4,500 feet above the level of the sea, the thermometer stood as follows:—

July	72	75	73	77	68	No rain
Aug.	69	71	70	84*	66	*During a Sirocco.
Sep.	69	73	72	83*	62	
Oct.	62	70	69	82*	53	

*** In all the above instances, the thermomcter stood in the shade. Rain fell in Beyrout on sixty-two days in the year. On twelve days of the sixty-two, however, there was only a slight sprinkling, but on the remaining fifty days, there was heavy rain. (Signed) THOMAS KERNS, M.D.

Thus then it is manifest that the prejudices of the natives from which so much was at first apprehended, are now entirely overcome; and the Turks, so far from offering any opposition to our agent, are anxious to place themselves under his care; they bring their dearest relatives, and even solicit his aid in behalf of the ladies of their harems. Dr. Kerns frequently has occasion to allude to this, and in one of his last letters he writes,—"It will be pleasing to the committee to learn that, *universally*, a feeling of gratitude prevails among those who have been the objects of our care. And the deference paid to British medical science is highly gratifying to myself; it is a matter which calls forth my warmest acknowledgements to a kind Providence that I have been enabled thus far to carry out the benevolent intentions of the Society, without being materially thwarted by native prejudice or arrogance. Notwithstanding the seclusion which custom has imposed upon the females of these countries, they constitute half the number of applicants at the Dispensary, which in itself shews how much the people value the benefits conferred upon them. My patients consist of Jews, Moslems, Druses, and those of every Christian sect in Syria, and not less varied in their class or rank in society, from the Albanian soldier and Arab camel-driver, to the Pascha on his Divan. I frequently have the officials of the Turkish government, and also some of the most respectable Emirs and Scheikhs of Mount Lebanon, with the members of their families, and though such cases may not strictly come within the province of a charitable institution, still, as they gratefully accept gratuitous aid, I never hesitate to grant it, trusting to their generosity to contribute to the funds, or at least to facilitate, by their influence, the objects which we have in view; being persuaded that in so doing, I shall meet the wishes of the committee, and impress the Syrians with the true and disinterested nature of that Christian benevolence which animates their friends in England."

I am afraid Sir, I have already trespassed too much upon your liberality, I will only therefore add, in conclusion, that we have not given up the idea of opening an hospital at Beyrout, or of sending agents to the other principal towns, as contemplated in 1842, when the Institution was first established. There still remains a great deal to be done, but I am sorry to say that the state of our finances does not keep pace with our desire to do good, and the utmost we can hope to accomplish at present for this afflicted and enduring people, is a continuance of those benefits which, through the exertions of Dr. Kerns, we have been permitted to confer.

Once more thanking you on the part of the Association, I have the honour to remain,

Sir, Your Obedient Servant,

W. HOLT YATES, M. D.

Woburn-place, Russell-square, Jan., 24th, 1844.

How to distinguish between real and spurious Gilding.—In many cases in which it is difficult to employ the usual test for gold, especially for distinguishing between real and spurious gold leaf, gilt paper, &c., M. Altmüller recommends the application of mercury, which rubbed in on true gilding immediately produces a white spot, while it has no action on spurious gold (consisting of alloys of copper). On the other hand, an acid solution of mercury in nitric acid leaves untouched real gold, and produces a white spot on the spurious. The thinnest layers of gold, which it is frequently impossible to detect by means of *aqua regia*, are immediately recognised by this test. The coating of varnish must be removed previous to its application.—*Allgem. Wien.*

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* It is very commonly reported that *the* plague is raging in a particular district, when fever or any other epidemic prevails, or is unusually fatal: because (as I have already stated), the natives regard *every* severe malady as *a* plague sent as a judgment from above. The Copts and Arabs believe that *every person* who dies in Egypt, no matter how young or how old, falls a victim to *the true* plague, and assert that this has been the case ever since the angel of the Lord "smote the first-born." Hence they call the disease "Taun," which signifies "the wound of a lance," and they think that a blow with a lance is inflicted by the destroying angel. The more experienced European residents understand by "a plague" *a great deal of sickness.*—W. H. Y.

† The Modern History and Condition of Egypt; its Climate, Diseases, and Capabilities, &c. &c., 2 vols. 8vo., Smith, Elder and Co., 1843.

MR. GREENHOW ON HIS CASE OF OVARIOTOMY.

To the Editor of the "MedicalTimes"

Sir—If I had had the good fortune to be present at the meeting of the Medical and Chirurgical Society, when my "case of the removal of a diseased ovarium" was read, a few words of explanation at the time would have prevented the necessity of my troubling you with this communication, which, I trust, you will see the propriety of inserting in the next number of your journal, that any erroneous impressions which may have been made by the observations of Mr. Bransby Cooper and Dr. Merriman may not be permitted to remain on the minds of your readers. Aceording to your report, Mr. Cooper expressed an opinion that "Mr. Greenhow's case was not fitted for extirpation; the slight fluctuation and other attendant circumstances showed that it was a case which was not a proper one for operating (upon?) nor one the fatal termination of which should militate against the employment of the operation." With the latter clause of this sentence I do not quarrel—it very much accords with my own sentiments upon the subject. But in the present imperfect state of our knowledge of the circumstances under whieh this operation is admissible (if at all) and the limited experience which has yet been obtained upon the subject, Mr. Cooper was not authorised to lay down arbitrary rules relative to its admissibility or the contrary in particular cases; especially when the effect must be to censure the operations of others. I am not fond of recrimination, but a careful attention to the appearances on dissection will perhaps prove that, of the two cases read at the meeting of the Medieal and Chirurgical Society, Mr. Cooper's was the *less fitted* for operation, since the diseased condition of the uterus precluded the possibility of final and eomplete recovery: whereas, in my case, after the removal of the diseased ovary, the remaining portions of the genital system were in a sound condition, "The right ovarium and fallopian tubes were healthy, that of the left side somewhat enlarged and vascular. The uterus was also healthy, but its cavity was lined with a fine vascular membrane, resembling the decidua, which gradually disappeared towards the cervix uteri." This extract from the record of my case will also apply to Dr. Merriman's remarks, that "there were signs of disease about the parts of generation, such as the leueorrhœa *(which had no existence)* and menorrhagia, whieh showed that the ease was not one of ovarian dropsy to be relieved by an operation, while the drawings of the tumour, which were exhibited, showed the presence of malignant disease of the ovary, whieh indeed might have been gathered from the symptoms previously to the operation." It is true that menorrhagia shows *diseased action*, but I presume Dr. Merriman does not mean to affirm that it is an infallible sign of *organic uterine disease*. Should this be his opinion, perhaps the present case may be useful in eorreeting it. For not only was no disease to be found in that organ after death, but I had satisfied myself of this fact by a careful examination of its eondition previous to the operation. I agree with Dr. Merriman that "in all these cases the state of the uterus should be carefully examined," and the following extraet records the result of such examination: "No alteration in the condition of the os or cervix uteri can be discovered, and as far as ean be aseertained by examination per vaginam the organ is in a natural condition." It is difficult to ascertain or fix the limits of malignant disease, and I do not mean to affirm that such was not the nature of the diseased ovarium which I removed—nevertheless it materially differed from any specimen which I have seen of malignant disease either in the same or other organs of the human system, and no appearances of similar diseased action were discovered in any other parts of the body, as so frequently happens in what are generally recognised as cases of malignant disease. But letting this question pass—what, I would ask, rendered this an unfit case for the operation, supposing it to be in any case admissible? The nature of the disease did not render the operation more formidable, although it was not strictly one of ovarian dropsy. Is the operation to be confined to cases of ovarian dropsy? If so, Dr. Clay and others must have done very wrong in operating in their most successful cases. In Dr. Clay's first successful case a part of the tumour appears to have been very similar to the ovarium which I removed, and not less resembling malignant disease. He refers in his diagram at II II II to "the solid part of the tumour composed of *still smaller cells, filled with pus, others with a brain-like substance, the interstices being cartilaginous, and in some parts so hard as to injure the knife.*" This sounds very much like a malignant form of disease, and yet the patient recovered. A reference to the description of the tumour in Dr. Clay's second case (also successful) will prove the same important fact. "It was composed of a tough membranous bag, capable of holding about four pints, *and a flattened round solid mass, the cells of which contained various matters from the consistence of pus to that of cerate, and of considerable variety of colour. The interstices of the cells were of a hard cartilaginous structure.*" The main difference appears to have been that in my ease the tumour contained less fluid; but I do not see how the presence or absence of a few pounds of fluid could affect its fitness for operation. But my object is answered; I have shown, I think, satisfactorily, 1st, That the operation in the case which I have recorded was *as justifiable* as in any in which it has been performed, certainly, *not less so* than in Mr. Cooper's. 2nd, That I took the neeessary precautions to satisfy myself that the uterus was not the seat of serious disease; and, 3rdly, That the healthy eondition of this organ as well as of the rest of the genital system (the diseased ovary whieh was the oeeasion of the operation alone excepted), was evident; and with this explanation I leave the case in the hands of the profession. I remain, Sir,

Your obedient servant,

T. M. Greenhow.

Newcastle-upon-Tyne, January 22nd, 1844.

OVARIAN DROPSY.

(To the Editor of "The Medical Times.")

Sir—My attention having been direeted to the discussion on the above subjeet at the Westminster Society, as reported in your journal of the 20th inst., I am induced by the observations of Mr. Lawrenee to eontribute the following ease of eure of ovarian dropsy, without removal of the eyst, inasmueh as, *pro tanto*, it may eneourage one's hopes when eireumstances forbid so serious an operation.

M. B—, aged 35, after the birth of her sixth child, was found suffering from swelling in the right iliac fossa, which in the course of a few months increased, with much pain and inconvenience; it became diffused over the abdomen, with evident fluetuation, at the same time that the ineonvenienee arose merely from pressure, and was not eoneurrent with a broken down or cachectic state of the system; leeching, diuretics and mercurial medicines were used without benefit, and four quarts of water were eventually drawn off by tapping, which operation was repeated in about three months after, with an inerease of fluid; in the meantime she became pregnant, but this state did not suspend the secretion, and during gestation the operation was twice repeated; she was safely delivered of a healthy child, now nineteen years of age, but after delivery the sac was felt again distending with water, which in a few months had again to be drawn off with temporary relief; the lady's constitution, always delicate, was now beginning to yield to the disease, and in this state, the water, again accumulating, I sent for my talented and much esteemed friend Doctor Galway, of Mallow, with a view of tapping her for the fifth time, in the necessity for which we both agreed; on this occasion our patient, however, became so nervous and excited that at her request we agreed to postpone the operation for a few days; *the very night after*, a very profuse perspiration set in, with such relief to distension and oppression, as encouraged me to give her opium, ealomel, and James's powder in a pill for a few successive nights, during which her night clothes and sheets were as if they had been dipped in a river, from excess of perspiration, and the swelling entirely subsided. It is now eighteen years since this relief, during which she never required any operation; some swellings for the first two years alarmed her, but they yielded to the sweating system. Much pain has been often experienced in the sacs, which can be felt through the abdominal parietes, but even those symptoms have been very rare latterly.

I have in this report confined myself to a statement of facts, nor am I aware that I can offer any satisfactory explanation of the cure. From the great swelling and pain present when we intended, but did not perform, the operation, and then the subsequent relief, we may conjecture that the sac gave way, and that the extravasated water was absorbed, to which the excited and nervous state of the patient affords some countenance; we can hardly imagine that the water in the ovarian sac could be otherwise absorbed, as, on the authority of the late Sir Astley Cooper, we learn that no absorbents can be detected in an ovarian sac, nor can we think that inflammation could glue together its parietes or stop their secreting power, inasmuch as it was a ease of relief during the presence and fluctuation of water, which passed off by perspiration, not of the non-recurrence of the swelling, after the sac had been emptied by the trocar. Before I conclude I will allude to the case of a married lady, the mother of seven children, who died in Cork, at an early age, of ovarian tumour; on opening the abdomen after death, this tumour, as large as a hat, occupied the space from the pelvis to the epigastrium, drawing up the uterus; but what is remarkable, and it is for this I mention it, is that this enormous tumour, containing a mass of matter and hair, had no adhesions whatever, save to the uterus by a pedunele at the right side, of about three inches in length, and half an inch in breadth, so that if we had known this in time, and that our patient consented, we might have saved an invaluable life by an important but a simple operation, performed under circumstances infinitely more favorable than those whieh have marked the successful ones of Lizars and others.

On this last occasion, Doctors Willes and Woodroffe, eminent physicians in Cork, were in attendance with me. I am Sir,

Your obedient Servant,

John Bernard, M.D., Surgeon, R.N.

Knight's Lodge, Charleville, County of Cork, January 24, 1844.

CUBEBS IN GONORRHÆA, FOLLOWED BY INFLAMMATORY AFFECTION OF THE WRISTS.

(To the Editor of "The Medical Times.")

Sir—The perusal of the discussion at a meeting of the Westminster Medical Society, as given in the *Medical Times* of January 20th, and particularly the detail by Mr. Johnson, of the effects of cubebs when given during the inflammatory stage of gonorrhæa, brought to my recollection two cases that occurred in this neighbourhood a good many years ago.

Two males, about thirty years of age, and of rather intemperate habits, took freely of cubebs in powder, for the cure of gonorrhæa. The discharge in both ceased within eight days, the individuals pursuing no particular regimen; and, I believe, partaking daily of diluted alcohol, mixed with warm water and sugar. In a few days both were seized with acute and deep-seated pain in both wrists, speedily followed by redness and swelling, and which was regarded, at the time, as nearly resembling an attack of rheumatism, modified by the gouty diathesis, though, in neither, was the latter disease hereditary.

In both the recovery was tedious, leaving in one, in particular, permanent stiffness of the right wrist, with considerable thickening of the parts surrounding the joint.

As illustrative of the above, the reader may consult "Cullen's Practice," section 525, where it is stated, "There are two cases of a translated gout; the one of which is an affection of the neck of the bladder, producing pain, strangury, and a catarrhus vesicæ. The other is an affection of the rectum, sometimes by pain alone in that part, and sometimes by hæmorrhoidal swellings there. In gouty persons I have known such affections alternate with inflammatory affections of the joints."

Of the general effects of cubebs on the system, it is unnecessary to say much, though I dare say, there are few practitioners who have not had opportunity of occasionally witnessing something like an "ephemeral synocha," as the consequence of its indiscriminate use,

Your Obedient Servant,
Robert Annan,
Kinross, January 23rd, 1844. L.R.C.S.E.

THE GREAT MEETING AGAINST THE CHARTER.

(To the Editor of the "Medical Times.")

Sir—The meeting of Monday was a truly grand affair; speakers, speeches, hearers, all in excellent feather. The only drawback with me, an old reader of yours, was the Chairman. Mr. Macilwain's soul was there, but it never trespassed the limits of its very indifferent corporeal lodging. The meeting was something, science something, the profession something—but the great thing that absorbed *most* of Mr. Macilwain's attention, and *all* his adoration, was Mr. Macilwain himself, a dapper body as you said—but hardly worthy of so much of even his homage. Did you observe, sir, how through the whole of his speech he exemplified the aphorism that man is never so ingenious as in devising schemes to get *incense* for his own vanity? To prove that he was not presumptious, he went through a heap of uninteresting details to show the all-but-incredible fact that he was sought, really sought as a Chairman, and that after much solicitation he graciously accepted the proffered post of honour. I need not point out the necessary inference this explanation would give the public; viz., that the gentlemen calling the meeting were very hard set for a Chairman, and had stepped forward without any support of worthy or known individuals. Such a consequence the Chairman thought nothing of—he was absorbed in Mr. Macilwain's respectability, and for a full quarter of an hour he galvanized and chilled an ardent meeting with the long tale of professional poverty, and Macilwainish condescension. Sir, will you tell him, what every body but he knows, that he is really a very unimportant personage, except as a drudging pioneer in the work of medical reform, and that when he is made use of, it is not he that honours the profession, but the profession that honours him. Perhaps he has an eye to Lawrence, who presided at the last medical reform meeting in 1829, and was shortly after made a Councillor—and perhaps he is thinking of the three new Councillors whose rapid ins and outs he pathetically deplored—but, sir, tell him, as I an old practitioner, tell him that the profession are not going to bend the back to let any man—still less such a one—mount from it to the saddle of gratified vanity, or corporate distinction. Did you remark, sir, his *slipperiness?* How he talked objections, one after another to the Charter; and then said, "these are not my opinions, but those of other people? I have not had time to attend to them, to study them." Out I say on all such nonsense or———! He "*objects:*" that gets him the profession's cheers—he retractingly utters *dubitations:* that *may* win Council's favour! How is one to have him? Sir, you were right; spleen makes a bad associate. Distrust him, watch him—and trust him when you have tried and proved him, not before.

Yours,
Parcus Cultor.

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NEW SUPPLEMENTARY CHARTER TO THE ROYAL COLLEGE OF SURGEONS IN IRELAND.

The *corporate members* shall be styled the Fellows of the Royal College of Surgeons in Ireland. The Licentiates shall enjoy all rights of practice, &c., commonly enjoyed by members of the College, and shall have free access to the library and museum, under regulations of the Council; they are admissible to the rank of Fellowship. The offices of censors and assistants are abolished, and a governing Council is instituted, to consist of the President, Vice-President, and nineteen Fellows, meetings of whom shall be convened upon a request in writing made to the President or Vice-President by twelve Fellows; they have power to deliberate about the government of the College, and to recommend to the Council such matters as they may deem expedient.

The Council:—The governing or executive council of the College are in all respects to act for it; to make, publish, alter, change, or annul bye-laws, rules, ordinances, and constitutions, &c., for the regulation of the Licentiates, &c., and the administration of the funds, or "concerning qualifications of the candidates for letters testimonial, the enrollment, registry, matriculation, admission, and examination of fellows, licentiates, pupils, students, and apprentices, the fees to be payable by them and every of them to the said College, or to any Fellows, or to any Licentiate thereof, the terms and conditions of admission, on taking them or any of them, and to provide and enact bye-laws and rules for the regulation of meetings and assemblies under these presents to be holden, and the adjournment thereof, as occasion may require. And in case of any emergency, wherein the directions in these presents could not be followed, to make provision for such emergency, and direct the manner of assembling, electing, or other act or transaction necessary for the government, discipline, or continuance of the said body corporate and the said College, and also to provide regulations for inflicting upon any delinquent, whether apprentice, or pupil, fellow, or licentiate, such reasonable pains, penalties, and punishments by censure, suspension, amotion, or fine, as to them so assembled shall seem meet, provided such pecuniary penalty shall not exceed in any case the sum of fifty pounds, and that such bye-laws, rules, and constitutions shall not be repugnant or contrary to the laws and statutes of our realm, and such bye-laws, rules, ordinances, and constitutions, and acts, and proceedings of the Council shall be, from time to time, reported to the Fellows in College assembled in manner herein provided. Provided always, and it is our further will and pleasure that no bye-law hereafter to be made by the said Council shall be of any force until our approval thereof shall have been signified to the said College, under the hand of one of our principal secretaries of state, or the same shall have been otherwise approved in such manner as shall be directed by us with the advice and consent of

the Lords spiritual and temporal and Commons of our realm, in Parliament assembled."

James O'Beirne, as President, and John Hart as Vice-President, are to hold their offices until the first Monday in June, 1844, and the first election of councillors is to take place within one week after date of charter.

Examiners and professors are to be elected thus: —"The President or Vice-President, together with not less than two-thirds of the other members of the said Council for the time being in that behalf convened shall assemble; or in case of the absence or non-attendance of the President or Vice-President, then not less than three-fourths of the said Council, exclusive of said President or Vice-President, shall meet and assemble together, pursuant to a special summons in that behalf to be issued and transmitted as aforesaid, three clear days at least before such meeting and assemblage; and being so assembled shall choose and appoint by lot seven members of such Council, or as near thereto as may be; which said persons so chosen and appointed, shall proceed forthwith to elect by a majority of voices such examiner or examiners, professor or professors, to respectively examine or teach, as the case may be, such branches of surgical, medical, and collateral arts or sciences as the Council may direct with respect to any or each of the examinatorships or professorships to be instituted, filled up, and elected, provided the said members of Council, so by lot appointed, shall find among the candidates for the said offices of examiner or professor a person or persons having such qualifications as the Council may, from time to time, determine by bye-law to be necessary; and also, being in their judgment, or in the judgment of the majority of them, fit and competent to discharge the duties of said office of examiner or professor, as the case may be; and the said members of such Council, so by lot appointed or chosen, shall thereupon make and subscribe the following declaration: —'I, , do solemnly and sincerely promise and declare, that I will, to the best of my knowledge, skill, and judgment, without hatred, evil will, partiality, affection, favour, or fear, justly, equally, and faithfully discharge the trust now reposed in me to elect the most fit and proper person to fill the situation of Examiner or Professor of And further, that I consider myself bound to elect the candidate who affords the most unquestionable proofs of good character and of ability, acquirements, industry and perseverance applied to the branch for which I am now called upon to elect a Professor or Examiner; and that I do not consider previous services in the College, in this or any other department, as establishing a peculiar claim to a preference. And also, that I have not, directly or indirectly, promised to vote for or favour any particular candidate.' And such declaration shall be duly administered to them respectively by the President or Vice-President, or any member of the Council who shall be then present, and such declaration shall be taken, and such appointment by lot of seven members, to make such election, shall be made at a meeting of the Fellows of the College duly convened as herein before provided.

The number of examiners is to be not less than six; are not to be members of council, and while examiners are not to hold the offices of professors, lecturers, or teachers, except as clinical lecturers in hospitals.

The number of professors is to be not less than thirteen, and the Council fix by bye-law the tenure of office of Professors and Examiners, and salaries.

The Council may appoint a Secretary, Registrar, &c., to transact business, &c. The Fellows are to meet annually upon the first Monday in June to elect from amongst themselves a President, Vice-President, and nineteen Councillors, who are to hold office respectively for one year, and notices of election must be sent to each Fellow residing in Ireland, whose residence may be known.

The Council may before the 10th of Jan., 1845, enrol as Fellows or Licentiates, without examination, such practitioners in surgery as they may think fit, upon payment of an admission fee, to be determined by bye-law, but in no case to exceed £50.

Except such practitioners, no person shall be admitted a Fellow unless aged 25. He must also have gone through such course of studies, and passed such special examination as the Council may direct.

No person is eligible to be a Fellow who shall, by the judgment of the Council, be declared to be concerned, either directly or indirectly, in practising pharmacy; and if any person shall be so declared to be concerned either directly or indirectly in the practice of pharmacy, after he shall have become a Fellow by virtue of this Charter, or shall have been appointed or admitted a Fellow of the said College, then and in every such case, and after previous notice to, and hearing of such Fellow as under the circumstances the Council shall think proper, it shall be lawful for such Council to censure and admonish such person, and if the case should so require (whereof the Council shall determine) to recall and declare the letters testimonial or diploma of such Fellow to be void, and thereupon every such Fellow shall cease to be a Fellow of the College.

Letters testimonial or diplomas obtained by fraud may be declared void.

Examiners may examine candidates for letters testimonial according to regulations to be prescribed by the Council. Letters testimonial are to be granted by the Council to such candidates as shall satisfy the Examiners of their competency, and who shall subscribe the following declaration:—

"I, A, B, do solemnly and sincerely declare and promise, that I will observe and be obedient to the statutes, bye-laws, and ordinances of the Royal College of Surgeons in Ireland, and I will, to the utmost of my power, endeavour to promote the reputation, honour, and dignity of the said College."

Candidates for Fellowship are to be examined by the Examiners in presence of the President or Vice-President and two members of the Council on such subjects and in such manner as the Council may from time to time prescribe, and if the candidate shall satisfy the examiners as to his competency he shall be admitted a Fellow upon making and subscribing the following declaration and affirmation: "I, A, B, do solemnly and sincerely declare, that I am 25 years of age and upwards, and that I will observe, and be obedient to the statutes, bye-laws, and ordinances of the Royal College of Surgeons, and that I will, to the utmost of my power, endeavour to promote the reputation, honour, and dignity of the said College, and that I do not now practise the business or profession of an apothecary or druggist, or indirectly sell drugs or medicines, and that I will not, so long as I shall be a Fellow of the said College, practise such business or profession." This declaration is to be made by all created Fellows by this supplemental Charter.

The examiners may examine Fellows and Licentiates as to their knowledge in midwifery, and upon the certificate of competency the Council may grant certificates of their qualification to practise midwifery. The powers granted under former Charters or acts, and not hereby altered, are saved.

Strangulated Hernia.—Mr. Burnett, of Tullow, narrates, a case of a crural strangulated hernia of three days duration, occurring in the person of a woman, 45 years of age, in which adhesions had previously taken place as the result of inflammatory action. During the early period of strangulation, a smart senna purgative had acted freely on the bowels, causing several motions. The operation was thus performed. After a tedious dissection of the coverings, owing to the bad light afforded by a single candle, the great distension of the intestine, and there not being a particle of fluid present in the sac, he succeeded in opening it, and found the contents to consist of a portion of the large intestine, but whether the whole canal was engaged within this stricture it was impossible to ascertain, so tense was the gut, and so adherent to the neck of the sac. The same causes operated to hinder the safe insinuation of a hernia knife under the stricture, which appeared at first to be caused by the upper margin of the crescentic opening in the fascia lata. The free division of this not proving sufficient, Gimbernat's ligament was incised, parting with an audible noise. There was now space enough to pass the finger into the abdominal cavity, but the intestine would not stir, nor reduce its volume. Other causes of strangulation were then sought for, and while Mr. Burnett was in the act of cautiously dividing various bands of adhesion in the neck of the sac, the intestine suddenly slipped up, to the very great satisfaction of all present. The wound was dressed as usual; an enema administered after a while brought away very little fæcal matter—and the woman was placed under the influence of calomel and opium, until the mouth was affected. Six hours after the operation, smart reaction having set in, with increase of abdominal tenderness, thirty ounces of blood were taken from the arm. The patient recovered. We should have said that the symptoms which led Mr. Burnett to consider this a case of strangulated hernia, were the following—the indications of great collapse, want of sleep, great anxiety, and a constant discharge of the stomach: the abdomen was becoming tumid and extremely tender to the touch. The swelling, which was on the left side, about the size of a small orange, was exceedingly hard, and most painful on the slightest pressure, having very much the appearance of an enlarged and inflamed gland. No account is given of the treatment prior to the operation, except the vague statement that a medical gentleman who had seen her, put in practice all the usual means to reduce the rupture, but without success. We have given the details of this case at greater length than our arrangements for the "*periscope*" will generally permit, because we conceive that the surgeon has committed a double error,—in the first place it does not appear to us to have been a case of strangulated hernia at all, but one of *incarceration with inflammation*, by which supposition all the symptoms may be readily explained, even to the action of the purgative, which seems to have puzzled Mr. Burnett. It is impossible, that there should have been a free action of the bowels, supposing the gut to have been strangulated for three days, with so many bands requiring division during the operation, before it could be restored into the cavity of the abdomen. The previous occurrence of inflammatory attacks in the sac also favour the same conclusion. The other error we are desirous to point out, consists in the administration of purgative enemata soon after the operation for the relief of strangulated hernia. Surgeons have pretty well agreed that the best treatment under such circumstances, consists in the absence of all medication, or at most in the exhibition of an anodyne. The removal of the stricture will prove the best aperient, when the bowel has recovered from the undue pressure to which it has been subjected.

Union Surgeoncy.—Mr. Livett, of Wells, states, in a letter published in the *Provincial Medical Journal*, that for the past six years he has attended the poor of an extensive district, comprising ten parishes, covering an area of 33,000 acres, and containing a population of 11,000, chiefly agricultural labourers and their families. He applied, some months since, to the Board of Guardians for an increase of salary for the following reasons, the correctness of which he declares to be undeniable:—taking the year concluded Lady-day 1843, he attended 620 registered cases (exclusive of numerous applicants for doses of medicines, too trivial to be entered as cases of sickness), had paid upwards of 2,500 visits, and travelled nearly 5,000 miles in the necessary discharge of his duty, receiving a salary 90*l.*, with an additional 6*l.* 10s. for fractures and midwifery, being at the rate of about 3s. per case, and about 4d. per mile, which remuneration included cost of medicine, horse expenses, an assistant or dispenser, professional skill and responsibility, mental anxiety and bodily wear and tear. The Board of Guardians *handsomely* added 10*l.* to the salary, intimating at the same time that if he were not content with that, there were practitioners who would gladly accept it.

Death from Air in the Veins.—Mr. Elliott of Waterford, in a letter published in the *Dublin Medical Press*, gives it as his opinion that the symptoms, severe or fatal as the case may be, following the admission of air into the veins, are owing, not to asphyxia taken in the usual acceptation of the term, as implying a failure of the respiratory func-

tions, nor yet to any specific or chemical deterioration of the blood acting either on the brain or on the heart itself, but simply to a failure of the circulation, more or less complete, and an anemic shock, consequent on the altered mechanical and perhaps vital condition of the blood.

THE MEDICAL TIMES.

SATURDAY, FEB. 3, 1844.

"From the bounded level of our mind
Short views we take nor see the lengths behind.
But more advanced, behold, with strange surprize,
New distant scenes of endless science rise."—POPE.

THOUGH not unaware of the excited interest felt in resistance to the new Charter, we were yet surprised, at the large attendance of medical men gracing the meeting of Monday evening. As a general rule, medical men avoid public display. Great meetings are less frequented by them than by any equally numerous class in Society. Even with the greatest inclination, the character of their duties will frequently condemn them to self-denial; and at all times attendance at the Freemason's Tavern or Crown and Anchor is the hazard of loss at home. An hour to public duties may be twenty pounds per annum lost to private income. A speech may cost a doctor a patient, "loud cheers" get him a parochial vote of censure. In the instance before us, too, there was peculiar reason to keep medical men back. The gentlemen selected as Fellows—to some of whom, we are sorry to say, even such a Fellowship is an honour—would not be present if they felt themselves the Council's debtors. The *omitted*, also, men of small ambition, who were unwilling to peril any chance of getting on the next list, were likely to hold back; and many with nobler sentiments than either of these sections, were deterred by a too vigilant prudence from active assistence till they learnt who were the "agitators," ascertained something of their motives, and saw developed the character of their policy, and probable result of their labours. Despite, however, all these discouraging circumstances—despite the additional discouragement that the movement originated not from the head but the body of medical practitioners, the "fair and goodly" room was well filled at the appointed hour of meeting, and, within a few units, three hundred medical men — a number rarely assembled before—attested by their presence and votes their anxious opposition to the new Charter. The meeting, in truth, was an event, one of those great facts, that cannot fail of making a salutary impression both on men and things. If the Council of the College are not gravely influenced by it to vigorous attempts at self-purgation—if they do not see in it a "*fact*," calling upon them, in no obscure language, to put their house in order, they will furnish one striking proof more—the last we shall ask of them—of their utter unworthiness of the high distinctions with which they have so kindly clothed one another.

The speeches were, on the whole, extremely excellent. Medical men are not speakers; they are more men of action. Yet the average of oratory on Monday evening, was higher than that boasted by nine public meetings out of ten; and in all the attributes of good sense, force of argumentation and rhetoric, would bear no injurious comparison with that of the more practised gentlemen in St. Stephen's chapel. The Chairman's speech was clever, and if not of the most straightforward tendency had the merit of a very frank and straightforward delivery. Elsewhere we have given on it the strictures of a correspondent, in whose opinion we may say, *en passant*, we cannot wholly coincide. We had freely enough in our pages expressed, for Mr. Macilwain the regret, sharpened into ill humour, with which we had viewed his indifference to the Professions, claims on his services, till he was reminded of them by a personal slight inflicted by the Council. But when the question was mooted, some time before the meeting, "Who shall be chairman?" we were of those who felt that Mr. Macilwain was no ineligible candidate. It was a tribute to his private worth and social standing, as much as it was a tribute to the needs of the profession, and the great cause of professional harmony. We regret, with our correspondent, the *unrequired* self-importance Mr. Macilwain took the trouble to extract from the circumstanc. It was wholly impolitic, and, we will trust, as inconsiderate as impolitic, but for any doubts as to his earnestness in the cause—for any suspicion that having put his hand to the plough, he will yet abandon the work—we confess we have none. He stands fully committed to the great principle of uniformity of education secured by a Council, representing the feelings and opinions of the whole body of surgeons, and if time expose him, like Mr. Lawrence, slack in his exertions to secure it, still more, if opposed it, *surprise* will certainly not be the smallest element in the sensations we shall experience. Indeed, as a man of honour, valueing the good opinion of his brethren, he cannot too soon give the lie to the general surmises caused by his speech—surmises which are not unfaithfully mirrored in the curiously smart letter we elsewhere insert.

Mr. Carpue's share in the evening's proceedings was an imposing incident. Accidentally making his entry into the room, as though by dramatic pre-arrangement, at the very moment that Dr. Lynch was eloquently expatiating on his merits and pointing indignation to the mental if not moral obliquity that would not see them, he was received with a burst of enthusiastic applause that must have made Council's slights have appeared to him a matter of supreme insignificance, and have expanded his aged breast with a joy, which to feel but once was death to the too sensitive poet of Athens. It was a scene at once tumultuous and melting. And then when the venerable old man arose to utter his few solemn words! One felt as if the speaker had passed a moral ordeal of death, and that his words came to us conspicuously free from all taint of guile, interest, worldliless, asking our respectful deference, by a solemn sanction akin to divine. How complete was the silence—how stretched the attention as the Patriarch of the profession, the "Nestor of surgery," as a speaker well called him, gave forth his wise and measured sayings!—

Not less to be admired than the cleverness of the speakers, were the tone and temper of the meeting. On all sides it seemed by tacit consent arranged that nothing should occur to break harmony or endanger success. The "One Faculty" scheme was never referred to except as to something nobody understood or nobody could accomplish. All seemed to feel that their main business was to resist an impudent aggression, and by securing to the whole profession the power of fixing on their own governing Councils, to provide against any future relapse. If they mooted any other question it was the necessity of obtaining a uniform system of educational qualification. This was a prudent policy. These great ends *obtained*, to the full extent, we should hear little more of medical reform: these denied, there would scarcely be one medical man who would not feel himself aggrieved. They offer a common ground of unity, which the whole profession will not be slow to occupy.

There is, however, one subsidiary topic, which will probably force attention—and may be productive of some difference of opinion. We refer to the conduct that must be pursued in reference to limiting, enlarging, or destroying the order of Fellows. All will agree in destroying the present system; but the difficulty is, how replace it, or what do with the present Fellows? One suggestion the committee will be sure to hear, will be the creation as Fellows of all those who have been a certain number of years members of the College. All would admit this plan to be an improvement on the present one; but on the one hand it would not be without its hardships to young members of the College at the most critical period of their lives, and on the other the nominal honour of the title, from its wide distribution, would give little credit to the surgeon in settled and successful practice. Perhaps the best solution of the difficulty would be to make every member a Fellow: for the existence of a select body of Fellows as the sole depositories of the representative power—a hypothesis favoured by a few gentlemen—cannot please the profession and can be justified on no tenable ground of policy or justice.

A circumstance we were peculiary glad to notice in the evening's proceedings was that the gentlemen who had the public spirit to make this noble commencement, threw themselves frankly and unreservedly on the profession. There was nothing of that diplomatic stupidity which will hazard a great cause to gain a petty personal preponderance or sacrifice essential support to acquire an ill veiled despotism in trifles. Mr. Simpson, who promises to be a judicious and painstaking Secretary, explicitly told the meeting that "to it belonged the power of placing whom it pleased on the committee. The managing body was no self-appointed secret council, but open with all its proceedings to every gentleman willing to lend his aid and actual attendance." This is as it ought to be and will give more confidence in the committee than a hundred pretty speeches. It offers an appropriate contrast to an antagonistic body, and implies the presence of confidence in the cause, and the absence of self seeking in the men.

REVIEWS.

The London Physiological Journal. Nos. for December and January. VAN VOORST.

WE are indebted to the death of the *Microscopic Journal* for the addition to our monthly scientific literature we are now noticing. The seed must perish before the *Cerean* blade, with ten-fold increase, shows its golden fruit, and we own that we have forgotten our regrets for the senior, in the survey of the merits and higher promise of the junior. After an elaborate paper on *Vallisneria Spiralis*, by Mr. E. J. Quekett, one of the editors, the December number gives us a good paper by Dr. Letheby, of the London Hospital, on Mr. Wharton Jones' opinion, of muscle

being a neuro-magnetic apparatus.* The doctor makes the following objections:—

"1st. *It is not yet decisively proved that the nervous is an electrical force.*—Although we have many reasons for believing so, yet not one of them is of a positive character, but they are rather inferred from the great similarity of the two series of phenomena. One point has yet to be made out, and that is, a positive evidence of the traverse of electricity along the *nerves* during muscular action. In a succession of experiments which have recently occupied my attention with a view of determining this, I have been wholly unable, even with a most delicate galvanometer, to detect any evidence of electricity traversing the nerves during the performance of the vital functions; yet there is no difficulty, as in Matteucci's experiment, in obtaining ample proof of the transit of some force, which is capable of exciting muscular contraction, even in the limb of a second animal.* About the subsequent experiments of the same author I am not, however, so clear,† and therefore I have not quoted them.

"2ndly. *I can see no analogy whatever between the arrangement of the loops of the ultimate nervous fibres and the coil of a magneto-electric machine.*—Connected with this point there is but one proposition to bear in mind, and it is, that the magnetic polarity is exerted at right angles to the electric current, and by a consequence, as in the coil, the nerves should at all times be detected pursuing a transverse or spiral course to the muscular fasciculus. Now, as far as my observations have hitherto gone, nothing can be more irregular than the position and distribution of these nervous loops.

"3rdly. *How is it that muscular fibre retains its property of contraction for a short time only after death?*—If it depended upon this physical condition or arrangement of its discs and the nerves, a current of electricity sent along them any time before absolute decomposition, ought to give rise to muscular contraction; but we know that such is not the case. A few minutes after death is often sufficient to destroy its property, or, in other words, the moment vitality truly ceases, then this property of contraction ceases also.

"4thly. *The views are not sufficiently borne out either by the anatomical or the physiological conditions of the muscular fasciculus*—for it is not at all a determined proposition, that the muscular fasciculus *is* composed of a series of discs contained within a sarcolemma. Barry believes, and with just as much reason, for both opinions are merely inferential, that the transverse striæ of voluntary muscle are produced by the interlacings of a fibre; and I have an equal warrant for asserting, that they are due to rugæ or plaits upon the sarcolemma; for it is not every fasciculus of the same muscle which exhibits them, while on the other hand, the longitudinal elements are always seen. And then, again, it cannot account for the contractions of the involuntary muscles, for these have no such discs, except the muscular fibre of the heart and œsophagus. But admitting this discoid arrangement, it does not explain how it is that the fasciculus should swell out at the points of contraction—the discs should be nearly approximated. And then, again, I cannot see what tendency such a force can have in the breaking up of the discs, as Bowman has shown is the case in *Tetanus*, &c. This *very elastic intervening substance* ought to yield in every way.

"5thly. *And above all, how is it that the muscular fasciculus is still seen to contract even when removed from the body, and consequently from nervous agency?*—No magnet of soft iron produced by a coil retains this property when away from the influence of its electrical currents."

In the January number Dr. Goodfellow, the second editor, favours us with some observations to prove that Fontana's terms "fasciculi" and "fibrillæ," are the most appropriate words applied to the structure of muscular tissue, and that Mr. Bowman is wrong in considering the longitudinal cleavage as not a natural one, or as requiring a rupture of the sarcolemma, discs, or other components of the fibrillæ. Other articles are given by Mr. E. J. Quekett, Drs. Wyman and Carpenter. The only points that call for transcription in our pages, are the following from the report of the meeting of the Microscopic Society:—

PARASITES IN THE DOG.

"At a meeting of the Society, held on the 20th December, 1843, Edwin J. Quekett, Esq., in the chair, a communication from A. Tulk, Esq., upon certain parasites in the dog, was read. These parasites were found by Mr. Topping, on examining, microscopically, the contents of the pustules in a mangy dog. They belong to the genus *Demodea* (Owen), first discovered, figured, and described by Dr. Simon, of Berlin, as inhabiting the sebaceous sacs and hair follicles of the human skin. The insects now described as existing in the dog, were found in such abundance, that thirty or forty were frequently seen in a single drop of pus. They differ very slightly from the human parasites before referred to; but analogy would lead to the conclusion, that they are of a different species. The discovery of this parasite may throw some light on the cause of the disease called mange—a disease by no means confined to one class of animals, while at the same time it is far from being certain whether this insect is the exciting cause, or is merely developed during the progress of the disorder."

DAGUERREOTYPE PORTRAIT UNDER THE MICROSCOPE.

"Mr. Ross communicated an interesting observation relative to the daguerreotype process, first noticed by R. H. Solly, Esq. If an ordinary daguerreotype portrait be examined with a power of about 200 linear, the surface in the parts upon which the light has acted, instead of being perfectly smooth, is found to be covered with a series of minute dots or globules, arranged in a hexagonal form. Mr. Ross exhibited this curious appearance in the course of the evening."

We warmly recommend the *Physiological Journal* to our microscopic friends.

The Hand Book of Hydropathy, &c. By Dr. J. Weiss. Madden & Co.

This "big book," is called a Hand Book, we suppose from the incapability of any middle-sized hand holding it. Dr. Weiss, the author, is a German, and a member of the medical profession. He practised hydropathy in Germany, where he stood second only to Priessnitz. As a missionary of the peasant innovator he established himself lately at Stanstead, Bury; and now having accumulated his full reservoir of knowledge, he would pour it on the public in hydropathic plenitude and purity. We have so often expressed our opinion on the subject of this book, that we may dismiss our author, with the single remark, that to the man who would collect for sage reflexion the interesting effects of water on the human frame, applied variously and in varied circumstances, and extract from much of bad reasoning and temerous practice, an occasional good suggestion, this book is valuable: to all others it is useless or worse.

Lessons on Chemistry. By W. H. Balmain. Longman and Co.

This is a clever elementary book; so admirably fitted for its purpose, that we shall not be surprised to find that it has not only been successful as a publishing speculation—which is no small test of merit—but so successful, that it has made chemistry as general a subject of study in the schools as geography or grammar. The material part of the work—that of the publisher—is extremely neat, and if clearness, conciseness, and correct judgment will satisfy us, the author gives no cause of complaint.

A SELECT PRACTICAL FORMULARY,

TRANSLATED FROM THE FRENCH OF M. FOY, PRINCIPAL PHARMACIEN OF THE HOSPITAL SAINT LOUIS, AT PARIS.

(Continued from Page 296.)

Hydro-chlorate of Ammonia: internally, as a stimulant, four to ten grains three or four times a day, in bolus or pill; as a febrifuge, twenty to thirty-six grains, combined with an equal quantity of cinchona, extract of gentian, or other bitter tonic. Externally, as discutient, in lotion, injection, &c., half an ounce to two ounces, to a pint of water; in a bath, five to ten ounces. Administered internally in small doses, sal ammoniac possesses well marked stimulant properties. Its action on the cutaneous system, the secretion of which it augments, causes it to be employed advantageously in the treatment of rheumatism, gout, passive dropsies, anasarca, &c. Combined with cinchona, it exercises undoubted febrifuge properties; it is especially adapted for mucous fevers, but not at all for the nervous putrid fevers. It is contra-indicated, as are all its congeners, whenever there is phlegmasia of the stomach. Combined with mucilaginous or astringent medicines, with emetics, and calomel, it is suited for chronic catarrhs simulating phthisis, in serous and bilious anginas and in croup. It is efficacious in slight pneumonias, during the catarrhal period of hooping cough, mucous and tuberculous phthisis, mucous diarrhœas, claps and gleets, in scrophulous swellings. In this latter case it is employed in baths. Externally it is employed as a discutient in aqueous solution, especially on account of the great cold it causes, in superficial inflammations of the skin, sick headaches, certain indolent tumours, &c.

Hydro-chlorate of Codeine: it possesses the same properties as codeine, but is more active, and must consequently be given in smaller doses.

Hydro-chlorate of Tin: a salt employed in Germany as an antispasmodic, in the dose of one-fifth, one-fourth, or one-third of a grain and more, progressively.

Hydro-chlorate of Iron: this salt has been employed in Germany in the dose of six to twelve grains in a convenient menstruum, in ramollissement of the stomach of infants.

Hydro-chlorate of Morphia: the same as the acetate.

Hydro-chlorate of Gold: see the chloruret.

Hydro-chlorate of Quinine: see the sulphate.

Hydro-chlorate of Soda: internally, one to two drachms in an aqueous menstruum: rarely used: externally, three to four ounces for a foot-bath, twelve to sixteen ounces for a general bath, half an ounce to an ounce for an enema. *** Stimulant and purgative; used in palsies, apoplexy, &c. Dr. A. Latour has recommended it in pulmonary phthisis, scrophulous affections, and tabes mesenterica.

Hydro-cyanate of Iron: four to six grains in bolus or pill, daily. *** Febrifuge and antispasmodic. It is exhibited during the fits and during the apyrexia. It has also been given in epilepsy, sciatic pains, chorea, &c.

Hydro-cyanate of Potash, medicinal (Magendie): one part of cyanuret of potassium, dissolved in eight parts of distilled water. Mode of exhibition, two to six drops twice or thrice a day in an appropriate menstruum. It possesses the same properties as hydrocyanic acid.

Hydro-ferro-cyanate of Quinine: see the ferro-cyanate.

Hydro-cyanate of Zinc: one-fifth, two-fifths, three-fifths and four-fifths of a grain in periodic hemicrania.

Hydrogalates: Emollient and cooling drinks, prepared with four, eight, or twelve parts of milk, added to twenty-eight, twenty-four, or twenty parts of common water.

Hydromel, Anticatarrhal: two ounces of lichen islandicus, previously washed with boiling water, half an ounce of hyssop leaves, macerated for five or six hours in a quart of hydromel, then strained, and three ounces of white sugar added. Mode of exhibition: one or two table spoonsful to be taken every two hours, in mucous catarrh, convulsive cough, and chronic catarrh.

Hydromel, Fermented and Opiated: one part of dry picked opium, three parts of white honey, fifteen parts of hot water, and one-sixteenth part of yeast. *** Twenty drops of this preparation, made by fermentation, distillation, evaporation, &c., contain nearly two grains of extract of opium. Mode of exhibition: two to ten drops, and more progressively, in an appropriate menstruum; diluted with half its weight of distilled water, this preparation is dropped between the eyelids in the treatment of rheumatic, purulent ophthalmia, &c.

Hydromel, Purgative: one drachm of bruised rhubarb, fifty-four grains of powdered jalap, eighteen grains of socotrine aloes, macerated for two hours in a pint of hydromel. This quantity to be taken during the day. *** By using beer in the place of hydromel, we have the purgative beer.

Hydromel, Simple: two parts of honey, dissolved in thirty-two parts of water. *** A cooling and slightly laxative drink.

Hyssop: infusion, one to three drachms to a quart of boiling water: distilled water, one to four ounces as the vehicle of a mixture or draught; syrup, half an ounce to two ounces. Expectorant, used in the treatment of affections of the chest.

Ilicine: the active principle of the ilex aquifolium (the holly), recommended as a febrifuge by Dr. Rousseau, who prescribes it in the same dose as salicine, ten to twelve grains and more, two or three times a day.

Indigo: Indigo has been given internally at Berlin by Dr. Ideler; at Montpellier by Dr. Rech; at Versailles by Dr. Noble, and at Paris by Dr. Blanche, in the dose of forty to sixty grains, and even an ounce, daily, in the treatment of epilepsy.

Iron: in powder, two to thirty-six grains progressively, in bolus, pill, or solution, or combined with chocolate. This metal, as well as its different preparations, possesses strongly marked tonic properties, but which are slowly developed, and from which physicians have, at all times, obtained great advantage in therapeutics. Iron is employed in affections of the lymphatic system, and it is of service in disorders of assimilation. In a word, it is used in all the diseases characterized by weakness and inertia of the organs. It is administered with great success in chlorosis, amenorrhœa, chronic enlargement of the abdominal viscera, scrophula,

* See *Medical Times*, No. 217.

* Comptes Rendus, No. 17, Oct. 1842.

† Ibid. No. 4, Jan. 1843.

scurvy, mucous discharges, the convalescence from serious diseases, to re-animate the digestive powers, &c. Ferruginous preparations appear to modify the blood in a remarkable manner, either by combining with it, or by restoring it to a better state, by acting on the organs of hematosis. All ferruginous preparations are injurious in cases of general plethora, or acute inflammation. Under such circumstances iron-filings are preferable in cases of dyspepsia, hysteria, and certain neuralgias, especially if these affections are complicated with acidity of the primæ viæ.

Infusion of Gentian (Eng. Pharm.): one drachm of sliced gentian-root, one drachm of dried orange-peel, two drachms of fresh lemon-peel, infused for an hour in twelve ounces of boiling water, and strained. The quantity to be taken in the course of the day as a bitter tonic.

Infusion of Catechu, Compound (Eng. Hospitals): one drachm of cinnamon, infused for half an hour in twelve ounces of boiling water, in which are dissolved four drachms of catechu in powder, and two drachms of bruised gum arabic, then strained, and an ounce of sugar added; mode of exhibition, two table spoonsful to be taken every three or four hours in cases of atony of the digestive organs.

Infusion Emollient (Lagneau): one ounce of linseed, half an ounce of sliced and bruised liquorice root, infused for an hour in a quart of boiling water; mode of exhibition, by cupsful in the day in the treatment of gonorrhea.

Infusion, Febrifuge: six drachms of roasted coffee infused for half an hour in three ounces of boiling water, strained, and two ounces of lemon-juice added. *** To be taken hot while fasting, during the apyrexia.

Infusion, Fowler's (English hospitals): one part of cut tobacco, infused for twenty minutes in sixteen parts of boiling water, then filtered, and two parts of rectified alcohol added; mode of exhibition, thirty to eighty drops in an appropriate menstruum; used in asthma and hydro-thorax.

Infusion of Cherry-Laurel (German hospitals): four parts of bruised cherry-laurel-leaves, infused for twenty minutes in thirty-two parts of boiling water, strained, and four parts of white honey dissolved in it: mode of exhibition, in lotions on cancerous ulcers of the lips, &c.

Infusion, Laxative: two drachms of senna, infused for half an hour in four ounces of boiling water, strained, and six drachms of the sulphate of soda, and half an ounce of honey dissolved in it. *** To be taken in the morning fasting.

Infusion of Linseed with Cantharides (Hôp. de la Charité), two drachms of linseed, one drachm of bruised liquorice, infused for ten minutes in a quart of boiling water, strained, and five drops of tincture of cantharides added, the quantity of the latter being gradually increased to sixteen, twenty, thirty, sixty, and even eighty drops: mode of exhibition, by spoonsful during the day, in cases of palsy of the bladder.

Infusion of Mint, Compound (English hospitals): two drachms of peppermint infused for half an hour in seven ounces of boiling water, filtered, and two drachms of white sugar, three drops of the essential oil of mint, and four drachms of the tincture of cardamoms added: mode of exhibition, one or two spoonsful every three or four hours, as stomachic and diaphoretic.

Infusion of Cinchona, Vinous and Aromatic: one part of bruised bark, one part of bruised cinnamon, infused for eight or twelve hours in sixteen parts of port wine, and filtered: mode of exhibition, an ounce daily in typhoid affections, &c.

Infusion of Wild Horseradish (English hospitals): one part of fresh, bruised wild horseradish, one part of mustard seed, infused for half an hour in thirty-two parts of boiling water, strained, and one part of anti-scorbutic spirit added: mode of exhibition, one to three ounces two or three times a day, as anti-scorbutic.

Infusion, Stearn's: thirty grains of powdered ergot of rye, infused for ten minutes in eight ounces of boiling water, strained, and a grain of pure opium dissolved in it: mode of exhibition, a coffee spoonful every ten minutes, as an excitant of labour-pains.

Infusion of Valerian, Compound (German hospitals): three drachms of valerian infused for half an hour in eight ounces of boiling water, strained, and two ounces of cinnamon water, one ounce of simple syrup, and two drachms of Hoffman's liquor added: mode of exhibition, a spoonful every hour or two, in the treatment of the neuroses.

Injection, Acoustic (Alibert): two drachms of the balsam of Peru dissolved in two ounces of the decoction of St. John's wort, and four drops of tincture of musk, with one drop of the essential oil of roses added: mode of exhibition, to be injected two or three times a day into the ears in cases of accidental deafness.

Injection of Aloes (Bories), ten grains of aloes, four grains of sal-ammoniac, dissolved in six ounces of fennel water, and an ounce of honey of roses added. Used in chronic discharges from the urethra.

Injection, Anodyne (Girtanner): twelve to twenty grains of pure opium, dissolved in nine ounces of pure water, and nine to eighteen drops of the solution of acetate of lead added. Used in blenorrhagia with or without inflammation.

Injection, Anti-syphilitic: a solution of one or two grains or more of corrosive sublimate to an ounce of pure water.

Injections, Astringent: solution of one to four grains or more of the sulphate of iron, zinc, or copper, of the crystallized acetate of lead, of alum, potash, or nitrate of silver, &c., to the ounce of simple distilled rose, plantain or melilot water, or else from one to two drachms of the extract of rhatany, catechu, myrrh, aloes, gum-kino, &c., to the same quantity of liquid, to which is sometimes added four, five, or ten drops of Sydenham's laudanum. Used in acute and chronic leucorrheas and gonorrheas. Eau-de-Cologne, diluted with water, a mixture of wine and honey, oxycrate, sea-water, iced-water, the decoction of the angustura, may also be used as injections into the canal of the urethra, in cases of gonorrhea, when the inflammatory symptoms have been previously combatted by local or general bleeding. *** These injections should be made weak at first; their strength may be gradually increased. They should be practised four or five times a day, and continued for at least a week; when the discharge has ceased, they should be left off gradually. They are practised by means of a small syringe, the canula of which should completely close the orifice of the urethra, and for that purpose some thread or cotton should be wound round it. The injection ought not to pass much beyond the glans, and to prevent its doing so, the under surface of the penis should be compressed with the fingers of the unemployed hand, when the injection is used. When it is requisite that it should pass further in, a pledget of lint is to be applied in the perinæum in man, and under the arch of the pubes in women, to prevent its passing into the bladder. When sufficient liquid has been thrown in not to distend the canal painfully, the syringe is withdrawn, and the orifice of the urethra closed by the fingers, so as to keep the injection in contact with the sides of the canal for four or five minutes, after which it may be permitted to escape. The strength of the injections is to be increased or diminished, according to the degree of pain caused by them. As injections do not always pass to the requisite distance in women, for want of proper attention, or of the requisite instrument, it is advisable to follow Ricord's plan, to use the discutient, astringent or other lotions, by soaking pledgets of lint or pieces of sponge in them and passing them into the part. Baths, moderate diet and continence are necessary while the injections are used.

Injection of tannin (Parisian hospitals): two ounces of tannin infused for two hours in a quart of boiling water, and strained.

Injection, Balsamic (German hospitals): four parts of resin of copaiba, rubbed down in a porcelain mortar with two parts of yolk of egg, and six parts of lime-water, with four parts of honey of roses added gradually. Used in the treatment of fistulous ulcers.

Injection, Sedative (Venereal hospital): one drachm of the stems of the garden night-shade (Morella), and two poppy heads, boiled for twenty minutes in a pint of water, strained, and from ten to twenty grains of extract of opium added. Used in urethral blenorrhagias.

Injection, Sedative and Astringent (Gall): half an ounce of stramonium, infused for twenty minutes in a quart of boiling water, strained, and from two drachms to an ounce of alum dissolved in it. Used in cancerous affections of the womb. *** If the patient suffer pain, the place of the alum should be supplied by from twelve to thirty drops of ammonia.

Injection, Chloruretted (Venereal hospital): one part of the chloruret of soda of Labarraque added to twelve to sixteen parts of water. Used in mucous discharges.

Injection, Clark's: twenty grains of the protoxide of lead, six grains of sulphate of zinc, and four ounces of rose-water. Mix and shake it each time of using it. Employed in blenorrhagia without inflammatory symptoms.

Injection, Anti-Leucorrheal (Eclectic Formula): half an ounce of hydriodate of iron dissolved in a quart of distilled water: mode of exhibition, used as an injection several times a day, with a syringe the canula of which is pierced full of holes.

Injection of Creosote (Hosp. Midi): one part of creosote in five hundred parts of common vinegar. Discutient and astringent.

Injection, Emollient (Parisian hospitals): marsh-mallow, or linseed decoction, prepared with half an ounce to an ounce of the substance to a pint of water.

Injection, Stimulant (Swediaur): one part of tincture of cantharides, forty-five parts of water. Used as an injection for fistulous canals, the cavity of cold abscesses, &c.

Injection, Girtanners: ten grains of caustic potash, four grains of pure opium, dissolved in ten, twenty, or thirty ounces of water, according as the injection is required to be more or less strong. Used in the treatment of gonorrhæa, and obstinate and even inflammatory fluor albus.

Injection, Iodiuretted: one to three grains of iodiuret of potassium dissolved in a pint of pure water. Used as an injection in fistulous canals in scrophulous subjects.

Injection, Irritant (Parisian hospitals): sixteen to thirty-two parts of hot wine, one to two parts of rectified alcohol, mixed together. Or else: sixteen parts of hot wine, one part of red roses, infused or boiled, and strained. Used as an injection into the tunica vaginalis after the operation for hydrocele, &c.

Injection, Lithontriptic (hospital at Montpellier): one part of the sub-carbonate of soda, sixteen parts of white soap, dissolved in ninety-six parts of pure water. Used with the intention to dissolve calculi of uric acid.

Injection, Mercurial (Bromfield): one drachm of calomel rubbed down in a glass mortar, with two drachms of mucilage of gum arabic, and eight ounces of distilled water, added gradually. To be shaken each time before it is used.

Injection, Mercurial (Lagneau): one part of strong mercurial ointment, eight parts of olive oil, mixed together, and shaken before it is used. Employed in the treatment of gonorrhæa, in the dose of half an ounce to an ounce for each injection.

Injection, Mercurial with Opium (Venereal hospital): six grains of the deuto-chloruret of mercury, dissolved in a pint of distilled water, and half an ounce of the compound wine of opium added. Used in syphilitic ulcerations of the genital organs.

Injection, Narcotic (Parisian hospitals), the infusions of belladonna, hyoscyamus, garden-night-shade, stramonium, &c. They are prepared with an ounce of the plant to a quart of water.

Injection, Narcotic (Parisian hospital), an infusion made with half an ounce of garden night-shade, and one poppyhead to a quart of water.

Injection, Oleo-Calcareous (Dupuytren), thirty to thirty-two parts of lime-water, two to four parts of olive oil, and twenty-five to thirty drops of the liquod subacetate of lead to every four ounces of the injection, to be mixed together, and shaken each time it is used. Employed in inflammation of the prostate gland, and of the canal of the urethra.

Injection against Ozena (Horner, German Journals): two parts of the liquid chloruret of lime, forty parts of pure water, mixed together. To be injected into the nostrils twice a day.

Injection of Cubebs (English hospitals): one part of powdered cubebs, infused for half an hour in twelve parts of boiling water, filtered, and twenty-four grains of extract of belladonna for every twelve ounces of fluid, added. Used in blenorrhagia.

Injection, Discutient: see astringent injections, to which are sometimes added from five to ten drops of vinegar to each ounce of liquid.

Injection, Sedative (Guerin de Mamers): eight grains of crude opium, four drachms of gum arabic, dissolved in six ounces of gum arabic, and strained. Used in the treatment of blenorrhagia.

Injection, Tonic (Hospitals of Paris): one part of bark infused or gently boiled for twenty or thirty minutes in thirty-two parts of common water, and strained. Used to cleanse fistulous canals, the interior of cold abscesses, wounds with separation of the integuments, &c.

Iodate of Strychnia: in bolus or pill, in the dose of a fifth of a grain, and more progressively evening and morning, in some cases of long-continued paraplegia.

Iodine: mode of exhibition, in the form of bolus or pill, or in solution, in the dose of one-fifth, two-fifths, three-fifths, and four-fifths of a grain, and more progressively twice a day: the dose has been raised as high as twenty, forty, and even sixty grains. In these doses the iodine was certainly given in combination with starch. Iodine is also administered in the form of syrup, by the endermic method, and by the intermedium of electricity. Iodine and its preparations are suited for the treatment of bronchocele and in scrophula, to obtain the resolution of certain scirrhous, cancerous, lymphatic, parenchymatous enlargements, &c. Iodine and the iodurets are given internally and externally in the treatment of blenorrhagia, constitutional syphilis, hydrocele, chronic leucorrhea, enlargement of the testicles, in gout, in enlargement of the liver, and spleen, in cancer of the uterus, indurations of the neck and tongue, hardening of the neck of the uterus, cancerous ulcers, in cancer of the tongue, and in ozena; also in the form of vapour in phthisis, chronic bronchitis, &c., in white swellings, &c. *** In all cases iodine and its different compounds should be employed with the greatest care, because they are very energetic, irritant, and corrosive poisons, and their administration must be abandoned as soon as emaciation or any other painful complication occurs. These are said scarcely ever to occur when morphia is combined with the preparations of iodine.

Iodhydrargyrate of the Iodiuret of Potassium: a salt formed of two proportions of the bin-iodiuret of mercury acting as an acid, of one proportion of the iodiuret of potassium acting as the base, and three proportions of water, obtained by dissolving in water two hundred and seven parts of the iodiuret of potassium, and five hundred and sixty-nine parts of the bin-iodiuret of mercury, the operation being assisted with a gentle heat, and then crystallizing; or else by dissolving, cold, as much of the red iodiuret of mercury as a concentrated solution of the iodiuret of potassium can take up, evaporating the liquid and dissolving in a large quantity of water, the yellow crystalline and deliquescent mass that is obtained. The excess of iodiuret of mercury is precipitated, and the evaporated solution gives an uncrystallizable mass of a saffron colour: it is the iodhydrargyrate of the iodiuret of potassium, which may be called the iodo-hydrargyrate of potassium, or better still, the double iodiuret of mercury and potassium. The iod-hydrargyrate of the iodiuret of potassium has been recommended in syphilitic affections, complicated with the lymphatic or scrophulous diathesis, by Drs. Channing and Grasourdy, and more recently by Dr. Puche, physician to the Hospital du Midi, in the dose of one-fifth of a grain to two grains in the course of the day, in the form of gelatinous pill or solution. This new saline combination causes generally less inconvenience than the other mercurial preparations, especially corrosive sublimate; besides a single attack of diarrhæa ought not to cause its use to be modified, and the constitution almost always soon becomes habituated to its irritation. According to Dr. Puche, inflammation of the mucous membrane of the mouth may be prevented by giving a purgative once a week.

Iodiuret of Starch (Buchanan): this iodiuret is prepared with twenty-four grains of iodine, five grains of alcohol, and an ounce of starch suspended in water, and is given in the dose of two, four, and eight drachms in the course of the day, in the treatment of scrophula.

Iodiuret of Arsenic: it possesses the same qualities, and is given in the same doses as iodine; it is used externally only in some cases of tubercular corroding dartrous eruptions. In England it is regarded as an alterative and a stimulant of the digestive organs. This double compound of iodine and arsenic requires the greatest care in its application.

Iodiuret of Barium: see iodine.

Iodiuret of Iron: used in amenorrhea, fluor albus, pulmonary phthisis, &c.; in the dose of from two to twenty grains and more (as many as forty grains have been given), in bolus, pill, or mixture. Dr. Petit, of Corbeil, speaks of a case of elephantiasis as cured by the iodiuret of iron, combined with the extract of conium, saffron, gum ammoniacum, &c. Externally in injections, lotions, &c., in the dose of from half a drachm to a drachm to eight ounces of water, in the atonic, pale ulcerations met with in lymphatic, scrophulous subjects, labouring under syphilis.

Iodurets of Mercury: the proto and deuto, or bin-iodurets of mercury, exciting the mucous gastro-intestinal membrane in a less degree, causing less colic, purging, and very rarely complete ptyalism, are mercurial preparations frequently employed at present in the treatment of syphilides, and in invetcrate and recent syphilis; in the dose of one to two grains or more daily, in the form of pills. Four and six grains have been given in the course of the day. They are also employed in baths, solution, ointment, tincture, &c.

To be continued in our next.

PERISCOPE OF THE WEEK.

Pneumo-thorax. — This and the five following articles comprize the principal subjects treated of in the last number of the *Medical Gazette*. Dr. Hughes draws the following conclusions respecting the occurrence of pneumo thorax: — 1. That pneumo-thorax is often not so speedily fatal as has been represented, especially by the French pathologists. 2. That the decomposition during life of effused fluids, and gaseous exhalations from the pleura, are, to say the least, doubtful cases of pneumo-thorax. 3. That it has not been proved to arise from other causes than a communication of the pleura with the external air. 4. That its most frequent causes are phthisis, empyema, and gangrene of the lung, in the order in which they are mentioned; and that, independently of external violence, pneumo-thorax from other causes is extremely rare. 5. That it occurs as a consequence of phthisis, with a very small cavity, or without any cavity, existing in the lung. 6. That according to the records at present possessed, it is more frequent in males than females; and the right side of the chest is rather more frequently affected than the left. 7. That urgent dyspnœa and great prostration do not necessarily accompany its accession. 8. That it may take place without the occurrence of any symptoms by which the period of the accident can be positively determined. 9. That tympanitic resonance on percussion, and absence of respiration, are not pathognomonic of pneumo-thorax, as these physical signs may exist without it, and it may exist without these signs. 10. That it is generally easily recognized by physical signs, but that even with their assistance the diagnosis is sometimes difficult and uncertain. 11. That the absence of the symptoms which usually supervene upon its occurrence, and of the physical signs which generally accompany it, is probably dependent upon the presence of a considerable amount of disease existing in the lung, upon extensive pleuritic adhesions, or upon the two combined. 12. That the greater the amount of disease in the lung. and the more extensive the adhesions of the affected side, the less marked are probably the symptoms of the attack, and the less characteristic are the physical signs of the disease. 13 That enlargement of the side, displacement of the heart, and protrusion of the liver, are not its necessary accompaniments. — 14. That the preceding symptoms, when present, are probably dependent upon the opening into the pleura being of small size, or being obstructed, or upon fluid effusion, as they do not usually occur in simple pneumo thorax, when the opening is large or free from partial occlusion, or when the fluid effusion is not considerable. 15. That the operation of paracentesis is not to be recommended in pneumo-thorax, except for the purpose of relieving urgent symptoms, arising from the accumulation of gas, or of removing the fluid effusion which accompanies it. 16. That its general treatment must depend upon the symptoms presented by the individual case, but that in all cases, and under all circumstances, perfect rest is likely to be attended with advantage. 17. That it is probable that the supervention of pneumo-thorax in some cases of advanced phthisis has tended to the prolongation of life. 18. And finally, that there is no valid reason for believing that it is unsusceptible of cure, and that it is therefore necessarily incurable.

The Anatomy of the Inguinal Canal.—After acknowledging that the muscular fibres described by Mr. Guthrie, the existence of which he at first doubted, are really to be found in the situation pointed out by that distinguished surgeon and anatomist, Dr. Knox observes that notwithstanding the authority of some distinguished surgeons, the minute anatomy of the elementary and normal structures composing the inguinal canal affords a great subject for investigation in a practical point of view, independent of all other considerations. His remarks are limited to a consideration of the different forms and arrangements assumed by those portions of the internal oblique and transversalis muscles, which are more especially connected with the canal; or, in other words, their inferior margins, and their mode of attachment to the pubis, and to the inner surface of the crural arch, this examination including some points of considerable interest, and a few of even a strictly practical bearing. The extent of the origin of the obliquus internus and transversalis muscles from the internal or concave surface of the crural arch varies in its form or nature; commencing at the anterior and superior spinous process of the ilium, it may extend inwards—that is, towards the pubis—for a full half, and even more, of the inner surface of the crural arch; or it may be limited to an inch or so of the same surface. Again, both muscles may extend equally low down, and be co-extensive in their attachment to the crural arch, or one may be there imperfect and shorter than the other; and this may happen either to the obliquus or to the transversalis; an inequality extending also to their tendons, even to that portion found behind the middle of the rectus muscle, and forming the posterior wall of its sheath, where occasionally it will be found that one tendon obviously stops short of the other; and this seems to happen most frequently, but perhaps not exclusively, to the obliquus. Besides this, the attachment of these muscles to the interior surface of Poupart's ligament varies also exceedingly in connection with the cremaster; sometimes there runs a distinct and common tendon, for the space of an inch, between the obliquus and transversalis, and the cremaster; and very often none at all. Occasionally it is somewhat difficult to say what fibres belong to the cremaster, and what to the abdominal muscles; a few scattered fasciculi of these doubtful fibres may actually follow the cord, as if they truly belonged to the cremaster, but quit it previous to reaching the external abdominal ring, and return, forming a loop to be attached to the pubis, upon the surface of the conjoined tendons. With regard to the progress of these muscles along the upper edge of the inguinal canal, over or superior to the spermatic cord, at its exit from the deep ring of the fascia transversalis towards the pubis and linea alba, in which they terminate by expanded tendinous fibres, there arises an important and much disputed question: do all the fibres of both muscles run over or superior to the spermatic cord, at its exit from the deep ring, or may they be made to appear so, and to do so in reality, by a little dissection, a clearing away of a little cellular substance, and a cautious use of the handle of the scalpel? This question Dr. Knox answers thus: shewing by dissection, exposed in the usual way, the inguinal canal and the cremaster muscle running through it, divide this muscle about half an inch above its passage through the external ring; this will enable the dissector to draw it fairly out of the canal, exposing the concavity or rather internal surface of the ligament of Poupart; and if he at the same time draws upwards and somewhat inwards the spermatic cord, he will expose the posterior wall of the inguinal canal throughout about one-half at least of its external portion. Now this wall he may, and probably will find, in a hundred consecutive dissections of this part, to be formed mainly by the fascia transversalis, and by its union with the crural arch and femoral aponeurosis. Further to satisfy himself on this point, let him cautiously dissect away from its somewhat varied origins and connections, the whole of the cremaster muscle, and still he will find that the posterior wall, at the part now spoken of, is not muscular. But the question is, are muscular fibres ever found in this situation, towards the upper and outer extremity of the inguinal canal, independent of the cremaster, no matter how arising, whether from a tendon common to these with the obliquus and transversalis, or arising disjointedly and separately from the inner surface of the crural arch, and descending in the canal towards the pubis, upon the fascia transversalis, inferior to the deep ring, and consequently placing that ring, with its constant and occasional accompaniment—that is to say, the spermatic cord and the bowels in hernia—in the peculiar position of an opening, which if not a muscular opening, which it could under no circumstances be, at least an opening having muscular fibres above, and muscular below it, practically influencing surgical considerations respecting the structure and form of the opening itself? This question has been answered in the affirmative by two anatomists, Mr. Guthrie and Dr. Knox, with this difference, however, that the one considers it to be a rather common occurrence; the other states it to be so rare, that of hundreds of dissections performed by him, he has but once observed the presence of this additional muscle, or portion of muscle. The next question examined by Dr. Knox is, how do the margins and inferior portions generally, of the internal oblique and transversalis muscles terminate mesially, that is, towards the pubis and linea alba, and with regard to their variety of form whilst descending along the upper part of the inguinal canal? When the tendon of the external oblique muscle is cut through, and laid down towards the thigh in the usual way, the contents of the inguinal canal in the male are first seen loosely inclosed in a delicate cellular tissue; the external spermatic nerve comes first into view, and on cautiously clearing away a little of the cellular tissue, the fibres of the cremaster, and the lower edge of the internal oblique become soon distinct. If these muscles be now carefully separated from each other, about the middle of the canal, the inferior fibres of the internal oblique and transversalis will be found sometimes to present a distinct and well-marked edge; at other times the muscular fasciculi become pale, attenuated, and tendinous, begin to spread out, and terminating separately by extremely delicate fibres, proceed onwards to their destination in the linea alba and pubis. Unless these fibres are carefully dissected, they will at first sight appear to run behind the spermatic cord, and not over it, and this circumstance has, no doubt often led many to believe in the comparative frequency of such an arrangement, whereas it is exceedingly rare, probably not occurring once in five hundred dissections. These fibres always require a very careful dissection. There are three varieties in the mesial termination of these two muscles, the internal oblique and transversalis. First, the muscular fasciculi of both muscles terminate by long and delicate tendinous cords attached to the symphysis pubis and crest inferiorly, and to the linea alba above, forming the conjoined tendons of anatomists. When this happens there exists naturally, but not always, a triangular fascial expansion connected on one hand to the cellular sheath of the rectus and pyramidalis muscles, and on the other to the crest of the pubes, rather internally and posteriorly, and to a certain extent at this point a small portion of the fascia transversalis; this is the triangular and semilunar fascia of modern anatomists. Secondly, the lowermost fibres of the internal oblique and transversalis muscles, may, in addition to the usual termination of their tendons in the pubes and the linea alba as conjoined tendons, transmit a series of semi-circular and concentric fibres behind the internal portion of the spermatic cord, either to a small extent, which is common enough, or so large and broad as to form a distinct semilunar muscular or tendinous expansion, situated behind all the lower part of the spermatic cord, having the form of the so-called semilunar fascia, doubling it in fact, and probably taking its place when strong. This semilunar portion of these muscles, forming the posterior wall of the inguinal canal, towards its lower half, may be either tendinous or muscular, narrow or broad, directly attached to the crest of the pubes, or indirectly. When very broad, it produces the curious appearance of a muscular ring or aperture, through which the spermatic cord is passing. The third variety is not described by Dr. Knox.

Cases of Peritonitis.—Dr Mayo narrates three cases of peritonitis terminating fatally, the principal feature of which was the insidious nature of the attack.

Leeches.—Dr J. B. Thompson in an article entitled "Medical Notes", states that it was interesting to notice the leeches which he brought with him from Sydney—their movements in the bottle always denoting a change of temperature and weather; they always crawled to the top of the bottle on the approach of mild and agreeable weather; but were sure to drop down and lie meshed together in an inactive or dormant state at the approach, and during the continuance of stormy and cold weather. They showed indications of a change from eighteen to twenty-four hours before he could anticipate any. He found a little sugar added to the water a great improvement. The

water need only be changed once a fortnight in cold regions, but oftener in warm or tropical climates, varying the quantity of water to the number and previous applications of the leeches : a little fine sand is very desirable, and seems to be liked by the leeches, and with it they are less apt to prey upon each other.

Conical Cornea.—Mr. Middlemore has written a letter to claim for himself the originality of the view, that conical cornea was the result of a change effected in that membrane by the modifying and arranging powers of the absorbents. On the subject of treatment, also, he claims the priority of suggesting an operation for its relief, the credit of which had been given, by Dr. Pickford, in the *Dublin Journal of Medical Science* to the late Mr. Tyrrell. Dr. Pickford says the late Mr. Tyrrell hit upon a very ingenious, though very inefficient expedient, for remedying the defective vision. It consists in altering the position of the pupil, and removing it from beneath the centre of the cornea, or that part which has its figure most changed, to near the margin where the least change has occurred. In answer to this, Mr. Middlemore asserts the suggestion was originally made by him; he quotes the following paragraph in proof of his statement:— "Where the point of the conical cornea has become opaque, and vision is thereby rendered much more obscure than it would otherwise be, it has been proposed to make an artificial pupil near to the margin of the cornea, which, it is said, will have two important advantages; namely, 1st, removing the pupil from the opaque part of the cornea; and 2nd, allowing the light to be transmitted through the least convex part of the membrane." As the operation appears not very likely to be successful, Mr. Middlemore seems to us to be fighting for a shadow.

Case of Additional Nipple.—Mr. Davies, of Liverpool, attended a lady in her fourth confinement. The next day she found that her linen below the left breast was saturated with milk. Her attention being directed to the cause, she discovered something like a nipple. Upon Mr D's arrival, she mentioned the circumstance to him, and he found, just below the substance of the left breast, on the integument covering that side of the chest, a decided nipple, about one third of the usual size. It had a distinct areola around it, and milk issued very freely from it. The most extraordinary fact is, she had already given birth to four children, but never before detected this anomaly.

Causes of Rachitis.—This and the following articles constitute the only matter of importance in the last number of the *Lancet*. In a note to Dr. Little's lecture, it is stated that when in Paris, M. Guérin showed him a series of preparations and drawings intended for the illustration of an elaborate and valuable work about to be published on the subject of rachitis. M. Guérin has artificially induced *rachitism* in domestic animals, by subjecting them to the influence of an unsuitable diet, and has arrived at the conclusion, that rachitis results from improper food, tubercular disease from insufficiency. Should this opinion prove to be correct, it is calculated to lead to improvement in the management of children, and to the prevention of rachitis.

Genu Valgum.—This deformity, which is one of the consequences of rachitis, Dr. Little says, commences by relaxation of the ligaments and muscles surrounding the articulation: the inside of the knee is less protected than the outside, and hence an inward yielding. This is accompanied either with an almost imperceptible curvature of the leg-bones, or with extreme curvature, and often with inward inclination of the ancle. The internal condyle of the femur becomes very prominent, and sometimes disproportionately enlarged, whilst the development of the external condyle is impeded. The head of the tibia also appears unusually large, sometimes its internal surface is merely prominent, at other times a remarkable projection, quite angular, like that of a badly united fracture of the tibia, is observed two or three inches beneath the internal and upper edge of the bone. After the deformity has lasted a considerable time, certain fibrous tissues on the external or concave side of the joint become contracted, and undergo structural shortening. These tissues consist principally of the biceps flexor cruris muscle, the attachment of the vastus externus to the head of the tibia, and the external lateral ligaments of the knee. A deformity precisely similar in form is caused in youths whose occupations require constant standing or over walking. The former is the more prejudicial. Occasionally it arises from a sprain, a fall, or other accidental injury of the knee. With respect to the treatment, when the tendency to rachitis has been removed by appropriate medication and diet, the resulting deformity must be combatted by the use of mechanical instruments, and occasionally tenotomy may be available. The shortening and rigidity of the tissues on the outer side of the knee are often so unyielding, that the mechanical treatment may be employed for months unavailingly. In these cases, the cure may be accelerated by subcutaneous section of the biceps tendon, the inferior termination of the vastus externus, and of the bands of fascia. A great improvement speedily succeeds the operation. After cicatrisation, the mechanical treatment must be re-adopted in the same manner as previously, and in a few weeks all resistance to straightening will be removed. Mechanical support is required for one or two years afterwards, until the articular surfaces have become adapted to the change in their relations, and until the debilitated muscles have acquired strength.

Effusion of Blood into the Anterior Chamber of the Eye.—Mr. Holmes Coote has written a paper, occupying nearly three columns of our cotemporary, to show that when blood is effused into the chamber of the eye, more especially the anterior chamber, it is readily reabsorbed by the effects of nature, the only annoying results caused by it being temporary blindness, and the only treatment requisite, being that directed to obviate the other effects of the injury by which it is produced. If inflammation follow, of course it is to be treated in the usual way. Mercurial ptyalism is totally unnecessary. Had it not been for this communication of Mr. Holmes Coote, we should not have thought that the results of the accident of which he writes, were unknown to the profession. Every surgeon who possesses the slightest acquaintance with ophthalmic surgery, we thought, was aware of the fact, that the blood effused in the chambers of the eye is speedily reabsorbed. We know that many old women are aware of it.

Collection of Fœces in the Cœcum.—Under this title Dr. Carter records a case in which his diagnosis and treatment were questioned. His patient, a lady 21 years of age, of plethoric constitution and sedentary habits, had been complaining for some weeks of dull heavy pain, extending from the groin upwards to the lumbar region, and had some difficulty in walking; the bowels were habitually costive, the skin hot and dry, tongue foul, pulse 130 and wiry. On examining the abdomen there was found considerable distension, especially towards the right ilio-lumbar region, corresponding to the seat of pain, from which he considered the case to be one of a large collection of hardened fœces in the cœcum or colon, producing irritation and inflammation of a sub-acute character in the parts contiguous. Bleeding, calomel and opium, and afterwards mild laxatives caused the evacuation of an immense quantity of scybalæ, some of very large size. The pain was much relieved, and the general appearance improved. Suspecting the existence of an abscess, Dr. Carter now directed an accurate measurement of the hips to be made from the spine to the symphysis pubis, when the right hip and side were found to be much larger and rounder than the left, to the extent of six inches ; the iliac region also presented diffuse, though defined swelling, which extended downwards towards Poupart's ligament, and conveyed a distinct impression to the hand when the patient coughed. Reclining on the back with the knee raised or bent, afforded most relief from pain, which the erect posture and walking invariably brought on. The treatment consisted of the exhibition of blue pill in small doses, until the gums were made rather tender, the iodide of potassium three times a day in half-drachm doses, cupping over the lumbar and gluteal regions, venesection when required by plethora, and the use of purgatives. By these measures her health gradually improved, and after a time convalescence was established. Another attack occurring in a month's time, Dr. Campbell was called in, who, not finding any abscess, *entered into an argument by the bedside of the patient, and flatly denied that it had ever existed*, his chief reason being the absence of acute pain, which he said was always one of the symptoms of lumbar abscess. Dr. Carter resigned the patient to Dr. Campbell. Without pronouncing an opinion upon the case, which appears to be a somewhat obscure one, we have no hesitation in declaring that Dr. Campbell's conduct, on the showing of Dr. Carter, was highly reprehensible and unprofessional. We trust, however, to find that the explanation which he has to offer will prove a satisfactory one.

Syrup of Senna.—An advertisement in favour of the concentrated syrup of senna appears in the columns of our cotemporary, from the pen of Mr. Wetherfield, on which the duty, as it appears to us, has not been paid. It is really too bad of the editor of the journal in question, to insert in the body of the work, articles whose proper place, in other periodicals at least, would be the cover.

Electro-Magnetism in Poisoning by Laudanum.—Mr. Corfe, the apothecary to the Middlesex Hospital, narrates two cases, one of poisoning by laudanum, and the other in which it was supposed laudanum had been taken, in the treatment of which he had recourse to electro-magnetism. The first case recovered; the other, a married woman of intemperate habits, died. On examination of the body, it was ascertained that the patient had died, not from poisoning by opium, but from Bright's disease. It appeared afterwards that she had been under professional care two years previously for dropsy, with highly albuminous urine.

Vicarious Menstruation.—A rather singular case is recorded as having occurred in the Free Hospital, under the care of Mr. Gay, in the person of a young woman, 17 years of age, of a delicate strumous constitution, who had accidentally chopped off a portion of the index finger of the left hand. The divided bone was left uncovered by the retracted integuments, and the parts became the seat of vicarious menstruation. The stump having an unhealthy appearance, was removed by Mr. Gay just after the occurrence of a menstrual period, and measures were taken to restore the uterus to a healthy condition. At the usual time of the succeeding month, however, she complained of pain from the shoulder to the hand, with a sense of throbbing along the course of the large vessels, and the hand began to swell. A dozen leeches were applied to the pubic region, and a brisk aloetic purgative administered; but the pain continued, the radial and ulnar arteries pulsated vigorously, the extremity became hot, the fingers rigidly flexed, and the hand fearfully distended, the integuments assuming a dark blueish tinge. More leeches were applied to the legs, salines were given, and the symptoms gradually passed away. Steel medicines and ergot of rye were afterwards administered, and the palm of the hand having been carefully padded with cotton wool, and laid with the fingers on a hand-splint, the extremity was swathed with narrow bandages from the tips of the fingers and thumb to the shoulder. Similar symptoms presented themselves next month at the usual time, but the swelling was prevented by the bandages. Dry cupping was practised on the loins, and injections of warm milk with the liquor ammoniæ, in the proportion of a drachm and a half of the latter to a pint of the milk, were thrown up into the vagina night and morning. The succeeding month the patient suffered severely from the tension of the whole limb, which she said was so great that she feared it would burst the bandages asunder. Dry cupping was again practised, and the injections used, but together with the usual emmenagogue remedies, proved inadequate to excite the uterine functions. The patient afterwards left the hospital, and has not been heard of since.

Polypus of the Nose.—Sir B. C. Brodie, in the commencement of his present course of lectures

on surgery, devoted two to the consideration of the subject of polypus, of which the following is an abstract. Under the term polypus, Sir B. C. Brodie includes simply a peculiar non-malignant excrecenseof the Schneiderian membrane. It ismuchmore frequent among the higher orders of society, and is most common in men and it seldom occurs before puberty. Polypus is generally attached by a thin neck to the Schneiderian membrane, or by a narrow pedicle or a long thin membrane: it is very smooth, and but little vascular; gelatinous in density, and appears to consist of coagulated albumen. Sometimes there is only one, or there may be two or three, or else clusters of them, so that they can scarcely be counted. The color is pearl-like or white, mixed with brown of an opake appearance. Soft polypi of this kind are generally attached to the cells of the æthmoid bone, occasionally to the superior turbinated bone, and never to the septum nasi, inferior turbinated bone, or to any part of the nostril. The early symptoms are an unnatural secretion of mucus, and a greater desire to blow the nose, such as may exist in catarrh, but unlike the latter complaint, it is persistent. The senses of smell and taste are vitiated or otherwise injured, and these symptoms increase as the polypus enlarges, and are accompanied by obstruction of the nasal meati. Respiration through the nose becomes gradually imperfect, and at last ceases, the patient breathing only through the mouth. If neglected, the polypus grows larger, becomes more solid, and the base almost cartilaginous; sometimes it is large enough to hang down outside. It may project backwards into the pharynx behind the soft palate, and then it may occasion giddiness, from pressure on the internal jugular vein. Surgical assistance is however generally procured before the disease is so far advanced, although a patient died in St. George's from cerebral symptoms caused by its pressure. After death there was found effusion in the ventricles of the brain. The best way of removing common polypus is with a proper pair of forceps, by which you can pull away its neck. The whole of the opposing surfaces of the forceps should be roughened, convex above, concave below, and opening laterally, so that they may hold the polypus tightly. They should be pretty strong and not slender, unless for small nostrils. If made with a screw in the handle, having a double worm, when the polypus is grasped, by proper manœuvring and screwing tight, there is not any danger of their slipping off. The proceeding may be longer, but it is more certain. A pair opening from above downwards will occasionally, though rarely, be wanted. The polypus must be seized near its base by introducing the forceps, previously oiled and warmed, upwards to the back of the nostrils, one blade being placed on either side of the tumour, then tightened with the screw, after which a lateral twisting motion is to be employed, the forceps drawn backwards and forwards, then again twisted, and drawn out afterwards with some force, when the polypus will come away entire. If there be more than one, the operation must be repeated. The forceps must be used gently, or the æthmoid bone, or its cribriform plate may be injured. In very old, firm, and cartilaginous polypi, there is great adhesion to the bone, but it is not of any consequence if a small plate of bone is removed, for that at least shows that the whole polypus has been removed with it. In these cases Sir B. C. Brodie uses a peculiar forceps, resembling those employed by ladies for cutting flowers, so constructed as to cut at the upper part, having a rough surface below, to hold the polypus. These shave off the polypus as near the bone as possible. The removal of the polypus will afford great relief, but in many cases, it is apt to return. Sir B. C. Brodie has found painting the surface whence the polypus spraug with the white precipitate, or diluted nitrate of mercury ointments, retard the growth of a fresh tumour. He prefers the former. Its use must be persevered in steadily—not for a few days, or weeks, or months, but even for years. The patient must be taught to apply it himself, not a little way merely up the nostril, but it must be passed up to the middle meatus, the instrument being directed first a little upwards and backwards, and then directly backwards into the throat: indeed, the brush ought to be carried back as far as the pharynx, so as to sweep, as it were, the whole roof of the nostril. Astringent lotions of sulphate of zinc or alum may also be injected. A polypus differing in structure from that just described, is met with in the nostril: a fleshy polypus, apparently composed of firm solid fibrine, with a very thin membranc over it. It is apparently of the same structure as the polypus that grows from the uterus, and sometimes from the rectum. Common polypus, occasionally, but not often, changes its structure, and becomes fleshy. This kind of polypus has generally a narrow neck; it does not appear to be restricted to any part of the nostril, to the cells of the æthmoid or to the superior turbinated bone. When the tumour is situated in the nostrils, it may be snipped off with a pair of seissors, or extracted by means of forceps, but when it hangs down into the pharynx, a ligature must be applied. There are two ways of applying a ligature; a bougie is to be passed through the nostril whence, from previous examination, you have ascertained that the polypus springs, into the pharynx, where the finger is to be passed, the bougie bent, and one end brought out at the mouth; this is to serve for the introduction of the ligature, which, previously well-waxed, is fastened to the end of the bougie in the mouth, the instrument withdrawn by the nares, the thread following, so that when the bougie is cut away, the two ends hang out at the mouth and nostrils. The ligature should be a very long one. The next step of the operation is to get the ligature over the tumour, and for this purpose the loop hanging out at the mouth is divided, so that there are two single ligatures; one end of one of those ligatures is to be passed through a silver tube, and carried into the pharynx, under the base of the tumour on one side of it, and the other is afterwards to be used in the same manner, an assistant keeping them in their proper place. A knot that will not slip must then be made of the two ends of the ligature that hang out of the mouth; and then by carefully drawing the threads out through the nose, the polypus is secured at its base. The threads in the nares are next passed through a silver canula, and tightened daily as in the operation for removing a polypus uteri, until the neck of the tumour is cut through; a needle with a strong ligature being then passed through the polypus, so that when it is loose, it may be drawn out of the mouth. According to Desault's plan, a bougie is introduced into the nostril, and one end brought out at the mouth, a single and a double ligature being attached to it; the single one must be a very long one. That being done, the bougie is to be drawn out at the nose, and of course, the ligatures follow it The bougie is then cut off, and the two ends of the double ligature hang out of the nose, and the loop at the mouth; one end of the single ligature also hangs out of the nose, and one end out of the mouth. .The single and the double ligature always pass on one side of the polypus, but by means of a silver canula the single ligature may be drawn to the other side of the polypus. The ligature being held in its place by an assistant, the end of the single ligature projecting from the mouth, is passed through the loop of the double ligature, and the end of the latter being drawn out of the nose, the single end follows, and a ligature is made which is secured by means of a canula introduced into the nose.

Solubility of the Metals in the Persulphate and Perchloride of Iron.—In a communication under this title by Mr. J. Napier, published in the *Memoirs of the Chemical Society*, are detailed the results of a series of experiments on the solubility of metals in the persalts of iron, which appear to have been originally undertaken with the view of ascertaining the best mode of extracting the copper from the enormous quantity of water, which is constantly issuing from the Pary's Mines, Anglesea, impregnated therewith. His enquiries were afterwards extended to other metals, as silver, tin, cadmium, lead, antimony, arsenic, bismuth, cobalt, nickel, platinum, gold, and zinc. When silver is put into a solution of persulphate of iron an immediate action takes place, a yellowish cloud begins to form in the solution; if heated the action is much more rapid, a yellow oxide of iron forming upon the sides of the vessel, and there is also a brown precipitate deposited; the iron in the solution is converted into the proto state, shining particles of metallic silver float through the solution, and sulphate of silver crystallizes on the vessel; by slow evaporation the solution yielded crystals of protosulphate of iron and sulphate of silver. *Tin* is very easily dissolved in both the persulphate and perchloride of iron, completely reducing them to the proto state. When the solution is cold this is effected in about an hour; when hot, in a few minutes; the iron is reduced to the proto state when only half an equivalent of tin is dissolved for every equivalent of peroxide; the first impression from this was, that the first atom of protosalt of tin formed reduced a corresponding atom of peroxide of iron, and was converted into a persalt; but saturating with ammonia, and adding it in great excess, the precipitated oxide of tin was not redissolved, and had every other character of a protosalt. *Cadmium* is very soluble in persalts of iron; in the persulphate an equivalent of cadmium is dissolved for the equivalent of persulphate of iron; but in perchloride of iron two equivalents of cadmium are dissolved for every equivalent of perchloride of iron, forming, as in the case of copper, a subchloride, which was not precipitated by the addition of water. *Lead* is also dissolved in persalts of iron, reducing a portion of the iron to the state of a proto salt; the lead becomes covered with a thin crust of sulphate or chloride, which seems to protect it from further action; when the iron solution is boiled with the lead much more is dissolved, and a precipitate of peroxide of iron collects at the bottom. This action of iron on lead may account for the rapid destruction of leaden tanks, noticed by Mr. West at the last meeting of the British Association, that when spring water, which had been running into a leaden tank for many years without the slightest action upon the lead, was conveyed through iron pipes to the tanks, the tanks were destroyed in six years. *Antimony* is not very soluble in persulphate of iron even when heated, but it is very soluble in perchloride of iron when hot, reducing the iron to a protochloride in a short time, the solution becoming of a light brownish colour. If kept boiling slowly for a long time the antimony loses an equivalent of metal for every equivalent of peroxide of iron, giving us the idea of the existence of a compound of antimony with chlorine of one to one. This solution was not examined further than by dilution with water, which precipitated almost all the antimony as a white powder, undergoing the usual changes of common chloride, except when the dried precipitate was boiled in nitric acid, in which it dissolved with the evolution of nitrous gas. *Arsenic* is very soluble in perchloride of iron, reducing the iron to the state of protochloride, losing also with long boiling an equivalent of metal for every equivalent of peroxide of iron in the solution; but this result is not obtained without long boiling. *Bismuth* is very soluble in perchloride of iron, slightly in persulphate; the perchloride is completely reduced to the state of protochloride, a full equivalent of metal being dissolved for the peroxide of iron present; this is wholly precipitated by dilution. *Cobalt* is very soluble in perchloride of iron, reducing it completely, changing the solution to a pink colour; the cobalt salt formed crystallizes from this solution very easily. *Nickel* is also soluble in perchloride of iron, giving a precipitate of brown oxide of iron; the solution becomes green, containing protochloride of iron and nickel; a portion of the nickel is precipitated as a fine white powder by dilution. *Platinum* in persulphate and perchloride of iron produced no change, neither lost anything in weight. *Gold* boiled for a long time in perchloride of iron in two experiments lost 0·2 and 0·3 of a grain. In both these instances beautiful crimson-red crystals, in perfect octahedrons, were obtained, adhering to the metal and also to the containing vessel. Both zinc and iron, when put into the persalts of iron, first reduce the persalt to the protosalt, which fully accounts for the great consumption of iron for the small quantity of copper obtained in these waste waters of mines, and not, as was generally supposed, from the existence of free acid; the copper is never all precipitated from the water so long as persalts of iron exist in the solution. The presence of persalts of iron also prevents the deposition of the copper by a galvanic current; the proportionate

quantity of persalts of iron necessary to resist completely the deposition of copper was not ascertained. In no one case was any double salt formed between the iron and metal dissolved in it, but when the solution containing them was evaporated the salts of the two metals crystallized separately. In all cases where the process is conducted cold the solution of the metal takes place at the bottom of the vessel and progresses upwards; this is beautifully exhibited when a tall glass is used with a solution of perchloride of iron, and a slip of copper reaching to the bottom; the solution first becomes green at the lower part, and this advances slowly upwards till it reaches the top, but before the change of colour reaches the top, the bottom has become colourless from the formation of subchloride.

Sounds of the Heart.—Dr. O'B. Bellingham says, in the *Dublin Medical Press*, that the extent of surface over which on auscultation the sounds of the heart are audible in the healthy and well-formed chest is not great, and is usually confined to the precordial region, and as the stethoscope is moved from this point, the sound becomes more and more faint. In individuals whose chest is covered with much fat, and in whom the impulse is hardly perceptible, the sounds are much more limited; while in thin persons, children, females, in individuals with narrow chest, or in nervous or very irritable people, the sounds are heard over a very large extent of surface. The sounds produced at the right ventricular orifices are said to be more perceptible on the right side of the precordial region, and those produced at the left ventricular orifices upon the left side of this region. If the sternum be short, the sounds of the heart are often heard likewise in the epigastric region. In several diseased conditions of the heart or of the lungs, the sounds become audible over the greater part of the anterior surface of the chest, and in some cases are heard likewise in the posterior and lateral regions upon both sides; while in the other diseased states the sounds are very obscure, even in the immediate region of the heart.

On the best method of removing the stain produced by chemical marking-ink from linen textures.—By Boettger.—Nitro-muriatic acid has been recommended for this purpose; but without entering into the obvious demerits of this agent, which is neither fitted for general use nor suited for cambrie or fine linen, I propose *a concentrated solution of Liebig's cyanide of potassium, as a sure and harmless means* of removing the stain of marking-ink from linen textures. In the preparation of this salt, it is essential that the ferrocyanide be as free as possible from sulphate of potash, to prevent the generation of a combination with sulphur during the process of heating, which would entirely defeat the object. Names and marks on linen or wearing apparel, of *many years standing, may be totally and effectually removed from the finest cambric, even without the slightest injury to its texture*, by rubbing the mark gently with a rather concentrated solution of this cyanide of potassium. If a stain of common writing-ink have been used in addition, in marking the linen, a hot concentrated solution of oxalate of potash must be afterwards applied. The red and black stains produced on the skin by the solutions of the salts of silver and gold, may be perfectly removed by a solution of the above mentioned salt. It is necessary, however, to observe, that the skin should be intact, as this salt produces ill effects, if applied to open sores.—*Annalen der Chemie und Pharmacie*, Band xlvii, Heft 3.

On the employment of Cochineal in the treatment of hooping-cough.—Dr. Cajetian Wachtl, of Vienna, treated nine children, suffering from hooping-cough, with cochineal, as recommended by certain English physicians. The remedy was administered in all stages of the disease; and its efficacy was so instantaneous and constant, that notwithstanding the paucity of cases, Dr. Wachtl feels authorized to regard cochineal as a specific in hooping-cough. The following is his manner of exhibiting the remedy:—Take of cochineal, one scruple. Sugar one ounce. Dissolve in six ounces of warm water. The dose is three teaspoonfuls in the twenty-four hours. The solution ought not to be kept longer than thirty-six or forty-eight hours, because after that time it assumes a brown hue, and a sour taste, which render it unfit for use.

Herculean Treatment of Dysentery.—We make the following extract from a private communication, dated October 3rd, from Dr. P. Fahnestock, of Pittsburgh, Pa.:—There has recently prevailed in this vicinity, about two miles from the city, an endemic dysentery, characterized by considerable febrile action, with frequent mucous or bloody evacuations, and violent tormina and tenesmus. It attacked both sexes and all ages indiscriminately, and among them I attended from sixty to eighty cases. As my treatment was peculiar, and as its success confirmed its propriety, (but three cases having proved fatal,) I will state how I managed them. In the case of an adult patient of either sex, having ten or twelve stools per hour, consisting of blood and mucus alone, accompanied with great tormina and tenesmus, I usually gave from six to fifteen grains of pulverized opium, with from xx. to xxx. grs. of calomel; but if the pulse was full and frequent, this treatment was premised by general blood-letting and the application of leeches to the anus. In six or eight hours after the administration of the medicine, I prescribed the following: R. Ol. Ricini, ℥ iß. Spir. Terebin, ℥ ß. These were my maximum doses; and after the operation of the oils, I gave calomel and Dover's powder in small doses, with gum water as a drink, and rice and arrow root as diet. It was seldom found necessary to repeat the calomel and opium. To children, six or eight years old, I gave as much as four or five grains of opium, without producing more than a few hours' sleep.—*New York Journal of Medicine.*

Notes on the Treatment of Rigidity of the Os Uteri by means of Tartar Emetic, and on the use of Strychnine in Influenza. By David Gilbert, M.D., Gettysburg, Pa. — Tartar Emetic in Tardy Labour.—We are frequently called to cases in which labour has commenced, but the progress is slow, both on account of the insufficieney of the uterine contractions and rigidity of the os tincæ. These cases are most frequently found to occur in patients of tense fibre, and rather robust constitutions. Bleeding produces some relaxation, but rarely hastens the labour; since, in most instances, it does not add anything to the vigour of the pains. Several years ago, while in attendance upon such a case, wishing to expedite the labour, I felt a very strong desire to administer the *secale cornutum*, but was prevented by reflecting upon the well-ascertained effects of that powerful agent under such circumstances. The question whether some other article of the *materia medica* might not be advantageously exhibited, then presented itself to me. Relaxation of the *os uteri* and expulsive contractions, were the principal desiderata. Emesis in the commencement is always looked upon as a symptom of speedy labour; *ergot* also produces nausea, and frequently vomiting. In evacuating the stomach, the diaphragm, abdominal muscles, &c., are called into violent action: these same muscles aid the uterus in its expulsive efforts; hence emesis may be looked upon as a powerful means of exciting labour and producing efficient expulsive contractions of the uterus, because the same set of associated organs are in action; and such is the sympathy between the stomach and uterus, that contractile efforts are easily transferred from the former to the latter, the more especially since the uterus is about to take on such action of its own accord. Again, while emesis excites, and is accomplished in part by the associated contractions of the muscles constituting the abdominal parietes, it also produces relaxation of the other parts of the system, and of none more certainly than the os uteri, under these particular circumstances. Reasoning thus, I was induced to make a trial of tartrate of antimony and potass, in doses of half a grain the first potion, and then a quarter of a grain every fifteen minutes, until emesis; and as soon as retching commenced, the uterine contractions strengthened, and the labour terminated speedily. I have frequently used the tartar emetic since, and always with the most satisfactory results. I was not then aware that this remedy had been used by Ramsbotham, who, speaking of rigidity of the os uteri, says that "antimony, in doses sufficient to keep up a feeling of nausea, has been exhibited in these cases with marked effect."—*Strychnine in Influenza.* The prevailing epidemic, influenza, made its first appearance, during the present season, in Gettysburg, Pa., about the 1st of July. The disease was characterized by the usual symptoms. About two-thirds of the whole number of inhabitants became subjects of the disease, not one half of whom, however, deemed the malady of sufficient severity to require medical advice. A few of the cases to which our attention was called, were complicated with bronchitis, arachnitis, rheumatism, &c. In two cases severe nervous ear-ache was the leading symptom; in one case, periodical neuralgia of the supra-orbital nerve, came on every morning at 8 o'clock. Observation soon convinced us that this disease, in the commencement, had its seat in the *nervous system*, which was in a depressed state, not yielding its normal quota of nervous influence; and that after this, the *mucous tissue* was the next to suffer. Having succeeded with *strychnine* in many of those diseases nominated *neuroses*, in which there was *no inflammation or congestion of the nervous centre*, we supposed that in this affection its use might be followed with results equally favourable; and we therefore resolved to use the remedy upon ourselves, provided there was an opportunity. With this we were *favoured* about two weeks ago, when, whilst under the influence of mere nervous excitement and irritability, with a commencing derangement of the mucous tissue of the head, we took a full dose of the medicine; and we were happy to find ourselves relieved in a few hours of every symptom. We were soon after called upon by a young gentleman who was attacked with the prodromic symptoms, to whom we gave a portion, which also cut short the disease. Our next case was that of a female æt. 50, subject to occasional paroxysms of hysteria. We found her in the chill, with violent pains in the head, back, and extremities, accompanied by hoarseness and cough. Gave comp. ext. colocynth grs. x., and blue mass, grs. v., as a laxative, to be aided by sulph. magnesiæ, if necessary. After the intestinal canal was evacuated, we exhibited the strychnine; and in twelve hours the patient was free from the disease. We have since exhibited this potent nervine in a number of cases with equally good effects, always first subduing any local inflammation which might be present.

Proposed Outline of a Bill, having for its o bje the Regulation of the various branches of the Medical Profession, protecting the interests of the same, with means for the perfect suppression of illegal practice within the British Dominions. By CHARLES CLAY, Member of the Royal College of Physicians, London; Member of the College of Surgeons, &c.; and Lecturer on Medical Jurisprudence and Medical Police, Manchester.

I HAVE for some time been watching with intense interest the progress of the medical reform question, but must confess the multiplicity of arguments adduced, the variety of plans proposed, serve only to mystify the subject, and render it far more complicated and unintelligible than there is any reason for it to be, or than it would be, if met fairly and honestly, with the determination to rid out abuses contracted by time, and render it more sufferable to the present age and circumstances connected with the posture of affairs now existing. This chaos arises from the many conflicting interests engaged in the question. There are corporators and anti-corporators, monopolists and anti-monopolists, one faculty men, and those for varied titles and subdivision of labour; we have parties professing extensive principles of reform, yet doing little or nothing towards its accomplishments, whilst others are aiming at more than can possibly ever be obtained. It is quite evident to those who are watching the progress of so many contending partics, that no real satisfactory reform measure can ever arise out of such ill-directed efforts, and until there exists more unanimity of opinion and exertion, all hope of a good protection to the profession must be abandoned. Every plan hitherto proposed at once identifies itself more or less with one of the parties mentioned, to the prejudice and exclusion of the rest; their only aim being to carry their own points, reckless of the consequences to the remainder; under such views the efforts for obtaining medical reform are constant, but followed with no beneficial result; and such are the divisions in the profession on the subject, that an official of the crown is obliged to admit he can come to no conclusion by consulting the heads of the profession, and that he must act mainly on his own judgment, although it is well known he can know but very little about the real wants of the medical faculty. These are lamentable facts, but they are true, and it behoves the profession to rouse from their present apathy, direct their efforts to better advantage, and instead of receiving the dictates of a non-professional interference, place themselves in a position to speak and act (as they ought) unanimously, and thus secure to themselves those results which they would gladly enjoy, but from which their divisions will ever debar them

To attain so desirable a result, it is plain each party must give way a little, and not too stubbornly forward their own views to the exclusion of every other party; and individual interests must be sacrificed for the general good, and adopt that plan best calculated to serve the profession at large.

I confess I am not so rabid a reformer as to shut my eyes to the merits of those noble institutions by law established, that have hitherto had the management of medical affairs, and have undeniably effected great good. I would rather venerate them for the past, endeavour to get their errors corrected, and suit such amendments to the present age and increased importance of the medical profession, and I certainly should be the last to advocate the annihilation of any of them.

Most writers on this subject, indeed all I have seen of late, have estimated at too little the power and extent of those opposing; indeed, if we must credit to the full amount the assertions of any party, we should be bound to believe that their plan would be law, in less than no time, and yet, though they have long been engaged, the battle is not nearer its termination than when the attack began. Without advocating the claims of any particular party, then, I have in the following brief outline endeavoured to pourtray what (in my opinion) would place the profession on an improved basis, and though far from being perfect, yet I believe it capable of protecting all parties, without injuring any. I do not pretend to say it would satisfy the extreme wishes of every one, but it would go far to remove many of the obstacles of which each complains. The most extensive reformer will find his wishes cared for, whilst the corporator need not fear obliteration by his antagonists. An easy but effectual system of legal controlment to the profession at large, and a most decided means of suppressing illegal practice, without injuring either the character or pecuniary resources of government, by which means the medical profession has a hance of raising itself in character to the position, if not the first, certainly one of the most important to mankind.

1. That the general profession of medicine and surgery, &c., be divided into the following departments—physicians, surgeons, apothecaries, veterinary practitioners, and wholesale and retail chemists and druggists.

2. That the duty of each department be distinctly laid down by this bill, viz. *Physicians*, to prescribe medicine for, and have the sole care of diseases, requiring no surgical operation or application, and to prescribe in consultation with a surgeon in all cases. *Surgeons*, to prescribe for, operate, and adapt all dressings, mechanical application, &c. to all surgical cases. *Apothecaries*, to compound physicians' and surgeons' prescriptions, to attend and exhibit medicines in medical cases only, but neither to write prescriptions as a physician nor operate or apply dressings, mechanical applications, &c., as a surgeon. *Veterinary Practitioners*, to prescribe and exhibit medicines, to perform operations, and make applications only to the brute creation; but not to interfere with the duties of physician, surgeon, or apothecary, as herein stated. *Chemists and Druggists* to vend medicines wholesale and retail to all classes, but not to compound physicians' or surgeons' prescriptions, or in any way attempt to prescribe for or apply medicines to any case of disease, medical or surgical, save and except the compounding of medicines for veterinary practitioners for application to the brute creation only.

3. That a distinct curriculum of education be insisted on, for each of the above-named divisions; the curriculum being the same throughout the whole of Great Britain and Ireland, and to be adopted by all duly authorised constituted bodies set apart for the education of the above branches of medicine and surgery.

4. That each and every department above named be allowed to practise only on receiving a certificate or licence to practise from such bodies corporate, &c., as are legally constituted to grant the same.

5. That no person shall practise any department for the which he holds no licence, but shall be allowed to practise as many departments as he holds diplomas for or licences.

6. That all chartered bodies in Great Britain and Ireland hitherto empowered to grant medical and surgical degrees, diplomas, licences, &c. &c., continue to do the same on adopting the curriculum of education appointed by this bill for each department.

7. That the curriculum of education for each department be fixed upon by a commission, consisting of the presidents of the following chartered bodies:—Colleges of Physicians and Surgeons, London, Dublin, and Edinburgh; Faculty of do. Glasgow; Professors of Medicine and Surgery at Oxford, Cambridge, and Aberdeen; and Presidents of the London University and King's College, London, and the Apothecaries Hall of London and Dublin.

8. That the education of an M.D. or licensed physician, shall be as follows—

That the education of a surgeon shall be as follows—

That the education of an apothecary shall be as follows—

That the education of a veterinary practitioner shall be as follows—

That the education of a chemist and druggist, whether wholesale or retail, shall be as follows—

9. That the Apothecaries' Worshipful Company of London shall be empowered to grant the licence of chemist and druggist for Great Britain, and the Apothecaries Company of Dublin for Ireland, on adopting the rule of education required.

10. That the Veterinary College of London shall, on adopting the rule of education for veterinary practitioners, grant licences for the same for Great Britain and Ireland.

11. That any person holding a licence to practise any department contemplated by this bill, from any of the legally constituted bodies, complying with the rules of education hereinstated, shall be entitled to practise any, or every department, for the which he holds a licence, in any part of Great Britain and Ireland, as well as in the British colonial establishments; but shall not, without subjecting himself to the fines and punishments of this bill, attempt to infringe on any department herein contemplated, without a licence from some of the constituted bodies, legally entitled to grant the same.

14. That the provisions of this bill shall not be retrospective (except in clause 16). All persons holding diplomas, degrees, licences to practise, &c., from legally constituted bodies, at the time of this bill, shall continue to enjoy the same privileges as their diplomas, degrees, licences, &c., entitled them to heretofore. Provided, that no person without diploma, degree, licence, &c., shall claim benefit of this clause; save and except he shall prove being in practice as such before the year 1815.

15. That the title of M.D. and licence to practise as a physician, shall be esteemed the same, and be confined to the same curriculum of education.

16. That all practitioners of medicine or surgery with foreign diplomas, before and after the passing of this bill into a law, shall, on all occasions, attach to his signature after M.D., or otherwise, the word FOREIGN.

17. That any person found practising any department of medicine included in this bill without licence, after the date hereof, shall, on conviction, be amerced in the penalties, and subject himself to the punishment provided in this bill.

18. That no persons shall give evidence in any court of justice, touching any medical, surgical, pharmaceutical, chemical, or veterinary question, except such as hold licences under this bill, and then only for such departments for which he holds a diploma, or licence.

19. That all judges, chairmen, magistrates, coroners, &c. &c., shall consult the list provided by this bill, and admit none to give evidence but such as are inserted therein, and those only on the department for which they hold a licence.

20. That all obstetric operations, vaccination, venesection, and dental operations shall be esteemed surgical operations.

21. That cupping, applying leeches, and the exhibition of enemas, be considered extra professional, and may be practised without licence.

22. That any person attempting to or accomplishing inoculation with small pox, shall on proof be fined according to the provisions of this bill.

23. That any person found misrepresenting the cause of death, or refusing to give the necessary information respecting cause of death, to the registrars, &c. of the Registration Act, shall on proof be fined according to the provisions of this bill.

24. That a list shall be provided by the inspectors, of all persons holding licences for the various departments of this bill, for the use of all judges, chairmen, magistrates, or coroners.

25. That any person found guilty of forging a licence to practise any department herein contemplated, or practising any department with a licence proved to be forged, shall be subject to the punishments provided hereafter.

26. Any person found practising any department beyond that for which he holds a licence, shall be punished and fined according to the provisions of this bill.

27. That the fees for the curriculum of education of each department, as well as the fee for the licence, be regulated by the commission herein before stated. (Clause 8).

28. That persons holding foreign diplomas for medicine and surgery, shall not be allowed to practise in Great Britain and Ireland, or British Colonial establishments, without first submitting to an examination, and receiving the licence for the department he intends to practise, from the legally constituted bodies complying with the regulations of this bill. All persons not complying with this clause shall be esteemed illegal practitioners, and fined and punished as such, according to the provisions of this bill.

29. That all legal expences be borne by the party convicted of acting illegally in respect to this bill.

30. That the evidence proving illegal practice shall be, in respect to a physician, the receiving from him a prescription for any disease, whether signed by name of the party or not, or having taken a fee for advice. For a surgeon, the treatment of any disease by prescription, or otherwise the performance of any operation on the human body. For an apothecary, the writing of any prescription, compounding the prescription of any physician or surgeon, or nostrum, or visiting the sick as offering assistance in the cure of any disease. For a veterinary practitioner, the proof of giving medicine to or for any disease in any quadruped, or the performance of any operation on the same. For a chemist and druggist, the compounding any medicine (except for cattle), or the application or vending of any drug or nostrum as a prospect of cure for any disease, his simple duty being to supply the individual drug asked for in wholesale or retail quantity, nor shall he put together or mix any drugs asked for in succession or otherwise.

31. That the several chartered bodies hitherto empowered to grant degrees, diplomas, licences, &c. &c., shall, on representation, be bound to find the

inspector with funds to prosecute any person practising illegally, if required, within the limits hereafter to be assigned to them.

32. That all first offences of this act shall be punished by a fine, such cases to be decided by a bench of not less than two magistrates. That in all second offences the fine shall be doubled, such cases to be decided at any petit sessions; that in all third offences the fine shall be doubled, and imprisonment for a space more or less according to the extent of the offence. The minimum two, the maximum six calendar months. Such cases also to be decided at quarter-sessions of the peace.

33. That *any* person found guilty of inoculating with the virus from the smallpox or variola, shall be fined £5 sterling; but that if any practitioner of medicine or surgery be found guilty of the same, the fine shall be £10; in second offences the fine to be doubled; in third, the first fine doubled, and to be imprisoned not less than six months for the licensed medical or surgical practitioner, and three months for any other person. Such person being also liable to be prosecuted by the provisions of this bill for practising surgery without licence.

33. That any licensed practitioner under this bill wilfully misrepresenting the cause of death of any case under his care, or refusing to give the necessary information to the registrar of the district in which such death has taken place, shall, on conviction, be fined £5; second offence £10; third and subsequent, £10 and imprisonment not exceeding three months.

34. That any person forging any of the licences contemplated by this bill, or practising with a licence proved to be a forged one, shall, on conviction, be fined £50 sterling, over and above the expenses of prosecution under this bill. For a second offence the fine of £100; for the third, £200, and imprisonment not exceeding twelve calender months; and in all cases the parties to be imprisoned until the fines are paid.

35. That all persons found guilty of offences contemplated by this bill, shall be liable to all expenses of prosecution, over and above all fines and penalties.

36. That one third of all fines and penalties be paid to the informer, provided the information is not laid by the inspector; one third to the body corporate against whom the offence is committed, and the remaining third to the inspector, to defray his additional expenses in attending the prosecution.

37. That in no case shall the inspector have the power to fine or sit in judgment at any prosecution, but simply supply evidence.

38. That all penalties, fines, &c., be distrained for on the personal or other effects of the defendant, immediately after the case is decided, if not paid.

39. That the College of Physicians, London; College of Surgeons, London; Apothecaries' Company, London, and Veterinary College, London, shall furnish all necessary funds for the conducting of prosecutions by the inspector, throughout England and Wales. That the University of Edinburgh, and College of Surgeons of Edinburgh, furnish the inspector with means for the immediate prosecution of all cases of illegal practice in Scotland. That the University of Dublin, College of Surgeons, Dublin, and Apothecaries' Hall, Dublin, furnish means for prosecuting illegal practitioners in Ireland. That the quota of fines and penalties be paid to such college, or corporate body liable to prosecute.

40. That all compositions of medicine for which protection by patent may be sought, shall first be submitted to the Council of the College of Physicians, and Apothecaries Company, London; and a certificate obtained from each of the same, stating from a declaration of the knowledge of its composition, its applicability to the purposes for which it is intended; and without such certificate, no such patent shall be granted for England and Wales. That a similar certificate shall be obtained from the University of Edinburgh, before a patent shall be granted for Scotland. That similar certificates shall be obtained from the University of Dublin, and Apothecaries' Hall, Dublin, before a patent shall be granted for Ireland.

41. That any medical application for surgical cases, instruments, mechanical contrivances, splents, bandages, plaisters, cerates, ointments, embrocations, liniments, blisters, or any other matter for outward or inward application for surgical cases, for which a patent is required, such patent shall not be granted until a certificate be granted specifying its utility for the purpose proposed by the proprietor from the College of Surgeons of London, for sale in England; from the College of Surgeons, Endinburgh, for sale in Scotland; and from the College of Surgeons, Dublin, for sale in Ireland.

42. That in all medicines and applications in veterinary practice for which a patent may be sought, shall first obtain a certificate of fitness and utility from the Council of the Veterinary College, London.

43. That no patent shall be granted for any nostrum or application, &c. of any kind within the meaning of this bill without a certificate being previously granted by the corporate body connected with the department named in 41 & 42.

44. That all months mentioned in this bill be understood calendar months.

45. That any person found guilty of obstructing the inspectors of this bill in the performance of their duty as inspectors, by refusing to shew their degrees, diplomas, certificates, or any other required document, or refusing to give, or give false answers to any question put to him by the inspector, for the purpose of proving the said party a qualified or unqualified practitioner, shall on conviction be fined the sum of £5 sterling. For the second offence, £10 sterling; and for the third offence, £10 and imprisonment, not exceeding two months.

46. That all licensed persons to practise any department within this bill as well as those entitled by being in practice before 1815, and those already practising with diplomas of any British college or body corporate, shall add the word (licensed) between the surname and his professional title, as Jno. Thomson, *Licensed* Physician, &c.

47. That from and after the passing of this bill, any person announcing himself a licensed practitioner—*the same not being one*—shall, on conviction, be fined £5 for the first offence, £10 for the second, and £10 for the third, with imprisonment not exceeding two months. One calender month shall elapse between the convictions.

48. That every person in practice before 1815, and every other practitioner in the department recognised by this bill, being in practice before the date hereof, shall, on shewing proof of the same, receive permission to add the word *licensed* to their address from the inspector, counter-signed by the inspector-in-chief.

49. That all persons using the title of M.D., or Dr., deriving the same from some other than British colleges, shall add the word *Foreign* to their address; and provided they do not obtain a licence, as specified in this bill, shall be esteemed illegal practitioners, and shall be prosecuted according to this bill.

50. That to facilitate the operations of this bill, there be appointed four inspectors, one of which shall be chief or head inspector. The inspectors to be physicians appointed by the Secretary of State for the home department, out of a list recommended by the various corporate bodies, colleges, &c., as have acceded to the rules of education prescribed by this bill. The list not to exceed twelve.

51. That the duties of the inspectors shall be to traverse their districts annually, to prosecute all persons acting in the capacity of physicians, surgeons, apothecaries, chemists and druggists, or veterinary practitioners, without licence for the same, with the exceptions before stated. To make an annual return to the head inspector of every prosecution, of all fines and penaltics, a list of all legal practitioners, and to give an account of his district route every visitation; adding thereto any suggestion that may be given him of value by practitioners, or which he may himself conceive to be of service in improving this bill.

52. That the duty of head inspectors be, as inspector over the district under his immediate care. In addition to which he shall prepare a report from the returns of the four districts for the use of the Secretary of State for the Home Department annually. That before the presentation of the report every year all the inspectors shall meet together in London, and confer upon the report, and signify their approval or dissent of the same report; those approving signing the document before presentation.

53. That the districts be—1st, for the head inspector, London and seven miles round the city of London, measuring from the outer boundary; 2ndf all the remaining parts of England, with its islands, and Wales; 3rd, all Scotland and Scottish isles; 4th, all Ireland and its islands.

54. That the inspectors shall visit every part of their districts every year.

55. That the head or chief inspector shall furnish the judges, chairmen, magistrates, coroners, &c., with a list, annually, of qualified men in each department.

56. That the salaries of each inspector, with the exception of the head inspector, be £1,000 per annum, and one-third of fines and penalties towards defraying travelling expenses.

56. That the salary of the head inspector shall be the same for the duties of his own district, viz., £1,000 per annum, and one-third fines and penalties; but that, in addition, he shall be allowed £150 per annum for a secretary.

57. That the salaries of inspectors, secretaries, and other expenses of working this bill be defrayed by the Colleges, corporate bodies, &c., complying with the rules of this Act, in proportion to the amount of fines received from prosecutions, &c., and if found deficient, to be made up out of their most available funds in such proportions as the commissioners shall award.

58. That the inspectors shall also proceed against any or every individual for every offence enumerated in this bill, without exception.

59. That from and after passing of this bill any person is found guilty of vending any patent medicine, application, instrument, mechanical or any other contrivances, for the direct or indirect treatment of any medical or surgical disease without having obtained the said patent by the rules of this Act, such person shall be fined £2 for every offence, save and except such patents as have been granted previous to the date hereof.

60. That any parson announcing any article of medicine or surgery, application, instrument, mechanical contrivance, &c., as patent, as proprietor or owner thereof, without having previously complied with the clauses of this bill, shall be fined in the sum of £50 for every such offence. Every announcement, or the same announcement repeated after a lapse of twenty-one days, shall be liable to a fresh penalty.

61. That any person found guilty of advertising certain cures in daily, weekly, or monthly journals or periodicals of any description, or placarding walls, buildings, boards, &c., with offers to cure diseases of any kind, such person not being a licensed practitioner, shall be fined £2 for every offence over and above all proceedings against him or her for illegal practice, the name on the advertisement, placard being sufficient proof againsst the offending party.

62. That no female shall, from and after the date of this bill, practise any of the departments of medicine and surgery contemplated by this bill. That every such female so found practising shall, on conviction, be punished with the same fines and imprisonment as in the clauses against illegal practitioners.

63. That clause 62 shall have this exception:—Females may be hereafter employed as midwifes, provided they hold a recommendation of fitness signed by three physicians and three surgeons in practice in the same neighbourhood.

64. That clause 62 shall have this exception:—Females may hereafter be employed as bleeders with leeches, provided they hold a recommendation signed by one physician and one surgeon as to their fitness, being also in practice in the neighbourhood.

65. That clause 62 shall have this exception:—Females may hereafter exhibit enemas, provided they hold a recommendation of fitness signed by one physician and surgeon in practice in the neighbour-

66. That every cupper, from and after the passing of this bill, shall have a recommendation signed by three physicians and three surgeons in practice in the neighbourhood where he intends to practise.

67. That all midwives, bleeders with leeches, exhibitors of enemas, and cuppers in practice at the time of this bill passing, shall continue to enjoy the same privilges.

68. That all midwives, bleeders with leeches, exhibitors of enemas, cuppers, &c. commencing practising the same from and after passing this bill without such recommendation as in 63, 64, 65 & 66 clauses, shall be fined £2 for every offence.

69. That this bill shall be retrospective in respect to female practitioners in medicine and surgery, that is, if any female be found practising medicine or surgery in any of its departments, from and after the passing this bill, the same female shall be liable to fines, penalties, and imprisonment as aforesaid, even though the same may have long practised the same art or profession of medicine or surgery.

70. That no person from and after passing this bill, shall hold any medical or surgical appointment under Government, particularly in the Poor-law Amendment and Registration Acts, or hold any medical or surgical office in any hospital, dispensary, lunatic asylum, house of recovery, or fever house, or in any establishment requiring medical or surgical aid, unless he be a licensed practitioner; any one found guilty of the same, shall be liable to a penalty of £10 over and above being prosecuted as an illegal practitioner, save and excepting such as are

esteemed legal practitioners before the passing of this bill.

71. That all Judges of Assize, Chairmen of Quarter Sessions, Magistrates, Coroners, Bailiffs, &c., be instructed to assist in giving effect to this bill.

72. That the inspectors be empowered to subpœna any person as witness to prove against parties the offences of this bill.

73. That the head inspector shall have offices granted to him by government in London, to and from which all information respecting this bill shall be sent.

74. And subsequent clauses, legal forms for prosecuting individuals offending against the provisions of this bill, &c. &c.

It would be absurd to say the provisions in this outline of a bill embrace all that is required, or that it would please every one. It is merely an attempt to bring some of the differences to one bearing. The one faculty-man may accomplish all he desires, whilst the independent practitioner of any particular branch is equally protected; and although reform on the most extensive scale is here proposed, the bodies corporate are not only protected, but their privileges even extended, and their general utility greatly increased. A decided and improved system of medical education would necessarily be enforced; and last, not least, the strong laws for the suppression of illegal practice, the entire prohibition of female medical practice, and an attempt to improve the class of persons occupied as midwives, lecch bleeders, cuppers, &c. The means to prevent protection of patents being extended to medicines, nostrums, and applications injurious to the lives of her Majesty's subjects, are duly cared for, and are items worthy of serious consideration. The corporate bodies would have an increase of funds, rather than any call upon their pecuniary support. Many other hints might be added; there is, however, sufficient at present for the consideration of those interested.

GREAT PUBLIC MEETING

AGAINST THE CHARTER OF THE LONDON COLLEGE OF SURGEONS.

The Public Meeting of the Medical Profession of the Metropolis was held, as advertised, on Monday evening, at the Crown and Anchor, Strand. The object for which it was called was "to express indignation at the infringement made on the rights of medical men by the charter recently granted to the College of Surgeons, and to take efficient means to protect the interests of the profession in the ensuing session of Parliament."

The attendance of medical men was very large—the room of the Crown and Anchor was entirely full; a meeting, indeed, so numerous, zealous, and united, has not taken place since the celebrated one presided over by Mr. Lawrence, which it is probable it exceeded in point of numbers. Among the numerous gentlemen present we noticed J. C. Carpue, Esq., Samuel Lane, Esq., George Pilcher, Esq., Henry Ancell, Esq., George Macilwain, Esq., — Crisp, Esq., W. Bloxam, Esq., — Cooper, Esq., Jordan Lynch, Esq., Forbes Winslow, Esq., John Leeson, Esq., Finsbury Square; C.W. Hoyland, Esq., Dr. Marsden, Dr. J. B. Thompson, Dr. Mackenzie, Rutherford Alcock, Esq., Dr. Sheridan, Dr. Wilson (Charter House Square), W. Simpson, Esq., W. T. Borthwick, Esq., J. Simpson, Esq., R. N., Dr. Webb, R. N., — Buller, Esq., Rich. Rugg, Esq., — Hunter, Esq., — Harvey, Esq., &c. &c. &c.

There were present about 300 persons, and at half-past seven the chair was taken by

Mr. MACILWAIN, who said—Gentlemen, before I proceed to the more immediate business of the present occasion, allow me to say a few words in explanation of the circumstances which have led to my being placed in this position, in order, in the first place, that my connexion with the present meeting be clearly understood, and also that it may be freed from the imputation of presumption. Up to Thursday last, I knew nothing in relation to this meeting; I was not aware that it was about to take place, except in consequence of my attention having been directed to it by an advertisement, and this I only saw on the day previous. I was therefore entirely unprepared, and of course surprised, when on Friday morning, two gentlemen called on me, representing it to be the wish of themselves and others that I should preside on the occasion. To have refused would have been uncourteous; to accept such a responsibity, so alien to my habits, pursuits, and intentions, without a great deal of consideration, impossible. I therefore requested time; this I occupied in consulting several highly respectable members of the profession, & telling them I had only one wish, that was, to do what they thought right; but that as far as my own feelings are concerned, it was neither a position for which I felt competent, or which suited my tastes and inclinations. These conclusions, I need not state: my being here is the result of them. I have only this reservation to make, that I do not hold myself responsible for what may emanate from the meeting, and that my duty must be considered as limited to a full, fair, and explicit declaration to a general sense of my own feelings, and at the same time I throw myself on the meeting to support me in discharging efficiently the duties of chairman. I think we may now proceed to the more immediate business of the meeting, and I need not inform you, gentlemen, that the Royal College of Surgeons have recently obtained from Her Majesty a new charter of incorporation. It is known, at least it has been represented to me as a fact that the Charter in question has been received by the profession, generally in somewhat different modes by the different sections of it: and, as a whole, it has been received by the great body of the profession with great dissatisfaction—(cheers) I believe, for I am anxious not to err in stating the most perfect truth, I believe there may be possibly a few who, though they may think it not quite perfect, may be disposed to compare it with what preceded it, and thus, comparatively, to view it as an excellent thing. There may be a few who think it has many very serious faults, but that it is *a step*—small though it be—(Hear). And there are others again—and so far as I am able to collect, these are the great mass of the profession—who think it altogether a great failure—(Cheers)—and that, independently of its not fulfilling the objects for which it is, and ought to have been designed, that it is accompanied by many clauses which are in the highest degree objectionable, and in the highest degree offensive—(hear, hear)—and these, in some instances, not affecting this or that particular section of the profession, but, in fact, nine-tenths of the profession—(Cheers). Now, gentlemen, to take the charter and to analyse it.

[A letter was here put into the hands of the chairman, which he read, as follows:—

"To W. SIMPSON, Esq.

"SIR—I am favoured with your note requesting my attendance at the meeting of my professional brethren to be held this evening. My opinions respecting the College of Surgeons have long since been promulgated in the oration I gave before the London Medical Society, in the year 1833; but the council of the College having considered it right to exclude me from the list of its fellows, I am compelled, contrary to my inclination, to decline taking any public part in your proceedings, lest my doing so should admit of the misinterpretation of my accounting that of value which, in truth, I consider valueless in worth, a Fellowship of the Royal College of Surgeons conferred under the present mode of election.

"I am your very obedient servant,

"FREDERICK SALMON.

"12, Old Broad-street, Jan. 29th, 1844."]

Now, gentlemen, to resume—I say, to go through the whole of the charter, in order to unfold to you the general objects of this meeting, would be of course an improper occupation of your time, and an usurpation of a function, which is emphatically yours; but at the same time I think my duty will be best discharged by selecting one or two points that will best illustrate the general objects for which we are met. There is one that relates to the election of fellows. It is conceived that the raising suddenly, or the attempt to raise, a certain number of members, say 250 or 300, into what implies superiority of rank, where all, as regards the college, have undergone the same examination, is a highly questionable measure—(Cheers). But it is further alleged, as I understand, that there is a strong feeling on the part of the profession, that the application of this measure is still more so—(Cheers). That it has been rendered more odious by the manner in which it has been exercised; that the selection has been greatly influenced by an undue attention to the interests of those, directly or indirectly, connected with the hospitals, to the exclusion of many men, distinguished alike by their age, their talents, and their respectability, and men who, I believe, are not only wholly *sans tache* in every respect, but who were actually members before some of the present fellows were born. Now I have touched very lightly on these points; but I must pass over one or two others, and I apprehend I shall be only stating the feeling of the profession in stating that it is alleged, that the exclusion of members from the council who practise pharmacy or midwifery is highly unjust, since it, in fact, excludes nine-tenths of the profession. It is difficult or impossible to perceive in what way the practice of pharmacy or midwifery incapacitates a man from a share in the general direction in the affairs of the college, whilst it insinuates an inferiority of rank, founded on circumstances, in which it is difficult to say whether the absurdity or injustice is more remarkable. The practices of pharmacy and midwifery, it is said, not only very obviously increase our sphere of usefulness, not only require *quoad* an additional extent of acquirement, but are practically obligatory on nine-tenths of the profession, in order to their being useful at all. That this clause (constructively degrading to the general practitioner) notoriously applies to the great mass of the profession, and that, in short, with the clause which limits the residence of eligible members to the distance of five miles, whilst it would restrict every thing like honour and emolument to those few who are said to practise *pure* surgery only, of whom there is perhaps not one man in the whole kingdom, that this itself is only a cloak to monopolize the whole patronage and council of the college to the surgeons of the London hospitals—(Cheers). Now, there is one other point that I think it will be quite sufficient to touch upon. That is, in section 12—a very important part of the charter—and in relation to my own feelings, the reservation I make is in reference to this section. The charter, in section 12, enumerates practically its recognition of the necessity of rendering the Council an elective body, by declaring that the three additional members of it shall be so constituted; but at the same time that they recognise this principle, as the basis on which they construct the addition to the council, and prospectively the structure of the whole body; yet by a coincident violation of the principle in question, the charter declares that the elective plan is not to affect the seats of the present council; so that in order to continue the offices of the present council, a machinery no less cumbrous is had recourse to than one which makes the council to consist of two classes; that is, one of life, the other of elective members. It is alleged, gentlemen, that the retention of that which is acknowledged to be a vicious principle, is an obvious and most unusually overt example of the sacrifice of public duty to private interests; that it manifests an extraordinary distrust of the nature of their tenure of office in a council, who thus fear to place those offices at the disposal of a body which they themselves have created; and that the proceeding retards, if not the only, at least the most useful, clause in the charter, to a period commensurate with the lives of the greater part, or of the more influential members of the present governing body. Now these, gentlemen, are some of the statements, respecting the grievances contained in the new charter, as I am informed; though hitherto I have been speaking of them rather as the sentiments of others, than asserting them as my own—collected in the best manner that I have been able to gather from occasional conversation with members of the profession. These, gentlemen, I have no wish to intrude on your notice: I have here other functions, and which are incompatible with anything like a full and fair exposition of my opinions. Yet, gentlemen, as something on the subject is usually expected, and as I wish neither to shrink from my duty, and still less to be misconstrued by any; I have no hesitation in saying, that as regards the sentiments to which I have alluded, in a general sense, they have my concurrence. That, without meaning to say that there is nothing good in the charter; yet, that in a general sense, I entirely disapprove of it—and a subsequent perusal of it has not at all altered the first impression it made on my mind. If I consider that its objects are—or ought to be, at least—the protection of the interests of the public, the interests of the profession, the acceleration of the progress of science, and last, and not least, harmony and good feeling amongst our profession, I feel obliged, gentlemen, to acknowledge that I cannot but regard it as a signal failure. I read it hastily when it was published, and made marginal notes; I have since read it with more attention, I find the second reading but confirms my first impressions; and, I am bound to say, that I have seldom read a public document more infelicitously constructed—to use no stronger term—for the accomplishment of the ends to which I have referred. I confess to you, gentlemen, that I have difficulty in imagining how any set of men, possessing a knowledge, which it is difficult to suppose to have been wanting, could have been brought to combine in producing such a composition—(Cheers). Report, indeed states, that

those whom we are to suppose to have dictated it, are not satisfied with their own composition, a rare infelicity amongst authors—(Hear). Hon. gentlemen having been so far explicit, gentlemen I beg leave to be understood as by no means participating in all that has been said against it. On many points of detail I do not concur with many gentlemen, with whom in general I agree; neither would I for one moment be understood as identifying myself with various opinions which may be stated this evening by those who think proper to propose, to support, or oppose any resolutions which may be submitted to you. I have taken very little share in public meetings, and I do not believe I have ever been desirous at any time of obtruding my opinions on the profession; it is, I believe, eighteen years ago since I addressed a public body on any subject unconnected with science. I have not, in fact, addressed any public meeting since the meeting at the Freemasons' in 1829. I declared my sentiments, many years ago, to my old master, Mr. Abernethy. I told him that I never would intrude my sentiments on the profession on the one hand, or hesitate when called to express them; and that in framing or expressing them, I could never either truckle to the few, nor to the many. These are still the same—such is still my determination—(Cheers). I have now, gentlemen, only to request your attention to a very few remarks, in more direct connection with my present duty. In the first place, I beg you to recollect that the eyes of the profession are upon us, and that much of the success of the cause in which you are about to engage, will probably depend on the temper, the moderation, and firmness which shall characterise the proceedings of the present meeting. It is the very essence of a deliberative assembly, that every gentleman who desires it, shall have a patient hearing, whatever may be his opinions. I would repress, if I could, all unnecessary vehemence, *all indulgence in mere vituperation; I would be the last man in the world to recommend any compromise in regard to the full, fair*, and forcible expression of your sentiments; yet experience has taught us, that violence, sarcasm, and abuse, are not always the tests of firmness or sincerity. If in a public meeting, violence is allowed to occupy the place of a dignified moderation; extreme propositions, serving only the impracticable ultraism of a few be adopted as the substitute of those practically useful, though more moderate views, which are tending to secure the attachment of the many, the thinking, and the judicious; and vehement declamation be made the substitute for argument; and lastly, if a good cause be distorted by appeals to the feelings it is the function of the intellect to decide on things why then from such meetings no good is likely to ensue. The Government will not listen when addressed in such a tone, and existing powers, though their misdoings were everything and ten times more than is alleged, will be strengthened. If, on the other hand, your proceedings are those of a calm deliberate assembly, of a large number of a mighty and noble profession, met to discuss certain grievances, and to consider of the best mode of correcting them; if your facts be enforced by conclusions legitimately deducible from them, and your expression of the whole, as glowing, as uncompromising as it may, but free from indiscreet vehemence; then gentlemen you will soon find that the remedies are in your own power; corruption wherever seated will respect and fear your efforts—the Government will lend you their ear—the various members of parliament, of whatever political opinions, will assist in urging your claims to attention, and success must follow. But whether I am right or wrong gentlemen in these impressions, I feel certain it is the only course which I can lend myself to, or in any way participate, since it is the only one I regard as consistent with my sentiments of propriety or my station, and what is of infinitely more importance, a proper respect for the honor and dignity of our profession—(Cheers).

Dr. LYNCH then rose to move the first resolution, as follows:—

"That this meeting views with indignation and regret the distinctions introduced by the recent charter into the College of Surgeons, distinctions which having no reference to any fixed standard of qualification, and founded on narrow, invidious, and unjust principles of exclusion, are injurious to the interests, and degrading to the character of the great body of medical practitioners."

The hon. gentleman then said:—Mr. Chairman, I wish the resolution which I have the honour to move, and which I have just now read, had been ntrusted to an older member of the college. Very fortunately for me, it is a very good one, and recommends itself. I may be allowed to premise, that this is, if I understand correctly, an independent meeting of the profession, unconnected with any association, disdaining partisanship with any periodical, or party politics, that would limit its efficiency, mar its unanimity, or incur unnecessary hostility—that our grievances are the cause of our being here this evening, and they alone are our bond of union—that the interests of the public, the respectability of the profession, the dignity and respect we owe our own private and professional character, demand that we should meet and stamp the charter with our strongest and most indignant reprobation. The original charter entrusted the Government, to the president, council, and commonalty. The second charter, gave the former, the unqualified and unconstitutional privilege of electing themselves and for life. Power thus given, without restraint or control, as a necessary consequence, became the cause of all the manifold and admitted abuses of the authenticated and well recognised grievances, which were established by their own witnesses before a Committee of the House of Commons. Pamphlets were published, public meetings held, petitions by thousands flowed in, praying for a remedy for redress. A Parliamentary Committee having sat for successive years, when our complaints were brought before the house, the former Secretary of State entreated us to let the matter stand over for a time. From this recommendation, the profession abstained from active agitation. It was rumoured that another charter was being prepared, and we indulged in the hope that as it had been incontrovertibly proved that charters or restrictions on science created a system of favouritism, of intrigue, of low artifices injurious to the profession, as to the cause of humanity, as it was disgraceful to the intelligence of the country—that under its baneful influence talent went unrewarded, merit was excluded, and ambition, the lofty and legitimate incentive to industry and perseverance, by which alone the latent light of genius might be evoked, was entirely destroyed—we had hoped that this system would be abandoned; that self-elected and irresponsible bodies, so contrary to common justice, so adverse to the spirit of our institutions, would be no longer tolerated in this enlightened age, when Government obeying the spirit of improvement, were removing all the trammels that oppress human industry and intellect; and that we, an intelligent body, would be entrusted with the management of our property and with the election of our officers, as the only simple and just means of correcting the multitudinous evils under which we labour; that as this same principle of self Government had been granted to the humblest corporation in the empire, it would not be denied to the members of an enlightened profession; that no more invidious distinctions should be introduced among the members of the same college, who had undergone the same curriculum of education, who had passed the same examination, and that if differences should be admitted, they ought to be founded upon those claims which great discovery, great proficiency, and the evidence of superior attainments would command, and which we would willingly acknowledge and pay homage to—(Hear, hear). Great, then was our surprise to find that Sir James Graham, without consulting the Parliament or the profession, took upon himself to cut the Gordian knot of medical politics, by giving additional powers to a council, who had despised the wishes, and disregarded the wants of the profession; who had for a series of years only consulted the instinct of their own interests; whose laws were stamped with their own narrow and illiberal views; whose acts had estranged the respect and confidence of the members, whose efforts have ever been directed not to enhance the respectability of the profession, but to increase the amount of fees to themselves, their relatives, and friends; who issued regulations so abominably mercenary, that they were obliged to withdraw them when published. They, for years, refused to admit the certificates of provincial surgeons, whose vast field of observation and practice was, in many instances, greater than their own. They refuse, now, to recognise knowledge or acquirement gained at the great hospitals on the Continent, lest it should diminish the amount of money exacted at the hospitals, of which they are officers; and lest any man, unconnected with the hospitals, might seek to introduce a more liberal policy and oppose the plan of extortion, they invariably pass over his name, and reject him from the council. For this reason, the gate of promotion closed against such a man as Carpue, who made more surgeons than any man living; whose life was above reproach as his character was above suspicion; whose talents and acquirements won his way to a people's and a monarch's confidence; this noble old man; this Nestor of surgery, of whom Sir Astley said, if justice were done, Carpue ought to have been twice president of the College; this gentleman, I am happy to inform you, sympathises and concurs with us in his contempt and opposition to the charter—(At this moment, Mr. Carpue entered the room, and, as soon as he was recognised, was greeted with the most tumultuous applause). This is a lucky coincidence, you have had an opportunity to manifest your admiration of a man who has consistently advocated medical reform for half a century—(Cheers). By their uncheering and heartless ordinances, patronage is bestowed through the chilling medium of monopoly; the highest honours are confined to a few families, and one of the lamentable results is, that in public situations, instead of men of originality and genius, like Hunter or Harvey, you have a stunted, dwindled, degenerate race of intellect, the offspring of the deleterious atmosphere in which they move and have their being; their calibre, as a whole, does not reach respectable mediocrity. If you contrast, their places with their performances, their offices and opportunities with the men, the assertion becomes an axiom. The evil, unfortunately, does not rest with them—it affects us all. Few, as students or practitioners, will enter the arena to contend, when the prize is adjudged by a junto or Venetian council, where selection means servility or congeniality with these narrow principles; where talent means dulness; and where the judgment means the award of prejudice, prearrangement, and family influence. One who knew them well, whose denunciation they dreaded and whose silence and apostacy of principle they purchased by a place, in this room declared—I mean Lawrence,—"they have long shown themselves unfit to preside over the science of surgery." To this body which has ever treated us as aliens, which robbed us when students, and insulted us when members; to this body retaining all the worst features of municipal corruption, which has delayed rather than advanced science; to this body against whom we have such a multifarious variety of complaint, of injury, and insult; in whose defence if they polled the profession, no voice save those of their few favorites and dependents would be raised; to this council Sir James Graham by the advice of a wily Baronet, whom the general practitioners have raised from a very small to a very great man, and who in requital, tries to depreciate and degrade them; to this body he granted the charter; under it, their first act is consistent; they clap the climax of their crowded iniquities; they commence by adding to their number, and then elect themselves for life. They then select as fellows, ten of their friends, without any examination, without adopting any test of merit, without assigning any reason, advancing any argument save the tyrants plea—"Sic volo sic jubeo, stet pro ratione voluntas"—(Cheers). Some of them are good fellows, they could not select 300 out of the medical profession without having some good ones among us; some of them are shabby fellows—(Laughter); many of them are apprentices of men of experience who are excluded and dishonored; some have never been in general practice, for they never had any practice, of whom Probe facetiously says they have neat brass plates upon other peoples' hall doors. Some are courting the daughters of members of the council and have prospective claims; some have been their satellites and their sycophants. All this has been enacted without our power of protest or appeal. Here we have ourselves removed from our rank in the profession—from our position in society. Thus have we to bow down before a nominal aristocracy, without any claims or elements of distinction, whose patents of precedency are derived from this obnoxious and self-elected body. Many of the fellows who have claims, declare they despise it, and would only value it if it emanated from the whole profession. Why is this brand of inferiority to be affixed? Why are we to be humiliated and debased? Why, because our acquirements enable us to practice every branch of the profession; because we refuse to allow our patients to be poisoned by the ignorance of druggist's boys; because we follow the most indispensable of all the branches of medicine,—viz., midwifery. Is it because it is the most useful and the most necessary?—is it because it is the most dangerous and the most difficult of all others?—*is it because it requires a good knowledge of anatomy, manual dexterity, and skill that it is disparaged? Do they, in their*

ignorant, stupid, and bigotted policy, reflect that no capital operation can be compared with it in importance, and often in difficulty, that the lives of two individuals depend on it?—will the public understand the refined distinction, that if a man fracture his finger a pure surgeon will condescend to set it right; but if woman in the most interesting and critical period of her existence, in the hour of travail and of suffering, when filling the object of her destiny and lot, when she and the innocent source of its parents' hopes and happiness are in danger. She hears that it is his title to distinction that he cannot afford her succour—(Loud cheers). WOULD SIR JAMES GRAHAM HAVE DARED TO INDUCE THAT ILLUSTRIOUS INDIVIDUAL WHOSE POSITION AS A MOTHER MORE SANCTIFIES AND QUICKENS THE LOYALTY OF HER PEOPLE THAN ALL THE PAGEANTRY OF HER COURT, TO RATIFY, BY HER SIGN-MANUAL, SUCH AN OUTRAGE TO THE SEX AND SUCH AN INJURY TO THE PROFESSION, *or place her in a situation which would mislead the world to forget that endearing filial affection ever evinced for her own mother, and which her subjects admire more in her Majesty than all the glory* OF HER JEWELLED DIADEM—(Loud cheers). Sir James Graham is more sinned against than sinning; he has been by selfish and designing men imposed upon; he knew not the injury which he was doing to the women of England by the discredit he was throwing upon a branch of medicine specially dedicated to their welfare—(Loud cheers). The "pures" used to boast that they could not write a prescription that they knew not, the difference between a dandelion and a daisy: the barbarous ignorance of the remark they did not perceive, while a man of genius like Abernethy reproved them. In this age of utilitarianism, their present boast is equally Vandal and preposterous; their boast subjects them to ridicule and contempt; it implies a lower, not a higher degree of knowledge and utility. If we wish to preserve and retain public confidence, let us disdain the reputation of such "purity." We the general practitioners take our stand upon the broad, firm, and irresistible basis of public usefulness; to us are confided the maintenance and restoration of the health of nine-tenths of all the subjects of these realms; we are the profession,—in our welfare the public is deeply concerned; from our ranks, from our vast field of investigation, the men who improved the profession have arisen; before us the book of nature is open and its truths disclosed; we cannot, we will not submit to this unjust proscription,—this unmerited stigma. The medical officers of the army and navy, those important branches of the public service,—the men who for years have run the gauntlet of danger and of death,—these are excluded. If we do not feel our own honour, let us exert ourselves for the vindication of them. Not merely your honour, but your personal interests are invaded, especially in the provinces. Up, then, and resist this for the sake of your bretheren as well as your own; the more peaceable you remained, the more you have been oppressed; your supineness emboldened your enemies in their unjust aggressions. We would be worse than helots, worse than slaves, if we submitted to such arbitrary and tyrannical treatment. Let us at least have the merit of not hugging our chains, or submitting to slavery and degradation with unmanly, patient acquiescence. However we differ on other subjects, we are united in our repudiation of this charter; now, strong in union, confederated by a spirit which results only from a sympathy of suffering and a participation in wrong, let us take measures to vindicate our rights, and prevent our opponents from attacking us in future, to rescue ourselves from exasperating exclusions, from vilifying disqualifications, from ancient, long-continued grievances, and, at the same time, protect ourselves against new insults—(Loud cheers, amidst which the eloquent speaker took his seat).

Dr. WILSON, in seconding the resolution, said that the charter was based on essentially the same principles as the charter of 1800, which was conferred on the College of Surgeons by George III., after the Parliament in 1797 had distinctly refused to sanction it, out of a regard to the principles of *responsible* government—(Hear, hear). How was it that the medical profession had for many years throughout the length and breadth of the land cried for medical reform—a cry echoed by thousands of the most educated members of the medical profession—how was it that that cry had only produced such a charter as the one now before them—(Cheers)? To what could it be attributed but the apathy of the medical profession in allowing the College of Surgeons the power to do that which was now the subject of complaint? But now I come to a more important point—how have the members of the council got the high places which enables them to keep their carriages, to vaunt their lofty station, and to exercise among members of parliament that influence whose pernicious effects were now so rapidly declaring themselves among the general body of practitioners—(Cheers). Let us but unite, let us with consistency and firmness tell the council that if they will not revise the charter—if they will not give the profession a fair and equal election of the men they think worthy of station and command, we will place them under the ban of the profession. And that the guineas shall now flow into any quarters except the pockets hitherto receiving them—(Cheers). The medical profession had the power if they would only unite to exercise it—(Cheers).

Mr. CARPUE then rose and said, the humble individual before you is one who has given one hundred courses of lectures on medical science, and for a period of fifty years has been an inhabitant of the dissecting room—it may, therefore, be expected of me that I should express my opinion on this charter, and I shall not shrink from doing so. The council has elected me, as I understand, to a fellowship, and I am much obliged to that body for the compliment—(A laugh); but I must say that I am much more obliged to those gentlemen who have called this meeting; for they have proved that they are the only men capable of directing attention to this subject, in the way in which it ought to be noticed—(Cheers). I should like to ask this one question, are the members of the council educated in a different manner to the body of the profession—(Cheers)? Were not the general body of the medical profession qualified as well as the members of the council—(Hear, hear)? We are not now, gentlemen, as we once were. There had been great advances made in medical science. The mass of practitioners occupy now far higher ground, as men of science, than they did in my youth. Fifty years ago I saw at St. George's Hospital an operation for popliteal aneurism performed, and it took the whole of an hour; the operator was a "pure" surgeon, yet now any one of the gentlemen before me, degraded by the charter, could perform the operation in five minutes—(Cheers). Take the common case of midwifery; it is impossible that men who had mothers, wives, and daughters, and who had highly constituted minds, should form, or for a moment accept such a law—a law by which the most useful members of the profession, on the most absurd of all reasoning, were debarred the honour which their talent and their usefulness entitled them to demand—(Cheers). Instead of exclusion and degradation, I give it as my solemn opinion, that they ought to have superior honours—(Cheers)! In conclusion I cannot help thinking that if the injustice, the absurd injustice, involved in this charter, be properly represented to the council, they cannot, as men having claims to common sense, but be willing to do that justice for which we are here assembled.

The resolution was then carried unanimously.

Mr. COOPER, in proposing the following resolution—

"That this meeting considers that to prevent the many and serious mischiefs arising to the profession and society from the irresponsible powers exercised by the Council of the Royal College of Surgeons, it is essential that Parliament should provide a uniform system of medical education, conducted by men representing the feelings and opinions of the whole body of medical practitioners."

said that, though he wished some other gentleman more connected with the meeting had been requested to move the resolution, he so cordially concurred in the step taken by the committee in calling the members of the profession together to express their opinion concerning this so-called charter, that he would not be at all backward in raising his voice to condemn it in toto—(Hear, hear). He was quite convinced that no member of any liberal profession, he cared not which, would ever have expected in a country like this—aye—even under the most democratic government, that such a charter would have been framed for the members of a liberal profession such as that of medicine. It was at once telling them that they were not competent to govern their own affairs—(Hear, hear). The charter was a document monstrous on the face of it; and it was only required of the members of the profession to read it, to see in what a degraded position it placed them. It was useless for them to wait longer: they had waited long enough—(Hear). He was sure it was never represented to Sir James Graham that it was intended to exclude a man from the council of the college because he was a surgeon, for such surely was the accomplished accoucheur. He was sure Sir James Graham never was informed of the extent to which this charter would go in absurdity, and in the perversion of justice which it would perpetrate. To say that the election to the council should only be by the *council* made fellows, was alone to countenance the worst species of election that could be imagined; it was to invest in a small body of men a power, that in its exercise would produce all the worst evils of self-election—(Hear). He did say it was a charter that ought to be held up by the members of a liberal profession, to all the scorn and contempt it was possible to heap upon it. Why was it that a man, who, from the position his talent had enabled him to attain, in the particular parish to which he belonged, to be selected by the parishioners as a fit and proper person to fill the office of surgeon to the infirmary—why was it that the *council* placed upon him an artificial disqualification which had no reference to his ability to discharge the duties of the office—(Hear, hear)? Why was this disqualification extended to the members of the profession in Scotland and Ireland? Were disease different there—(Hear)? But the council had first forced people into their college to the advantage of their funds, and then degraded them. The injustice perpetrated by this charter was monstrous! He had paid his £22 for no benefit; he thought then in passing his examination and paying his money, he should become a member of a respectable body, but instead of that, he was degraded by the arbitrary voice of the council, displaced from equality to subordination, and he must say, they had deprived him of his money under false pretences—(Cheers).

Mr. HARVEY seconded the resolution in a few words, concluding with the expression of a hope that for the harmony of the profession, the charter would be repealed.

Dr. WEBB, R.N., who next addressed the meeting, denied that Sir James Graham was an ignorant man, and asserted that the charter was only a part of an extensive system to degrade the great body of medical men; and he was confident, to borrow from a vulgar expression, that if they laid down, the hogs would eat them. He pointed attention to the poor pay of medical men in public employ compared with the rich remuneration awarded to briefless barristers lucky enough to get an assistant commissionership, and affirmed that the government from the disunion and apathy of the profession, considered medical men to be scarcely entitled to treatment as gentlemen. As for the new charter, in his mind, revision was out of the question. It was said by a chairman to the deformed poet Pope, who had been making his customary exclamation, "God mend me!" "God mend thee! He could sooner make two new ones!" He said so of the charter. The best thing that could be done with it, would be to light a kitchen fire or keep it in the museum as a curious specimen of what some people think proper treatment of medical men in the 19th century.

The resolution was then carried unanimously.

Mr. DERMOTT proposed the next resolution:—

"That this meeting reflects with deep regret upon the length of time which has been lost to the cause of medical reform since the parliamentary committee for inquiring into medical abuses sat in the year 1834, and that it pledges itself to the strenuous adoption of measures which shall ensure for the profession freedom from aggression upon its rights and interests."

The resolution was seconded by Mr. Hoyland: Mr. Dermott proceeded as follows:—

There are two most important points contained in this resolution:—First, to study and learn our position. Secondly, to determine what is to be done. In order thoroughly to know our position, it is well to take a retrospective view of the circumstances which have transpired of late years, connected with the general interests of the profession. The *placebo* of the promise of medical reform, has been held out to us for ten years past; and this farce commenced with the Medical Parliamentary Committee of Inquiry. The evidence there given, was packed evidence, inasmuch as the principal gentlemen who gave evidence were the *accused*. It was a sort of field-day display for the monopolists, and afforded them an opportunity of giving themselves and their cause the best of characters, which they failed not to turn to the best advantage. Just previously to this, the Anatomy Act was passed, an act, which until lately, has been administered in such a manner as to strengthen the monopolies, and to crush the private schools. Ample scope was left for this, by the omission in the act, of a clause for

the equitable distribution of bodies. The Charter of the London University was also granted—based upon peculiar privileges and especial patronage—making it anything but a national institution thrown open for the competition of the talent of the country. After repeated procrastinations, a medical reform bill was brought forward which was impracticable in its nature. Upon hearing its detail, one-half the members walked out of the house; the house was consequently counted out, and the bill fell to the ground. This House of Commons, too, be it remembered, could boast of a vast preponderance of "reformers," who, while they proposed to be ready to reform all our institutions, would, as a matter of course, if urged on by any really honest member, have made any *practical* improvements, though they would not *destroy* the existing corporations, or, what they conceived would have been the same thing, supersede them by one faculty. They had no opportunity afforded them to do such good, and so much for the farce—(much applause)—and now for the tragedy. The charter of the College of Surgeons has been granted, and this last move on the part of the great schemers has awakened the profession out of their mesmeric sleep and hallucination. A charter pregnant with mischief, evil principles, and evil consequences! A charter which disgraces the source whence it issued, which insults and wrongs the profession, and which will operate most injuriously upon the public! A charter which will foster private patronage, discourage and keep down talent, and in the same ratio jeopardise the lives of the community! A charter which says,—"We make ourselves and our hospital allies a grade above you, you are therefore a grade below us, and we will keep you so!" A charter which depreciates the character of the medical man in the eyes of the public; and which commits, therefore, the worst of robberies—

> "He that filches from me my good name,
> Robs me of that which not enriches him,
> And makes me poor indeed."

—(Loud cheers). Will any one tell me, looking at the list of fellows, that in selecting them the selectors were not influenced by private and personal feelings? Is there any private court, or was there ever one in existence quite free from the contamination of personal motives or bias? I answer, never; they constitute the basis, genius, and essence of private and select corporations—(Hear, hear). In looking at the list of fellows, we find that so puerile is a good portion of it, and so many persons of undoubted respectability are excluded, we are obliged to come to the conclusion, that it is a greater honour to be excluded than to be contained in it. What a vast number of our provincial brethren have been wronged, who are luminaries in the profession! But, be it remembered, however foul an atmosphere may be artificially thrown around them, still their lights will burn before men, they are not placed under a bushel, and we shall reap, I trust, the advantage of their enlightenment, their counsel, and their aid. *I hesitate not to say that those who were the instigators in the framing of this charter, and the list of fellows, have violated their college vow—they have violated "the honour and dignity of the profession"*—(Loud cheers). It is in direct opposition to one of the fundamental principles laid down in the Christian religion, "Do unto others as you would have them to do unto you." Monopoly in social life is social infidelity. But this is not the climax; we have another charter of the same tendency in immediate perspective for the London College of Physicians; others also for the Scotch Universities and the Dublin. These charters once granted, would dreadfully shackle any bill, however good, in its course through parliament. It is my firm conviction, however, that Sir James Graham's Bill will not be of any good to the profession, inasmuch as it originates with the same evil advisers and concoctors, and will be made subservient to the charters—(Hear, hear). In homely language, they have "put the cart before the horse." The Act of Parliament would have been enacted first, and the charters would have been granted subsequently to the Act. This Act will be a clencher, and the profession, unless they mightily be-stir themselves, will be bound hand and foot,—(cheers) we have just sufficient time left to save ourselves with energy and no more. This movement we are making now should have been made during the last Parliamentary Sessions; the horse has fled, the stable-door has been left open, and the stable is become dilapidated—there is now a "hue and cry"—but we have just time and means left by using all our energy to reclaim the horse. If there be any distinction of fellows and members—it must not be based upon private favouritism and nepotism, but upon merit. We must have that incubus, the curse, private patronage removed from the profession. We must have an uniformity of education. We must have the council the governing body, chosen by the profession generally. It is a perfect anomaly that the medical profession, a highly enlightened and well educated body, should in reference to the management of their concerns not, be put on a level with a ten, pound householder who has a vote in the formation of the legislative council of his country. It will be for us to determine, after due deliberation, what our precise mode or line of operations shall be, working together for the public good. But this is certain—if Sir James Graham and the members constituting the House of Commons have evil advisers, we must take care to furnish them with the truth, and with good counsel. We have barely time to recover ourselves, and no medical man can be excused at this critical juncture. What would you say of the man, whilst the ship was sinking, lying quietly in his hammock, or even surreptitiously boring a hole in the bottom of the vessel, and his fellow-shipmates imploring him to assist them at the pumps? Let us promptly act as with one voice, one mind, and one hand, and then, by the mighty power of the profession, the system of the peculiar privileges of a select few will be blown to the winds, and a system will be established in its stead which shall combine in itself honesty, morality, justice, and the public welfare—(The learned gentleman sat down amid much cheering)

Mr. HOYLAND seconded the resolution, and it was then put and carried unanimously.

Mr. ANSELL, moved the next resolution, which was seconded by Mr. LEESON:—

"That no measure of medical reform be acceptable to the profession unless it contains uniformity of education, whereby equality of privileges may be secured, and the principle of self-government, which would give the profession a direct control over their officers and property, and that to further those objects we call upon the members of the profession to form deputations and wait upon the respective members in Parliament to urge them to support those fundamental principles."

He then said, "There appears to me to be great injustice in the charter, which was nothing less than a bill of pains and penalties, against the members of the medical profession. In illustration of this, I venture to ask, whether it can be doubted, that in the progress of a few years, all the offices filled by medical men, whether hospital or dispensary appointments, whether they were appointments to unions, will be filled by any except fellows of the College?—(Hear). I dislike strong language—but I believe I shall not be using an intemperate word, when I say, that this charter is the most unjust measure to each of the members of the profession as individuals it was possible to devise. It had been truly stated, that there were fourteen examining bodies, each of them granting different and special privileges, and forming special distinctions; and I do think, that when the profession called for a measure of reform, the object of that call was not to increase but to diminish these privileges and distinctions; whereas the first act of the charter is to create a new distinction—(cheers)—and to declare that the largest class of medical men who administered to the wants of this great community were to be considered as in an humbler position than that which they had stipulated for—were the *subordinate* class. It never could be the intention of the legislature that such should be the case. It has been told me, I believe with truth, that a Charter for the College of Physicians is to follow the charter we are now commenting on, and I believe it is to have a similar tendency. Now, I cannot but believe that those charters are injurious to the profession, and to the cause of medical science, and it is the duty of every philanthropist to oppose them by every constitutional and proper means.

Mr. LEESON seconded the motion, remarking, that he need add no observations to those of the able commentator on Liebig.

The motion was then carried *nem. con.*

Mr. BORTHWICK proposed the next resolution:—

"That a subscription be entered into for the purpose of defraying the necessary expences, and that the publishers of the various medical journals be requested to receive such subscriptions and transmit them to our treasurer."

He continued:—When this resolution was put into my hand to propose, I was almost tempted to answer, I cannot speak, and to beg I am ashamed. I certainly wish it had been entrusted to some individual of greater weight and standing in the profession; but having taken on myself the duty of submitting it to the meeting, I will not delay you with apologies at this hour of night. The document which I hold here is neither more nor less than a money petition, and if it may be permitted, miserable play upon words, I have the honour to address you as Solitor-General.

Those gentlemen who have already addressed the meeting have fully and eloquently explained to you the reason which induced them to request your attendance; and if you will only favour me with your attention for a few moments, I may be able to tell you a secret or two worth knowing—but mind, as Mr. O'Connell says, that as there are so many of you to keep them, you don't let them be known.—You are aware that a Medical Reform Bill of some kind was very generally expected during the last Session of Parliament; and the circumstances that led to that expectation, or rather to the promise of the Home Secretary, on which it was grounded, were of a somewhat curious character. By the 109th clauses of the New Poor Law Act, it is enacted, that the term medical officer, when used in the bill, shall be construed to mean "any medical man duly licensed to practice." This definition, it must be admitted, is sufficiently vague; but as the Editor of the *Caledonian Mercary* remarked, one would think obvious in its intention, viz.: to secure duly educated and qualified men, to take the medical charge of the institutions under the Poor Law Act, and thereby to exclude ignorant and pretending persons. Alas! the Editor of the *Caledonian Mercury* was a simple-minded man! For six years, the Poor Law Commissioners cudgelled their brains on this clause, which he would have disposed of by a short appeal to common sense; and at length, in March, 1842, having called on the law officers of the crown to their assistance, gave birth to *their* construction in a comment of four quarto pages! To exclude ignorant and pretending persons, said they; it meant no such thing, but to exclude *Irish and Scotch practitioners!* (Laughter). No man, they averred, on the authority of the law officers, had a right to practise medicine in England, who was not a graduate of Oxford or Cambridge, or a licentiate of the London College of Physicians, nor to practise surgery, unless he were a member of the London College of Surgeons; nor to dispense drugs (prescribed individually) without a licence from the London Apothecaries' Company, *unless, indeed,—and here comes the cream of the joke—he held a dispensation from a diocesan bishop, in whose hands our sapient ancestors (probably considering that as his reverence was skilled in one species of quackery, he would be no mean judge of pretensions to practise another)*, placed a power of licensing any practitioner, or no practitioner, to follow the arts of medicine and surgery within his diocese. Hence, said the Poor Law Commissioners, none were "duly licensed medical men" who did not hold an English qualification. Nor was their decision without precedent. By the Militia and Gaol Acts, an Irish surgeon cannot attend English or Scotch militias or felons; and that while a Scotch surgeon can hold either appointment in Ireland, and a practitioner possessing a diploma from Lincoln's Inn Fields has a roving commission to cut and maim whom he pleases within Her Majesty's dominion, no restraint being placed on his sovereign will, but the will of his patient (Cheers and laughter). It is a matter of some surprise that these "unlicensed men," these Irish and Scotch practitioners, are qualified to act as military and naval surgeons; but it perhaps occurred to legislative wisdom, that as soldiers and sailors were made to be killed at any rate, it was of little consequence whether they fell under the enemy or the doctor, or what the instrument of death employed might be—the sword or the knife—a bullet or a bolus—(Laughter)! Well, in consequence of the decision of the Commissioners, a number of Irish and Scotch surgeons, who had been employed as surgeons to Poor Law Unions, were dismissed from their offices. The Scotch colleges fired at this. A deputation, consisting of Drs. Christison and Hui, waited on the Commissioners and the Home Secretary; the Commissioners politely expressed their regret that such was the law, and added that they were bound to administer it as they found it. Dr. Christison and his colleague, however, extorted a promise from Sir James Graham, that he would introduce a medical Reform Bill into Parliament. This was sometimes towards the end of 1842; this bill was to be forth-

coming as early in the next season as government business would permit. Now, gentleman, I state this as fact, because I know it to be so;—Sir James Graham was under a printed promise to introduce a Medical Reform Bill into Parliament during last season; and, I ask you did he do so?—If he did, I never heard of it (laughter)—it was not for want of dunning that he forgot the obligation he had placed himself under. Mr. Stewart, the member for Lanarkshire, Mr. Fox Maule and others, put the question to him from their places in the House of Commons, whether it was the intention of Government to introduce such a measure? and some of those gentleman waited upon him in private. A soft answer turneth away wrath; and no doubt they had nothing to complain of on the score of incivility; but how much nearer did the civil speeches of the Home Secretary bring them to the object they had in view? "Now, my boy," said a master to his apprentice at the Cork Quarter Sessions, "did I ever lock the cupboard against you?"—"No, Sir, you never did," said the boy "but there was never anything in it.-But, gentlemen, the most remarkable piece of the whole business remains to be told. The Session of Parliament was drawing to a close, and Sir James Graham had not found time or inclination to keep his promise; when the law officers the identical men mark me, who a twelvemonth before had given an opinion diametrically opposite—now discovered that Irish Surgeon were qualified to act as Medical Officers to Poor Law Unions, though not to practise pharmacy. This mode of playing fast-and-loose with conscience may be very convenient; but it is not what honest men are accustomed to consider respectable. Mind, I don't positively accuse these gentlemen of a breach of conscience; they may plead error of judgment; but would take the liberty to remind them that such errors are not the best proofs that they could give of their qualifications to act as legal advisers of the crown. They are at liberty to choose which horn of the dilemma they please. However, enough stir had been occasioned in the mean time to make the monopolists in Liucolns' Inn Fields decidedly uneasy. They saw that, sooner or later, some change was inevitable; and so, putting their heads together, after the manner Sydney Smith recommended the Dean and Chapter of St. Paul's, when they were at a loss as to the most eligible kind of wooden pavement, they concocted a very curious scheme indeed. This was no other than the new charter of the College of Surgeons,—into the particulars of which I need not enter, as you are already in possession of the facts. Well, one fine morning Sir Benjamin Brodie, putting the precious document into his pocket, and stepping into his carriage, ordered the coachman to drive to the Home Office. As they turned the corner into Regent Street, a gentleman bowed, but Sir Benjamin took no notice: he was buried at that moment in a very delightful reverie. He had always said he knew he could knock the nail on the head, and now he was going to do it, and had the hammer in his pocket. Well, when he reached the Home Office, he told the fat functionary in the hall that he desired an interview with Sir James Graham. "What is your name?" said the fat functionary. When Sam Slick was asked the same question, being a stranger in the country, and naturally suspicious of being imposed on, he replied, "Well, I don't know as that makes much difference—what's your'n?"—"Thomas, sir," said the man. "Then, friend Thomas," said he, "My name's Mr. Slick—Sam Slick of Slickville." But Sir Benjamin was not so cautious,—he was in no way curious about the fat functionary's name at all; being a baronet and serjeant-surgeon to the Queen, he knew better; so he gave the requisite information without more ado, that he was Sir Benjamin Brodie. "Sir Benjamin Brodie!" cried the man,—"Sir Benjamin Boulthie!" shouted another on the first landing,—"Sir Benjamin Boolby!" roared a third,—"Sir Benjamin Booby!" called the man at the top. And so Sir Benjamin made his way to the Home Secretary's office, the fact of his being a baronet travelling up the stairs before him, and his family name, as family names are apt to do, losing itself on the way—(laughter). When he got into the great man's presence, Sis James was, of course, very polite, and asked him to take a chair. Then Sir Benjamin unfolded his document, and proceeded to open the business he had come upon, by an assurance, in the first place, that the College of Surgeons, the magistrates of Lincoln's Inn Fields, did not want any reform at all. No—I believe him, they did not—they have as little love for the name as the devil has for holy water—they know very well it is no friend of theirs. But, continued Sir Benjamin, there are disaffected persons in every profession—in every walk of life; and those in ours have been so very importunate of late, that I suppose some concessions are absolutely necessary. However, I have a plan prepared here which will, no doubt, satisfy them.—And then he proceeded to explain "the points of the charter." Sir James sat very quietly by and listened, and when the other had done, he didn't say a word for a minute or two, but only raised his eye-brows. Now a story occurs to me at this moment which will serve to illustrate what followed.—A barrister was pleading at an assizes in the west of Ireland, when he warned the jury not to allow their feelings to be imposed on "by the dark oblivion of a brow." "Stop, stop, Mr. So-and-so," said the judge, "that is nonsense." "Yes, my lord," replied the imperturbable pleader, "I know it is nonsense, but it will do very well for a jury." Now when Sir James Graham had brought down his eye-brow again, he remarked like the judge, and very naturally too, "Excuse me, Sir Benjamin, but it appears to me this charter of yours is nonsense." "Yes," replied Sir Benjamin, "I know it is nonsense, "but it will do very well for the medical profession"—(Laughter). But let me tell Sir Benjamin Brodie, and tell his colleagues in Lincoln's Inn Fields, that it won't do for the medical profession, and if they think otherwise, they are at liberty to contradict me. I am perfectly willing to join issue with them upon that point. What benefit, I would ask, has the new charter of the college empowered on medical men as a body? If the surgeons will not practise pharmacy and midwifery, others must; and this new charter only creates distinctions where none existed before, and interposes another barrier to general practitioners in this country attaining that station in the eyes of the world to which their education entitles them. It is beneath the dignity of that august body of surgeons to practise midwifery—beneath their dignity, forsooth! I wonder they did not impose a vow of celibacy upon their fellows, and make those who already had wives repudiate them. If it be a dishonour to help children into the world, it can hardly be a virtue to get them. I wonder they are not ashamed to look a woman in the face! But, on the other hand, I would remind medical men they have a powerful body against them, both able and willing to oppose their just demands; and that it is only by combination that they can hope to effect any good, or make any impression on the Government. I hope I am not speaking sedition—the law of conspiracy, as laid down by Mr. Attorney General Smith, appears a very ticklish thing to steer clear of. One great difficulty in our way is the manner in which medical men are necessarily scattered over the country; they can only be brought to work together for any common purpose, by means of a complicated and somewhat expensive machinery. Some trifling expense has been already incurred, and a much larger expenditure of money will be necessary to effect any good. This is no new doctrine in political economy, gentlemen, that I am attempting to teach you; it is a fact as clear as the sun at noonday—and it will not therefore consume your time by any lengthened remark on so self-evident a proposition. I have already detained you too long, and I can only hope that I may not find myself in the predicament of the celebrated Scotch lawyer, John Clarke, afterwards Lord Celdin, when pleading in a cause in which the interest of a large distillery were concerned. The judge was very apathetic, and the anxious advocate continued his speech for hours. At last one of his brothers of the bar whispered him—"Clarke, Clarke, do you never mean to stop? What are you doing?" "Doing," replied the wit, "I have been driving whiskey into him for three mortal hours, and it hasn't taken his head yet!" May I then in conclusion express a hope you will put your shoulders to the wheel, and your hands into your pockets?

Mr. RUGG seconded the motion, and urged the uniformity of medical education. He illustrated his argument by reference to Sir Henry Halford's ignorance of surgery, and consequent loss of a valuable life; and enforced with power the necessity for combination and active exertion to teach the gentlemen who had assumed and were resolved to retain a power over them, that the professions' voice could not be safely disregarded.

The motion was carried unanimously.

Mr. BULLEN said no doubt the charter was a great disgrace to the profession; he regretted that the council had so committed themselves as to frame such a measure; and he thought it was the duty of the profession to rebel strongly against it; but the profession, when they quarrelled with the charter, ought to understand themselves what they would wish to substitute for it. Their talking of reform was vain, for in the eyes of two different individuals it was as widely different as the two poles. He wished to know to what this meeting was to commit itself?

The CHAIRMAN in reply to the question, said that the Committee while enumerating the necessity of equality of education and a representative voice in the council, had purposely avoided all matters of detail on the present occasion; for to ensure unanimity, it was desirable that any measure for carrying out the objects of the meeting should be concocted with due deliberation, and for this purpose, a resolution was about to be passed having for its object the formation of a committee. The Chairman further stated in reply to a question put to him, that it was intended to apply to Parliament; and he also stated that he had already began to receive practical proofs that the conduct of the Committee had met with approbation, and it was with great gratification that he announced a subscription of £5 from Mr. Carpue—(Cheers).

Mr. W. SIMPSON, the Secretary, then announced subscriptions to the amount of several pounds (see advertisement), towards the expenses.

Dr. M'KENZIE then proposed the following resolution—

"That a committee, with power to add to their numbers, be formed for the purpose of carrying out those objects, and to call other public meetings when necessary, and that the Chairman (Mr. Macilwaln) the Secretary (Mr. Simpson), the Treasurer (Dr. Lynch), Mr. Dermott, Mr. G. A. Walker, Dr. Wilson, Mr. Harvey, Mr. Weathers, and Mr. Rugg, do form the said committee, with power to add to their numbers."

The motion having been seconded, was carried unanimously.

Mr. W. SIMPSON then in terse terms proposed,

"That the best thanks of the meeting are due to Mr. Macilwain for his excellent and gentlemanly conduct in the chair this evening."

and Mr. J. SIMPSON, R.N., seconded the motion.

The CHAIRMAN returned thanks, expressed his high gratification at the calm but firm tenor of the discourses that had been made, and several subscriptions having been handed in, the party separated.

ETHNOLOGICAL SOCIETY,

January 24—Dr. HODGKIN in the Chair.

The subjects which engaged the attention of the Society were, a lengthened paper "On the Mongols," by Mr. Bayle St. John; "a Comparative View of the Pelir's in some of the Varieties of Mankind," by Sir Augustus Francis de Rtigen, Professor of Obstetrics at Giessen; and a few remarks on the inhabitants of the Pyrenees, by Mr. Masterson. Mr. St. John chiefly confined himself to the Mongols Proper, as distinguished from that group of mankind, designated by Blumenbach as the Mongalian Variety, and which comprises many nations besides those which formed the subject of his pen. The Mongols Proper may be characterised as the nation which left their native seat under the conduct of Ghengis Khân, and exercised a temporary sway over a large portion of the East. Their physical characters, the modification which their religion and habits received from the natives whom they subdued—their present comparatively limited territory, and its capabilities for the maintenance of a large population, under a different social system, and many other points were alluded to in the paper, which exhibited much careful research and extensive reading. Dr. King, the Secretary, in presenting Sir Augustus Francis de Ritgen's paper to the Society, remarked, that it contained matter of novel interest; that it was manifestly an error to consider the cranium as the sole or chief point of national distinction; and that it would be one of the objects of the Ethnological Society to make a comparison of the several portions of the skeleton in the different nations. After a rapid glance at the modifications of the pelvis in fishes, reptiles, birds, and mammalia, the professor noticed five modifications of this part of the skelcton, as recognisable in the human subject, and advanced the ingenious speculation that, whilst that part of the pelvis which is above the brim, may be compared to the skull, and bearing some relation to it; the interior portion may be compared to the face—the seat of the senses. Thus in the elephant as in the human being, the large intellectual organ is accompanied with a large upper part of the pelvis, whilst in the libidinous monkey, the lower portion is

strikingly large. Mr. Masterson in his paper on the inhabitants of the Pyrenees, describes those of Verneh des Bains as "longheads," a very few round heads being found amongst them. They differ widely from the Basques, are industrious and moral, of short stature and swarthy complexion. Intermarriage of near relations is frequent, and with no unfavourable results. The goitre and eretinism is common in the country.

PHARMACEUTICAL VARIETIES.

(From the "Pharmaceutical Journal," February).

MODE OF PREPARING PRECIPITATED CHALK AND PURIFIED CHARCOAL.—Take of animal charcoal, five pounds. Hydrochloric acid, four pounds. Sesquicarbonate of soda, three pounds six ounces, or carbonate soda, five pounds. Boiling water, three gallons. Mix four pints of the water with the hydrochloric acid, pour it on the charcoal, stirring with a glass rod during the effervescence, add four pints more of the water; stir well up, and filter the solution of hydrochlorate of lime from the charcoal, well wash the charcoal, and dry without, or with very *little* heat.

Dissolve the soda in the remainining two gallons of water, filter the solution, to which add the solution of hydrochlorate of lime, well wash the precipitate, and dry with gentle heat.

Produce Precipitated chalk, 1 pound 12 ounces.
Animal charcoal, pure, 3 pounds 4 oz.

CERATUM CRETÆ COMPOSITUM.

℞ Emp. Plumbi, ℥vij.
Olei Olivæ, f℥iv.
Cretæ Preparatæ, ℥iv.
Aceti Destillati, f℥iv.
Liquoris Plumbi Diacetatis, ℥iv.
Pharmacopœia Mancaniensis.

UPON TWO NEWLY-DISCOVERED METALS, ERBIUM AND TERBIUM, OCCURRING ALONG WITH YTTRIA.

BY C. G. MOSANDER.

In making some researches upon yttria, the author unexpectedly discovered that (as in the instance of oxide of cerium) what chemists had heretofore regarded as yttria, was not a simple oxide, but a compound of at least three oxides, whereof two were previously unknown.

The distinctive characters of these oxides are as follows:—

1. Although more powerful saline bases than glucina, they are insoluble in water and in caustic alkalis: still, after being exposed to a strong heat, they dissolve in a boiling solution of carbonate of soda; nevertheless, after the lapse of some days, the greater portion separates from the solution as a double salt.

2. In union with carbonic acid these oxides are very soluble in a cold solution of carbonate of ammonia, and when saturated, there begins immediately to separate a double salt, composed of their carbonates together with carbonate of ammonia, to such an extent, that after some hours, very little oxide remains in the solution.

The salts of these oxides have a sweet taste. The sulphates are more difficultly soluble in warm than in cold water; they form double salts with sulphate of potash, which are insoluble in a saturated solution of that sulphate.

If the name of *oxide of yttrium* be reserved for the most powerful of these bases, the next in order may be termed *oxide of Terbium*, and the weakest, *oxide of Erbium*. They present the following characteristic differences:

Nitrate of yttria is so deliquescent, that if a small quantity of a solution of this salt be allowed to stand during some weeks, in a warm place, the salt formed is not free from moisture. The solution of nitrate of oxide of terbium is of a pale reddish hue, evaporates readily, and leaves a radiated cyrstalline mass, which suffers no change even in a very damp situation. The crystals of sulphate of yttria are colourless, and remain, in an atmosphere of a temperature of from 86° to 158° Fahr., clear and transparent; whereas a solution of sulphate of oxide of terbium leaves, upon evaporation at a low temperature, a salt which directly effloresces to a white powder. The oxide of terbium, of which the salts have a reddish tint, is, in a state of purity, colourless like yttria.

Oxide of erbium differs from both of the above, inasmuch as, upon being heated in the air, it assumes a deep orange hue, which it again loses on being heated in hydrogen gas, together with a trifling loss of weight. It is to the presence of oxide of erbium that yttria owes its yellow colour, as heretofore prepared; the so-called colourless yttria being chiefly glucina.

Sulphate and nitrate of oxide of erbium are void of colour, although the solutions of the oxide in acids have frequently a yellow tint. The sulphuric salt does not effloresce.—*Poggendorff's Annalen.*

A SIMPLE METHOD OF ASCERTAINING WHETHER PAPER BE DRESSED WITH (VEGETABLE) MUCILAGINOUS OR (ANIMAL) GELATINOUS SUBSTANCES.

BY BOETTGER.

The vegetable substance used for dressing paper, is a preparation of starch, which is of course readily detected by an aqueous solution of iodine. I mention this well-known fact, because I was astonished to find that all the finer sorts of letter-paper and of smooth writing-paper, especially those made by machinery, are all rendered blue by this solution. The older specimens of paper, and those made in Holland, are all dressed with size. An aqueous solution of iodine may therefore be introduced as a blue sympathetic ink, to write on all the smooth and finer varieties of paper, which may again be rendered serviceable as tests for iodine.—*Annalen Chemie und Pharmacie,*

TREATMENT OF PURULENT CONJUNCTIVITIS OF NEW-BORN INFANTS.

At the West of England Eye Infirmary this disease is treated by the application of a weak solution of alum to the lids and conjunctiva, aperients, and suitable constitutional measures, without leeching, scarification, or nitrate of silver; and so successful has this treatment proved, that during the years I attended this institution I never knew an instance of failure, unless the cornea had become involved before it was instituted.

The majority of practitioners recommend the application of one or two leeches, either to the swollen upper lid or near the eye, especially in robust and plethoric infants; but, as far as I have seen, this is always unnecessary, and, in the majority of instances, positively injurious. I find that the experience of M. Reveille-Parise leads him to condemn the use of leeches, blisters, and emollient applications. (*Med. Chur. Rev.*, July, 1842, p. 188.)

To regulate the *bowels* nothing answers better than small doses of mercury with chalk, with powdered rhubarb, one grain of the former with two or three of the latter, repeated according to circumstances. Where the infant is several weeks old, and a more active aperient is required, seammony may be combined. In very feebie and sickly children, it may be necessary to give tonics from the very commencement, and when the cornea has sloughed and exhaustion resulted. upholding the strength gives the only remaining chance of preventing the repeated occurrence of the same mischief to fresh portions of the tunic. Perhaps quinine is the best remedy under these circumstances—a grain may be well mixed with about sixteen grains of powdered white sugar, and divided into eight powders. Mr. Tyrrell has found Battley's solution of the yellow bark of great service, in the proportion of one or two drops, with syrup, and Mr. Lawrence recommends the resinous extract.

To *cleanse* the eyes, a very dilute solution of the liq. sodæ. chlorid. may be employed, thrown with the greatest gentleness first against the lids, and then between them. The utmost injury may be induced by unnecessary violence, and therefore large powerful syringes should not be employed. The glass syringe I possess is so constructed that it would be impossible to throw the stream of fluid with a violence sufficient to occasion mischief. Two or three times a day a solution of *alum*, containing one or two grains to the ounce, should be dropped between the lids, after washing away the purulent secretion. From the very first I should be inclined to paint the *external skin* of the eyelids with *nitrate of silver*, using a solution of five grains to the ounce, and passing it once carefully over the lids by means of a camel's-hair brush, repeating it, if necessary, with an interval of a few days. To prevent the adhesion of the lids, we must also order a little simple *cerate* to be liquified and passed along the tarsal margins night and morning. In all cases, the prophylactic measure should be carefully taken of cleansing the eyes of newly-born infants from collections of mucus or other adherent matters.—*Hocken on Opthalmic Medicine.*

GOSSIP OF THE WEEK.

The late Sir Francis Burdett offers us, in his medical habits, a strong instance of that not rare type of humanity, "a novelty maniac." St. John Long, homœopathy, hydropathy, and we believe mesmerism, had each been taken up by him in turns. He is said to have died of the cold water *cure*.

Mr. Dermott writes to us, enforcing the necessity of deputations to Sir James Graham, and to other ministers and members of Parliament. We can have no doubt that the committee, to whom Mr. Dermott addresses this suggestion, will adopt it. He recommends also that as the committee is to be open to the whole profession, it should make well known the place and hour of meeting. This we will venture to promise for them, they will not forget doing. The last suggestion of Mr. Dermott is that a bill should be prepared by the committee and submitted to the House of Commons. Here we differ from our correspondent, who it is just to say, does not seem inclined to press forward this recommendation. The Committee cannot be too practical, but the devising an Act of Parliament involving so many complicated details and affecting such large interests, is beyond the scope of duty, if it be not beyond the capability of so numerous a body. The professions views on the main question to be settled are just, enlightened, and politic, and if properly made known, must be irresistable with both sides of the House, whoever introduces a bill.

A correspondent remarks in reference to the "important *government* document, corroborating the important statements of the work upon "Grave Yards," published by Mr. Walker, the name of that gentleman is but once mentioned in the report, and then so obscurely, that few persons would imagine that to his indefatigable exertions the public are indebted for the detection and exposure of the loathsome, dangerous, and demoralizing practices of church-yard functionaries." He adds that "whatever credit may be due to Mr. Chadwick for enquiry, detail, and arrangement, correct conclusions, or judicious suggestions, he would have had a fresh claim to notice if he had awarded to Mr. Walker the meed of praise, to which he is most justly entitled." We share our correspondent's opinion.

A meeting has been recently held in the room of the Metropolitan Improvement Society, in reference to intramural interments. The chair was filled by Mr. J. Dunlop, and among the gentlemen present were Dr. Southwood Smith, G. A. Walker, Esq., (author of Gatherings of Grave-Yards), &c. The agreement was complete that town burials had grown into an intolerable nuisance. It was proposed that a voluntary society should be formed, and subscriptions for the purpose were immediately tendered. Sir Robert Peel had been recently spoken to on the subject, and though he had not committed himself to any positive step, had given Mr. Dunlop, and the deputation acting with him, "great encouragement." Robert Harriss, Esq., has been appointed honorary secretary to a provisional committee. We are glad to hear of so much being doing; the first step made, the rest becomes easy work.

All the morning and evening papers noticed the great meeting of the medical profession at the Crown and Anchor, giving longer or shorter accounts. All of them, as far as their reports go, seem prepossessed in the meeting's favour.

The total number of metropolitan deaths during the week, ending Jan. 20, was 1,040, of which the number of males is 532. The average of five years gives but 946, the average of five winters but 1,009. The increase is principally under the head of scarletina, bronchitis, pneumonia, and apoplexy. The diminution shows itself mainly in dropsy, where the deaths are ten less than during five preceeding winters, and in hooping cough, where they are sixteen.

In the way of obituary intelligence we have to chronicle the death on the 21st. ult., of Dr. George Swiney, M.D., an eccentric character living in Grove Street, Camden Town. His life was remarkably retired, and during several days before his death he was wholly unable to take food. He left considerable sums of money—the greater portion of which was bequeathed to learned societies. A part however was directed to be spent in getting up a fantastic funeral, which served as a days raree-shew in the streets which it passed and accumulated an immense crowd in the Burial Ground. Other deaths are those of Dr. Hosack, who had served in the Peninsular Wars, and Dr. Mc. Nair, o Dumpall House, Stirlingshire.

DRUG PRICE LIST FOR THE PRESENT WEEK.

DRUGS.	PRICE. £ s. d.	£ s. d.	DUTY.
Alkanet Root, bd.....cwt.	0 14 0	to 0 16 0	1s.0d.pc
Aloes, Barbadoes	6 0 0	14 0 0	pr. lb.
Epatica, bd	2 5 0	9 0 0	1d BP
Cape, bd.	1 8 0	1 14 6	2d. F.
Alum, British.....ton	9 9 0	10 0 0	
Roch.....cwt.	1 3 0	0 0 0	2s. cwt.
Ambergris, Grey.....oz.	0 5 0	0 7 6	3d. oz.
Anchovies.....dble. brl.	1 2 0	1 3 0	2d. lb.
Angelica Root.....dpcwt.	1 0 0	1 15 0	4s. cwt.
Annatto, Flag, dp.....lb.	0 0 6	0 0 9	1s. cwt.
Roll .....dp.	0 0 5	0 0 8	1s. cwt.
Antimony, Crude ....cwt.	1 15 0	0 0 0	2s.
Ore, bd....ton.	12 0 0	0 0 0	1s. ton
Regulus, Cps..cwt.	2 15 0	3 3 0	4s. cwt.
Bowls	0 0 0	0 0 0	1s.BP
Arrow Root	0 0 5	0 1 4	BP 1s F. 5s. cwt
Arsenic, Whitc.....	0 0 0	0 0 0	1s.cwt
Red	2 7 0	2 10 0	6d.BP
English White..	0 12 0	0 0 0	
Yellow.	0 18 0	0 0 0	
Boracic Acid.....cwt.	1 10 0	1 17 0	6d. cwt
Balsam, Canada.....	0 1 0	0 1 2	1d. lb.
Capavi, bd.....	0 1 0	0 1 3	4s. cwt
Peru, bd.....	0 6 0	0 0 0	3d. lb.
Tolu, bd.....	0 1 3	0 2 6	2d.
Bark, Peruv. bd. pale..lb.	0 0 6	0 0 10	1s. cwt
Good....	0 2 3	0 2 9	
Mid. do.	0 1 3	0 1 9	
Crown..	0 0 9	0 3 0	
Yellow, Flat	0 3 0	0 0 0	
Quill....	0 0 0	0 0 0	
Red, Flat...	0 3 6	0 6 0	
Quill....	0 1 6	0 2 0	
Cascarilla, bd. cwt..	1 0 0	2 4 0	BP.1d cwt F. 3d.
Quercitron.....dp.	0 8 0	0 10 0	
Oak English,pr.load	15 0 0	18 10 0	
Foreign, pr. ton	5 10 0	7 10 0	
New S. W.....	0 0 0	0 0 0	
Berries, Bay.....cwt.	1 5 0	1 6 0	1s. cwt
Juniper, Italian..	0 10 0	0 15 0	
German.	0 10 6	0 13 0	
Turkey, Yellow ..	2 5 0	3 0 0	
Persian, do.....	7 0 0	11 10 0	
Black Lead, E. I. ....cwt.	0 6 0	0 6 0	BP.5s ton F. 20s
Malaga.....	0 10 0	0 18 0	
German.....	0 12 0	0 18 0	
Dust	0 0 0	0 0 0	
Borax, or Tincal, bd. cwt.	1 12 0	1 18 0	6d. ton
E. I. Refined, bd.	2 5 0	2 8 0	5s. cwt
English Refined..	2 12 0	2 14 6	
Brimstone, Rgh. bd. ..ton	5 0 0	5 5 0	BP.3d F 6d.c
Roll.....	9 10 0	10 0 0	1s.to2s.c
Camphor, Unrefined, cwt.	15 0 0	0 0 0	1s.cwt
Dutch, bd..cwt.	15 0 0	0 0 0	10s.
Refined.....lb.	0 3 10	0 0 0	3d.
Cantharides, bd.....	0 2 1	0 2 2	6d. lb
Capers, French.....cwt.	4 0 0	9 10 0	3d. BP.
Capotts	0 0 0	0 0 0	
Cardemoms, Malabr.bd. lb	0 3 3	0 3 4	2d.
Long Longs..	0 1 8	0 1 10	
Ceylon.....	0 1 2	0 1 4	
Castor, America.....lb.	0 19 0	1 5 0	2s. cwt
Castor Oil, Amcrica....lb.	0 0 3½	0 0 6	1s. 3d.
E. I. bd.....	0 0 4	0 0 7	cwt
Chillies, E. I. bd. ....cwt.	0 0 0	0 0 0	6d. lb
China Root, bd.....cwt.	1 4 6	2 0 0	3d. lb
Cobalt, bd.....lb.	0 0 0	0 0 0	5s. ton
Coculus Indicus, bd. cwt.	0 8 0	0 12 0	7s. 6d.
Colocynth, Turkey ..dp.lb	0 1 6	0 3 0	1s.
Spanish.....	0 1 4	0 1 9	
Colombo Root, bd....cwt.	0 15 0	1 13 0	1s.
Copperas, Gr. on bd..ton.	3 17 6	0 0 0	£1 ton
Blue.....	1 17 0	2 0 0	10s. BP

DRUGS,	PRICE. £ s. d.	£ s. d.	DUTY.
Cream Tartar, d.p.Fr.cwt.	0 0 0	to 0 0 0	1s.
Venetian	3 1 0	3 4 0	cwt.
Cubebs, bd.....cwt.	2 2 0	2 10 0	1d. lb
Cowries.....	3 0 0	3 5 0	5 p. cent
Dragon's Blood, bd.....	2 10 0	5 0 0	1s.
Reed	6 0 0	16 0 0	
Emery Stone.....	9 10 0	11 0 0	
Essential Oils,			
Cloves, bd...lb.	0 7 0	0 10 0	4s. lb
Carraway, dp...	0 8 9	0 9 0	2s. lb
Lavender	0 7 6	0 0 0	
Peppermint, bd	0 7 0	0 7 9	
Spike	0 4 0	0 0 0	
Anniseed, bd...	0 8 0	0 0 0	1s. lb.
Cassia, bd.....	0 13 0	0 15 0	
Cajaputa, bd.oz.	0 0 4	0 0 6	
Cinnamon, bd..	0 2 10	0 4 9	
Mace (expd)bd.	0 0 2	0 0 4	
Nutmegs, bd...	0 0 7	0 1 0	
Bergamot, dp.lb	0 11 6	0 11 9	
Lemon.....	0 6 0	0 0 0	
Orange.....	0 4 6	0 5 6	
Roscmary.....	0 1 8	0 2 6	
Thyme.....	0 2 9	0 3 0	
Otto Roses..oz.	0 14 6	0 15 3	
Almonds.....	0 1 7	0 1 11	
Galangal Root, bd. cwt. .	0 10 0	0 11 0	2d. lb
Galls, in sorts.....cwt.	2 5 0	2 10 0	1s.
Green or White..	2 0 0	2 5 0	
Blue	2 18 0	3 0 0	
E. I. Blue.... bd.	2 15 0	2 18 0	
Gentian Root....bd. cwt.	0 18 0	1 4 0	5s. p.ton
Glue, Best Town.....cwt.	2 10 0	2 12 0	
Inferior.....	1 18 0	2 6 0	
Foreign.....	0 0 0	0 0 0	3s.p.cwt
Guinea Grains, bd.....	1 10 0	2 5 0	15s. cwt
Gums,			
Ammoniac, Lp.bd. cwt..	2 5 0	4 15 0	
Drop	3 0 0	7 0 0	
Arabic, E. I. bd.....	1 4 0	3 0 0	
Cape	0 10 0	0 16 0	
Turkey, fine ..	8 0 0	9 0 0	
2nds and 3rds.	4 5 0	7 0 0	
Barbary, Brown, bd....	2 15 0	2 18 0	
White.....	0 0 0	0 0 0	
Gedda, bd.....	3 5 0	0 0 0	
Animi, washed, bd.	4 10 0	9 5 0	
scraped	6 10 0	9 10 0	
Copal.....	lb. 0 0 6	0 2 6	1s.cwt
Assafœtida, bd.....cwt	1 15 0	5 0 0	
Benjamin, 3rds. bd.....	4 0 0	10 10 0	
1st and 2nds	15 0 0	50 0 0	
Gamboge, bd.....	19 0 0	21 0 0	
Galbanum	3 10 0	4 12 0	
Guiacum	0 0 9	0 2 0	
Myrrh, E. I. bd....cwt.	4 0 0	15 0 0	
Turkey.....	0 0 0	0 0 0	
Mastic .....lb.	0 2 8	0 3 0	
Olibanum, bd.....cwt.	1 0 0	2 8 0	
Sandrack, bd.....	3 3 0	4 0 0	
Senegal, garbled, bd....	5 0 0	5 10 0	1d.cwt
Tragacanth, Picked....lb	14 0 0	15 15 0	
Sorts.....	5 0 0	8 10 0	
Lac, Sticklac, Bengal..	1 10 0	1 17 0	
Siam, &c..	0 0 0	0 0 0	1s.cwt
Shellac, Liver, cwt..	1 10 0	1 17 0	
DT.....	1 10 0	1 15 0	
Orange.....	2 7 0	3 8 0	1s.
Block.	1 7 0	1 12 0	
Seedlac.....cwt.	1 0 0	1 5 0	
Hellebore Root.....cwt.	2 0 0	2 10 0	3s. cwt
Honey, Fine.....	2 10 0	4 10 0½	BP.5s F.10s.

DRUGS,	PRICE. £ s. d.	£ s. d.	DUTY.
Iceland Moss.....lb.	0 0	2½ to 0 0 3	5s. ton
Indian Rubber, solid	0 0 3	0 0 8	1s.cwt
bottles ...	0 0 8	0 1 0	
small....	0 1 6	0 1 9	
Indigo .....bd floras, lb	0 5 3	0 6 0	
Guatim and sobres..	0 4 0	0 5 3	
Caracca . cortes..	0 2 0	0 3 9	
Bengal fine blue.....	0 5 3	0 5 9	
Fine purple & violet	0 5 3	0 5 9	
Good ditto.....	0 4 6	0 5 0	Irdigo
Middling	0 4 0	0 4 4	per cwt.
Copper Fine.....	0 4 6	0 5 0	F. 2s.
good & middling..	0 3 4	0 4 4	BP.1s.
Ordin. violet & copper	0 2 6	0 3 6	
Oude, good and fine..	0 3 6	0 4 3	
low & middling.	0 2 3	0 3 3	
Madras, good & fine violet & blue	0 3 9	0 4 6	
ord. & mid. do..	0 1 6	0 3 6	
Java	none		
Manilla, good & fine..	0 0 0	0 0 0	
ordinary & middling	0 1 0	0 2 0	
Ipecacuanha, bd.....lb.	0 1 9	0 2 0	1s. cwt
Isinglass Leaf, 1st sort...	0 10 0	0 12 0	3s. BP £2 7s. 6d. per cwt. F.
2nd sort	0 9 0	0 10 0	
Simovia.....	0 2 6	0 3 0	
Siberia Purse.....	0 5 0	0 6 0	
Short Staple, 1st....	0 8 0	0 11 6	
Long ditto.....	0 10 0	0 11 6	
Isinglass, Brazil.....	0 1 0	0 5 2	
Jalap, bd.....lb.	0 2 4	0 2 6	1d. lb
Juice of Lemon.....gal.	0 2 0	0 0 0	0½d. gall
Liquorice, Ital. d.p. cwt..	5 5 0	5 15 0	27s.6p.c
Block.....	3 5 0	0 0 0	20s.0p.c
Magnesia, English.....	3 5 0	3 10 0	
Manna, Flakey, bd....lb.	0 1 2	0 3 6	1d. lb.
Sicily, bd.....	0 0 6	0 0 8	
Musk, good & fine, bd. oz.	1 0 0	1 6 0	6d. oz.
Nux Vomicæ, bd.....cwt.	0 6 0	0 7 6	5s. cwt
Olives, Frch. ½ brls. 12 gls.	3 0 0	4 0 0	2s. gal
Spanish, keg 2 galls.	0 9 0	0 10 0	
Opium, Turkey, bd....lb.	0 10 0	0 11 6	1s. lb.
Egyptian.....	0 0 0	0 0 0	
Orchella, Can.....ton	28 0 0	40 0 0	1s.cwt
Cape de Verd..35	0 0 0	0 0 0	
Madeira	0 0 0	0 0 0	
Orpiment, E. India, bd...	0 0 0	0 0 0	1s.
Orange Flower Water....	0 0 8	0 0 0	1s.
Peel.....cwt	1 16 0	0 0 0	1s.
Orris Root, dp.....cwt	1 0 0	2 10 0	5s.
Pellitory Root.....lb	0 1 0	0 1 0	1s. cwt
Pink Root.....lb	0 0 8	0 1 0	1s. lb
Pitch, Burgundy.....cwt	0 10 0	0 15 0	2s. cwt
Pumice Stone, sorts...ton	6 0 0	7 0 0	
Quassia .....cwt	0 15 0	0 0 0	10s. cwt
Quicksilver .....lb	0 4 6	0 4 8	1d. lb.
Rhatania Root.....lb	0 0 4	0 0 6	
Rhubarb, round.....bd	0 1 0	0 3 8	
Flat.....	0 1 6	0 3 9	
Dutch, trimd....	0 4 6	0 6 0	
Russian.....	0 11 0	0 11 6	
Baccharum Saturne, bd.lb	2 4 0	2 6 0	
Saffron, Spanish, ...lb	2 0 0	0 0 0	
Sago, common, bd. ...cwt	0 0 0	0 0 0	
Pearl.....	0 11 6	1 4 0	
Sago Flour.....	0 17 6	0 18 0	
Sal Ammoniac, E. I. bd.cwt	1 18 0	2 2 0	1s. cwt
English, Refined cwt	2 2 0	2 3 0	
Salts, Glauber.....	0 6 6	0 0 0	

DRUGS,	PRICE. £ s. d.	£ s. d.	DUTY.
Salts, Epsom.....	0 10 0	to 0 10 6	
Salep .....cwt	5 5 0	5 10 0	1s. cwt
Sarsaparilla, Bra. bd. ..lb	0 0 10	0 1 8	
Honduras..bd	0 1 4	0 1 9	1d. lb
Vera Cruz, bd	0 0 6	0 0 8	
Jamaica, ..bd	0 2 6	0 2 9	
Sassafras Root.....ton	7 0 0	8 0 0	6d. cwt
Safflower, E. I. bd....cwt	3 15 0	7 10 0	1s.cwt
Turkey...	0 0 0	0 0 0	
Scammony, Smyrna....lb	0 0 0	0 0 0	
Aleppo, 2nds. bd	0 8 0	0 14 0	6d. lb.
fine. ...	0 15 0	1 1 0	
Seeds, Anni.....cwt	0 0 0	0 0 0	BP2s.6d
German, duty paid .	1 5 0	1 15 0	F. 5s.
E. I. star, bd.....	2 10 0	3 0 0	per cwt.
Cummin, bd....cwt	0 19 0	1 5 0	
Carraway, For...bd	1 3 0	1 10 0	10s BP5s
Sencka Root, bd.....lb	0 1 8	0 1 9	
Senna, Alexandria.....lb	0 0 7	0 0 9	
Smyrna.....	0 0 9	0 1 6	1d. lb.
East India .....lb	0 0 4	0 0 8	
Tinnevelly.....	0 1 8	0 1 9	
Smalts, Saxon, FFFE..lb	0 0 0	0 0 0	
Danish, do.	0 1 6	0 1 7	2d. lb.
Other sorts in proportion			
Snake Root, bd.....lb	0 1 2	0 1 3	1d.
Soap, Naples, soft.....	0 1 6	0 1 9	46s. cwt
Castile, hard....cwt	3 10 0	3 17 0	30s. cwt
Soy, bd .....gallon	0 7 6	0 8 0	20p.cent
Sponge, finc.....lb	0 14 0	1 0 0	1d. BP
ordinary.....	0 3 0	0 11 0	6d. F
Sulphate of Quininc....oz	0 8 3	0 8 6	6d. oz
Squills, dry.....lb	0 0 1	0 0 2	1s. cwt
undried	0 0 0	0 0 0	6d. cwt
Spermaceti, English....lb	0 1 8	0 0 0	25p.cent
American...	0 1 4	0 1 6	
Tamarinds, W. I.....cwt	1 5 0	3 10 0	1d. BP.
E. I. bd.....	0 15 0	1 5 0	9d. F.
Tapioca, bd .....lb	0 0 2½	0 0 6½	1s. cwt
Turmeric, ba. Beng. cwt.	0 12 0	0 16 0	1d.BP ton
Java.....	0 15 0	0 18 0	5s. F
Java, green	0 9 0	0 10 0	
China.....	1 0 0	1 5 0	
Terra Japonica .....cwt	0 13 0	0 14 0	5s. ton
Pale, in squares....	0 0 0	0 0 0	
De Sienna.....	0 0 0	0 0 0	10s. ton
Valonia Smyrna.....ton	14 10 0	19 0 0	5s.ton
Pickled Morea ...lb	0 0 0	19 0 0	
Vinelloes, Brazil, bd....lb	0 10 0	0 11 0	165s.lb
Vera Cruz.....	3 0 0	4 0 0	
Verdigrease, For. D.P....	0 0 10	11½	1d. lb
English.....	0 1 3	0 0 0	
Vermillion, China, bd..lb	0 4 9	0 5 6	3d. lb.
English.....	0 5 6	0 5 10	
Vitriol, blue.....cwt	1 16 0	1 17 6	BP.bleached.10s.,do unbleached, 1s., F. bleached, 2s. p. cwt.
Foreign, white....	0 16 0	0 17 0	20sBP
English do.....	1 4 0	1 5 0	10s.for
Oil of .....lb	0 0 1¼	0 0 0	
Wax, Mogadore, b.d. cwt.	7 10 0	8 0 0	
American, d.p.....	7 10 0	8 0 0	
Russian, d.p.....	9 0 0	9 5 0	
Hambro', d.p.....	8 10 0	9 0 0	
East India, d.p.....	7 12 6	8 15 6	
African, b.d.....	7 15 0	8 5 0	
White Hambro'....	9 15 0	10 10 0	
English.....cwt.	9 10 0	9 15 0	
Cape	7 10 0	9 0 0	
Weld, English.....load	0 0 0	0 0 0	
Woad .....ton	0 0 0	0 0 0	5s.
Wood, Sapan Bimas, bd...10	10 0	13 0 0	
Siam.....	7 0 0	9 0 0	

TO CORRESPONDENTS.

We have received several letters in reference to the meeting at the Crown and Anchor. Two of our correspondents (Argus *and* A. B.) *seem to agree, both in eulogizing the general character of the proceedings, and complaining of the indirect avowal of political partialities. A. B. thinks that some of the speaker's shewed a tendency to whiggism; and Argus intimates that he would have preferred something more direct than the cautious conservative spirit displayed in the resolutions. Either letter singly would have perhaps disposed us to question the perfect prudence of the speakers. Both together form a high eulogy. Men will of course have political predilections which will more or less display themselves in the formation and expression of opinions; but we believe that no unbiassed witness could discover in the general management of business on Monday evening, either conservative or liberal politics. Extreme partisans would be disappointed on either side. The subject in question has no real connection with Parliamentary parties, and we earnestly hope that nothing of a party aspect, either in speech or action will be inoculated on it. With respect to the allusions made to the chairman we have elsewhere expressed our opinion. The misunderstanding between him and some of his hearers, seems to have been complete. We insert one of the letters in the hope that it may lead to an explanation.*

One of the Superseded, *must be surely mistaken in his information that "members" are to be admitted to the next Hunterian oration, by the back door of the college. His hope that the treasurer may be there to return members their money for their now insulting diploma is very natural.*

Buxton Bath Charity.—*The proceedings in favour of this charity have been received, but we do not presume that they call for any special notice. T. J. Page, F.R.C.S., and T. Carstairs, F.R.C.S., took part in the resolutions; and we suppose shortly, no* mere *member will feel it prudent to join in any public step which will exhibit him as occupying but the subordinate grade. This charter must act terribly in the country.*

M. D.—*We think the college of physicians has no such power, and are quite sure the charter cannot give some alteration, but we cannot suppose that it will seriously affect gentlemen in the position of our correspondent.*

Q. Q.—*Wishes to remark the* coincidence *of Mr. Erasmus Wilson being called in in two inquests almost on successive days, to give Medical Evidence, on one of the occasions by Mr. Wakley, performing a "post mortem examination," though the attending surgeon was ready to give evidence, &c. We suppose the circumstance to be a "* coincidence," *as Mr. Erasmus Wilson is, we have reason to believe, a very honourable practitioner. With any one else equally closely connected with the hon. member, we should be more disposed to take our correspondent's suggestion, and enquire if Mr. Mills' reporting transactions threw any light on the circumstance. The main point is that Mr. Wakley should not* taboo *all surgical evidence from his courts. That, we think, we are in a fair way of getting.* We know that since our last article on this subject, Mr. Wakley has improved. *Sustained by the unanimous voice of London Medical men, we hope e'er long to enforce on him as much attention to medical evidence as is bestowed by Messrs. Higgs, Carter, Payne, &c.*

Dr Kirkman's *report has been received.*

X. Y.—A Five Year's Subscriber.—*Next week.*

A report on the Philanthropic Union for refuge for the destitute has been received.

An Old Subscriber, Montpelier.—*We cannot* yet *say. The arrangements would not yet be made. We know of no plan of getting the certificate.*

Ernest Donald.—*We do notice chemical questions.*

W. H. Smith, Islington. — *Letters asking important information from us, are not answered, when we are made to pay double postage for them.*

The good people at Folkestone have at length, we hear, grown proud of having given birth to Harvey, and are taking steps to raise a monument to his memory.

Dr. Moore.—*A clerk to a Union fails in his duty when he refuses to a candidate for Union offices the names of the guardians. Secondly, The commissioners have made a regulation which shuts out all medical officers who have not a double qualification—the one referring to surgery—the other to medicine. The only exception allowed, is where there are no candidates so qualified.*

Dublinensis.—*Our cause for complaint is simply this: The Editor referred to, most probably aware at the time of our having not the remotest connection with the conduct or management of this journal except during the last two years, deliberately accused us of an act of piracy alleged to have been perpetrated some four or five years since. We wrote,* authenticating *to him our entire non-responsibility for the misconduct he charged against us, and the only notice was a private and formal announcement that the vindication which the slander made so essential, could not be published! To this hour, this accusation (now certainly known to be false) has not been retracted or modified.*

AT the PUBLIC MEETING of the MEDICAL PROFESSION held at the Crown and Anchor, on Monday evening the 29th ult, for the purpose of opposing the operation of the New Charter of the College of Surgeons, and for concerting Measures in furtherance of a proper measure of Medical Reform; among other resolutions, it was moved by Mr. Borthwick and seconded by Mr. Rugg,—"That a subscription be entered into, for the purpose of defraying the necessary expences, and that the Publishers of the various Medical Journals be requested to receive such subscriptions, and transmit them to our Treasurer, Dr. Lynch, at 24, Farringdon-Street.

LIST OF SUBSCRIPTIONS ALREADY RECEIVED:—

	£	s.	d.		£	s.	d.
Mr. Carpue	5	0	0	Mr. Ancell	1	0	0
Mr. Marsden	10	0	0	Mr. Weathers	1	0	0
Mr. Dermott	5	0	0	Mr. Rugg.	1	0	0
Medical Times	5	0	0	Mr. Mackensie	1	0	0
Mr. Macilwain	1	0	0	Mr. Van Butchel	1	0	0
Dr. Lynch	1	0	0	Mr. Hutchins	1	1	0
Dr. Wilson	1	0	0	Mr. Hoyland	1	0	0
Mr. Simpson	1	0	0	Mr. Buller.	1	0	0
Mr. John Simpson, R.N.	1	0	0	Mr. Burt	1	0	0
Mr. Harvey	1	0	0	Mr. Leeson	1	0	0
Mr. G. A. Walker	1	0	0	Mr. Cooper	1	0	0

At the close of the Meeting, it was moved by Mr. Simpson, and seconded by Mr John Simpson, R.N.,—"That the best thanks of this Meeting are due to to Mr. Macilwain, for his excellent and gentlemanly conduct in the Chair this evening.—Carried unanimously.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The Hunterian Oration will be delivered by Mr. South, on Wednesday the 14th of February inst., at Three o'clock. Tickets of admission will he delivered to Members, upon written or personal application at the College.

The Doors will be closed precisely at Three o'clock.

EDMD. BELFOUR, Secretary.

TO MEDICAL STUDENTS.

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THE PHARMACEUTICAL JOURNAL for February, contains Report of the Deputation appointed to confer with Government on the sale of Spirits of Wine—Lecture on the preparation of Ethers—The Vice-President's address, containing a brief Memoir of the late President—Galls of Terebinthus and Pistacia—Illustrations of our Pharmacopœia—Aucklandia Costus—Leech Conservatories—Microscopic Examination of Mercurial Ointment—Precipitated Chalk—Purified Charcoal—Oxide of Zinc and its adulteration—Discovery of Two New Metals, &c. &c. Review: Dr. Thomson's Dispensatory, &c. Price 1s.

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LECTURES ON SURGERY.

By Sir B. C. BRODIE, Bart., Sergeant-Surgeon to the Queen.

Scirrhus of the Breast—Delivered Jan. 24, 1844.

Gentlemen—If a scirrhous tumour in the female breast be left to take its own course, it gradually increases in extent, contaminates the neighbouring textures, finally ulcerates, and in a great number of cases the patient's life is terminated in three or four years from the commencement of the disease; and not only terminated thus early, but death is preceded by a very painful state of the ulcer, which is disposed to bleed and slough, and the patient's life is made miserable. There is not a much worse way of going out of the world, than dying from a scirrhous breast. Looking at these facts alone, you would say, remove it by an operation; but there is another order of facts to be taken into consideration, for in a great number of cases the patient is not alive at the end of three years after the operation, which in some cases seems to hasten the fatal termination. The operation itself is not always free from danger.

These different orders of facts have led surgeons, according as they have looked at either, to come to different conclusions. I have known such eminent men as the late Mr. Cline and Sir Everard Home, not consent to operate under any circumstances, and I have known other surgeons perform the operation in very many cases. Surgeons differ in their opinion as regards this operation at different periods of life. A surgeon once said that he never would perform this operation again, and yet three or four years after he strongly recommended it in a case where I thought it would fail. These differences show the difficulty that exists of forming a just opinion, and if these stand in the way of men of experience, they may be expected also to stand in the way of beginners. I may as well, therefore, offer some remarks to assist in clearing away these difficulties.

I shall, therefore, consider under what circumstances is the removal of a scirrhous breast proper, and under what circumstances it is improper.

I may observe in the first instance, that while a great deal depends upon the nature of the case, something also depends upon the mode in which the operation is performed. If the scirrhous tumour be imbedded in the gland of the breast, and if you remove it, leaving part of the breast behind, according to my experience, it will certainly return, and this rule holds good in malignant disease generally; you must remove the entire organ that is diseased. If you have a case of fungus hæmatodes of the tibia, your patient may have a chance if you remove the limb above the knee-joint, but none if you operate below it. On the same plan also, if the malignant disease affect the thigh-bone, there will not be any chance of success, unless you remove the limb at the hip-joint. In scirrhus of the breast, therefore, you must remove the entire gland; and this, perhaps, you will say may be easily done, but it is not so in reality, for in thin persons especially, you will be very liable to leave a portion of the gland behind, which may give origin to a return of the disease. The colour of the gland is not very different from that of the cellular tissue, and the effusion of blood obscures the parts, thus increasing the liability to this mistake; so that in operating you must be careful to keep the knife close to the skin, not close to the gland; and after you have removed the disease, you must examine the part to see that it is covered with healthy adeps, and also the flap of skin to ascertain that there is not any portion of the gland remaining on it.

What are the circumstances which militate against the performance of an operation?

We may divide scirrhous tumours of the breast into two classes; one, in which the entire gland is converted into scirrhous structure, not presenting any distinct boundary; the other, where the malignant disease is imbedded in, and appears to be a new growth in the healthy breast.

In the first case an operation never succeeds in making a permanent cure. The patient generally dies at the end of two or three years of effusion into the cavity of the chest, caused by disease in the lungs. When the skin is contaminated, there is not any chance of a cure being effected by an operation, and it may be contaminated in various ways. Scirrhous tubercles may appear here and there, the intermediate portions of skin being apparently healthy. You cannot here do any good, for you cannot remove all the diseased parts. It makes a rapid progress, and the patient dies of effusion into the cavity of the chest. The skin may be contaminated in another way; it becomes brawny, coarse, and thickened, the pores are enlarged, and you cannot pinch it up as you can do with healthy integument. This is also a very bad case, but I have operated once or twice under these circumstances. The disease always returned in the cicatrix, and the operation seemed rather to hasten the fatal termination. No matter how small a portion of the skin may be apparently affected, it will certainly return after the operation.

One effect of a scirrhous tumour of the breast is to produce a contraction of the lactiferous tubes, by which a retraction of the nipple is caused. This is to be regarded as very unfavourable to the success of the operation. The disease has generally extended to the skin in the neighbourhood of the nipple, and if you examine it carefully, you will find that such is the case.

In many cases of this disease the skin is drawn down over the tumour, and on looking at it, you may perceive a sort of dimple over it. When this dimple is seen, you may be sure there is a scirrhous tumour beneath. There is little or no chance of a permanent cure when it exists. I have dissected these parts, and I will tell you how it is produced. There is a small prolongation or filament, about a third or half of an inch in length, extending from the scirrhous tumour to the skin, and this indicates that the disease is not confined to the breast, but that the skin is already affected.

As the disease proceeds, it contaminates the glands in the axilla. The glands in the axilla may become swelled from other causes; but when there are large indurated glands in the axilla, you may be sure that there is the same disease in the breast, and there is not any ultimate cure from an operation. You may say, remove the glands from the axilla. I have done so, and have seen it done by others; but what happens? You may perhaps be able to feel only one gland; but when you have divided the skin, you will find there are others, which were too small to be distinguished before.

I need hardly tell you, that if the tumour adhere to the parts below—to the pectoralis major or the ribs,—you should not operate. Patients labouring under scirrhous disease sometimes present symptoms of it elsewhere in the system—in the liver, lungs, or uterus. In such a case, there is not a permanent cure to be expected from the removal of the scirrhous breast. You must also consider the circumstances with respect to the patient's age, health, &c. If an old woman have a scirrhous tumour in a quiescent state, you would not think of amputating the breast, because she may die first from some other cause.

Having taken away these cases, you will find in practice that there are very few that are fitted for the performance of an operation.

The cases for which an operation may be performed, are when the skin is perfectly sound, the nipple not retracted, there is not any dimple, no diseased glands in the axilla, no internal mischief, no adhesion to the parts below, nor the patients much advanced in life. Under these circumstances I should say there was a reasonable chance of a permanent cure, but I should not say there was a certainty; but there would be a cure in some cases, and the chance would justify you in recommending the operation. I performed this operation in 1832 on a lady, who I saw last year alive and well. She has married since I removed the disease, and has borne children. I also saw a lady lately, on whom I operated as far back as 1830, who is also alive and well.

Besides these cases, there are others in which the operation for scirrhous tumour of the breast is sometimes proper. There is a hard tumour which sometimes forms on the surface of the breast, which feels and cuts like scirrhus, but which is attached to the gland at only one part. I have removed such a tumour three times, and the patients were alive and well some time afterwards. I have not heard since whether there has been any return of the disease. Scirrhous disease sometimes affects the nipple only, and then there is a greater chance of a cure than when the disease originates in the breast. A lady had a scirrhous disease of the nipple, for which she consulted several surgeons, who, as it was quiet, recommended her to let it alone. She afterwards placed herself under the care of Mr. Rose, and I saw her with him. It had existed several years, and was spreading. The breast was amputated; she recovered, and was alive and well many years afterwards. A lady consulted me about a scirrhous disease of the nipple—at least, it looked like one, and was ulcerated. She had a very large breast, which was healthy, and its removal would have caused a shock to the system which she probably could not have borne. I applied the chloride of zinc, and afterwards the caustic potassa, and destroyed the disease. The lady recovered, and is now alive and well.

These two last cases are to be distinguished from scirrhous disease imbedded in the gland of the breast.

A question now arises, is there no other reason for operating than that of effecting a permanent cure? Should it not be done sometimes to relieve from suffering? A lady, forty years of age, had a scirrhous tumour in the breast, and a cluster of diseased glands in the axilla, the skin over the tumour being apparently on the point of ulcerating. I told her that her case was not a favourable one for an operation, and that I could not recommend it. She asked me if I had anything better to offer, and on my replying in the negative, she went away. At the end of three weeks she came again, said she had consulted other surgeons, who were of the same opinion, and that she had come to ask as a favour

that notwithstanding I would perform the operation. She had a daughter eighteen years of age, and it was of the greatest consequence she should live two years longer to be her adviser. I accordingly performed the operation, not, of course, touching the diseased glands in the axilla. There was not any return of the disease in the cicatrix, nor did the glands enlarge, but in two years' time she died from effusion into the cavity of the pleura. This, by the bye, is the most common termination of the disease. Miliary tubercles form in the lungs, and then effusion takes place. A lady came to me with scirrhous disease of the breast; the cancer and the breast were both small, and I should have recommended the operation but for the presence of several enlarged glands in the axilla. I therefore declined operating, more especially as there was not much pain. She returned to me after the lapse of twelve months; the tumour had ulcerated, and she was in great suffering. I did not remove it with the knife, but destroyed it by the application of the chloride of zinc. A tubercle afterwards formed in the part, which I destroyed in a similar manner, and she went on thus for above a year and a half with comparatively little suffering, when the lungs became diseased, effusion took place in the chest, and she died. A lady had a large malignant disease in the breast, from which she did not suffer much, and I therefore did not operate. By and by it ulcerated, and became horribly painful, and I said to her that an operation would not give her a permanent cure, but it was worth her while to undergo it, to be relieved of her sufferings. The operation was done, and she appeared well for three years; then she had some abdominal disease, and a tumour could be felt there, which I think was of the same nature as the other. When I last heard of her she was supposed to be dying, and is probably since dead. A lady had a tumour in the breast, which had ulcerated, and there was a fungus protruding. She was suffering greatly from it, and in consultation with Sir Astley Cooper and myself, it was determined to operate, in order to relieve her sufferings. There was not any return of the disease in the part, and she went into the country, where she had symptoms of malignant disease in the lungs, and died ultimately of effusion. Another lady had a small tumour in the breast, which I removed on account of her sufferings, and she was in comfort for many months afterwards.

There may then be circumstances in which you are justified in performing the operation, not with a view of a permanent cure, but to obtain a respite, and alleviate sufferings. But here you must use some discrimination, for if the skin be implicated, it will be of no use, as the disease will return so soon that no advantage will be derived from the operation.

Another circumstance that must be taken into account in considering the expediency of the operation, is with reference to the danger attending it. It is commonly said not to be dangerous; but I can appeal to all surgeons who have had much experience in it, whether it is altogether free from danger. I know that it is not. I have lost patients after the operation, and other surgeons have been equally unfortunate. Much will depend on the way in which the operation is done, and on the treatment adopted, both before and afterwards.

These are the circumstances that you have to guard against; no more blood should be lost than can be helped. It lays the foundation for erysipelatous, venous inflammations, and for other mischief some time afterwards, although it be not directly injurious. The patient should not be kept too low,—what used to be called preparing a patient; the bowels should be open, but repeated purging both before and after the operation is injurious. The operation is in itself a shock to the system, and if you take away the sustenance and the stimulants to which the patient has been accustomed, you take away the power of resistance to it. There are circumstances, however, that are beyond your control; for instance, in a large fat woman, with a very large breast; the operation in such a case would be frightful, and in spite of everything there must be great hæmorrhage. An old person will not bear up against the operation as a younger one can. In these persons it is always attended with danger. Delicate women with cold hands and feet, and small appetite, and who are liable to hysteria, are always bad subjects for an operation, and in such you should avoid it. But when the breast is small, the patient otherwise healthy, and not advanced in life, you are careful about hæmorrhage, and have not starved your patient beforehand, the danger is comparatively trifling.

I have spoken of the operation for the removal of a scirrhous tumour of the breast; but this organ is liable to other malignant diseases. The same observations are applicable to each, but I think when it has assumed the form of fungus hæmatodes, that there is less chance of success with an operation than with scirrhus, and when practised, the patient has generally soon died of disease of the lungs, and effusion into the cavity of the pleura. I am inclined to believe that all malignant diseases are nearly related to each other, whether cancer, fungus hæmatodes, or pancreatic sarcoma, and that the remarks that I have made respecting the one, are applicable to the rest. I will mention some cases in illustration of this, as it is an important fact with respect to practice. A woman had scirrhus of the breast, together with the brawny disease of the skin. The gland of the breast was converted into scirrhous structure. She had also symptoms of abdominal disease, and a discharge from the uterus. She died, and on examining the breast, there was well-marked scirrhus; in the liver there was a tumour, not presenting the characters of scirrhus, but of well-marked fungus hæmatodes, or medullary disease, and in the uterus the cauliflower excrescence described by Dr. J. Clarke. The preparation is in the museum. Here all the three malignant diseases co-existed, but I have seen them occur in succession. When I was a young man, I went with Sir Everard Home to perform an operation on a lady, who had a tumour in the abdominal muscles. It was removed, and proved to be scirrhus. The lady recovered, but after some time another tumour formed in the cicatrix, and when removed, did not present any appearance of the scirrhous structure, but seemed like the fibrine of the blood without colour, and laminated, like the buffy coat of blood drawn during inflammation, and very slightly organised. By and by another tumour formed in the part, rapidly increased in size, was not removed, and the patient died. The body was examined, and the tumour was quite different in appearance to the others, a brain-like medullary mass, or fungus hæmatodes. In the one case then we had all three kinds of malignant disease present at once, in the other all three in succession. You will sometimes remove a tumour from the breast, containing the three kinds of disease in different parts of its structure.

There is a circumstance which I should have mentioned in the early part of this lecture, but omitted to do, which should always be taken into account when in doubt about operating. It is very true that a scirrhous tumour of the breast, if left to itself, will generally run its course in about three or four years, but it sometimes lasts much longer. A lady of fashion had a scirrhous breast for about fifteen years, of which nobody knew anything, and another had one for twenty-five years, and died at last, not from the tumour in the breast, but from effusion into the cavity of the chest. If then you are in doubt about the propriety of operating, the recollection of such cases, where the patients have lived a long while with the disease, may induce you to decline operating. The chance is not sufficient to lead you to act thus, if the case be favourable for the operation; but when other circumstances cause you to doubt its propriety, then the chance of this lengthened existence is enough to form your judgment.

Presentation of the foot, hand, and vertex.—Mr. Evans, of Leeds, mentions in the *Prov. Med. Journ.*, a case of presentation of the right foot, right hand, and higher up the vertex, in which, when it was intended to perform the operation of version, nature effected the object herself, and a living child was born into the world.

ON THE PHYSIOLOGY OF HEALTH AND DISEASE.

APPLIED TO VEGETABLES AND ANIMALS, BUT MORE ESPECIALLY TO MAN.

By M. RASPAIL.

First Order.—Entomostraca.—The *entomostraca* are microscopic crustacea; this is, in my opinion, the only character which distinguishes them from the crustacea properly so called. Their other characters are mostly drawn from dubious signs, or founded on positive errors. I have already directed the attention of naturalists to the danger, which is incurred in using the microscope, of mistaking the ovum for an animal of a different species to that of the adult itself*; and I shall shortly show that this very mistake has been committed in reference to a species of *acaridiæ*. As to the *entomostraca*, everything leads me to believe that their ovum or spawn has furnished three or four genera, according to its different phases of exclusion. In fact, the exclusion or hatching of aquatic animals, taking place under the influence of the simple incubation of the temperature of the water, is not accomplished with that precision and instantaneousness which attend the exclusion of ova vivified by aerial incubation; the fœtus lives a long time, as it were attached to its gaping and moveable shell, and seems to struggle against some obstacle, in opening and shutting quickly the apparently articulated valves of its ovum. Now, imagine a microscopic craw-fish, observed at this stage of its development, drawing in and as suddenly shooting out its antennæ and its tail within its shell, and folding them in again beneath its belly, the better to protect them; would there not be formed, under this simple condition, the type of a new genus? Such is precisely what is seen to take place with regard to the microscopic *entomostraca*, by aid of the transparency and seeming homogeneousness of the tissues of the shell and of the fœtus; and I am inclined to believe that the *cypris*, the *cytherines*, the *daphnides*, the *lyncei*, &c., are but different ages of incubation of the ova of the *cyclopes*, the *cephalocles*, &c., with which our ponds are stocked; that, in fine, the *cyclopes* are identical with the *cypris*, &c., but freed from the two valves of the shell of their ovum. Picture to yourselves a very small craw-fish, imprisoned in a bivalvular shell from which it could at will shoot forward its long antennæ as well as the tail by which it guides itself in swimming, with drawing these organs into its shell, by abrupt and jerking movements, then folding them completely up beneath its belly, so as to give to itself a ball-like figure; and you will have, in some measure, a lively representation of the half-hatched and moveable ova of our microscopic crustacea. I have never seen anything bearing the slightest resemblance, whether to copulation or to gestation, in the *cypris*, or the *daphnides*. The articulated and bivalvular structure of the ovum is not peculiar to this class; the ovum of the bug presents at its summit an articulated *operculum* or lid, which allows the insect to establish a direct communication with the surrounding medium, even before its complete exclusion. The female of these insects carries its ovaries like two testicles, hanging from each side of the commissure of the shell and of the tail; it lays its eggs before conception, and its ova develope themselves primarily by an external incubation. The male impregnates them with spermatic fluid, much in the same way as with fishes and the *batracia*; but with this difference, that in the *entomostraca*, the spawn remains covered over by the uterine parietes and does not separate itself from the body.

Pathological Applications.—The waters of our rivers, marshes and ponds, are studded with these insects; we cannot lay a single drop beneath the object-glass of the microscope, without seeing two or three of them moving about in it. We must then be in danger of swallowing myriads of them, whenever we attempt to quench our thirst at these sources. It cannot with reason be objected that these small animals are incapable of living in the liquids of digestion; for they exist in brackish waters which are much more strongly charged with impure principles, than the pro-

* *Nouv. Syst. de Chim. Organ.*, vol. 2, 1838.

ducts of digestion and of defœcation; moreover, they require but a very small quantity of water to live in. On the other hand, we have already stated that their presence, by giving rise to new disorders, occasions the employment of antiphlogistic means, which are invariably favourable to the exclusion of the ova and to the life of the insect. When once we admit the introduction of these insects into the interior of our organs, it is easy to foresee, and to describe beforehand, all the species of morbid accidents to which their development may give rise. By attaching themselves upon the fleshy surfaces, they there produce, by their suction, as well as by the sudden and jerking movements of their tails and spinous antennæ, which they shake or whisk about them, inflammatory and nervous lesions, which will change in name and in symptoms according to the seat and the character of the organ invaded. *Bronchitis*, cough, catarrh, if they are confined to the base of the trachea, and to the bronchi; inflammation of the chest, if they penetrate more forward: violent cough, if, by their spines, they adhere very firmly to the tissues; aggravation of the symptoms, small ulcerations, and consequently tuberculisations, if they remain there and propagate themselves within the parts. *Gastritis*, if they germinate in the stomach. *Vaginitis, metritis, urethritis, inflammation of the bladder, &c.*, if they should glide into the interior of the sexual organs and the urinary apparatus. Annoying pruritus of the anus, simulated piles, &c., if they introduce themselves into the anus and the *rectum;* and so on with respect to the frontal sinuses, the nasal canal, the eustachian tube and the auditory passages, &c. We can no longer question, much less deny, these consequences, when once we have admitted the possibility of the introduction of these small insects into the various cavities of the human body; if we admit the cause, we can no longer refuse to acknowledge the effects.

It might, perhaps, be asked how fishes could resist this pestilence, this continual invasion of myriads of microscopic crustacea which they must swallow at every mouthful, if man is so liable to fall a victim to their accidental introduction into any one of the cavities of his body. We will answer that, in each medium which it inhabits, the animal meets with its proper remedies, as well as its aliments; that nature has placed the antidote by the side of the poison; that the instinct of animals is more sagacious, in this respect, than all our science; whereas the instinct of the human species has become blunted by the refinements of civilization. Hence it happens that animals, more especially those of the aquatic kind, preserve themselves from the attacks of their parasitic enemies, with greater quickness and more certainty than we are enabled to do.

Second order.—Fluvial and marine crustacea. Various authors have studied with great accuracy the characters of the crustacea in their full-grown state: but they have paid but little attention to the history of their growth, or development, commencing with their exclusion from the ovum, or the stage of incubation, as well as to the modifications which they must undergo, in their general form, while enlarging; and what we have said with respect to the *cypris* and the *daphnides*, which are but the ova, in a more or less forward state of exclusion, of the *cyclopes, &c.*, appears to me to be applicable, with equal truth, to the crustacea which, as compared with the former, acquire a gigantic size. We know that many of these species exist only in a parasitic state; the *argules* or *aselli* of our rivers affix themselves on the branchiœ of the *gasterosta*, and of the tadpole of the frog; the *caliges* on the branchiœ of salt-water fish; the *cyami* are the *lice* of the whale; the *idotei* are at the same time pursuers of the small animals, and parasites of the large; the *bopyri* take up their abode beneath the thoracic scale of other *palemons* —crustaceous animals like themselves; the *pagura* seizes upon the shell of the *univalves*, and devours the mollusca within; the *pinnotheræ* of the muscles introduces itself into their shell, for the purpose of feeding itself at their expense.* Who knows, in fact, but that all the crustacea, even the giants of the race, as lobsters and crabs, commence their existence by being the parasites of fishes or of crustacea of a large size?

But, however the case may be, is it not evident that the presence of these parasites must be injurious to the animal which is attacked by them? Is it not plain that their presence, in large numbers, will determine, in the subject, the appearance of disorders sufficient in importance to constitute a disease *sui generis*, unless they be promptly dislodged from their abode? Every parasite, in fact, absorbs to its own profit and our detriment, the vital products elaborated for the sustenance of life. They impoverish then, proportionately, the energy of the ulterior elaboration; moreover, like so many leeches, they pervert the circulation from its ordinary course, and thus produce a variety of disorders characterised by an irregularity of the pulse.

Let us now inquire whether these parasites of fresh-water and salt-water animals may not equally become parasitic to terrestrial animals and man, when they are placed in conditions favourable to this parasitism, as when they live habitually upon the banks of rivers or on the surface of the ocean. What is to prevent the *caliges*, which attach themselves to the gills of fishes, from affixing themselves in like manner upon the inner surfaces of our cheeks, upon our gums and our lungs, when these tissues, impregnated with the salt and humid atmosphere from the surface of the sea, seem to approximate themselves, in this respect, to the nature of salted meat? Nothing appears to me more feasible than such an idea. Now, supposing this condition to take place, and that, by reason of the favourable medium, these parasites propagate themselves there, would not the disorder, occasioned by their presence in the system, be naturally manifested by the symptoms of scurvy,—symptoms which would become more and more severe, according to the increase of effects arising from the multiplication of the cause? In fishes, these effects will be of a less morbid character, because the sea-water is constantly present to wash the wound and to free it from its slimy and purulent products; to furnish, in fact, by an incessant absorption, to the tissues attacked, the liquid of which these parasitic animals rob it. In man and in the aerial animal, on the contrary, the accumulation of the effects, as well as the ensuing decomposition, give rise to a species of local poisoning; we see the gums swell up and become more and more ulcerated; the teeth fall out, and the whole buccal cavity is gradually covered with ulcerations which extend themselves towards the air passages; to these evident disorders succeed a host of less apparent consequences: dyspnœa; cough at first dry, then humid; tuberculizations of the lung; burning fever; delirium, and death; unless, by change of air or of living, the patient be set free from the marine parasites which are devouring him. Give him fresh vegetables to eat instead of salted food; remove him from the sea-side into the more inland parts; in fact, the further he is removed from the sea the quicker will be his cure; for it seems as if the land air were the only remedy against the numerous evils inherent to the marine atmosphere. And why should not marine parasites perish in the air of inland parts, in the same way that marine fish perish in fresh waters? The patient then destroys them, by the simple fact of his respiring air which is pure and not charged with saline particles; and he will be restored to health on returning to his terrestrial habits, provided, however, the ravages caused by these insects, during his maritime residence, have not become irreparable by delay. Now, how frequently have we not seen scurvy cured spontaneously in this manner? Such is in fact the general rule. And where death does take place, in spite of this favourable change of residence, we may trace it to the condition of the patient anterior to his leaving the vessel; the sufferer was already near his agony, before setting his foot on land.

But, it may be asked, how can these ova of the parasitic crustacea introduce themselves within the organs of an individual, while living on board, and who drinks fresh water only? There are a thousand ways in which this may take place. The waves, while breaking over the ship, must impregnate the entire rigging, as well as all the timbers of the vessel, upon which one is apt to place the hand; and, at each instant, they will be carried from the hand to the mouth. Moreover, the marine atmosphere, constantly agitated by the winds, and thoroughly saturated by the waves, carries along with it the spray (as the air on land bears its dust), —a kind of humid dust, of much greater density than our own, and which, consequently, is more capable of remaining for a lengthened period the depositary of these ova of crustaceous and other insects, than our own atmosphere can possibly be of carrying here and there, mingled with the finest dust, the ova of the vermicular *ascarides*, which subsequently become propagated by the winds under a contagious form. At sea, we should then be exposed to swallow this organized poison, while respiring the air, and even through the vehicle of the eatables, especially of such as are raw, and not purified by fire. We can readily understand how many slight indispositions this morbid cause may give rise to. If we pass but one instant in an atmosphere infested by these parasitic ova, we should imbibe the germ, which, on change of air, would perish, or progress but a little way through the different phases of incubation and development. Removal from the focus of infection becomes then the antidote to the poison which we have inhaled; and, in this case, the indisposition will be but slight, and may leave no trace whatsoever behind it. The intensity of the disease and its long continuance will then depend simply on the more or less lengthened stay of the patient within the infecting medium. I am not attempting, in these remarks, to prove that these insects will undergo a complete development in our organs; when arrived at a dimension which renders them visible, we are enabled quickly to free ourselves from them; and, in fact, when they have attained this size, the instinct of their own wants and preservation leads them to make an exit of their own accord, and hasten to take refuge in a medium more favourable to their nutrition and growth. If it is but granted that they can become introduced, in the state of ova, within our organs, and there be excluded, we shall then be entitled to rank them among the number of morbific causes.

Third order.—Cloportides.—(aselli, onisci.)—The *Cloportides* are small terrestrial crustacea which are well known under the common names of *wood lice*, *millepedes*, &c. These crustacea inhabit damp places, the chinks or crevices of old walls, the under part of large stones, the fissures in the bark of trees; all spots, in fact, capable of affording them the degree of moisture suitable to their respiratory apparatus, as well as an asylum to preserve themselves from the pursuits of their enemies, and which will serve with impunity as a snare to the small insects of which they are so fond. They penetrate within those cavities where their bodies can be contained and glide in without much effort; so that we find the young ones in clefts of a certain size, while the old ones take refuge in larger openings; they flatten themselves, the better to creep into their holes; the elastic rings which surround their body, lend themselves with readiness to this forced introduction. These insects have been but little studied save at their adult age; many persons have perhaps never had an opportunity of observing them during the early stage of their development, or, if they have seen them at this age, have mistaken them for small bugs.

Now, it seems perfectly conformable to the habits of these insects, that they should at this age be capable of creeping into the greater number of our organs, into the ear, the nose, the anus, the urethra, the mouth, &c., and of arriving in this manner either in the bladder or the uterus, in the stomach or the lungs. If their habits lead them to make choice of narrow and moist cavities for their abode, there to lead a carnivorous life, what should prevent them penetrating into the cavities of animals, which may serve them at the same time as an asylum and as food? Especially if the animal be

* The real source of the poisonous quality of muscles, at certain periods, probably arises from the decomposition engendered by this cause, in the interior of the shell, in which the parasite is firmly closed, and without the possibility of any renewal of the water, in consequence of the adherence of the two valves of the shell.

asleep or paralyzed, in consequence of some accident, and thus rendered incapable of perceiving the invasion, or of defending itself against the attack? Now, should such take place, we may readily prognosticate the symptems which would result from their presence, however transient, within our organs; at first pruritus; then lancinating pains, of which the intensity would increase with the number of the insects; ulcerations of the mucous membranes; tuberculization of the lungs; exfoliations of the aerial surfaces of the trachea and of the bronchi; false membranes; expectorations streaked with blood; frequent vomitings, &c.; gastritis; vaginitis; metritis; degeneration of the tissues of the uterus; polypiform or cancerous development; dysuria and dysentery; formation of urinary calculi, the centre or nucleus of which will be formed by the insect, by a species of power analogous to that which soft animals have exercised over fossilization in geology, &c.: all diseases which will offer progressive periods, that is to say, a commencement, a stage of increase, and a crisis, especially if the insect leave its ova behind it. If it escape from its hiding place, after having laid its eggs, the disease will present a species of remission, and then a relapse or augmentation at the period of exclusion. Cases of this kind are not uncommon, and several such may be found recorded in the writings of Binninger, Tulpius, and Ambrose Paré. The latter author has favoured us with the drawing of an insect, regarded by him as the *millepede*, voided through the urethra by a patient after a long fit of illness; but which in our opinion approaches more to the *larva* of the *iulus penicillatus* of De Geer, (*scolopendra lagura*, Lin.) This larva, which I have often met with on my book-shelves, never exceeds two *millimétres* in length. It appears, at first sight, like a very small *millepede*; but, under the magnifying glass, nothing can be more beautiful, by reason of the two rows of white and funnel-shaped hairs, which are arranged along each side of its twelve rings; we also find a single row of the same white hairs running along their superior margin. This insect has two simple feet to each ring, after the same manner as the *iuli*. Is this in reality the larva of an iulus, or of some superior insect? However this may be, I am inclined to believe that the following case, recorded in the *Recueil des observations de Med., Chir., pharmacie de Vandermonde*, vol. 9, 1738, page 231, was due to the presence of this creature within the alimentary canal. A patient was seized with a double tertian fever, for which an emetic was administered; this caused him to void a number of worms about two lines in length, and one in breadth, somewhat resembling the *millepede;* having a flat back, of an oblong form; the belly furnished with small short paws or feet possessing a single articulation; having neither a distinct head nor tail, and of a greyish white colour; these dejections relieved the patient of his fever, by ridding him of the authors of this disturbance.

Cases of this description are, I think, so well authenticated, that we have no right to regard them as fabulous. It might be objected that the descriptions or drawings have, in some instances, been of so loose or faulty a nature as not to merit much confidence; but when a thing is demonstrated as possible, and its occurrence is borne witness to by parties entitled to belief, it appears to be offending against all principles of courtesy and justice, any longer to withhold our assent. We should also bear in mind that the insect of the itch has never been more mystified or disfigured, than in the drawings of its first discoverers or observers. What is there so extraordinary in the supposition of one of these *asellides*, which invariably seek out moist cavities, taking up its abode, by passing through the *os tincæ*, within the cavity of the uterus, and there insinuating itself between the chorion and the uterine surface, until it reaches the placental mass, where it would incessantly devour, for its own nutrition, some of the fibrilæ of which the placenta is composed; but which, becoming daily reproduced, would lead to no immediate accident? What could be the degree of pain experienced by the woman, from the destruction of these infinitely small vascular filaments, which germinate in such myriads upon the whole internal surface of the uterus? The only symptom which might be produced, would be slight hæmorrhage, which, becoming mingled with other secretions, would pass unnoticed among the usual discharges to which the pregnant woman is subject.

PARISIAN INTELLIGENCE.

(FROM OUR OWN CORRESPONDENT.)

Paris, Feb. 1, 1844.

On Percussion and Auscultation in Children and in Adults. By Professor Trousseau.—In man, during the first two or three years of his life, the intellectual organs act but little, and in consequence of this inertia the thorax is very small. The lungs, a fact easily proved, are comparatively less developed than at any other period of our existence; but as soon as the child can run about, so as to pursue the objects which attract its attention, the dimensions of the chest increase rapidly, and the energy of the respiratory function in an equal ratio. In children still at the breast, the sound on percussion is less clear than in children somewhat older, and the respiratory murmur is also weaker. Therefore the epithet *puerile*, given by Laënnec to children's breathing, when it is in *pueritia*, that is, from three to fourteen years old, is no longer applicable in *infantia*, that is, from the birth to two and a half or three years. This fact will prevent the normal condition of the lungs being taken for a morbid state, and on that account is highly important. To perform percussion, the fingers are preferable to the plessimetre; the sitting position is the best; if that cannot be obtained, the child must be laid across the knees of the nurse. In the first position, the sound is heard somewhat lower on the right side, because the liver does not extend upwards as high as in adults; on the contrary, in the second, the liver is pushed upwards, and that organ and the heart are forced backwards from the flexibility of the ribs. The manner in which the infant breathes, causes the respiration to be more or less modified. If it is in a passion and expires forcibly, the sound is obscure during expiration, and becomes clear during the long inspiration which follows. During auscultation, certain peculiarities are to be met with; when the infant is quiet, inspiration is noisy, expiration but little heard, the former active and slow, the latter passive and rapid. On the contrary, when it is excited, inspiration is rapid, pulmonary expansion cannot be perceived; whilst expiration is performed slowly and by the assistance of all the respiratory muscles, and the air in passing through the glottis produces a hissing sound. If, as M. Beau affirms, and which I believe to be exact, the *bruit de souffle* takes place in the larynx, and is transmitted to the ear of the physician by means of the induration of the lungs, and the air contained in the larynx, trachea, and bronchi, the sound will be heard during expiration when the child is quiet, and during inspiration when excited.

Necrosis of the first metatarsal bone of the Left Foot.—Professor Roux presented the following remarks on this disorder and the operation requisite in order to obtain a cure. In No. 77, St. Martha's ward, is a man 53 years old, affected with a fistula on the left foot, which opened exteriorly just above the 2nd metatarsal bone. A probe introduced, took an oblique direction inwards, and showed that it was caused by a lesion of the central part of the 1st metatarsal; all the other bones of the foot were in their normal condition. The probable cause was a blow from the fall of a tree on the foot, seven or eight months before. After due consideration, I think that the removal of the anterior portion of the metatarsus will suffice to effect a cure, and the big toe not being removed, may, notwithstanding the deformity of the foot, still be useful to the patient while standing or walking; in short, it is a *resectio ossium* which I purpose performing. Though this operation was known anciently, as may be seen by the writings of Paulus Ægineta and other authors, yet no good description is to be found before the middle of the 18th century. Witt in England was the first surgeon who performed it in a case of caries of the humerus, and afterwards it was done in Holland and in France, in which last country the first operators were Moreau, sen. and jun. and Champion. Since, I have had repeated occasions of performing this operation successfully, and I am convinced that it may be employed in many cases instead of amputation. Gradually it became more general, and other bones were thus removed. Desault, according to Bichat, was on the point of practising it in a case of diseased fibula, but was deterred by some cause unknown to Bichat. M. Seutin, of Brussels, was the first who performed it, and I myself, twenty years ago, removed successfully a portion of the fibula of a young man, who at the present moment experiences no inconvenience from the slight deformity, which results from the operation. Since then I have removed other bones, in cases in which amputation was considered as the only resource; for instance, the bones of the metacarpus. In a part so necessary, for the ordinary purposes of life, as the hand, it is highly important to take away as little as possible, especially when the patient is obliged to work for his livelihood, and when the thumb is the seat of the disease; the deformity which follows the removal of the great toe may be easily hid, and the patient walks with almost as much ease when the toe is amputated as when a part is allowed to remain. Therefore, this operation is not of such moment on the foot as on the hand, and need not be done unless the patient expresses the desire, though it is perhaps not so dangerous as amputation, and the result is generally favourable. In the present case, the 1st metatarsus was evidently the seat of the disease; but was it limited to that bone or did it extend to the articulation and corresponding phalanx? and was it caused by a necrosis or caries? When the bone was laid bare, it was found to be a necrosis, which did not extend to the articulation, for at each extremity the metatarsus was in its normal condition. Sometimes, after the operation, consecutive necrosis takes place, when the periosteum is detached by the action of the saw; but this accident, though it retards, yet it cannot prevent, the cicatrization of the wound. In caries, on the contrary, the exact limits of the disease can never be precisely fixed, and the operator can never be certain that he has removed all the affected parts. Notwithstanding the progress modern surgery has made in this branch of pathology, still much remains to be done; the description of the diseases of this system being much more difficult than that of other organs, on account of their presenting, in the generality of cases, symptoms of an uncertain, equivocal nature. When I was a student, the general opinion was that *invaginated* necrosis could only take place in the centre of long bones, such as the tibia, femur, humerus, &c., never in their spongy portion, or in the short bones. Recent observation has proved this opinion to be erroneous. I was one of the first who signalised its existence in necrosis of the calcaneum. The spongy substance of this bone is often the seat of necrosis; it declares itself by the formation of abscesses ending in fistula, which persist until the sequestrum is removed. The ancients and those who practised surgery before the present era, considered these affections as caries, and never thought of extracting the diseased portions of bones, situated in the midst of sound parts. Unable to obtain a cure, they considered the cases as hopeless; whereas had they studied the disorder attentively so as to discover its pathological cause, they would have conquered it with as much ease as we do now. A difference exists, however, in the symptoms presented by necrosis of the cylindrical and that of the short bones, which it is important to know. In the former, the bones preserve their natural shape, being only in some cases slightly swoln; whilst in the latter, they are covered with black globular swellings which produce considerable change in their shape, and may become the cause of an error in the diagnosis. In the present case, six weeks have elapsed since the operation; the patient is going on as well as can be expected, and every thing seems to presage a successful issue.

On a new Property possessed by Magnesia when mixed with Water.—The two following prescriptions were brought to M. Gobley to prepare. ℞ magnes. calcin. 3ij., syrup. flor. aurant. ℥j., aquæ puræ 3x.; and ℞ magnes. calcin. 3ij., syrup. simpl. ℥ij., aquæ puræ 3v. This gentleman was greatly surprised to find that they were brought back the next day, the magnesia being so solid as not to mix with the liquid when shaken. In order to ascertain the

cause of this phenomenon, M. G. mixed one part of calcined magnesia with 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15 parts of distilled water. On examination, after 24 hours had elapsed, the result was, from 1 to 10, the water had completely disappeared, and the magnesia was so hard that on pressure the finger could not penetrate into it; from 11 to 13, a small quantity of water only remained, and the magnesia was still hard; with 14 and still more with 15, the mixture became liquid after having been agitated for some time. This experiment proves beyond a doubt that the phenomenon is owing to the water being solidified by the magnesia, or rather to the latter becoming hydrated. M. G. concludes by proposing the following formula, in which the magnesia remains constantly in the liquid state. ℞ magnes. calcin. ʒij., syrup. flor. aurant. ʒj., aquæ distill. ʒiij.

Epistaxis.—Dr. Morand, of Tours, has published in the *Recueil des travaux de la Société Médicale du department d'Indre et Loire*, the following method for the cure of this affection, which is specially useful in young children. It consists in introducing into the fossa nasalis a piece of agaric, rolled up into the shape of an elongated cone, whose size is in proportion to the part it is to occupy, and which is prevented from unrolling by being surrounded loosely by some thread. After having greased its surface, it must be gently pushed into the nostril and kept in place by a piece of court plaister. The agaric, becoming impregnated with blood and mucus, swells, and by pressing on the surrounding parts, puts a stop to the bleeding in about four or five minutes. This method is similar to that proposed by M. Caylus, of Toulon, which was composed of prepared sponge. Dr. Piehot published the following case of the same disease cured by the method preconised by M. Negrier (d'Angers). A woman, aged thirty-two, affected with amenorrhœa and febris intermittens, was seized one morning after an attack of this last with vomiting, followed by epistaxis, which resisted every means employed by those around her. Called in at six p.m. I found the patient pale; face covered with drops of perspiration; extremities cold; pulse 80, not very weak; had fainted away several times during the day. The quantity of blood lost might be estimated at about lb.iij. The patient being placed on her back, the head and shoulders propped by pillows, the arms were held up by two assistants, while M. P. pinched the nostrils. The epistaxis ceased immediately. Twenty minutes after, he ceased the pressure on the nostrils, and lowered the left arm, and twenty minutes after the right, and ordered cold applications to the forehead, and grs. xij of the sulphate of quinine, in six pills, one every second hour; during the interval some broth. At 3 a.m. the next morning, vomiting took place again, but neither the epistaxis nor the intermittent fever re-appeared.

Arthrodynia in Children, by M. Guersant, senior, physician to the Children's Hospital.—Although it is not uncommon to meet with arthrodynia in children, still it is far less frequent than in adults. To what cause is this to be attributed? Is it because the latter are more exposed to the influence of atmospheric changes; or must we seek for it in the constitution, temperament and development of the organs? In the present state of medical knowledge it is impossible to say; but the fact exists, and ought, therefore, to be stated. But this is not the only difference which exists; for the local and general symptoms, though identical at every period of life, yet are neither so intense nor so lasting in children as in adults; and in the latter, one of the characters of arthrodynia is the facility with which relapses, no matter what treatment was employed, take place not only some time after the cure, but likewise during the convalescence itself. According to documents consigned in the works of different authors who have written on children's diseases, arthrodynia seldom lasts more than fifteen or twenty days; this term must, however, not be considered as absolute; for evidently when it is complicated with endocarditis, pericarditis, pleuritis, &c., it is more dangerous, and does not yield so soon to the remedies employed. Inflammation of the heart, coming on during the existence of arthrodynia, is as frequent in children as in adults, and is very serious by the consecutive accidents to which it may give rise, sometimes proving fatal; in which cases it may cause pus to be formed in the articulation. *Prognosis* is more or less dangerous, according as the disorder is or is not complicated with phlegmasia of the internal or external membranes of the heart. *Diagnosis.*—In a recent work on children's diseases, three disorders, according to the authors, may be taken for arthrodynia, viz.—inflammation of the joint caused by variola; accumulation of blood in the articulation; and arthrodynia consecutive to phlebitis. In the first, the presence of the eruption is sufficient. Arthrodynia it is true, consecutive to phlebitis, might easily be mistaken for rhumatismal arthrodynia, especially when arthropuosis, one of the terminations of the latter, takes place, but the error in the diagnosis is not of any very great moment, as the treatment is similar in both cases. The authors themselves of the work, after giving a case, ask, "Ought it not to be considered as a case of arthrodynia ending in arthropuosis and complicated with phlebitis?"—As to the accumulation of blood in the articulation, it is an affection *very* seldom seen, and therefore very rarely becomes the cause of error. *Causes:* According to some authors rheumatismus is a phlegmasia produced by cold; whilst others affirm that it is caused by the presence of a peculiar principle, whose nature is unknown, and which they designate under the name of rheumatismal principle. Be that as it may, what is evident is that rheumatismus is produced at all ages by the sudden transition from heat to cold. Now, in my opinion, it matters very little to prove that this chill was the determining cause, or that it only caused the development of a disease which would of necessity have appeared at some future time; what is far more essential is to point out beyond a doubt the influence of cold on the production of rheumatismus, its precise mode of action being, in comparison, of very little importance. The predisposing causes merit our attention; thus *age:* rheumatismus is not so frequent in childhood as in the adult age; it rarely takes place under seven or eight years; it generally comes on from twelve to fourteen. *Sex* has very little influence. *Constitution:* it is a general opinion that fair, lymphatic persons, with a white and thin skin, contract the disease with greater facility. *Hereditary predisposition:* children, born of rheumatic parents, are not more predisposed than others. *Treatment:* the nitrate of potash has never, to my knowledge, been employed in cases of arthrodynia affecting children; moreover it would not be easy to get a child to drink the necessary quantity of liquid. The sulphas quininæ has never been administered; recent observation has proved that these two substances do not always produce the miraculous effects attributed to them; besides which, the latter may give rise to very serious accidents. Consequently, in cases of acute arthrodynia, antiphlogistic remedies must be had recourse to, viz.: local or general bleeding, more or less abundant, according to the age and constitution of the child, the complications and the length of time which has elapsed since it appeared; with narcotic liniments;—diaphoretics;—emollient poultices;—gentle purgatives; and if the season permits, tepid baths. *Case.*—Defossé, 13 years old, of a good constitution; lymphatico-sanguineous temperament; vaccinated; had never been ill but with rubeola, when seven years old. Three weeks before his entry, while in perspiration, he went into his workshop, was seized with a sudden chill, and the next day he felt in the right arm, and principally in the elbow and wrist, a violent pain, still not sufficient to prevent his continuing his work; but three days after, he was obliged to lay up, for the left shoulder and elbow were affected, and the right knee began to be slightly painful. On his entry the following symptoms were remarked; face red; skin hot, moist; slight perspiration during the night; pulse 104—108, full; respiration natural; left elbow slightly swoln, and painful; left shoulder same state; both knees painful; right tarso-tibial articulation red and swoln; thirst; anorexia; tongue foul. These symptoms yielded promptly to the following remedies. Venesection (ʒviij); gentle diaphoretics (infus. borrag. officin.); poultices on the affected parts; and diet. The patient left the hospital on the 19th day, completely cured.

Sciatica.—In a disease so painful as neuralgia of the sciatic nerve, every remedy, however strange it may seem, deserves to be recorded when it presents authentic proofs of its utility. A woman of Cassano had acquired immense reputation for curing this neuralgia, by the application of a herb freshly bruised on the heel of the sufferer. Dr. Rossi Fioravente, on examination, found that the herb she employed was the *ranunculus sceleratus*, and as it is not possible to obtain it fresh at all seasons, he proposes the following method instead: "The heel is to be poulticed so as to soften the callosities which exist, and facilitate their removal with the bistoury. The part is next to be washed with vinegar, and then ʒss. of the emplastrum meloë vesicatorii must be applied, and kept on from twenty-two to twenty-four hours. If this is not sufficient to produce the blister, the same quantity must be put on again in the same way. Dr. F. relates twelve cases treated successfully by this method.—In one of the late sittings of the *Societé Medicale d'Emulation*, Dr. Caffe related that professor Quadri of the Napolitan University, told him that Dr. Petrini, of Aquila, had published, ten years before, a memoir, in which he describes his method for the cure of this disorder. It consists in the application of the actual cautery at a white heat, for five or six seconds, between the two last toes on the spot where the nerve bifurcates. The wound, thus made, must be dressed with simple ointment, and be allowed to heal. Professor Quadri has repeated this operation several times at Prato, in Tuscany, with perfect success; and Dr. Caffe has performed it once with a similar result.

Academy of Sciences. Sitting of the 29th of Jan.—Baron Ch. Dupin in the chair. The zoology of H.M.S. Beagle, under the command of Capt. Fitzroy, R. N., during the years 1832 to 1836, part 5th.—Reptiles, by Thomas Bell, F.R.S., F.L.S., &c. professor of zoology at King's College, was received.

On deviations of the Spine.—M. Godier read, in his name and in that of M. Chailly, a memoir on deviations of the spine, in which he preconised a new method of treatment founded on the united action of mechanical and muscular powers. From their researches, the authors are led to conclude that the means hitherto employed against this disease, such as, myotomia, extension, &c., are, if not injurious, at least useless; consequently they propose the following method. 1° A portable apparatus pressing only on the parts corresponding to the convexities of the spine, leaving the rest of the body in perfect liberty; 2° some peculiar gymnastics, consisting in attitudes and movements, the reverse of those observed in persons affected with deviations of the spine, combined with a proper regimen and appropriate remedies.

On poisoning by lead.—M. Flandin read, in his name and in that of M. Danger, a memoir on poisoning by lead, with reflections on the absorption and *localisation* of poisons. This memoir, doubly interesting on account of a recent trial, in which lead was supposed to be the deleterious substance administered, will be published shortly in the *Medical Times*.

On the treatment of nævi materni.—Dr. Lafargue, of St. Emilion, addressed a letter in which he describes a mode of treatment for nævi materni. This method consists in making five or six punctures on and around the tumour, with a lancet dipped in oil of croton tiglium, as for vaccination. Each puncture produces immediately a large papula, which 36 hours after is changed into a pustula, very like a boil. These pustulæ, in uniting, form a swelling, red at its base, with white patches on its summit, hot, painful, renitent, similar to a small anthrax. Two days after, the inflammation begins to subside, and an ulcer, which heals by ordinary means, exists in the spot occupied by the nævi materni. It is dangerous to make more than six punctures; otherwise, the consecutive fever may be very intense and productive of serious accidents. When instead of the oil of croton tiglium, a concentrated solution of antim. tartar. is employed, the pustules are never larger than the vesicles of acne. Frictions with the *pommade d'Autenrieth** may therefore be

* The *pommade d'Autenrieth* is composed of antimonium tartarizatum 4 parts; adeps suillæ 12 parts.—*(Codex Francais).*

employed in the treatment of this disorder. Inoculation of croton tiglium acts in the same manner as vaccination, where the pustulæ in developing themselves destroy the tumour; but it is more advantageous, as it may be employed at all ages, and does not require, in order to succeed, that the patient should not have been vaccinated.

On the Climate of France.—Dr. Fuster addressed a letter in answer to one from M. Raulin, in which the latter stated that Dr. F., in his researches on the climate of France, united the territory of Eu with that of Auge. "When speaking of the territory of Eu (which I distinguished from those surrounding it), and that of Auge, it was because cider was used as drink in all Normandy in the 13th century. So little did I unite them, that I quoted a passage from Guillaume le Breton, in which they are distinguished from each other; finally, if I had wished, I could have proved, contrary to the opinion of M. Raulin, that they are very similar in many respects to each other, in their topography. The territory of Eu is situated in a valley, that of Auge on a low plain; both open on the British Channel; the former is watered by the *Bresle*, the latter by the *Dive;* both are sheltered to the east; the former by the forest of *Crecy*, and further off by hills offering from 492 to 656 feet in extent, the latter by the elevated plains of east Normandy; both were formerly full of marshes of which traces are still to be found; and, to complete the similitude, the territory of Eu was anciently called Auges (Augæ) on account of its marshes."

Academy of Medicine. Sitting of the 30th January. M. Ferrus in the Chair.—The President informed the Academy of the death of M. Mondiere, of Loudun, correspondent of the Academy, and that at half-past four o'clock, the assembly will meet in *comité secret*. On the proposition of M. Cornac, the Academy decided that it should take place at four o'clock, on account of the importance of the debate which would in all probability follow.

On quarantine against the Plague.—M. Londe read part of a letter from M. Aubert Roche in reply to the observations made by M. Dubois d'Amiens. In this communication, M. Aubert Roche states that the official despatches prove that the first patient fell sick on the 8th, not the 13th day, after the *Leonidas* left Smyrna:—that M. Chassinat himself admits that the case was doubtful, whilst the medical men of Marseilles considered it as one of the plague; and that the second patient felt the first symptoms of the disease on the 8th day after leaving Smyrna.

Fibrous tumours of the mammæ.—The discussion on the memoir of professor Cruveilhier, resumed.—Professor Roux.—It would be unfortunate if the profession, on the faith of so high an authority as that of professor Cruveilhier, were to adopt his opinions, especially relative to the treatment; for in following them serious, and, in many cases, fatal consequences may ensue. Before entering on the essential part of the subject, I wish to present some preliminary remarks on the opinion announced by professor Cruveilhier concerning fibrous tumours. They differ considerably according to the organ in which they develope themselves; thus, the fibrous tumours of the uterus do not resemble those of the nostrils, of the periosteum, &c., and present a similarity only in the name; besides which, they become sometimes cartilaginous or osseous, which never takes place in the mammæ. As to the assertion that they may be considered as a foreign body, placed in the midst of the organ, this is not constantly the case; for I have seen fibrous tumours of the mammæ and uterus containing blood vessels. I therefore am led to conclude, that it is impossible to take any given form as a type for fibrous tumours, and that no positive character exists by which they may be assimilated. The facts announced by our honourable colleague in his memoir, may be classed under the following heads: 1° *Fibrous tumours exist in the mammæ.* If, under this denomination, are understood those that do not become cancerous, I am of the same opinion; but this is nothing new; long since, these tumours were divided into benign and malignant. These benign tumours are more frequent than is generally supposed, and are not all of the same nature; thus, there are tumours of the breast which may be called strumous, and which are similar to scrophulous tumours or hypertrophied glands;—others which are mobile, renitent, or encysted; and here it may not be amiss to warn operators to examine the patient with attention, so as not to confound a cyst of the mamma with an encysted tumour, errors which have already occurred;—others in all respects similar to those which are met with on the nerves;—finally, others which seem principally to have attracted the attention of M. Cruveilhier (though I cannot say what reasons he has to call them fibrous tumours), which are characterised by their granular appearance and their resemblance to the tissue of the mammary gland itself. These last were attentively studied, and described in a masterly manner by A. Cooper and Abernethy. 2° *These tumours are frequent.* I think that they are very seldom met with; for if so common they would have been discovered long since, and operators would not be so often accused of removing tumours which reappear. The opinion emitted by Professor Cruveilhier places the surgeon in a cruel alternative. If he operates and the tumour does not reappear, it may be said, you have performed an unnecessary operation, for fibrous tumours do not degenerate; if, on the contrary, a relapse takes place, he will be accused of removing swellings which constantly reappear. In truth, it is the sword of Damocles hung over our heads. 3° *They often give rise to errors, and still when attentively examined may be diagnosticated.* Though I do not hesitate admitting the perspicuity and talent of the learned author of the memoir, still I do not think he could positively affirm on examination, that a tumour of the breast will or will not degenerate. If a tumour mobile and not painful be observed on a healthy or scrophulous patient, in all probability it is of a benign nature, but there can be no certainty, for these tumours have been seen to become cancerous. As to the facility with which the diagnosis can be established, it is not so great as Professor Cruveilhier imagines. I myself, ten or twelve years ago, removed a tumour which I thought cancerous, and which proved to be an hydatid; and Warren has consigned several facts in every respect similar. In another case I removed the whole breast, and on examination I found it to contain not a cancer, but a chronic abscess. I might have avoided this error by plunging a small trocar into the swelling, and this, in my opinion, ought always to be performed when the least doubt exists as to the precise nature of the disease. M. Cruveilhier considers the presence of several tumours as a pathognomonic symptom, and though it is not common for disorders of a similar nature to attack organs similarly formed, yet such may be the case; and I have had more frequent opportunities of observing cancers developing themselves simultaneously or successively in the mammæ than benign tumours. 4° *They present marked characters.* The foregoing remarks are a sufficient reply to this opinion. 5° *They never degenerate.* Some persons are of this opinion, while others remain in doubt: I am among the latter, and were I to adopt a decided opinion, I should be inclined to say that they do degenerate.

Here the president interrupted professor Roux, informing him that it was past four; he therefore deferred the conclusion of his discourse to the next sitting.

MM. Amussat and Blandin having the first a tumour of the breast, and the second a fibrous tumour, which they had removed from two of their patients, requested to present them to the examination of the Academy; but the assembly after an animated discussion, decided that as Professor Roux was interrupted on account of their previous vote, the communications should not take place.

GARLAND DE BEAUMONT, D.M.P., B.L., & S.,
Honorary Physician to the Spanish Embassy.

FATAL RESULTS ATTENDING THE EXHIBITION OF THE TOBACCO ENEMA.—M. Japiot mentions that an enema made with fifteen scruples of tobacco administered to a man fifty-six years of age, labouring under strangulated hernia, produced symptoms of narcotism in a quarter of an hour, the poor fellow dying ten minutes afterwards.

HOSPITAL REPORTS.

ST. BARTHOLOMEW'S.—*Efficacy of the Secale Cornutum in Pulmonary Hæmorrhage.*—William Linahen, æt.21, a sailor of slight, delicate frame of body, was admitted into Luke ward under Dr. Roupell, Dec. 14, 1843, with the following symptoms:—Pain in the chest, with cough and free expectoration of puriform mucus mixed with blood. The skin was cold and clammy, tongue furred, pulse small and hard, bowels costive. On auscultation, a cavity was detected in the upper part of the right lung, beneath the clavicle. He was ordered to take half an ounce of oleum ricini *statim*, and the following medicine:—

℞ Tr. camph. co. ʒi.
Acid. sulph. d. mx.
Syrup. rhæad. ʒss.
Aquæ, menth. virid. et.
Aq. distill. aa ʒvj. m. ft.
Hst. ter die sumend.

17th—Not so well; spitting of blood more free. Hirudines x to the chest; continue the draught. The spitting of blood continued, baffling all the usual remedies till January 17, 1844, when he was attacked with profuse hæmorrhage from the lungs. He was cupped to ℥vj. from the chest, and ordered:

℞ Plumb. diac. gr. iij.
Tr. opii, m. xx.
Acet. distill. ʒi.

Statim sumend., and to be repeated every 3rd hour, with the application of cold to the chest. At the expiration of eight hours he was again seen; the hæmorrhage had not abated in the least, he was bringing blood up by mouthfuls; the skin was cold; circulation extremely languid; he was ordered secale cornut. ʒj. to be taken immediately, and to be repeated every hour for three times. The first dose checked the hæmorrhage, and by the time he had taken the third dose, all hæmorrhage had ceased;—he had no return of it for three or four hours, at the expiration of which time he spat up a little mixed with mucus.

19th—Better. Circulation very languid; has slight expectoration mixed with blood; ordered:—

Acid. sulph. dil. m. x.
Syrup. rhæad. ʒss.
Aq. menth. vir. et aq. distill. aa ʒvi.
ft. haust. ter die sumend.

20th—No return of hæmorrhage, but expectoration still tinged with blood. Pulse increased in power; skin warmer; continue the draught with ext. hyoscyam. gr. v. ter die.

21st—Feels better this morning. Countenance slightly flushed. Spat up about a quarter of a pint of puriform phlegm mixed with blood, during the night and morning. Pulse 90 and fuller.

23rd—Continues much the same.

25th—Complains this morning of a sense of pain and tightness across the chest. Expectoration rather less, but still tinged with blood. Pulse 90, soft and compressible. Continue the draught.

26th—Better; expectoration about the same.

℞ Potassæ nitratis ℥ss.
Conf. rosæ gallicæ ℥iij. m. ft. conf.
c. capt. ʒj. 4 tis. q. hor.

28th—Much better this morning; expectoration less, and without blood. Continue the confection.

29th—Feels himself quite well, excepting extreme weakness. Appetite pretty good. Pain in the chest entirely gone; expectorates about a quarter of a pint of puriform phlegm, during the 24 hours. Continue the confection, and to have milk diet with arrow-root.

31st—Continues going on well; expectoration less in quantity, and without blood.

Acute Rheumatism.—Charles Francis, æt. 22. Admitted into Matthew ward, St. Bartholomew's Hospital, under Dr. Roupell, December 26th, 1843. By trade a rope-maker; of short stature; fair complexion; highly nervous temperament; countenance greatly flushed. He complains of pain in the shoulders, in the right elbow, and in the knees and ankles, which latter joints are swollen; loss of appetite; great thirst and heat of body, with sleeplessness. The bowels are costive; urine thick and high coloured; tongue moist and loaded; skin hot and dry; pulse 70, full, but soft.

He states, that eleven days ago he was attacked with general languor and debility; with frequent chills; heat of body; great thirst and loss of appetite; with swelling of the hands, which were hot and painful; succeeded six days after by pain in the shoulders, knees and ankles. Had an attack of rheumatic fever two years ago; he was ordered to have a warm bath at night, and the effervescing saline draught three times a day, with milk diet.

29th—Feels himself a little better this morning. Tongue cleaner; bowels open;—continue the saline.

31st—Pain in all the joints relieved, excepting in the right shoulder. Skin bedewed with copious perspiration; tongue clean. Take ext. colch. corm. gr. i. ter die.

Jan. 2nd—Continues much the same.

4th—Not so well this morning; passed a restless night; pain in the joints returned; skin rather hot; ordered barley-water to drink, with the effervescing saline draught three times a day; pulv. ipecac. co. gr. xij. h. s.—Continue the colchicum.

5th—Slept a little last night; feels himself better this morning.

6th—Much the same; complains of want of sleep at night; to have Tr. opii. ʒss. h. s.

8th—Much better; pain in the joints entirely gone, excepting in the shoulder; perspires profusely; the urine deposits a copious sediment. Tr. opii. ʒss. h. s. s. Continue the colchicum.

9th—Better in all respects.

11th—Going on well; appetite good; ordered to have half diet. Continue the colchicum.

17th—Has been gaining strength daily; no pain in the joints; sleeps well at night. Discontinue medicines.

21st—Discharged to-day cured.

Colica Pictonum.—William Gilks, æt. 22. A painter. Of middle height; dark sallow complexion; was admitted into Luke Ward, St. Bartholomew's Hospital, under Dr. Roupell, Jan. 4th, 1844, with the following symptoms: — Extreme pain in the abdomen, which was slightly relieved by pressure; pain in his limbs generally, but particularly in the left arm and hand—the extensor muscles of which were paralysed; the bowels were obstinately costive; urine high coloured; skin moist; tongue furred; pulse weak, frequent and irritable. He stated that he had been exposed to the influence of lead for the last 2 years, and had been in the habit of breaking up masses of white lead with his left hand; had always enjoyed good health till six months ago, when he suffered from an attack of inflammation of the bowels, but from which he entirely recovered. His present attack came on about eleven days ago, with violent pain in the abdomen and vomiting, which was followed a few days after by pain in his limbs, particularly in the arms, with loss of power in the muscles of the left fore-arm and hand, which have been getting worse daily. He was ordered the following:—

℞ Ol. Croton gt. i.
Tr. Opii ʒss.
Ol. Ricin. ℥ss. m.
statim sumend.

and a warm bath at night.

Jan. 5th.—Better this morning. The draught acted three times during the night. Pain in abdomen much less, but complains of a great deal of pain in his left arm and hand.

℞ Magnes. Sulph. ʒi.
Inf. Rosæ Co. ℥iss. m.
fiat Hst. ter die sumend.

6th.—Much better; bowels opened twice yesterday; pain in abdomen much less; continue the medicine.

7th.—Not quite so well this morning; has more pain in the abdomen than yesterday; continue the medicine, and to have a warm bath at night.

8th.—Again much better; says the bath did him a great deal of good; more power in the left arm and hand; he is now able to raise his wrist; appetite good; continue the medicine, and to have half diet.

9th.—Going on well.

12th.—Gains power in the wrist and hand daily; feels himself quite well in health; continue the medicine, and to have Lin. Ammon. to rub the arm and hand.

20th.—Has been going on well the last few days; has more power in the arm and hand, which are less painful.

23rd.—Made an out-patient of the hospital to-day, feeling himself quite well; excepting pain and want of power in the left hand and fore-arm.

ON THE CONSTITUTION OF THE BILE.

By J. THEYER and Jr. SCHLOSSER, of Vienna.

(Concluded from our last.)

The precipitation of the bile by sugar of lead was attempted in another way, namely, by treating the bile previously with ammonia, in order to make it certain that no acetic acid was rendered free. The precipitation occurred in the same manner as previously given; only that in this case the solution of the bile was not introduced in the basic acetate of lead, but *vice versâ;* here it again produced a plaister-like white, somewhat viscous precipitate, accompanied by chloride of lead, which is formed from the chloride of sodium contained in the bile, and sexbasic acetate of lead, produced by the action of the ammonia on the excess of basic acetate of lead. After the precipitate has been well edulcorated with distilled water, it is freed from the admixture of the lead salt by solution in hot alcohol, when the sexbasic acetate and chloride of lead remain behind in hard lumps. On filtering and evaporating in a water bath, a powder similar to the lead salt already described is obtained, only somewhat more difficultly soluble in alcohol, and imperfectly so in acetic acid.

The substance dried at 212° Fahr. was burnt with chromate of lead.

I. 0·6308 substance gave 0·8418 carbonic acid and 0·293 water.
II. 0·4425 .. 0·5932 .. 0·2146
III. 0·568 .. 0·765 .. 0·268

0·5941 substance gave 0·1986 chloride of platinum and [ammonium, or 2·11 per cent. nitrogen.

1·378 substance gave 0·8092 sulphate of lead, or 43·19 per cent. [oxide of lead.

0·5394 substance gave 0·316 sulphate of lead, or 43·09 per [cent. oxide of lead.

From the above may be deduced the following composition in [per cents.

	I.	II.	III.
Carbon	36·69	36·86	37·03
Hydrogen	5·16	5·38	5·24
Nitrogen	2·11		
Oxygen	12·85		
Oxide of lead	43·19	43·09	

In this combination the quantity of lead is greater; but, however, the other elements are in the same proportion as in the preceding compounds. From these observations we may arrive at the conclusion, that the body combined with the soda in the bile is actually a peculiar acid, the isolation of which was the next consideration. For this purpose several methods were employed, which we will now mention and give their results. We first attempted to separate the soda from the purified bile in the following manner.

Pure pulverized bile was dissolved in absolute alcohol with the application of a gentle heat, treated with efflorescent oxalic acid, and slightly boiled in a water bath. On cooling, a crystalline sediment was deposited, which was found to be a mixture of chloride of sodium, oxalate of soda, and free oxalic acid. The solution, notwithstanding, afforded a residue on burning; it was therefore again treated with oxalic acid, and the operation conducted as previously. It again presented a sediment; the fluid contained some oxalic acid, but was free from soda. Fresh precipitated, well washed, carbonate of lead was added, in order to free the filtered solution from the oxalic acid; an evolution of carbonic acid ensued, and the solution separated from the precipitate now contained only lead. If a stream of sulphurated hydrogen be transmitted, the whole slightly heated, and allowed to rest, after filtration a bright yellow transparent solution is obtained of an astringent bitter taste, which, evaporated in a water bath, forms a brown, viscous, resinous crust, which, on cooling, is capable of being easily pulverized, and affords a bright yellow powder. It dissolves in water, but the solution is quite milky, and this white substance remains suspended in the menstruum, and cannot be separated, even by filtration. It must be then dried and treated with ether, in which a portion of it dissolves, and when the ethereal solution is evaporated, forms a white mass, insoluble in water, but soluble in alcohol. Owing to this, another portion of the evaporated substance was dissolved in a small quantity of water and treated with a large quantity of ether, till no more of it was taken up; the ether was then decanted, and the solution evaporated to dryness in a water bath. When dissolved in absolute alcohol, a residue again remains, which is insoluble in ether and soluble in water, out of which it crystallized in transparent shining needles, and from the elementary analysis of which it was found to be taurine. If the alcoholic solution be evaporated in a water bath, and dissolved in water, it again becomes milky in the continual repetitions of the same operation, the chemist has always to contend with both these products of decomposition, and only succeeds with very small quantities in at length obtaining a mass perfectly soluble in water, and alcohol, and insoluble in ether; which is unchanged by acetic acid; with muriatic acid, forms a white precipitate, which, after removal of the muriatic acid, is again soluble in water. It appears that owing to the repeated heatings, and continual evaporations, in consequence of the treatment with oxalic acid, the substance suffers a decomposition which it is here difficult to avoid.

Another method which was tried to isolate the acid in a state of perfect purity and in large quantities from the bile itself, was the following. A quantity of purified bile was dissolved in a small portion of water, treated with muriatic acid not too concentrated, shaken and allowed to stand. An oily liquid was formed on the bottom of the vessel, which augmented after several days. When this was left to stand till the separation ceased, the greatest part of the soda of the bile was found in the supernatent liquor; on evaporating which, chloride of sodium crystallizes, and oily drops are formed; which, removed when cool, become hard, behave like the oily liquid itself, that is, when dissolved in water, are capable of being precipitated by muriatic acid and not by acetic acid. The substance is, however, not obtained by this method perfectly free from soda and muriatic acid.

From this, there appeared to remain no longer any hope of discovering a method by which the acid could be separated in a perfectly pure state and in a large quantity from the bile. We then turned to the decomposition of the lead salt, which could be done with so much the more certainty, as from previous researches every doubt was removed regarding the precipitation of the bile by means of basic acetate of lead. After many unsuccessful attempts to decompose the lead salt diffused in water, by sulphuric acid and sulphuretted hydrogen, we at length obtained satisfactory results in the following manner. The bile, purified as previously, is dissolved in a little water, and precipitated by sugar of lead without the application of heat; the plaister-like precipitate is immediately washed, dissolved in moderately hot alcohol and filtered; sulphuretted hydrogen is transmitted through the filtrate without further treatment with sulphuric acid, until all the lead is precipitated; it adheres somewhat together, but this may be readily avoided by the addition of more alcohol; it is gently warmed for half an hour and filtered, in order to separate the sulphuret of lead perfectly. In this instance, the application of a slight heat is always necessary, as sulphuret of lead otherwise passes through the filter. This solution, which is perfectly free from soda and chloride of sodium, is allowed to repose for some time, when sulphur separates; then again filtered, and evaporated, which for the sake of accuracy may be afterwards repeated. The whole operation can be completed in half-a-day, and on account of its simplicity every decomposition can be determined. The temperature at which the solution is evaporated should never exceed 140° Fahr.; it succeeds better if the whole solution is evaporated in a vacuum over sulphuric acid. If evaporated in a water-bath, that is, in boiling water, a decomposition readily takes place; the substance no longer forms a clear solution but becomes milky in water.

The acid thus prepared, in a dry triturated state, consists of a perfectly white powder, in appearance

greatly resembling powdered sandarach; it is extremely hygroscopic; it becomes brown when kept for some time at the temperature of boiling water; at a somewhat higher temperature it melts, tumefies, and burns with a strong smell. The charcoal leaves no residue. It is insoluble in ether, but readily and perfectly so in alcohol, also in water; and produces a colourless clear solution of a bitter styptic taste and strong acid reaction; it is not changed by acetic or oxalic acids. Muriatic acid produces a white resinous precipitate; on decanting the muriatic acid, and agitating the precipitate, it again becomes soluble in water. A resinous mass separates on boiling with nitric acid. A perfect precipitation takes place on boiling with barytes water, under the evolution of a peculiar gluey smell and decomposition of the acid. Left for a long time in contact with an alkaline carbonate, carbonic acid is set free, while the alkali combines with the acid. Nitrate of silver produces a yellowish precipitate, which becomes brown on exposure to the air. Precipitates ensue with neutral acetate of lead and sugar of lead, which are soluble in alcohol. A very dilute aqueous solution of the acid exhibits after some days no appreciable change. Exposed as a powder for some time to the air, it suffers decomposition, and dissolves no longer perfectly in water. An alcoholic solution kept for some time forms a white sediment, which, dissolved in water and concentrated, separates in needle-shaped crystals, which are taurine.

Burnt with oxide of copper, it gave:—

I.	0·4835 substance gave	1·12	carbonic acid, and	0·385	water
II.	0·312	..	0·7235	..	0 239
III.	0·257	..	0·598	..	0·1985

0·5096 substance gave 0·2778 chloride of platinum and ammonium or 3·45 per cent. nitrogen.

0·2033 substance gave 0·128 chloride of platinum, and ammonium or 3·97 per cent. nitrogen.

According to this, the acid in 100 parts consists of

	I.	II.	III.
Carbon	63·70	63·76	63·98
Hydrogen	8·84	8·50	8·58
Nitrogen	3·97	3·45	
Oxygen	23·49	24·29	

It can easily be proved, that this acid is actually the same body as the electro-negative constituent of the bile, the reproduced soda combination, and that which forms the lead salt, by calculating the carbon, hydrogen, and nitrogen, in 100 parts, leaving out the inorganic bases, and comparing these numbers with those of the isolated acid.

I. As the mean result analysis II of the bile.

II. The analysis I of the soda compound.

III. IV. V. The analysis of the lead salt.

VI. VII. VIII. The analysis of the second lead salts.

	I.	II.	III.	IV.	V.	VI.	VII.	VIII.
Carbon	64·750	64·610	64·792	64·810	65·071	64·584	64·769	65·068
Hydrogen	9·384	9·264	9·406	9·501	9·212	9·083	9·453	9·207
Nitrogen	4·006	3·568	3·638			3·714		
Oxygen	21·380	22·558	22·164			23·61 9		

But in these numbers, the carbon present is greater, and the oxygen less than was found in bilic acid, consequently a certain quantity of water has been removed in these compounds. If we suppose that this water is replaced in the bile by soda, we have still to include in the above numbers a quantity of water equivalent to this soda content, namely, 2·065 in order to obtain the free hydrate of the acid.

	I.	II.
Carbon	63·424	63·307
Hydrogen	9·419	9 300
Nitrogen	3·925	3·493
Oxygen	23 232	23·900

If the bile be regarded as a neutral compound, the atomic weight of the bilic acid would be from the mean of the analysis, as assigned by Professor Liebig, 5·600. We could not, however, deduce a formula; but deferred doing so until we had examined more accurately some products of decomposition, as, in consequence of the high atomic weights, the determination of the equivalent hydrogen is particularly attended with many difficulties.

From these investigations and their results, we have no hesitation in believing, that the bile, according to the old theory, is actually a soda-salt possessing a constant unvarying constitution. The analysis of Demarçay and Kemp accord perfectly with ours, though performed at different times with different materials, and by different methods; further, it is no longer tenable that a partial or imperfect precipitation of the bile occurs with basic acetate of lead, when the soda compound artificially prepared from the lead-salt is compared with the bile. As a further proof, the solution separated from the precipitate produced by acetate of lead was concentrated, and evaporated to dryness after separation of the lead by sulphuric acid and sulphuretted hydrogen; a white saline mass remained behind, which consisted of acetates, sulphates, chlorides, and muriates of the alkalis, and which on being burnt showed the presence of only a very small portion of organic substance. The saline mass was treated with absolute alcohol which slightly coloured it; then filtered and treated with sulphuric acid, when more crystals of alkaline sulphates fell; the liquid separated from them was evaporated in a water-bath, but not to perfect dryness lest they might be decomposed. The mass still contained some acetic acid, and left on burning an ash; it dissolved readily and perfectly in water and alcohol, not at all in ether; no change was produced by acetic acid; no immediate precipitation by muriatic acid; protochloride of tin a strong white precipitate; no precipitate with barytes or lime water; no distinct precipitate was produced with neutral acetate of lead owing to the presence of free acetic acid. Further reactions were not possible on account of the small quantity of the substance: it was, however, sufficiently evident that this behaviour was perfectly similar to that of the bile itself; and consequently the small quantity, which remained dissolved in the alkaline acetate, is nothing more than unchanged bile. Berzelius mentions as the properties of bilin, that it possesses a neutral reaction; bitter taste; boiled in water and concentrated yields a gluey smell; at a higher temperature becomes semi-fluid and tumefies; is soluble in water absolute and hydrated alcohol; is gradually changed by heating with muriatic acid; it forms soluble compounds with alkalies, and does not expel carbonic acid. According to Enderlin's observation, bilin also leaves soda on combustion. We must come to the conclusion, if this be kept in view, and the method by which bilin is obtained considered, that bilin is pure bile, or this with an excess of bilic acid. Bilic acid agrees in all its properties with the bilifellinic acid described by Berzelius. Berzelius says, that after subjecting the bile to a number of operations, it ultimately does not afford a clear solution in water; but on being further diluted becomes more milky, (but bilic acid is characterised by the same property); that it is precipitated from its solution in water, as well as from the solution of its salt, by sulphuric, muriatic, and nitric acids, in the form of a plaister-like mass, which again dissolves in water after pouring off the mineral acid. This behaviour perfectly agrees with Demarçay's cholëic acid, and the analysis with that of the bile; but no active effervescence was observable on the addition of alkaline carbonates, as Berzelius states to be the case with bilifellinic acid, though it is without doubt a combination with the alkali. There is so far a difference with Kemp's bilic acid, which he, however, did not investigate in an isolated state, that in the reproduced soda compound our acid was precipitated by an excess of acetic acid. But, by Kemp's process pure bilic acid cannot be obtained; the bile does not lose even half of its soda, after treatment with sulphuric acid in the alcoholic solution; once perfectly separated from the soda, a change immediately appears to commence; in consequence of which, a body is precipitated on the addition of acetic acid to the new soda compound, and on this account it cannot be bilic acid, as it is soluble in water. From these facts it is probable, or rather beyond doubt, that Thenard's picromel, Kemp's bilic acid, cholëic and bilifellinic acids, in so far as they can be considered free from alkali, are always one and the same electro-negative body which constitutes the bile, and its preparation is so difficult, in consequence of the facility with which it is decomposed. In conclusion, we beg to return thanks to Mr. Frederick Muspratt for his kindness in translating the preceding paper for the *Medical Times*.

EFFECT OF "KUMISS" IN SOME DISEASES.

By Dr. CHOMENKO.

(Translated from the German by H. Chr. Mix, for "The Medical Times.")

"Kumiss" is a dietetic remedy, which is used as a beverage by the Tartars and other Asiatic nations. It is prepared from the mare's milk, first acidulated, then turned into an acid-spiritous fluid by fermentation. It has a white colour, similar to milk, a slightly spiritous smell, and a very agreeable acid taste. The inhabitants of Orenburg prepare two principal kinds of "Kumiss." The difference arises from the shorter or longer duration of fermentation, when the beverage acquires particular qualities. The "kumiss" fermented for a longer period (termed the old "kumiss") acquires more acid and carbon. The other kind (termed the young "kumiss") which has only fermented two or three days, possesses this quality in a much slighter degree, and differs less from the original milk. The principal constituents of the "kumiss" are watery fluid or serum; casein; spiritous and animal materials, which precipitate themselves to the bottom of the vessel if the latter is left standing for some time; some thin butter; lactic acid; some salts; carbon; and a great quantity of sugar of milk, on account of which the mare's milk is preferable to the milk of other animals. The healing qualities and the effects, during the use of this remedy, described by the author, depend on these constituents. The author, who resided for a lengthened period among Asiatic nations, observed the following effects in some diseases of the lungs and complaints of digestion. *a.* The beverage occasions no disagreeable sensation in the stomach, even when the patient is suffering from a very impaired digestion. *b.* It increases considerably the secretion of urine, which latter exhibits a pale, watery colour without the ordinary smell. *c.* Perspiration is increased. *d.* The stools remain regular, even when individuals of impaired digestion have taken large quantities. *e.* Taking "kumiss" on an empty stomach induces slight intoxication. *f.* The blood, obtained by venesection from cachectic and scorbutic individuals, is evidently different from what it was before the use of this remedy; it contains more fibrin, more colour, and less serum. *g.* The external appearance of the patients exhibits an agreeable change, which is increased after the use of it has been continued for some time. The body, which before was emaciated, acquires more fulness; the skin, which before was dry, becomes softer, and assumes a more healthy appearance. The face exhibits vigour and indications of health. The author observed these beneficial effects of the "kumiss," particularly in those who were suffering from nervous consumption, or from cachexia innominata (if he may so term it), which is distinguished by particular emaciation of the body, debility, paleness of face, irregular appetite, changes of humour, without perceptible symptoms of any positive disease. The phenomena described, by which the use of this remedy is attended, thus clearly manifest its beneficial effects, which are attributable to its constituents: namely, to its abundance of sugar, of milk and glutinous animal materials.

The "kumiss," in fact, is a distinguished article of food, which, with more certainty than other kinds of aliment, acts upon the process of reproduction. And its being more effective than other *nutrientia* upon the process of reproduction, is owing, not only to its possessing nutritious materials, but also an exciting principle, "principium vinosum," and carbonic acid, which is equally as important an agent for the organs of digestion, as oxygen is for the organs of respiration. The carbon neutralises the diseased excitability of the organs of digestion, which frequently forms an obstacle to nutrition; the delicate salts heighten the circulation in the organs of the abdomen; the "principium vinosum" excites and heightens resorption, thereby rendering this remedy a *digestivum efficacissimum*, which dissolves obstinate constipations, and cures diarrhœas, if these complaints originate in the weakness of the intestinal canal.

The author further observed that the use of the "kumiss" heightens the functions of the skin and of the kidneys, and that it consequently is a diaphoretic and diuretic, although it acts more upon the secretion of the urine. These phenomena are caused by the presence of lactic acid, and by the "principium vinosum," the former affecting the kidneys, and the influence of the latter ultimately extending itself to the skin, the regular functions of which contribute materially to reproduction.

The following results may be inferred from this, respecting the constituents and the beneficial influence of the "kumiss" upon the organisation. 1. The "kumiss" is a dietetic remedy, so to speak, suggested by nature, which, in some diseases, possesses a great advantage over all medicines, being a non-artificial remedy. 2. It is a beverage which is most nutritious, strengthening the whole of the organisation, improving the juices, and at the same time increasing the secretion of urine. 3. In connexion with all these healing qualities, it does not disturb digestion, but improves the function of the intestinal canal; a quality so seldom manifested in the effects of pharmaceutical remedies, and therefore deserving the particular attention of physicians.

Although the "kumiss" possesses these distinguishing qualities, it would not be applicable for all constitutions. It ought not to be applied to plethoric individuals for instance, since, by increasing plethora, it may induce giddiness, apoplexy, vomiting, &c., especially after it has been taken in large quantities. It would likewise not suit those who are suffering from splanchnemphraxis, and also ought not to be taken by pregnant women.

The use of the "kumiss" may confidently be applied in the following diseases. 1. In all inveterate affections of the lungs, whether they are of an organic or nervous nature; the effect in the former will certainly only be palliative. Such are all kinds of consumption, hæmoptysis, catarrh, and asthma. 2. In scorbutic affections, especially in such as manifest themselves by pains and sores in the feet (*Maculæ, Vibices et Ecchymomata*). 3. In green sickness, especially when distinguished by a sinking of the sanguification. 4. Chronic dropsy. 5. When weakness and a dyscrasia mercurialis manifest themselves in consequence of the use of mercury. 6. Small doses of strong "kumiss" were very successfully administered by the author to patients recovering from nervous fevers and typhus. It further particularly deserves a preference to other remedies in all those diseases which are caused by an impeded nutrition; as, for instance, marasmus, tabes nervosa, dorsalis, &c.

The principal rules which ought to be observed in the application of this remedy are briefly the following. Some doses of acidulated mare's milk should be given previous to its methodical use; it then ought to be administered in small doses, increasing them according to the improving strength of the patient. Only a moderate quantity of animal food ought to be allowed, and all fruits, sweets, spiritous liquors, coffee and chocolate, must be strictly denied.

USE OF THE CROTON OIL IN NERVOUS AFFECTIONS.

By Dr. MEYER.

The efficacy of this remedy was proved in the following cases: The author was called to a male patient, 30 years of age, of a strong, robust constitution. His conduct was such that many physicians would have applied the strait jacket. It required four men to restrain him. The author prescribed as follows:—

℞ Ol. Tiglii. gtt. x.
Muc. gum. arab.
Syr. simpl. ana. ʒj.

A spoonful to be taken every ten minutes.

After half an hour he became calm, and after an hour he was able to converse rationally. Total convalescence gradually took place on the continuation of this remedy.

In December, 1839, the author was called to a woman, who was lying in bed, debilitated, and apparently senseless; the pupils were contracted, pulse scarcely perceptible, and she seemed to be in a dead sleep. Author prescribed—

℞ Ol. Tiglii gtt. viij.
— ricin. ʒiij.
Muc. gum arab. ʒj.

M. bene, ft. enema; to be taken in a quart of oatmeal grit.

A copious evacuation of fæces and violent vomiting followed; feeling, motion, and the functions of the senses returned. A few hours after the author had found her in the state described, she was able to erect herself in bed, and to converse.

CASE OF HÆMATURIA.

By JOHN LENEY, Esq., Bray.

(To the Editor of the "Medical Times.")

K. E———ds, Esq., aged 24 years, at 4 p.m., on Thursday, 28th Dec., 1843, had a fall from his horse, and immediately after felt acute pain in the left kidney, which soon subsided; remounted, and rode home, a distance of three miles; on his arrival, he micturated half a pint of blood; on sitting to dinner, he felt pain again in the situation of the kidney, became faint, and vomited.

29th. Five o'clock a.m. Saw him for the first time; he had just vomited some bile, was extremely faint, pallid, and almost pulseless. This state of collapse lasted thirteen hours; he then became warm, pulse got up, and soon after passed a pint of fluid from the bladder, consisting chiefly of blood. On examination of the side, there was *no* external evidence of injury whatever; but on inquiry, I learned that he had been subject from time to time to sudden acute pain in the *left* kidney, succeeded by faintness, nausea, and not unfrequently vomiting, which led me to conclude the rupture was owing to a calculus in the kidney. Surgeon J. W. Cusack saw him on the evening of this day.

30th. Vespere.—For the past twenty-four hours made no water, but felt rather sick and faint; could not sit up in bed without syncope coming on. The water now passed, being about one pint, did not contain much blood; felt some pain in region of kidney on pressure, in which situation there was a marked fulness and tension, when compared with that of the opposite side. Pulse very feeble.

31st. Eight o'clock, a.m.—Made a pint of fluid containing much blood; continues faint, and cannot sit up in bed a moment, without syncope taking place. Made water at two o'clock, and again at night, equally dark-coloured with blood. Pulse hæmorrhagic. Surgeon Cusack saw him on this evening, and looked on his case as quite hopeless.

1844, January 1st. This day, water equally blood-coloured; pulse and countenance hæmorrhagic; lost all pain in region of kidney; abdomen tympanitic; tongue from commencement very foul. Treatment up to this day:—Acetate of lead and opium in large doses; turpentine and creasote internally; turpentine enemas, and fomentations. He has been taking much nourishment: jellies, broths, &c. Bowels open every second day.

Dr. Graves saw him on the evening of the 3rd January, and considered his case as quite hopeless.

From the 2nd to the 8th inst., the symptoms were much the same; about three pints of fluid were passed each day, deeply tinged with blood, in fact, *black*. Had on the night of the 8th much pain in region of kidney; tympanitis and occasional hiccough. Treatment:—The nephralgia which took place on the night of the 8th was removed by turpentine stupes. The treatment internally consisted of large doses of alum and sulphuric acid, in infusion of roses, Ruspini's styptic, creasote, and several of the strong vegetable astringents.

9th and 10th. Much the same; but on the night of the tenth he had severe nephralgia, which was removed by an enema containing laudanum.

11th, 8 o'clock, A.M. Tympanitis much increased; so much so, that he was unable in the morning to evacuate the bladder from want of ability to bring into action the abdominal muscles; made but half a pint of fluid, extremely dark, and consisting chiefly of blood; and at 3 o'clock, p. m. made fully three pints in colour as dark as in the morning; he was now extremely low. Skin exanguious; pulse feeble and irregular, but appetite continued good. The bladder in the morning was much distended, so that what it contained at three o'clock, p. m. was not secreted altogether, between morning and three o'clock, p. m. For the last two days, was taking the alum and sulphuric acid alone in the infusion of roses.

2 o'clock, p. m.—It now occurred to me that injecting the colon with the coldest water, was the only remaining means likely to be of benefit. This I did three successive times, an interval of two hours between each injection; he had the first injection of cold water at two o'clock, p. m. The blood throughout was fluid; not one coagulum, even the smallest, was formed.

12th. Had a good night. Tympanitis quite gone; no pain on pressure over the kidney; made 12ʒ of fluid this morning, very little tinged with blood. Pulse seventy-four, but at times very irregular. Vespere; made 12ʒ at two o'clock, and one pint at night, containing very little blood. His spirits very good to day—some return of tympanitis—appetite good.

13th. Had a good night—made about 12ʒ of urine this morning, and at four o'clock, one pint. Improved pulse, seventy-five, but irregular on the least change of position; appetite good; some tympanitis; bowels have not acted for the last three days.

℞ Pil Rhei. Comp. ʒj. ft. pil sex. st. I sextis horis ad alvi solut.

Vespere; made half a pint of water, straw coloured, and appeared quite void of blood. Occasionally taking the infusion of rose mixture.

14th. Had a good night; tongue clean; pulse irregular, ranging from forty to forty-six in the minute, very feeble; made 14ʒ of water, darker than that of last night.

3 o'clock, p. m.—Made 18ʒ of water, dark, but not apparently containing blood; appetite good; pulse ranging from forty-four to fifty-four, very irregular and feeble.

11 o'clock, P. M.—Pulse irregular, about sixty, feeble; made 18ʒ of water, less dark; countenance exanguious. Bowels constipated; Pil. Rhœi. Comp. j. h. s.

15th.—Had a good night; got wine and broth every third hour during the night; bowels acted this morning; motion healthy; made 14ʒ of water, straw coloured, quite devoid of blood; pulse irregular, sixty to seventy, feeble.

3 o'clock, P. M.—Pulse varying between sixty and seventy; made 20ʒ of urine, natural in colour, when cold suspending a white cloud.

10 o'clock, P. M.—Pulse seventy-four; 18ʒ urine, rather high coloured; no blood; tongue clean; appetite good; some tympanitis.

16th, 8 o'clock, A. M.—Had a good night; pulse irregular, ranging between sixty and sixty-six; 12ʒ of urine, pale straw colour tongue foul.

11 o'clock, P. M.—Appetite good; made a

large quantity of water at three o'clock, and now again, devoid of blood; pulse ranging between sixty and seventy.

17th, 8 o'clock, A. M.—Made one quart of water, perfectly natural in colour; pulse sixty.

8 o'clock, P. M.—Pulse seventy; much improved in looks; face losing its pallidity; bowels open once to-day; appetite good; made 12$\frac{5}{6}$ of urine, perfectly healthy in colour.

31st.—Has been sitting up for the last ten days and improving rapidly; has had no return whatever of the hæmaturia.

I may here observe, that the most powerful internal astringents given in the largest doses having failed, to the cold water alone, thrown up the intestine which lies on the kidney, would it appear that the benefit was due, for from the time of the adoption of this remedy, the hæmorrhage ceased.

REPLY TO DR. SMETHURST.

To the Editor of "The Medical Times."

SIR,—Were the author of the scurrilous and *personal* attack entitled "Mesmerism Unmasked," and his motives for writing it, together with the *facts* of the case in question, as well understood generally as they are known throughout this locality, any remarks relative to either might very properly share the silent contempt of which his paper in the *Medical Times*, of December 16th, 1843, has been alone productive. However, my attention has just now been directed by my friends to a paragraph in the last number of the *Edinburgh Phrenological Journal*, where, in a review of the contents of the *Medical Times*, No. 221, the talented and respected editor, in allusion to the *matchless effusion* from Ramsgate, concludes his notice as follows:—"Whether the operator, Mr. W. H. Weekes, a surgeon of Sandwich, will acquiesce in the accuracy of Dr. Smethurst's narrative, remains to be seen." To the editor of the *Phrenological Journal* I have much pleasure in replying, and doubt not you will permit me to do so through the medium of your own valuable columns.

Now, Sir, in order to convince your numerous readers and the editor of the *Edinburgh Phrenological Journal*, of the entire absence of "acquiescence" on my part, I hereby solemnly denounce the article entitled "Mesmerism Unmasked," as one uniform tissue of the most gross and wilful falsehoods that has ever found its way to the world through the medium of any respectable publication, in opposition to the truths of animal magnetism. I have used the words *wilful falsehoods*, after calm deliberation, because I am certain that no man, however great his amount of ignorance, could possibly be misled to such an extent thereby.

The case of the boy who experienced such base and unmanly treatment at the hands of the writer in the *Medical Times*, and who has therein designated him an impostor, was A GENUINE AND BEAUTIFUL INSTANCE OF CLAIRVOYANCE OR LUCID SOMNAMBULISM, the REALITY of which is well known to hundreds of intelligent persons, among whom are numbered many whose very names in the scientific world render it an honour to be condemned as a "collusionist" in their company.

With the author of "Mesmerism Unmasked" I shall in no way trouble myself; but it may possibly be interesting to yourself and others to learn, that not only have thick velvet pads and bandages as well as *masks*, fitting as tight to the face as the very skin itself, been resorted to in the boy's case, to prevent the possibility of drawing wrong conclusions, but the eyes, after being, as it were, *sealed* by magnetic manipulations, have been covered to the extent of two inches around, and half an inch in thickness, with plaster of Paris, and other opaque cements, yet has the patient received "impressions enabling him to read, play at dominoes, and so forth."*

After having been upwards of thirty years disinterestedly engaged in promoting the objects of free and unprejudiced inquiry and scientific truth, I have little fear of being mistaken for a "collusionist," or a pretender of any sort, by those who really know me; but a stranger would naturally be led from a perusal of "Mesmerism Unmasked," to suppose its author had paid for an admission to a series of puzzling and legerdemain tricks. It is therefore worth while to state that the "exhibition" he alludes to, constituted a part of the regular transactions of a society, founded for the purpose of philosophical investigations, to the meetings of which visitors are only admitted by favour, and at their special request.

In a sort of appendix to "Mesmerism Unmasked," its author pretends to have published a letter of mine in reply to one which he had previously addressed to me on the occasion. I never wrote hitherto but *one* letter relative to the matter at issue, a faithful copy of which I will subjoin. Let those who can feel an interest in comparing it with the *selected* paragraph, denoted therein by brackets, and which *alone* was formerly sent (for *convenience* merely, I dare say) to your Journal, as a "copy" of my letter, do so if they will, and then judge as they please of the motives which actuated the redoubtable author of "Mesmerism Unmasked," in suppressing the rest of my communication.

(COPY.)

"Sandwich, 4th Nov. 1843.

"Sir,—In answer to yours of yesterday, permit me to say that I did not express a 'wish' to bring the subject of vital magnetism again under your notice, but I certainly did express *an entire willingness* to do so if requested.

["Unfortunately, the patient whom you saw magnetised, after being awakened, heard your assertion that 'he had seen by the use of his eyes every test presented during the evening.' Now, the *fact* being that he is quite unconscious that any tests whatever were applied to him, except inasmuch as he depends upon the statements of others, he naturally feels indignant at being denounced as the agent of an imposture, and he sturdily refuses to be magnetised again, either in your presence or that of any stranger. In this determination I find he is backed by his relations, and *I* have not the right of control over him."]

"I deeply regret (although I have not the slightest desire to make a single comment, and have nothing to gain by doing so,) that you did not remain silent, *agreeably to the conditions at starting*, as I had several experiments to come on, especially one with a clock, which, I think, must have put aside the most inveterate of your doubts.

"At present I am engaged in the preparation and delivery of a series of lectures on agricultural chemistry; this undertaking will occupy every moment of my leisure for some time to come, but, if I can prevail upon other patients, especially the female who sees from her fingers' ends, I shall be happy to meet your wishes, as well as all other of a practicable nature, at a subsequent period.

"Might I suggest (SINCE I WELL KNOW THE REALITY of these interesting phenomena), that in the mean time you enter upon a course of experimental investigations for yourself. It is true that every operator does not prove equally successful, but out of four or five patients you may almost make certain of inducing a case of lucid somnambulism.

"I am, &c., "W. H. W."

"To Thos. Smethurst, &c."

In conclusion, Mr. Editor, I feel that I ought in justice to what is ordinarily denominated "Mesmerism," to acknowledge that I commenced my inquiries on this subject as *a decided sceptic*, from which condition I have been removed only by a long and arduous course of inductive experiments. If I were to claim any credit in the matter, it would be because in my ignorance I did not manifest a spirit of misrepresentation and intolerance towards the truths appreciated by contemporary investigators.

My leisure, Sir, is of too limited a nature to justify any waste thereof in useless controversy; and were it otherwise, I feel that my time would be much better employed in an endeavour to develop more clearly the unerring laws of those beautiful phenomena which ignorant and intolerant scribblers are occupied in misrepresenting. The present reply is therefore FINAL on my part. Let the enemies of "Mesmerism," do their worst, but they cannot long subvert truths which have their foundation in the laws of nature; and in the end they must be content to take back, and swallow as best they may, the abuse they have so industriously heaped upon others, as a legitimate reward for their own ungracious labours.

I am, Sir, faithfully yours,
W. H. WEEKES.

High-street, Sandwich, Jan. 30th, 1844.

* Edinburgh Phrenological Journal, Jan. 1844.

SIR FRANCIS BURDETT AND HYDROPATHY.

To the Editor of "The Medical Times."

SIR,—You allude, I perceive, in your last number to the alleged cause of the death of Sir Francis Burdett, copying it, I presume, from the *Times* newspaper. The remarks of a paper of such wide circulation, although so well-known to be so unprincipled and reckless in its opinions and assertions, must nevertheless carry considerable weight with the public, and therefore require some notice on the part of those who have publicly advocated the cold-water treatment of certain diseases. In the observations I have to make, I shall briefly consider the statement of the *Times* under two heads:—the one as regards matters of fact; the other as relates to a matter of opinion. Under the first, the author of the article presents a statement so imperfect in detail, and so devoid of all satisfactory data, as to justify no conclusion whatever, either as to the actual state of the case, or the cause of the fatal issue. Sir Francis is represented as being under treatment in October; he has a return of the gout, notwithstanding, in December; if, therefore, the treatment by cold water had not the power to prevent a renewal of the attack, the fact itself proves that it had exerted no repelling influence, for had it done so, it could not have re-appeared. But he wears wet towels somewhere during the day, and is seized with inflammation of the lungs; and the *Times*, disregarding the

essential requisites to prove a sequitur, forthwith asserts that this was the gout *repelled to the lungs by the treatment!* The writer of the statement appears profoundly ignorant how often it happens that the gout shall migrate spontaneously from one limb and one organ to another under every mode of treatment; even granting (which I am inclined to do) that the affection of the lungs, and subsequently of the head, in Sir Francis's case, was of a gouty nature. Any inference, therefore, drawn from the fact of the disease migrating as attributable of necessity to the treatment, is illogical, and, in a medical point of view, both unfounded and unwarrantable.

Under the second head, without having the remotest wish to aggravate the shocked feelings of an amiable and affectionate daughter, suffering under a double bereavement, still, I may be permitted to observe, that her opinion, as of one totally unacquainted with medicine, can only be placed among the many erroneous opinions prevalent on a thousand other medical subjects entertained by the populace, among whom the writer in the *Times* must be included.

As the first medical man who wrote on the subject in England, I may claim for myself, with your permission, the right to state that I took an early opportunity of denouncing, as absurd and mischievous, the indiscriminate use of cold water as an universal remedy, and of cautioning the profession in its employment, unless when the surface heat was above the natural standard, and even then not to abate it too suddenly, or by too strong or too prolonged means; and never to employ it when, from old age or great feebleness of constitution, it was doubtful whether the system would react. Therefore, without meaning to cast blame on any one, it yet would have become a question with me, had I been asked, how far it were prudent to allow a man 75 years of age to ride out in winter with his body swathed in wet towels, apart from all considerations of the gout.

Cold water, as a remedial agent judiciously employed, is no novelty in physic: its use has been upheld, and its value duly appreciated by the great Hoffman; it was practised by Dr. Harvey, the discoverer of the circulation, by Sir John Floyer, by Dr. Hancocke, Vander Heiden, Dolæus, Dr. Baynard, Dr. Pitcairne, Dr. Currie, and many other eminent men; and when we know that the illustrious brother of Prince Albert, the Prince of Saxe Gotha, and the Prince of Saxe Meinengen, have both given up palaces for hydropathic establishments, the one at Elgersburg, the other at Liebenstein, surely the principles and practice of hydropathy, as it has been lately called, may claim a little rational and dispassionate consideration before being condemned through a wilfully blind and hasty prejudice. I hence put it to the unprejudiced portion of the profession to say, whether a means effectual both in producing copious perspiration, and in giving tone to the system, according as the evaporation of the water is prevented or permitted, as well as the benefits of re-action ensuing from the shock when used externally, and those derivable from the alterative operation of the kidneys, when taken in moderation internally; I ask the profession, I repeat, whether these advantages are to be abandoned merely because certain men, some belonging to the profession, and others not, have made an improper use of them?

I remain, Sir,

Your obedient Servant,

G. Hume Weatherhead, M.D.

Guildford Street, Russell Square, 5th Feb. 1844.

INTRIGUES AT ST. THOMAS'S HOSPITAL.

To the Editor of "The Medical Times."

Sir,—I beseech you, if you value our public hospitals, interpose your powerful assistance to expose and prevent the jobbing now going on in St. Thomas's Hospital. The governors of that institution appointed, at a general court, a special committee of nine to revise its laws and regulations. The report of that committee was brought up *yesterday*, but referred to the grand committee, it being considered highly objectionable; and a special court of the governors was, *after four hours and a half's* debate, ordered to be summoned in fourteen days to consider the matter, upon their receiving a report from the grand committee. Yet, by this morning's post, I hear a governor received the card of a candidate for the office of assistant-physician!! *two* of whom were merely recommended, in the special report, to be added to the one already belonging to the hospital. Now, what is the obvious inference to be drawn from this fact, but that the special committee, or at least certain parties upon that committee, have a direct understanding with the medical staff, who, it is well known, have prepared *two* candidates to fill the appointments expected to *have been created yesterday*.

I am, Sir, your humble servant,

Fair Play.

February 3rd, 1844.

[If our correspondent or some other friend will favour us with a full and correct state of the management at St. Thomas's, the Governors shall have from us an impartial judgment on what they owe to the hospital, the profession, and the public. We have reason to know that many of the committee are fully aware of their responsibilities, and would wish to discharge them well and wisely; and the experience we have had warrants a hope that an honest statement of their duties, from a source not to be suspected of personal or private motives, would not be without its influence on their proceedings.—Ed.]

THE GREAT MEETING AGAINST THE CHARTER.

To the Editor of "The Medical Times."

Sir,—Some misunderstanding having occurred in connexion with an observation which fell from me in allusion to the diocesan Bishops, during my speech at the Crown and Anchor Tavern, as reported in the *Medical Times* of last week, you will oblige me by inserting the following explanation in your columns.

That remark was made simply in reference to the office or functions of Bishops in the Anglican and Roman Catholic churches, whose order I, as a Presbyterian, cannot be supposed to reverence; and was not intended to cast any discredit on the leading truths of Christianity. At the same time, I admit the allusion was indecorous, and would have been much better omitted.

Your faithful servant,

Wm. Thos. Borthwick.

5th February, 1844.

To the Editor of "The Medical Times."

Sir,—A letter having appeared from Sir Benjamin Brodie, implying a charge against me of misrepresentation, I beg leave to give the following reasons for making the public statement that he had described the great body of general practitioners as a subordinate class:—

First—He is reported in the *Lancet*, at that period the only record of medical affairs, to have used it at a meeting of hospital surgeons. Second—The charge is repeated at page 215 of the first volume of that work for the year 1829, in a letter from a correspondent. Third—The assertion appeared in the editorial comments of the *Lancet* and other journals on several subsequent occasions, without any attempt to deny it. Fourth—He frequently used the term *higher* and *lower* grade in his evidence before the select committee of the House of Commons. Fifth—The charter itself which he then propounded, and since succeeded in effectuating, contains all the invidious distinctions which degrade the members of the college who were before equal, and create a body of fellows without any fixed standard of qualification, or without reference to age, station, attainment, or ability; and thus, as a necessary consequence, all the members not belonging to the fellows are placed in the category involved in the question, 5,723 of the same inquiry, namely, "Would the members of your proposed LOWER grade, &c."? Sixth—Because all those who practise in midwifery, the most useful, the most indispensable, and frequently the most difficult branch of medicine, requiring knowledge, skill, and great manual dexterity, are deemed unworthy of a seat in the Council of the College of *Surgeons!!!* On this silly pretence nine-tenths of the members to whom the maintenance and restoration of the health of the people of these realms are intrusted, are made, by the clauses introduced by the baronet, a subordinate or lower grade. I leave to the philology of the learned and ingenious gentleman the choice between the two terms.

Your obedient servant,

Jordan R. Lynch, M.D., M.R.C.S.L.

EXTRACTION OF A TOOTH DURING MESMERIC SLEEP.

To the Editor of the Medical Times."

Sir—As I am no party to any of the angry disputes on mesmerism, and as the shiboleth of my actions is truth, perhaps you will excuse the trouble this little communication may occasion you. My friend, Dr. Elliotson, brought me yesterday a young lady, a patient of his, who had been long suffering from a "raging tooth," (the inferior anterior molar of the sinister side); and who had expressed a wish to have it removed while under the influence of mesmerism; she was placed in a chair, I examined the tooth, and Dr. Elliotson in a few minutes put her in the mesmeric delirium, during which state I performed the operation (and it was one which would have been more than usually painful from the great resistance of the alveolus) without the young lady evincing the slightest consciousness or flinch.

The pulse was 108 under the mesmeric influence, and rose a little during the operation. On being awakened she expressed the most lively gratitude and delight at having lost her troublesome companion.

I am, Sir, your obedient Servant,

John Nicholles.

34, Bruton Street, Thursday, February 1st, 1844.

SLANDERS OF THE "LANCET."

To the Editor of "The Medical Times."

Sir,—In the *Lancet* of last Saturday I observe a pseudo-editorial leader on the subject of the late meeting of the medical profession at the Crown and Anchor, which smells strongly of the Arbroath school of medical politics. The wilful falsity of the meeting being a small one, I pass over, as the con-

trary is sufficiently well known With the exception of Professor Sharpey, I am not aware of any medical man from the town above-mentioned capable "to lead on," or even to be in the "front" of any movement of the medical profession. There were persons at the meeting more likely to lead on a "forlorn hope" successfully than any of the present members of the Council of the British Medical Association, not even excepting their perpetual President, whose literary and scientific attainments are so carefully hid under a bushel. If Mr. Wakley had kept one or two individuals in the "rear," where they always ought to be, it would have been much better for the sale of his journal. He should also recollect the expressions of contempt and the torrents of abuse he met with in his own early days, and that it is possible there may be others who disregard cowardly attacks as much as he did. The early history of these "individuals" is as well known as that of Mr. W., and will be just as well told in your "columns," if necessary.

I am, Sir, your obedient servant,

VERITAS.

February 5, 1844.

THE MEDICAL TIMES.

SATURDAY, FEB. 10, 1844.

Serum erit tempus cavendi in mediis malis.

NEW charters have been given to the London, Dublin, and Edinburgh Corporations. Another is on the eve of concession to the College of Physicians, and Sir James Graham formally announces that his bill for "regulating" (!) us will be shortly introduced to his large Ministerial majority. And thus merrily goes on the work of MEDICAL DEFORM! Warmed by our dissensions, the cauldron grows hourly hot and hotter; and if in vain Sir James Graham has not contributed to the "charmed pot" his "blind worm's sting," Sir Benjamin Brodie his "fillet of a fenny snake," Mr. Wakley his "maw of the ravin'd salt sea-shark," the profession's "hell-broth" will soon be prepared "thick and slab," and "the charm of powerful trouble," in all its intensity, made complete.

Assuredly the crisis is no ordinary one. No mind can over-estimate its importance. Nothing distantly like it has occurred since 1815. The settlement Government will give us will settle us for a generation!

A consideration so serious—we will add, so solemn,—must inspire every right-minded medical man with the consciousness of a high duty and deep responsibility. Even he who is peculiar enough to think the present system of medical government good, is bound to lessen its peril by the support of a reasonable advocacy, and to show, if he find it endangered, that it is not wholly defenceless. But the great duty—the duty which no amount of energy and self-sacrifice, short of success, is sufficient to satisfy—presses on him who is firmly convinced that the system is mischievous, and knows that this is its last vulnerable hour. Inaction, in such a one, is *now* crime.

But there is a greater criminal than he. It is the medical man, who, fully cognizant with us of the tremendous professional interests staked in the moment's cast, and of the certain ruin that awaits our hesitation, or disunion, is apathetic while activity can do the cause no harm, and active the moment his inaction would be a service. If we wished to portray the *beau ideal* of a professional *fripon*, to lay bare to the world the diseased heart of a mercenary medical adventurer, we should not fail to bring him in action at a crisis like this—the very touchstone of periods for immortalising the true man and gibbeting the impostor. Charitably drawing a veil over childhood's miseries, boyhood's follies, youth's faults, our hypothesis should first give him to publicity as legal antagonist to a respectable Insurance Company, who indignantly deny him, on the plea of arson, fair indemnity for the burning of his drug-shop. Passing the discredit which not he but the profession received from this untoward circumstance, our novel should then paint him essaying an assassin journal, jointly devoted to Æsculapius, and Momus, supported, in his utmost need, by a profession glad of any aid to help them to improved institutions, placed above want by their liberal subscriptions, and raised by successive steps to the honours and emoluments, first, of a seat in Parliament, and secondly, of a magistracy or coroner. A member of Parliament, we should next portray him presenting a "deputy coronership bill," and promoted brother, as the great result to medical men of ten years' legislative labours. As coroner, we should describe him (the honoured Mr. Mills by his side) showing in one hand minutes of *post mortem* examinations, that announce the heroic doses of poison by which what he and his *surgeonless* juries called "Natural deaths" were accomplished, and holding in the other minutes of Middlesex magistrates, that rebuke him for arranging unnecessary inquest fees to himself, but thank him for arranging deficient inquest fees to medical men! And, finally, before the customary tragic *denouement*, we should represent him—thus a medical man, thus a coroner, thus a member of Parliament, and thus a journalist, devoted to medical reform—silent when the Charters are preparing, silent when the Charters are prepared, silent when the Charters are completed, silent when he is on the eve of a Parliament, where the whole question to which he has profitably affected to devote his life is to be definitively decided; and only heard, only active, when 300 medical men assemble to take steps to protect themselves and their brethren, when he publicly proclaims to Sir James Graham that their number is contemptible, and that they are only fit to be at the tail of the profession! The incidents of such a romance will sound strange and far-fetched to those who have had only a moderate observation of life's darker scenes, and life's worst characters. Such *have* not, *cannot* have known "Thomas Wakley!" The *honourable* member, or rather *gentleman*, must pardon our aspersing him with his own proper name. We love not excess of opprobrious epithet, but for the moment we feel malicious.

We repeat our cry:—this is the time to try men's souls!—the testing moment to prove the good and true from the degenerate and designing! While it lays bare in all its hideous deformity the painted rottenness of our Wakleys, it fails not to speak trumpet-tongued against the sordid avarice, or pitiable abjectness of spirit which would leave an *educated* man indifferent to an insult and injuries affecting not more his order than himself. The honourable man, the man virtuously solicitous for the respectable standing of general practitioners, and due encouragement of science, is distinguishable in an exigency like the present, not by his zeal only, and that should not be wanting, nor his activity, and that can be ill spared, nor his money contributions, and those ought not to be forgotten, but by what, though not less required, is far rarer,—*the sacrifice of every peculiar conflicting opinion of detail, and every bias of a minor personal character to the furtherance of the one great end.* What matters it to us that this man is stirring whom we hate—that man apathetic whom we love—this gentleman prominent whom we disrelish—that man reserved whom we regard? The question in hand is no family compact—no marriage alliance. The parties are fighting *our* battle: and whoever they are, are so far entitled to our warm gratitude. To hold back is to be worse than those we disrespect—is to injure ourselves—betray both. What again is it to us that this pet scheme of ours is not theirs—their mode of procedure not exactly ours? The main thing now is, that the body of pure surgeons, in their conspiracy against the dignity and profits of general practitioners, shall, first, not succeed, and secondly, shall be made to bow to the requisitions of common sense and justice. The peculiar views we incline to may be sound but this is not their time. If abstractedly they were worthy the fame of a Lycurgus, they are worse now than the drivellings of insanity if they lead to contest. If we press them we lose unity—unity lost we are weak as straws, and shall be just as much regarded.

What is our position that we may dream of daintily bandying about crotchets, or nicely catering to delicate personal predilections? Sir James Graham has his blundering and mischievous measures ready for us—his character is staked on their success—and he has a majority ignorant of our grievances all in good trim to secure him from failure. United, zealous, prudent, clever, we may yet fail to ward off aggression, or secure uniform *educational* competency, and representative rights; but disunited, lukewarm, extravagant, what will be our sure fate? Yes! that is the great question—what will be our sure fate?

We have paused over it maturely, and we honestly affirm that he who, in the present crisis, declines the reasonable help of any honourable medical man, or propounds opinions which will divide, and alienate the mass of general practitioners, or in any way throws cold water on surgeons giving time and money to procure a free and honest expression of the profession's opinions, *he* is either a *silly* or a *bad* man. He may be both.

We do not pretend to disguise that many of these reflections have been suggested to us by an article published in the *Lancet* last week on the recent meeting at the Crown and Anchor. It runs thus:—

"Although we must approve of the spirit of the authors of the "movement" which was exhibited on Monday evening, we cannot commend their discretion in calling a public meeting of the profession so hastily, without sufficient notice to enable practitioners residing at any distance to take part in it, the preliminary meeting, moreover, having been held in private, and without any notice at all, so that the profession had no opportunity of knowing whether the parties engaged in the undertaking were entitled to respect, confidence, or consideration. All these things carry with them such strong evidence of indiscretion and want of judgment that the profession, we are quite sure, would much rather see the originators of such a movement in the rear than in an advanced position in the battle which must be waged by the great medical body of this country against the corrupt and knavish monopolists.

"From the causes we have explained, the meeting *necessarily* consisted of *very few* persons; but we believe that the day is not distant when the organized societies of the members of the profession will adopt proceedings for instituting an aggregate meeting of the profession in the metropolis, the deliberations and decisions of which (!) *will be* of

anature to produce a powerful and durable effect upon the conduct of the Imperial Parliament with reference to the national question of medieal reform."

There are some men it would be as absurd to expect probity from as a clean shirt from a naked beggar. But how—we will not say any moderately honest—how *any* man moving in respectable society, could have written a passage of this kind, we are utterly at a loss to conceive. It contains two of the grossest, nay, absurdest falsehoods, man ever uttered. It calls the meeting a small one. The journals, daily and weekly—the *Lancet* not excluded—acknowledge to three hundred gentlemen present. Who that knows anything of medical men, does not feel that this must be considered a large, an almost unprecedently large meeting? It affirms that the "organised societies" are shortly to meet in an aggregate assembly. Now, first, the only "organised society" Mr. Wakley had the least connexion with was the British Medical Association, and that is defunct. A twelvemonth since, the secretary openly avowed to its having but twenty-five paying members out of the four hundred that once supported it. The council has since monthly failed to assemble, and there has been no annual meeting, though the time for it was last September. Secondly, the Provincial Medical and Surgical Association, and the North of England Medical Association, have yet made not the least intimation of taking any step on this Charter, certainly none in concert; and, when they do resolve to move, it is quite certain that their ordinary cares for their respectability and efficiency will make Mr. Wakley the very last person from whom they will seek counsel or ask terms of communion!

The breach of truth—the wanton and flagitious falsehoods of these affirmations, *by an honourable Member of Parliament*—is shocking; but still more shocking was the object for which they were used. They were used to destroy a virtuous movement, raised at great pains and expense, in favour of the very principles Mr. Wakley is pledged to, and to whose advocacy (for the profession) he owes all that he can boast of. It was an important movement—a necessary, a vital movement—the only movement that this most critical exigency had yet evoked into action; and, if defeated, its failure was almost the certain precursor of fixed Parliamentary degradation for the body of general practitioners!

Without referring to Mr. Wakley's successful Ministerial opposition to additional Middlesex coroners, or to the appointment by the Government of his brother to a place worth about 2,000*l.* a year, we can yet explain the honourable member's petty opposition to an independent professional expression of opinion. Mr. Wakley labours under an hallucination. With a circulation for his journal, under, *much* under, two thousand,* he fancies that he possesses, and will show that he can exercise, a royalty over the profession! Like Elliston, or one of the inmates of Bethlem, he creates a sovereignty of semblances, and struts about in pompous attitude, every inch an imaginary king! For the sake of his imperilled fortunes, private and parliamentary, we should implore his friends to recall him to his senses and tell him, as Charles the Tenth was told, "Sire, 'tis not an insurrection, but a revolution;" to make him know that he has lost confidence, lost power, lost even the dignity of being hated, much less feared: lost everything, in fact, but respect—for that he never had; and, finally, to make him certain that if he persist in his silly bubble-blowing, and reckless exercise of his florid impotence, nothing but piteous contempt can save him from being declared the PROFESSION'S OUTLAW.

* His publisher now asks but 2,500 bills to stitch in as advertisements; formerly he asked 6,000. Our *stamped* impression *alone* was last week 2,100!

MEETING OF THE COMMITTEE OF THE MEDICAL PROFESSION.

On Wednesday evening the Committee met. Among the gentlemen present were, Mr. Leeson, Dr. Lynch, Mr. Dermott, Mr. Harvey, Mr. Walter, Dr. Pattison, Dr. Ryan, Dr. Wilson, Mr. Hunter, Mr. Cooper, Mr. Walkin, Mr. W. Simpson, Mr. Simpson, R. N., Mr. G. A. Walker, Mr. H. H. Rugg, Mr. Weathers, Mr. Buller, &c. &c.

Dr. Wilson was voted to the chair.

The Secretary announced subscriptions from several medieal gentlemen. (See advertisement next week.)

The subject was mooted of Sir Benjamin Brodie's letter to the *Times*, denying that he ever called general practitioners "subordinates." A deputation was appointed to wait on the Editor of the *Times* to request the insertion of a reply, or to secure the reply's insertion as an advertisement, if neeessary.

Dr. Lynch was then requested to give the results of an interview of a deputation with Mr. Wakley, for the purpose of asking explanations on an article full of misrepresentations, that appeared in the last number of the *Lancet*. It appeared that the deputation, which consisted of Mr. Harvey, the Messrs. Simpson, Dr. Lynch, Mr. Rugg, and Dr. Wilson, distinctly controverted the truth of the *Lancet's* statements that the late meeting was a small one, or that a meeting of the "organized societies" was in preparation; frankly laid before him their unfavourable opinion of the line of policy he was now following; explained to him the suspicions generally entertained in consequenee of his own conduet in Parliament, and his brother's singular promotion in Newcastle; and plainly told him that his inexplieable silenee upon the late Charter granted to the College, indueed them to call a meeting to protest against it; that they were only actuated by a desire to promote reform, and that it was best promoted by moderate measures; that the extravagant demands of the British Medieal Association estranged the support of the profession, and ensured their defeat and extinction; that they provoked and eneouraged the unjust aggressions of the College upon the rights of the members; that Mr. Wakley's own sueeess as a medieal reformer in Parliament, was no eneouragement to them to follow his example; that the measures whieh this deputation sought to attain were sueh as would ensure unanimity in the profession, without which they could carry nothing.

Mr. Wakley, in reply, averred that the British Medical Association was in existenee, though he would be unwilling to stake anything on the assertion; said, that the meeting was called hastily, and that its resolutions were defective, particularly because they insisted on uniformity of educational competency, instead of "equal qualifications," and omitted to contend for one faculty and the supersession of the corporations, which he considered fundamental points. In referenee to his own conduct he said he had laboured twenty years for the profession, that he had found them a "spiritless and apathetic" body, who, in the words of Dr. Lynch at the meeting, "hugged their chains," and that he had resolved at this crisis to be perfectly silent to see what they would do. Evading the question "why he therefore threw cold water on them when they did stir?" he explained that his brother who was appointed to so lucrative a birth by Government, was a Tory, and had been supported by a memorial from his Newcastle political friends, and that for himself as coroner, he acted on a distinct principle by which he regulated when he would and would not have medical testimony. He then inveighed with great bitterness against the attacks made upon him, and gave the deputation to understand that he would himself call through the "organized societies," a meeting of the profession some future day. He was pressed to name the societies, but declined. The honourable member then gave the deputation to understand that nothing but the one faculty system, and a system of education, after each one's fancy, except that it should be tested by examinations would win his concurrence; but he deferred any final conclusion till Monday evening, when he invited the deputation again to meet him at the House of Commons. The deputation acknowledged in warm terms the extreme and solicitous courtesy shown to them by the honourable member for Finsbury.

It was then carried, on the motion of Mr. Dermott, seconded by Mr. Harvey, that a sub-committee, composed of Mr. Cooper, Mr. Leeson, Mr. G. A. Walker, Dr. Lynch, and Mr. Hunter, be appointed to draw up addresses to Members of Parliament and to the medieal profession, the latter having especial referenee to enlisting their attendance, and hearty co-operation in the approaching aggregate meeting of the profession shortly to be called by the committee.

The address to the medieal profession was directed to be sent to all the medieal associations; and during the conversation that took plaee in referenee to it, an unanimous feeling was enunciated that the freest expression of the opinion of the profession should be courted by the members of that committee.

It was then moved by Dr. Pattison, seconded by Mr. Hunter, that Sir James Graham, Mr. Maeauley, and other Members of Parliament—be waited on by deputations, and the opinions come to by the late meeting strongly urged on them. This resolution after some discussion as to the propriety of yet having an interview, was carried.

After some discussion on minor details, and the appointment of several gentlemen on the committee, a vote of thanks was voted to the Chairman, and the meeting adjourned.

REVIEWS.

Facts and Observations relative to the Influence of Manufactures upon Health and Life. By DANIEL NOBLE, M.R.C.S.L., &e.—CHURCHILL.

THIS is another valuable book, contributed by disinterested industry to medicine, and by medicine to the people's social well-being. Like Dr. Holland's researches on the Sheffield scissors grinders, it gives us inquiries and opinions on subjects on which the author has peculiar facilities of information, and on a proper acquaintanee with which by the legislature and the public depend the health and happiness of a large portion of our fellow-subjects.

"Factory Labourers" and their condition are so peculiarly "party" property, that we owe Mr. Noble no common thanks for the philosophy and impartiality that mark his labours. It is no easy task, however well-intentioned, wholly to disengage the mind from the seductive prejudices which were ingenious enough to find a place in the poetry of a Milton, the theology of a Paley, the history of a Hume, and the philology of a Parr.

Mr. Noble's conclusions are that the condition of factory labourers has been *over* and *under* praised by different authorities—that it is more favourable to health and life than *à priori* the physiologist would be inclined to admit, and that no peculiar evils attach to it necessarily. He is supported in the last deduction by a reference to the rates of mortality of such towns as Liverpool and Birmingham, and to more general statistical data on the proportionate prevalence of disease. In our author's wide conclusion, even thus arrived at, we do not acquiesce. The factories, from their heat, dust, long in-door confinement, contain "peculiar" causes of disease, which must necessarily have their effect. Why, then, is the Manchester rate of mortality less than that of Liverpool and some other cities? Because to counteract the larger result of this

cause on one side, there is a less result of deaths arising from deficient nutrition on the other. Food and clothing are unusually cheap in Manchester, and the average weekly expenditure of poor *families* larger proportionally than that in other large British towns, except London. In man's contest with mortality, food and raiment is more than one-half the battle! If Mr Noble continue, as we hope he will, his investigations, we trust he will not overlook so important a *point* for his consideration.

Anatomical Manipulation; or, the Methods of Measuring Practical Investigations in Comparative Anatomy and Physiology. By A. Tulk, M.R.C.S., &c.; and A. Henfrey, A.L.S., &c.

The authors are after our own heart. Such a book as this proves to us that they know what it is to love Science for her own sake; and we may add, that though they have loved perhaps "too well," we are disposed to the paradox that they have by no means loved the "less wisely." The number of microscopic physiologists are not very numerous, but they are increasing; and the *practical* or virtual want of any handbook on the subject must eventually lead to a sale, which, if not the most remunerative in the ledger of cash payments, may be amply so in that of honour and good repute. The work of Straus Durckheim is the corner-stone of the present building, and when we say that the translation is good, and that the original additions are in harmonious keeping with it, we have uttered to the authors our hearty "God speed ye!" and secured them, we doubt not, that of many of our microscopic readers.

TRANSACTIONS OF LEARNED SOCIETIES.

Westminster Medical Society, Feb. 3,—Mr. Fisher in the chair.—*Effects of cantharides on the system—intermittent fever following gonorrhœa.*

Dr. Merriman, jun., narrated the particulars of the case of a child he was called to see, when labouring under the symptoms of general fever, accompanied with deranged bowels. When recovering from this attack, symptoms of hydrencephalus occurred, and Dr. Merriman, jun., and Dr. James Johnson were joined in consultation. Various remedies were prescribed, and among others a blister to the nape of the neck, which was duly applied the same evening it was ordered, and a large vesication was the consequence. The child was partially comatose at the time. In the course of the night the plaister became displaced, and when sought for in the morning could not be discovered anywhere; the only remains of it that could be found were a stain on the pillow-case, and a small strip near the eye, on the removal of which there was found a corresponding vesication. The relatives finding the child's mouth was in a very bad state, which they attributed to the mercury, sent in all haste for Dr. Merriman, who, on his arrival, found the interior of the mouth and fauces extensively blistered. Not a particle of the plaister nor of the calico on which it had been spread could be found after the most diligent search. Acting on the impression that the child had chewed and swallowed the missing plaister—an impression that was much strengthened by the statement of the friends, that it had been noticed during the night to be moving the jaws, as if something was sticking to and clogging the teeth—a mixture consisting of olive oil and manna was prescribed, a dose to be taken frequently. The singularity of the case is, that notwithstanding this circumstance, there were not any bad symptoms which could be traced to the action of the cantharides; there was not any strangury, nor indications of inflammation of the stomach. On the second day afterwards, the child certainly flinched and screamed when pressure was made over the stomach, but it did so when any other part of the body was touched. Micturition was performed freely, and without pain. The little patient died thirty-six hours after the mastication of the plaister, the death not being in any way hastened, according to Dr. Merriman, junior's opinion, by the cantharides. Permission could only be obtained to examine the head, where two ounces of serum were found effused into the ventricles. The most interesting part of the autopsy, the examination of the œsophagus, stomach, and kidneys, was denied by the friends. Previously to death occurring, the mouth partially recovered from the effects of the blistering. Dr. Merriman, junior, afterwards mentioned briefly a case that had occurred in the Middlesex Hospital many years ago, where exceedingly large doses of the tincture of lytta were administered, the dose having been gradually increased. He did not recollect how large the dose was that was given, but he knew it to be an enormous one, and he thought it went to show that in some cases, at all events, there was a great tolerance of this medicine. In the case of this child, he should have stated, there was about a drachm of the blistering plaister used, and he had no doubt that it was swallowed by the child, the principal evidence being the state of the mouth and fauces. Its influence on the alimentary canal was less marked than it would otherwise have been, on account of the strength of the plaister having been previously somewhat exhausted, by its having caused vesication at the nape of the neck. The child was thirteen years of age, and lived eleven days after he (Dr. Merriman, junior), was first sent for.

Mr. Snow narrated a case of poisoning by the emplastrum cantharidis, which, being in a dry state, and lying loose in a cupboard, had been mistaken for chocolate, and used as such. It caused hematuria and strangury, but the patient recovered.

Dr. Chowne remarked with reference to this case narrated by Dr. Merriman, junior, that he remembered reading in an old author—

"That those who sought, committed a blunder
By not looking in the bed, as well as under."

And he thought it possible the reverse error to this had been committed with respect to the missing blistering plaister. Had the friends looked under the bed, they might, probably, have found it. He could certainly account for the disappearance of the blistering plaister, which he thought, had very probably been swallowed, but he could not understand what had become of the piece of rag on which it was spread. With regard to the dose of tincture of lytta, he had gradually raised it in practice, until he had given six drachms in the course of the day, and he could not call that a very large dose. He considered it was a very useful remedy in some cases of leucorrhœa.

Mr. Fisher mentioned that some years back he ordered a blister to be applied to the chest of a New Zealand chief, which in the morning could not be found. Three or four days afterwards it was ascertained that during the night, having experienced relief in the chest from its action, and feeling pain in the stomach, he had removed it from the chest, and applied it lower down, where it had raised a very fine blister.

Some conversation afterwards ensued among the members respecting the application of blisters to children, and it seemed to be the general impression that they ought not to be left on for a longer period than three or four hours.

Mr. Barnard Holt narrated the case of a gentleman, who three or four months since contracted a gonorrhea, which was followed by swelled testicle; the orchitis was treated in the usual way and cured, the discharge returning, which ultimately was converted into a slight gleet. One evening after having been at his place of business, and having caught cold, he had a slight shivering fit or rigor, which returned the next evening precisely at the same hour, and was followed by the hot and sweating stage. At first no attention was paid to it, but as it continued for three or four nights in succession, medical assistance was sought for, when it was regarded as a case of intermittent fever, and treated, but unsuccessfully, with quinine and arsenic. Very acute inflammation of the lungs set in, the intermittent accessions continuing the while, and also after the pneumonia had been cured. Dr. Bright and Dr. Watson were called in to see the patient, and the opinion they expressed was to the effect that it was intermittent fever they had to deal with, and they prescribed accordingly large doses of quinine and arsenic, but equally fruitlessly as on the previous occasion. The disease got worse instead of improving, and the periodic attacks came on twice a day, regularly at noon and at midnight, the rigors lasting two hours, the hot stage an hour and a half, after which came the sweating stage, on the cessation of which only could the patient obtain any rest. Various plans of relief were tried; emetics, change of air, quinine in scruple doses, powder and decoction of bark, zinc and iron were all tried, but all with the same want of success. Mr. Barnard Holt saw him about six weeks ago, and from the symptoms and protracted nature of the attack, he was inclined to suspect there was matter forming somewhere, and he thought from the symptoms it was most likely to be in the lungs. The most careful examination, however, by the physicians, could not detect any other mischief than consolidation in the upper lobe of the right lung; the attack of inflammation having been in the left. About five days since, slight expectoration took place, at first frothy, and afterwards mucо-purulent, and very tenacious, with a very distressing cough, and while this lasted, the rigors, &c., almost left him. The expectoration has since ceased, and the other symptoms have returned with their former violence, and Mr. Barnard Holt was inclined to regard the relief caused by the occurrence of expectoration as some way connected with the cause of the disease, and acting on that he proposed the establishment of a seton, which he thought might remove the mischief going on in the lungs.

Dr. Sayer recollected two or three cases that had occurred in his practice, which bore some analogy to that before the society, in which he had prescribed with advantage an electuary he had found recommended in Torti's work, "*De febribus malignis.*" It consisted of powdered bark two ounces, tartarised antimony sixteen grains, and an ounce or an ounce and a half of syrup of wormwood. In his cases, however, there had not been any previous disease of a mucous membrane. If the rigors were dependent on disease going on in the lungs, or on the formation of matter, he did not think there would be such well-marked periodicity as there was here; no authors had mentioned that as a pathognomonic sign of the formation of matter. It had been his fate to watch the progress of tubercular disease in several members of his family, from its earliest origin to the fatal termination, and in no one instance was it preceded or accompanied by rigors, &c., until towards the termination.

Dr. Chowne was apt to regard the case as one of pure intermittent fever, tho rigors not being such as attend the formation of matter. The relief that had been experienced from the expectoration, he attributed to the occurrence of bronchitis, causing for a time an improved tone of the system, and then acting in the same way that bark and other remedies do. He had many times seen persons die of ague; the cases were certainly rare, but still they did occur. The disease is not by any means amenable to treatment under all circumstances, the patients dying without their being able to trace any organic disease. Persons of a nervous temperament, for instance, are very liable to intermittents, which are very difficult to cure.

Mr. Fisher gave the outline of an anomalous case of intermittent in a lady who laboured under the hot stage only; she was cured by bark.

Dr. Sayer confirmed the statement of this case, and further stated, that when he was a prisoner of war at Brussels, he had several cases of obstinate intermittent fever which he could not cure, in the persons of some young recruits; suspecting that *nostalgia* had something to do with the protraction of the disease, he obtained leave of absence for them, and sent them home. They afterwards, with one or two exceptions, rejoined their regiments perfectly recovered.

Mr. Chance thought he had some knowledge of the case before the society, and if so, he could account for the occurrence of ague. The place of business of this gentleman was by the side of the Thames, and he was much in the habit of boating and sailing, and probably had dropped down to the marshy dis-

tricts on the banks of the river. He thought the regular periodicity of the attack put the formation of matter entirely out of the question, and he therefore looked upon it as a case of obstinate ague, of which he had seen a good deal, and had found the best remedy to be a combination of sulphate of zinc and quinine, two or three grains of each three times a day, and it was remarkable that he had never noticed any nausea caused by these large doses of the zinc.

Mr. Marson mentioned a case of obstinate ague, that had occurred thirteen years ago, in a lady, which could not be cured until after Dr. Bright had made her undergo a course of mercury. Under the use of bark she afterwards perfectly recovered. It occurred about the time of the excavation of St. Katharine's Docks, when ague was very prevalent in London.

Medical Society of London, Feb. 5.—Mr. Pilcher in the chair.—*Malignant ovarian disease; subcutaneous tubercle; disease of the uterus; dysmenorrhea; chilblains.*

Dr. F. Bird brought before the notice of the meeting a specimen of morbid structure, which he had taken from an enlarged ovary. He gave but a few brief particulars of the case, reserving a fuller account for a future occasion. The operation was performed yesterday week, and up to the present time has been successful, although of more than usual difficulty from the tumour being adherent throughout to the peritoneum. Fluctuation was very distinct, but when the tumour, which weighed about twenty-five pounds, was examined, it was found to consist of numerous secondary cysts, within a parent cyst, separated by cartilaginous septa, and filled with a gelatinous secretion similar to that exhibited by Dr. F. Bird. The other ovary was healthy. The patient was thirty three years of age, had been married twelve years, but had not borne any children. She had enjoyed good health until about eleven months since, and she did not present any other indications of malignant disease, with the exception, perhaps, of a small subcutaneous tubercle in one of the breasts which Dr. F. Bird regarded as of no consequence. The gelatinous mass had been examined microscopically by Dr. Golding Bird, and presented the genuine characters of malignant disease.

Mr. Pilcher drew attention to the contradictory facts that while malignant disease was discovered in the ovary, which had been supposed to be dropsical, the general health and constitution of the patient did not indicate any such diathesis, and also to the fact that fourteen practitioners had unhesitatingly decided before the operation, from the manifest fluctuation, that there must be fluid, when the contents of the tumour proved to be a malignant gelatinous secretion, and he remarked that the result of this case should teach great caution in giving an opinion.

Dr. Golding Bird, in answer to a question put to him by a member, stated that chemistry threw very little light as to the distinction between malignant and non-malignant structures, their composition being very nearly identical. The contents of the ovary in this case was not gelatine, which is very rarely secreted by the system, and it owes its gelatinous appearance to an arrangement very similar to that of the hyaloid membrane with respect to the vitreous humour. The secretion was contained within the convolutions of a very fine membrane; it was composed of compound cells, so peculiar that he intended having a drawing made of them for the museum of Guy's hospital. In their outline they were almost fusiform, but they varied somewhat in shape from each other. The cells resembled those met with in malignant disease, and as far as he knew, were never seen in the more innocent structures. They were not nucleated or homologous, but compound cells, not having any distinct nucleus, and are such as are met with only in malignant disease. The mass resembled very much that form of degeneration which is called by the French *matière colloide*.

Mr. Pilcher observed that a case had occurred to him, bearing upon the moveable non-malignant tumour under the skin, which caused him not to think so slightly of the tubercle in the breast of Dr. F. Bird's patient. Some years ago a tumour formed under the skin of the breast in the wife of an intimate friend of his, of which he thought very lightly, and several other surgeons, among whom were Sir A. Cooper, Mr. Green, Mr. Lawrence, and Mr. Liston, also regarded it as a tumour of an innocuous character. It, however, ultimately increased rapidly in size, and the lady died after severe suffering, of what Sir A. Cooper called *inflammatory cancer*. The mischief in this case Mr. Pilcher thought was lighted up by the application of a blister, and by the use of iodine. If he were consulted respecting such a tumour in future, he should at once advise its removal, and he would recommend Dr. F. Bird to watch it carefully in his case, as he thought, that coupled with the decidedly malignant character of the disease in the ovary, it was very suspicious.

Mr. Hooper narrated the following case:—A lady, forty-five years of age, the mother of three or four children, and of robust health until within the last three months, was troubled with irregular menstruation, the secretion being very frequent and profuse, and on the last occasion having exhausted her very much, and induced symptoms of hysteria, with nausea, vomiting, &c. Last week the discharge assumed a dirty serous appearance, and a new set of symptoms occurred; his patient experienced most excruciating pain in the thighs, extending downwards from the sacrum, coming on in the evening, not in the day-time, being exceedingly severe for two or three hours, then suddenly ceasing for several hours, and then returning again. He was inclined to attribute these pains to an irritable condition of the uterus, and yesterday threw up an anodyne injection into that viscus, which afforded relief; to-day she is comparatively easy. There was not any swelling over the pubes, nor any hardness on pressure.

Dr. Golding Bird inquired if a vaginal examination had been made; he thought the case looked like malignant disease of the uterus.

Mr. Hooper answered that he had not yet examined *per vaginam*.

Dr. Chowne remarked on the difficulty of forming a diagnosis without having made a vaginal examination. The patient was at a period of life when malignant disease is apt to set in, and it begins with pain, and serous discharge, which latter is very suspicious if it be dark coloured or offensive. The case, however, might prove to be what Dr. Gooch has described as the irritable uterus; a term by which the disease can scarcely be said to be correctly designated, as it is essentially inflammation of the organ with increased secretion, sometimes of a purulent character. He had had occasion to examine frequently under such circumstances, and had found the uterus tumid, more than usually hot, presenting all the symptoms of inflammation of a severe character. Such might be the case with Mr. Hooper's patient, but he thought it was doubtful. Serous discharge does not usually take place until the structure of the cervix uteri begins to break up, so that the history of the case may aid in forming a diagnosis. With regard to anodyne injections, they were very serviceable in the treatment of inflammatory and painful diseases of the uterus, but more advantage will be derived when the injection is thrown into the uterus itself, which can be readily done with a catheter and india-rubber bottle.

Mr. Hooper had not made a vaginal examination, because he regarded it merely as a case of irritable uterus, and he did not think there were any indications of malignant disease. There had always been irritability of that organ, and in early life his patient had always experienced great pain at the menstrual periods, requiring sometimes the use of anodynes for her relief. About three months since she might almost be said to have laboured under flooding, the discharge was so profuse. It had not the offensive smell which attends the discharge in cases of malignant disease of the uterus.

Dr. F. Bird and Mr. Hird, both expressed their opinion that the history of the case led to the conclusion that malignant disease was going on in the uterus, and that dysmenorrhea was not an unfrequent precursor thereof.

Mr. Dendy objected to the use of fomentations and hot injections in a case where it was requisite to keep the organ quiescent. He agreed with the preceding speakers, that there was more than irritable uterus in the case, and he thought it not unlikely from the periodical hæmorrhage and the discharge of turbid serum, that there was a polypus in the womb. He had seen several cases, and one in particular of an old lady who had fungoid growth in the vagina, and pseudo-hydatids in the uterus. About three weeks ago he was called to a lady under almost similar circumstances to that of Mr. Hooper's case. She had a gush of blood pass from her while walking in her drawing room. She had been the subject of dysmenorrhea, and had an abortion at six months and a half, and a miscarriage afterwards, but had long ceased to menstruate when this gush took place. He had recourse to the recumbent position, cold applications, and anodynes, and succeeded in suppressing the hæmorrhage, but the discharge of a peculiar turbid watery fluid continued. He had not made an examination because the symptoms were alleviated, but he had no doubt that there was a polypus in the uterus.

Dr. Chowne observed that he had not recommended warm injections in cases of hæmorrhage, but in painful affections of the uterus, in which he had found them serviceable. In such cases, so far from there being hæmorrhage, there was generally dysmenorrhea.

Dr. Theophilus Thompson made some general remarks on dysmenorrhea, and stated that in some cases he had derived benefit from the exhibition of the acetate of ammonia in small doses, and in others from using the veratria ointment in frictions on the loins. He inquired if any member had any experience of Dr. Mackintosh's plan of dilating the os uteri with bougies, which he is said to have practised with success.

Dr. Chowne would not rely upon the supposition that dysmenorrhea could be cured by mechanical means. It was entirely a constitutional malady, and not a local one. If it arose from narrowness of the os uteri, and the consequent retention of the menses, there would be the inconveniences experienced which attend imperforate hymens. The os uteri is always very small in virgins. Dr. Chowne then described at some length the characters of scirrhus uteri, and showed that it might be easily recognised, when a vaginal examination was made, and pointed out the distinction between it and simple fissure of the os uteri.

Mr. Hooper, after re-stating that in his patient there were not any symptoms of malignant disease, remarked that he had attended a lady for twenty years, who used to suffer most excruciating pain in the uterus, worse even than labour pains. Her case was supposed to be malignant, or at all events that the disease would ultimately take on that form, but it proved not to be so. Dr. Blundell, who saw her, said that it was simply a case of irritable uterus.

Dr. Theophilus Thompson, after mentioning various plans for the treatment of chilblains, recommended the application of a stick of nitrate of silver three or four times over the centre of the blain, which he described to be a speedy, safe, and pleasant remedy. It gives instant relief, and does not cause any pain. The stain it produces resembles the mark of a piece of court-plaister. He supposed that it acted by altering the vital condition of the extreme nerves of the part.

Dr. Chowne reverted to the subject of the subcutaneous tubercle mentioned by Mr. Pilcher, and would be glad to know how those likely to become malignant could be distinguished from the non-malignant.

Mr. Pilcher observed, that the tumours to which Dr. Chowne referred were very common, and fortunately generally very mild, although they occasionally prove to be otherwise. Mr. Callaway had seen a case of this kind with him; and although it was apparently innocuous, he advised its removal, as at a certain period of life it might assume a malignant character. The operation was comparatively a simple one, and the safe plan would be to remove the tumour, as there was less likelihood of malignant disease occurring in the cicatrix, than in the tumour itself, if allowed to remain.

COMPLICATED MENSTRUATION, AS ILLUSTRATED IN TWO CASES.

By W DETMOLD M. D., of New York.

The following case represents features as interesting in a physiological point of view, as they are perhaps of rare occurrence. I therefore do not hesitate to give it publicity, though I have myself only for a short period been an observer and eye-witness of the course of the disease. The medical attendants were changed several times during the illness of the patient, and having been myself called in consultation only in the latter part of it, I have been obliged to rely for the history of the case, previously to my seeing it, on the statement of the patient and her family, and of the physicians whom I found in attendance at the time. The case, however, has been seen by a large number of professional men of the highest standing in this city, and I myself had an opportunity of showing the patient to several medical men from other parts of the country, so that as regards the correctness and truth of the history of the main and most interesting features of the case (and to those I shall limit myself here) there cannot be any doubt. As the repeated change of the medical attendants, and my only temporary observation of the case, make it impossible for me to give an exact account of the medical treatment followed during the different stages of the disease, and as I, besides, consider the case less interesting in a therapeutic point of view than in a pathological and physiological, I shall omit here the treatment entirely.

Miss R., of this city, of dark hair and complexion, had, with the exception of the ordinary diseases of childhood, always enjoyed good health, and she was apparently of a robust constitution. When fourteen years of age, her menses first appeared, without any disturbance in her general health; and after that time she regularly menstruated for about one year. On the 17th of April, 1842, during one of the menstrual periods, she had, at the same time, (according to her own and her family's statement), a bilious attack, with a severe sore throat. She had leeches applied to the throat, and was bled in the arm. Her menstruation stopped during the night succeeding the venesection, and the following morning the patient had lost the use of her left leg, which became very painful, and began to swell from the hips down to the toes. Simultaneously with the swelling of the leg, a singular symptom appeared. *The whole surface of the body became covered with black hair*, so that the arms, legs, and chest of the young lady, looked more like those of a hairy man of forty, while the upper lip and cheeks were covered with a delicate dark down, as we see sometimes in young men approaching the period of puberty.

I saw the patient about three months after the commencement of the disease which then had just passed its acmé, and found her in the following condition. Her whole body was very much emaciated, and her countenance bore an expression of suffering, which was increased to the highest degree by the mere approach of any person to the pillows on which her leg rested. On her upper lip and cheeks was the above-mentioned down, and her chest, arms, and legs, were hairy as just described. The hair showed, however, much more on the sound leg than on the diseased one, for as the sound leg was emaciated almost to bone and skin, the hair on it appeared much more dense than on the other leg, the skin of which was in the highest degree of tension from the enormous swelling. The circumference around the knee was twenty-two inches, and the thigh and leg were swollen in proportion. The skin was neither changed in temperature nor colour; the swelling was neither phlegmonous nor œdematous; to the touch it was solid, and felt like a plastic deposit: it resembled hypertrophia, and the whole limb presented somewhat the appearance of phlegmasia alba. Outside and above the knee was a superficial and limited fluctuation, which, on being opened, discharged for several days, a moderate quantity of healthy-looking pus; and a similar fluctuation appeared a few weeks after directly over the patella. Both these abscesses were, however, in no proportion whatsoever to the size of the leg, and they seemed altogether secondary, that is, not connected with the *causa proxima* of the disease, but rather consecutive upon the enormous swelling. The patient suffered intense pain from the slightest attempt at moving the limb, over which she herself had no control at all. She had two large ulcers from decubitus over the os sacrum, and the pulse was about one hundred and eight in a minute, having been a few days previously as high as one hundred and twenty. Her appetite was good, and altogether the disease, as already stated, seemed to have passed its acmé; for the patient began gradually to improve, the pulse became daily less frequent, the swelling of the leg diminished by slow degrees, the limb became daily less painful, the ulcers on the back healed up, and about four months and a half after she was first taken ill, she began to move about upon crutches.

The unnatural growth of hair upon her body and limbs gradually disappeared, and about six months from the commencement of the disease, the menses made their reappearance. From that time she continued to improve steadily, and she is now, in June, 1843, a fine, hearty-looking woman, with no remains of her extraordinary illness, except a false anchylosis of the knee-joint, evidently caused by plastic deposit in the soft parts and ligamentous apparatus around the joint. Otherwise she has the full use of her limbs, with the exception that after much exercise she has a feeling of fatigue in that leg, and it becomes slightly œdematous.

I have thus given only, as I premised in the beginning, an outline of the characteristic features of the case, without entering into the minutes of the daily changes even at the period when I had the opportunity of doing so; and I will now, in conclusion, only state that the application of ice to the swollen limb, seemed to have been the most beneficial remedial agent resorted to. I also abstain from commenting on the physiology and pathology of the case, which seem, as far as the growth of the hair is concerned, a mistake of nature in anticipating the period when menstruation ceases naturally.

As I have given the above case mainly on account of its pathological and physiological interest, without reference to therapeutics, I do not deem it out of place to add the following case, of which the principal interest lies perhaps in the therapeutical treatment pursued.

Mrs. ——, of this city, of lymphatic temperament, had, until her marriage, which occurred when she was very young, regularly menstruated. She has now been married about eight years. Soon after her marriage, her menstrual functions became deranged, the pain at each period being so excessive that she had invariably to keep her bed for about a week. The pain and uterine spasms were at times so violent as to produce convulsions; and, withal, she never lost more than a few drops of blood during the first few hours of each menstrual period. She had never, during the eight years of her matrimony, been pregnant. She had been under the care of several medical men, and she had at different times been put under the influence of various remedies, as well for momentary relief during the paroxysms of her menstrual spasms, as in the interim for a radical cure. It was all, however, to no good effect, for she only obtained temporary relief from copious venesections, which were repeated every few months.

In August, 1842, she applied to me for relief. Besides her regular attacks of illness, every four weeks, she complained of a continual feeling of soreness above the os pubis, which was much increased after intercourse with her husband. I proposed, and she submitted, for the first time, to an examination per vaginam. The collum uteri felt rather large and soft; and when the speculum was introduced, the labia of the os tincæ showed a dark purple colour. I repeated the examination at her next menstrual evacuation, and found the same appearance as before, only stronger marked, showing evidently a high degree of venous congestion. I advised the immediate application of six leeches to the os tincæ. The after bleeding was very copious, so much so that her husband became alarmed during the night, and sent for me to stop it; but, as I found it not excessive, I allowed it to continue for several days. I did not ascertain whether the blood flowed from the leech bites or from the interior of the uterus. The patient, however, had neither pain nor spasms of any kind, during the menstrual period, being the first time in about eight years. I ordered the application of the leeches to be repeated every month, upon the first warning of the approaching menstruation, and each time with the same beneficial result. Besides, I ordered, during the intervening time, injections of cold water per vaginam, and advised abstaining from intercourse with her husband. At the same time I prescribed a simple and healthy diet, with exercise in the open air; and as the patient was evidently doing well under this treatment, I did not deem any medicine necessary except keeping her bowels regular with small doses of rad. rhei. This course of treatment was carried on for about five months, the leeches having been applied four times, when, as the soreness over the os pubis had long since entirely disappeared, the patient did not deem it necessary to have them applied a fifth time; and the result was, to her great surprise and delight, a regular menstruation, without the least pain, a sufficient quantity of blood being lost without the leeches. At her next term, she had again a regular menstrual evacuation, and immediately after that, she must have conceived, for she began to complain of sickness at the stomach in the morning, exhibiting, in a word, all the usual symptoms of the early state of pregnancy. Her menses now stopped for three months without any disturbance in her general health; but, unfortunately, a few weeks ago, in consequence of imprudence in taking a great deal of exercise, and a long ride in a jolting stage, she had a miscarriage, discharging a perfectly normal and well developed ovum. Since then, she has had a regular and sufficiently abundant menstrual evacuation.—*New York Journal of Medicine.*

THOUGHTS ON THE HYPOTHESES OF THE SCHOOL OF CHEMICO-PHYSIOLOGY.

By CHARLES CALDWELL, M. D., Professor of the Institutes of Medicine and Medical Jurisprudence, Louisville, Kentucky

(From the New York Journal of Medicine.)

In my critique on the animal chemistry of Professor Liebig, I passed no strictures, nor made remarks of any sort, on his "Chemistry applied to Agriculture and Physiology." The reason was, that I had not then acquired an acquaintance with that production sufficiently thorough and accurate to justify me, to myself, in an attempt to form a judgment of it. I acquieseed, moreover, too implicitly in the judgment of others. At present, however, the case is different. The errors and extravagances of Animal Chemistry awakened my suspicions. I have recently, therefore, examined the other work of the Professor with the attention it merits; and I feel authorised to say, that the faultiness of certain portions of it is not only striking, but it is extreme, even in the midst of the faults of its author. The portion of the work, however, by which it is my purpose to substantiate this charge, is, in extent, comparatively inconsiderable. It is that which contains the Professor's descant on "poisons, contagions, and miasms."—Part II., chap. xiii., extending from p. 373 to p. 415.

It is not to be understood that the pages just indicated constitute the only portion of the volume about to be examined, which I consider exceptionable. Far otherwise. Those pages alone contain the matter which I mean to analyse. But the book is exceptionable, deeply exceptionable in every paragraph where it pretends to an exposition on vegetable physiology, whether healthy or morbid. For the principles and laws of the physiology of vegetables and animals are the same. As often, therefore, as the Professor attempts an analysis or explanation of them, he manifests his utter incompetency to the task—his ig-

norance of the subject being the cause of his failure.

Of Professor Liebig's application of chemistry to agriculture, including his views respecting the food of plants; the improvement, changes, and cultivation of soils, and the fitnesses of given sorts of soil for the production of corresponding sorts of vegetables—respecting these several points and others of a similar description, I shall say but little, because I know but little. I have reason, however, to believe, from information communicated to me, that the portion of his work, here referred to, is highly valuable. But further information from the same sources, induces me to doubt whether the matter be all *original* with the Professor, or whether much of it was not derived from the skilful agriculturists of Germany, France, and Italy, to whom I am told it has been familiarly known, and carried by them into practice, perhaps for ages. In truth, I consider it impossible for Professor Liebig, confined, as he must have been, since his boyhood, to his closet and his laboratory, to be thoroughly versed in the practice of agriculture. Nor do I make these remarks in any spirit of disparagement towards the work I am examining. My only design is to make it appear, that, instead of being altogether an *electron per se*, as many of his devotees represent him, the celebrated German Professor, like other great modifiers and improvers of science, is deeply indebted, for his knowledge of facts, to the age and country in which he lives. And this is as true of Columbus, Bacon, Newton, and Franklin, as of other more common and every-day men. Had they lived respectively at earlier periods, they would neither have done what they did, nor become what they were; and, had they lived severally at later times, other men of genius and industry would have arisen at the proper dates, availed themselves of existing and favouring circumstances, and become each in his own department, the illustrious discoverers and improvers of the world. So true is it, that, to a great extent, the most renowned personages are the product of the events and general condition of their own times. In no other age but his own, could Washington have become Washington in the new world, or Napoleon, Napoleon in the old.

But to return from this digression. Professor Liebig's chapter on "poisons, contagions and miasms," must now receive a few minutes of my attention.

In whatever part of it, as heretofore stated, the Professor attempts an exposition of his own views of physiology, whether vegetable or animal, healthy or diseased, he does little else than make bold assertions, without either proof or plausible foundation—indulge in spurious reasoning, or depart from reasoning altogether—dogmatise, as if he were repeating the words of an oracle—and utter notions, instinct with error at times, and again entirely unintelligible. And these are the very elements of *intellectual balderdash*—a repulsive mixture, which men of an ambitious spirit and an ostentatious disposition and manner rarely fail to concoct, when they eagerly descant on subjects of which they are ignorant, as our author does when he treats of any branch of the laws and functions of living matter.

Of the truth of this general statement, my proof shall consist of extracts from the chapter of errors and blunders I am considering. And, if I am not mistaken, they will be found sufficient to justify me in the strongest expressions I have employed. The following are instances where the Professor indulges most freely in open and positive assertions on points, respecting which he neither gives his readers, nor possesses, nor indeed can possess himself, a single tittle of proof; and for the elucidation of which he has neither made, nor can make, a single experiment.

"Sausages," says he, "in the state here described [a putrid state], exercise an action on the organism, in consequence of the stomach and other parts, with which they come in contact, not having the power to arrest their decomposition, *and entering the blood in some way or other, while still possessing their whole power*, they impart their peculiar action to the constituents of that fluid." (P. 388.)

Though, to the eye of every enlightened and unprejudiced physiologist, the very aspect of this clause renders it utterly unworthy of analysis, it shall, notwithstanding, receive a concise, but I trust, a satisfactory one. And, in giving it, I shall, for the sake of brevity, merely *state* my facts and positions as fully *acknowledged* and *established* ones, unaccompanied by illustration or proof.

When putrid food is swallowed by man, one of two events uniformly occurs; his stomach rejects it by vomiting, or *removes its putridity*, and converts it into chyme *free from taint*. Chyme, *actually putrid*, or even, I believe, bordering on it, when first taken from the human stomach, has never yet been seen by the human eye. Nor, as every fact bearing on the subject gives us reason to believe, will such a phenomenon be permitted to present itself, until the now-existing laws of our nature shall have been changed. Of this wise and beneficent feature, in the economy of our system, the final cause is obvious. It is to secure from putrefaction our blood, in common with the other fluids and the solids of our bodies; because that condition of them is not only incompatible *with*, but in direct opposition *to*, the very essence of life.

In open and deadly conflict, however, with this kind and salutary arrangement, made for the benefit of our race, by the ALL-WISE CREATOR, *in the council of Heaven*, is the arrangement fabricated, in his *laboratory and closet*, by the Professor of Giessen, for the benefit of his own dreams and vagaries in chemico-physiology.

By this new system of economy for the human constitution, conceived and developed by the distinguished German, the provision, on the same point, previously established by the Deity (having been discovered by *chemico-physiological* acumen to be wanting in efficiency), is "*nullified*" and "*expunged*" from the Record Book of creation, and a wiser and better provision established in its place!!

In conformity to the principles of the German "new light" fabrication, putrid food received into the human stomach, neither offends the nerves nor disturbs the muscles of that most sensitive, *conservative*, and important organ. For, from the silence of Professor Liebig on the subject, we are not authorised to believe, that his putrid sausages produced, in those who swallowed them, either vomiting or even sickness. They, "some way or other," secret, silent, and unknown, passed *unchanged* and *uninjuring*, through the chyme and chyle-making organs, traversed the lacteals, mesenteric glands, and thoracic duct, entered the blood, their putrid venom still prevailing, and reduced, "by the lump," every putrefiable portion of the body into a repulsive but still *living* mass of corruption!! I say a "living mass," and prove my statement by a further extract.

"All the substances in the body, *capable of putrefaction*, are gradually decomposed, *during the disease*" (the sausage disease), "and, after death, nothing remains except fat, tendon, bones, and a few other substances, which are incapable of putrefying in the conditions afforded in the body." —(*Ibid.*)

Could I find, or even invent, terms sufficiently expressive of *astonishment*, *condemnation*, and withering *derision*, I would offer a remark or two on this extraordinary and revolting paragraph. But, as respects all these points, my resources for expression fail me, and constrain me either to be silent, or to speak inefficiently as to the object in view.

The *entire* body of man in a state of *putridity*, yet, at the same time, in a *living* state, and performing, in that *cadaverous* condition, all the functions subservient to life!! Why, a more insane, preposterous, and repulsive conception never emanated, and never can emanate, from the brain of a bedlamite! Nor do I depict the conception either uncharitably, or with too much strength of line, or glare of colour. I employ not an element of either shape or shading, in respect to which I am not fully justified by our author's representation. In the gentleman's own language:

"*All the substances in the body capable of putrefaction* are gradually decomposed during the course of the disease" (the sausage disease), "and, after death, nothing remains except *fat, tendons, bones*, and a *few other substances*, which are *incapable of putrefying in the conditions* afforded in the body."

To render this cause fairly intelligible, and to give it the least weight or merit, information on two points is essential. I shall therefore ask for it.

What are the "few other parts," beside "fat, tendons, and bones," that do not putrefy during the sausage disease?

And what are the "conditions" necessary to putrefaction, which are not "afforded in the body?"

It is not, I think, possible that, by the "few parts," thus referred to, the Professor means to designate parts so large and numerous, *as the whole digestive apparatus, the circulatory apparatus, the lungs*, the entire muscular system, *and the brain and nerves*. Those parts, therefore, constituting the very seat and stronghold of life and action, are, according to the doctrine under examination, *putrid*. Yet, still does the patient live, breathe, move, feel, and think!! He is, in fact, the most contradictory and revolting of objects—*a living cadaver!!* Deny it who may—be shocked at it who may—avert his face and mind from it who may—such is the disembodied doctrine of the Professor of Giessen. A human being, utterly disqualified for a vital function, still alive, and performing vital functions!! Nor is all yet said that the case admits and requires.

Those parts of the body which I have termed the "seat and stronghold of life," especially the digestive organs and the brain, are among the *most putrefiable* we possess. The nameless "conditions" therefore, so vaguely and uninstructively referred to by the writer, cannot possibly protect them from putrefaction, while other parts, even much less putrefiable, but certainly not more so, undergo that process.

As to my second question, what are the "conditions not afforded by the body?" I regard the very reference to them, by Professor Liebig, as nothing better than a disreputable stratagem, intended and fitted to sustain, among the unthinking, by *pretence* and *mystery*, a notion not sustainable by *fact* and *argument*. All else I shall say respecting it, therefore, is, to offer a defiance to Professor Liebig and his followers, so to expound and define the matter, as to make of it anything

more than a pitiful sham,—or a disingenuous *pretext*, where *reality* is wanting. Nor will the challenge be accepted; because the effort to expound would bring discredit on the acceptor. Once more.

Another very unusual feature, in the Professor's sausage complaint, is, that one of the residuary portions of the body, found on inspection, after death, was "fat." Now that "fat" is not so putrefiable as some other parts of organized matter, is true. But it is equally true, that in all sorts of disease, especially of *lingering* disease (and of that description evidently appears to be the disease in question), fatty matter is removed from the adipose membrane with *more rapidity* than, under the circumstances of the case, marks the removal of any other sort of animal substance. Hence the leanness produced by all complaints, especially by slow-moving chronic ones. I need not say that this is the result of the great facility with which fatty matter is taken up by absorption. If my recollection, moreover, does not fail me, this ready removal is referred to by the Professor himself, as tributary to the production of animal heat, in cases where little or no carbon is swallowed as food. This feature, therefore, of the sausage malady, demands explanation. Will the Professor have the goodness to furnish it? — and thus remove doubt and mystery.

But wherefore should I consume any more time—rather, perhaps, wherefore have I consumed so much already, in discussing a condition of things, which, under the system of laws that governs at present the economy of man, never has occurred, and never can occur? The event would be *miraculous*—something beyond the scope of natural laws and powers, and producible only by *supernatural* ones. As well may the celebrated German assert that he has seen a criminal, after *decapitation* and *disembowelment*, *walking about*, and performing the other functions of life, as a patient thus acting, under the cadaverous condition of the sausage complaint. Blood *coagulating on the headsman's block*, is as well calculated to vivify and sustain the system of its owner, as it would be were it a *putrid colluvies* flowing in his blood-vessels. If Professor Liebig believes in either event, he is *no physician*, but an empty *pretender to medicine*.

Such, in truth, I have believed that personage to be, ever since I perused his Animal Chemistry. And a report has lately reached me tending not a little to strengthen that belief. I am assured by it, on authority which I do not feel at liberty to disregard, that the professor has never been regularly educated to medicine. He is said to have been bred to chemistry and pharmacy. And, on account of his eminence in *them*, and perhaps in some other branches of science, he received, as a compliment, the honorary title of Doctor of Medicine. That he has never been a *practical physician*, I believe to be certain. From this circumstance alone, his knowledge of the profession must be extremely defective.

I record the report as I received it, without rendering myself positively responsible for its truth. Individually, however, as already stated, I am much more inclined to believe than to discredit it. Nor is the following paragraph less pointed and powerful in the testimony it offers to the same effect.

"The mode of action of a morbid virus exhibits such a strong similarity to the action of yeast upon liquids containing sugar and gluten, that the two processes have been long since compared to one another, although merely for the purposes of illustration.* But when the phenomena attending the action of each respectively are considered more closely, it will in reality be seen, that their *influence depends upon the same cause*." (P. 389.)

As far as I can interpret it, the following is the plain English of this quotation, reduced to practice.

If a "morbid virus," of *any* description I presume (for no discrimination or specification is here made), assail a brewer, it sickens him and kills him, or otherwise, in conformity to the same *chemical* principles and laws which govern his process in the production of beer!! The very conception of this idea by Professor Liebig is certainly one of the coarsest and clumsiest specimens of *soporific thought-brewing* I have ever witnessed. To me it is offensively trashy and nonsensical. Yet is the fortunate author of it destined, in the prophetic dreams and declarations of his advocates and followers, to be the opener of a "new era in the science of physiology!" A writer who, in one book, makes a man a "*stove*," and, in another, a "*beer-vat*," proclaimed to be the author of a *physiological revelation!!* Shame, shame, on such *barefaced imposture* and such degrading credulity!! After a descant on the formation and action of contagion, to my mind as successfully enigmatical and unintelligible as if he had resolutely studied to make it so, Professor Liebig undertakes, in his usual style of dogmatism and positiveness, to show how it is that the vaccine poison and disease are produced, and how that complaint affords protection from the contagion of small pox; two disclosures which, as far as I am informed, no man had ever before seriously essayed to effect. And, had he succeeded in his enterprise, he would have immortalized himself as far above the immortalization of Jenner, as transcendental philosophy is superior to a collection of every-day facts.

In the present case, as in other similar ones, Professor Liebig gives vent to mere assertions, unsupported by either fact or experiment, or even by a single thought characterized by value or even intelligibility. To convince the reader that I neither fabricate nor exaggerate the faults here imputed, I ask his serious attention to the following protracted extract, whose length I find necessary to give a full and fair view of the professor's effort to *expound*, on wrong principles, or on no principles at all, a subject which, in the present state of medical science, is inexpoundable, and of which he, in common with all other persons, is, of course, abundantly ignorant. If any individual can so far comprehend our author's effort as to interpret it to others, or to derive from it for *himself* either gratification or instruction, I am ready to admit that his penetration, judgment, and susceptibility of pleasure, are of a much higher and more desirable order than mine. To me, the whole concern is a book barred from my vision by a seven-fold seal.

"The action, as well as the generation of the matter of contagion, is, according to this view, a *chemical process*, participated in by all substances in the living body, and by all the constituents of those organs in which the vital principle does not overcome the *chemical action*. The contagion, accordingly, either spreads itself over every part of the body, or is confined particularly to certain organs; that is, the disease attacks all the organs, or only a few of them, according to the feebleness or intensity of their resistance.

"In the abstract chemical sense, reproduction of contagion depends upon the presence of *two substances*, one of which becomes completely decomposed, but communicates its own state of transformation to the second. The second substance, thus thrown into a state of decomposition, is the newly-formed contagion."

Before advancing any further in this quotation, I put the question—Whence does Professor Liebig derive the elements—I mean the *facts*—of this circumstantial and confident statement? Is it from calm and circumspect *observation*, aided by well-devised and accurate *experiments* made on the human body? or from the *toy-shop* of his own inventive imagination, which he is ransacking for matter in support of his hypothesis? And, in default of an answer from the Professor and his adherents, I reply myself, that it is positively and exclusively from the *latter source*. From the former he neither has derived, nor can derive, a shadow of evidence in favour of his notion.

Of the "two substances" of which the gentleman speaks, I fearlessly assert that he possesses no more of real and substantial knowledge than he does of the affairs of the planet Herschel, or of any other more distant and recondite transactions; or if he does, he can impart that knowledge. He can tell us what the "two substances" are, to which he attributes the formation of contagion. To test the knowledge of himself and others on this subject, I unceremoniously ask him, his advocates, and followers, what are those substances? And I will thank them, as my instructors, if they will have the goodness to inform me. But they will not do so, because they cannot.

Finding, however, as I *suppose* (for a *misty supposition* is all I can collect from the expressions employed), that a measure of the sort was necessary, the Professor seems to have made an effort toward the explanation required. But, in doing so, he has given a rigmarole as mystical and disreputable as has ever disgraced the records of medicine. Here it is; and that he may do it entire justice, I entreat the enlightened reader, first to forget or disregard all I have said in relation to it, and then examine it attentively, and judge of it for himself.

"The second substance must have been originally a constituent of the blood; the first *may* be a body *accidentally* present; but it *may also be a matter necessary to life*. If both be constituents indispensable for the support of the vital functions of certain principal organs, death is the consequence of their transformation. But if the one substance, which was a constituent of the blood, do not cause an immediate cessation of the functions of the most important organs, if they continue in their actions, although in an abnormal condition, convalescence ensues. In this case, the products of transformations still existing in the blood, are used for assimilation, and at this period secretions of a peculiar nature are produced.

"When the constituent removed from the blood is a product of an unnatural manner of living, or when its formation takes place only at a certain age, the susceptibility of contagion ceases on its disappearance,

* This is by no means, as Liebig alleges, a new theory, as may be seen most satisfactorily on consulting the English medical classics; for the three great cotemporaries, Sydenham, Morton, and Willis, who lived in London when the plague and other epidemic diseases were rife, all announced, however much they differed on other points, this *zymotic* hypothesis as the basis of their pathology. The early medical writers have very generally directed attention to the analogies which the diseases here referred to have with putrefaction, fermentation, and poisoning. Morton, in his Pyretologia, calls the morbid principle "*fermentum venenatum*," which, as he alleges, communicates its action like a ferment, from which result perceptible transformations *(mutationes)* in the blood, the secretions, and the tissues.—Ed.

"The effects of vaccine matter indicate, that an accidental constituent of the blood is destroyed by a peculiar process of decomposition, which does not affect the other constituents of the circulating fluid.

"If the manner in which the precipitated *yeast* of Bavarian beer acts (p. 350), be called to mind, the modus operandi of vaccine lymph can scarcely be matter of doubt.

"Both the kind of yeast here referred to, and the ordinary ferment, are formed from gluten, just as the vaccine virus and the matter of small pox are produced from the blood. Ordinary yeast and the virus of human small pox, however, effect a violent tumultuous transformation, the former in vegetable juices, the latter in the blood, in both of which fluids respectively, their constituents are contained, and they are reproduced from these fluids with all their characteristic properties."

"The action of the virus of cow pox is analogous to that of the low yeast: it communicates its own state of decomposition to a matter in the blood, and from a second matter is itself regenerated, but by a totally different mode of decomposition; the product possesses the mild form, and all the properties of the lymph of cow pox.

"The susceptibility of infection by the virus of human small-pox must cease after vaccination, for the substance, to the presence of which this susceptibility is owing, has been removed from the body by a peculiar process of decomposition artificially excited." (Pp. 404-5-6.(

Such is a portion of the *contents* of Part II., Chap. XIII., of "Chemistry applied to Agriculture and Physiology." And sitting, as I am, a *self-constituted* judge of it, I feel it my duty to speak of it, as far as possible, plainly and impartially, and under the guidance of all the penetration, sagacity, and truth, I have at my command. But in doing this I must be brief, for the production before me is utterly unworthy of any waste of time. Nor is such waste at all necessary to do it justice. Three words may be selected which sufficiently characterize it in all its leading qualities—TRASHINESS, UNINTELLIGIBILITY, and NONSENSICALITY! Since the days of Paracelsus, as far as books have informed me, no such contaminating and deteriorating deluge has been poured into the science of physiology. And even the worst of the writings of that wild fanatical enthusiast are far less condemnable. In them some of the pearls of truth and genius are scattered through the rubbish of unbridled extravagance.

But far different are the passages just quoted from the production of Liebig. They are nothing but a starless mass of error and worthlessness—I should rather say of error and *mischief*; for, that they are calculated to be injurious in their influence, especially on superficial thinkers, is not to be questioned. That hypothesis, which degrades the *body* of man to the level of a fermenting bubbling *beer-vat*, cannot fail (provided it be believed), to deteriorate his mind, by dragging him, in his own opinion, from the point of elevation in the scale of nature, which the God of nature, by the express terms of his creation, designed him to occupy.

To show how utterly futile and unworthy of credit the assertions of Professor Liebig are, I here ask the question—How does he know that the *non-susceptibility* toward small-pox of *vaccinated persons* is owing to the "removal of a certain substance from their blood?"

Has he ever analyzed the blood of vaccinated individuals, and found that fluid to be *destitute, in them*, of a substance which it possesses in the *non-vaccinated?* Or has he found the blood in individuals to be, in any respect, different *after*, from what it was *before*, vaccination? Or has he ever made an experiment to that effect? If so, can he tell what that substance is?

Without the least apprehension of being put in the wrong, or even contradicted, I unhesitatingly assert, that our author will not venture to give to either of these questions a *direct* answer in the *affirmative*. From that test of his correctness he will shrink. Yet has he *indirectly* but *substantially* stated each of them *affirmatively*.

He has asserted that, from the blood of vaccinated individuals, some given substance is removed, meaning, of course, by the influence of vaccination. Yet he does not know that this is a fact. By positively stating it *as a fact*, therefore, he has virtually and voluntarily departed from truth, and wantonly forfeited his credibility as a writer.

Before finally dismissing this subject, I shall subjoin an observation, which I defy Professor Liebig and the entire train of his followers to subvert by a fair adduction of facts.

Notwithstanding the vauntful declaration of his advocates, that the Professor has introduced, or is destined to introduce, a "new era" in physiology, he has not enriched that science *in its true character*, with a single *original* idea, or even with a single *new and amending thought*. He employs only ideas and thoughts derived from others; and these he often so distorts and caricatures as to render them *ridiculous*.

(To be continued.)

PERISCOPE OF THE WEEK.

LITHOTOMY AND LITHOTRITY. — This and the six following articles comprise all that is of importance in the last number of the *Lancet*. Two cases are recorded, one of each operation, which occurred in University College Hospital, under the care of Mr. Liston. The patient in the first instance had calculi in the membranous portion of the urethra, which he extracted by an incision in the perinæum, and afterwards, suspecting the existence of others in the bladder, passed the sound into it, and detecting some, completed the operation by extending the incision in the perinæum, after the usual manner of lithotomy, and extracted with the forceps two stones as large as filberts. The man recovered, with the exception of presenting indications of renal disease, as evidenced by the state of the urine. In the other case the introduction of the lithotrite was required thrice.

LATERAL CURVATURE OF THE SPINE.—Dr. Marshall Hall has three several objects in view in the treatment of lateral curvature of the spine; first, the restoration of the natural form; secondly, the renutrition of the weak and emaciated muscles, and thirdly, the restoration of the health, and vigour of the general system. He purposes to accomplish his first object by supports applied to the curvatured form, so constructed as to give the most perfect support, without inducing the least injurious pressure, either on parts too protuberant, or on others, as the axilla or the ilium, taken as points of support. Let the patient be artificially made to assume the straight or perfect form by means of posture stretching, or pressure; under these circumstances, carefully preserved, let a cast of the bust be taken in plaster of Paris; from this cast let a mould in wax be taken; lastly, on this mould let stays of steel be accurately fitted (or let copper be deposited by means of the electrotype, and sawn in two vertically). This is to be covered and lined with soft leather and slight wadding, and fixed and worn in the ordinary manner, drawn to the proper degree of tightness. It is obvious that these stays being put on and fastened to the recumbent posture, the bust *must* retain the perfect form, although the patient may now resume the erect position; that no partial or injurious pressure will be made on any constrained position nor any obstacle to the due use of the muscles. The stays he recommends he says may always be worn, and afford the opportunity of assuming the erect posture, and adopting appropriate exercises even in the open air, not only without injury, but with benefit. In order to accomplish the restoration of nutrition in these atrophied muscles, he considers that something more must be done than mere rubbing. He purposes, therefore, to induce by means of rubbing, that which he designates *counter-muscular effort*. It is excited by means of pressure. If, when the patient is sitting perfectly erect and unsupported, pressure is made upon any given point along the spine, with the finger, every muscle situated *below* the point of pressure is necessarily called into a state of action, which (action and reaction being equal, but in contrary directions) is, in degree, commensurate with that pressure, unless, indeed, the patient *yields* to the pressure. In this manner, any one of the numerous muscles situated on either side the spinal column may be called into action *at will*, and this by means of the very friction which was formerly used in a form that may be termed *inert*, and in a degree proportionate to the *pressure* with which it is applied. The patient being placed unsupported in the erect position, the hand or hands are to be passed along the muscles of the spine, pressing, at first, very moderately, then more and more firmly, whilst they are carried upwards and downwards alternately, in the ordinary manner of rubbers. At every successive instant a fresh set of muscles is called into action more particularly, whilst the whole system of the spinal muscles is made to contract together, or in their turn. The very muscles which are most atrophied and enfeebled are brought into action by the simple manœuvre of applying the pressure and rubbing immediately *above* them respectively. In this manner their nourishment is brought, in a certain degree, under control, and the spinal column is held straight and erect by augmenting the power of its natural and living supporters. The third object in view is not noticed by Dr. M. Hall, unless we are to consider the recommendation of exercise, and a residence on the sea-coast in that light.

HEMATURIA.—Mr. Rock narrates a case of hematuria, which was successfully treated by the tincture of the muriate of iron. In addition to the passage of blood with the urine, the man's chief complaint was a dull pain in the region of the kidneys.

HYDROPATHY. — Dr. Hutchinson publishes a circular of Dr. Freeman's, of Cheltenham, which he conceives to be a sufficient reason for his not entering into a controversy with the hydropathic proprietor. We fully agree with him in his opinion. The cold water doctor is not entitled to the privileges of a literary duello.

THE FELLOWS OF THE ENGLISH COLLEGE OF SURGEONS.—An anonymous writer condemns in forcible language the mode in which the late election of Fellows of the College Surgeons was conducted. He considers it profitless to canvass the propriety of the selection being made at all, (an opinion by the bye in which we certainly do not coincide) and observes with reference to those thus created the MAGNATES (?) of the profession, that one would suppose the members had engaged in a round game of "pitch and toss" for the hour, and the three hundred elected were necessarily the greatest adepts at slight of hand. He further canvasses the principle of the selection of hospital surgeons and teachers of anatomy, and asks, could anything be more unjust or more absurd? It is true that if the appointments to hospitals and infirmaries were always bestowed on those who most deserved them,—if the successful candidates for those appointments were always those confessedly the best fitted to fill them,—if standing in the profession, if talent, or ability, or fame, were the requisites, -if any one of these was the *sine quâ non* in every medical appointment, *then* might the College have selected as they have done, and gained honour and respect by doing so. But since it is notorious that the reverse of this is the fact, that family influence, and money, and corrupt appliances of every kind, sway the balance, and that ability and fitness for office are the very last make-weights thrown into the scale, one scarcely knows whether it would be most appropriate to swell with indignation at the infamy, or with contempt at the pitiable absurdity, of such a principle in the election of a small number of men in whom, as it is said, are to centre all the honours of the profession. The result of the system has been that men usually undeserving of professional distinction have been, for a while at least, elevated above their fellow members, one great injurious result being

the false estimation in which they will necessarily be held by an undiscerning public, and the diploma of a Fellow will certainly outweigh in elections for appointments of trust and remuneration, the more modest and more really valuable diploma of the member.

Rachitis and Cretinism.—Although rachitis and cretinism are sometimes associated, they are by no means necessarily combined. On the contrary, rachitis is often accompanied with precocity of intellect, but when the brain especially suffers from rachitis the similarity with cretinism is very great.

Rachitis.—Rickety distortions of the bones are very common. The disease displays itself by enlargement of the epiphyses of the long bones, the inferior extremities of the radius and ulna being peculiarly predisposed to suffer in this manner. When the disease is more severe curvatures ensue. The long bones present indications of curvature in the following order: the ribs, tibia and fibula, femur, radius and ulna, humerus and clavicle. Being softer than natural they yield to the action of the muscles inserted into them. This is particularly evident in the frequency of change of form of the ribs. The natural office of these bones is to maintain the capacity of the thorax. When their elasticity and firmness is destroyed, the thorax is compressed between the antagonist, inspiratory, and expiratory muscles, and flattening with diminution of capacity results. The ribs, notwithstanding that they have no superincumbent weight to support, yield as early, and often earlier, than any other long bones. The ulna and radius support no superincumbent weight, yet they are liable to curvature, and frequently suffer to a considerable extent.

Granular Disease of the Kidney.—This and the following article constitute the chief subjects of importance in the last number of the *Medical Gazette*. Dr. Haton has published a case of kidney disease, selected from the Fellows' clinical prize reports of University College Hospital. A man, forty-five years of age, of temperate habits, who caught a severe cold, and afterwards became dropsical, for which he was salivated, and who under the influence of mercury again caught cold, and had a severe cough, with much expectoration, was admitted into the hospital, presenting the following symptoms:—The feet, legs, and thighs, were highly œdematous, pitting deeply on pressure; the penis and scrotum were distended with serum; the abdomen was anasarcous, with distinct fluctuation, but without tenderness; the upper extremities were also œdematous, but the face not so. There was an ulcer on the right shin, which formed spontaneously three months ago, and still continued open. He complained of much dyspnœa; the respiration was short and hurried; he had some cough, but this was less troublesome than it had been, and there was little expectoration: he could breathe most easily whilst lying on the right side, in which he suffered from pain, increased by a deep inspiration. The tongue was covered with a dark brown fur, moist, but adhesive; the gums presented the effects of mercury, and the breath had a strong mercurial fœtor. The bowels were much purged from the effects of medicine taken previously, the stools having a natural fæculent colour. The urine was very scanty, rather turbid, of a high colour, and gave a very copious flocculent precipitate with the usual tests for albumen; its sp. gr. 1032; it slightly reddened litmus paper. Much headache; pulse frequent, small, and feeble; surface dry and unperspiring. The respiratory movements of the chest were more extensive on the left than on the right side; the latter being fixed in a distended state, and the subclavicular spaces being unusually resonant, but completely dull in the inferior and lateral parts: on the left side the stroke sound had the usual resonance. On each side, under the clavicle, the respiration was tubular, especially under the right clavicle, where the respiratory murmur was almost entirely absent; at the inferior angle of the right clavicle œgophony was distinguishable. The sounds of the heart were natural, with the exception of a slight roughness heard at the base with the first sound. He was bled, leeched, blistered, and had stimulant and other diuretics administered, with some slight improvement, but the symptoms of kidney disease, and effusion into the cavity of the chest, gradually increased, and he sank a fortnight after his admission into the hospital. On examination of the body, the abdomen and right side of the chest were found distended with fluid. When the *thorax* was opened, some pints of clear serum escaped principally from the right side. Flakes of greenish semi-purulent lymph covered the lower part of the right pleural membrane, which presented much inflammatory injection when the lymph was removed, and there was a similar appearance, though in a smaller degree, on the left side. The right lung was somewhat condensed and injected throughout, and less crepitant than usual. Near the apex were groups of miliary tubercles of considerable firmness; and numerous miliary granulations were scattered throughout the whole lung. The lower lobe of this lung was much condensed, and was the seat of inflammation of a lobular or distinctly circumscribed character. The left lung was much congested throughout, but without any of the tubular inflammation seen in the other lung. Its substance was soft and easily torn, and much frothy serum oozed from the cut surfaces when compressed. Near the apex was a portion completely dense and consolidated, the tissue of the lung being puckered around. Miliary tubercles were scattered through the upper lobe. The bronchial lining membrane in both lungs was injected, and in some parts considerably hypertrophied. The pericardium contained much fluid; the heart was free from disease. The right kidney was slightly enlarged, soft and flabby and easily lacerable, the capsule easily removed, but bringing with it small portions of the glandular substance, which had a pale, brownish-yellow colour, interspersed with lighter albuminous patches; some parts of the surface almost smooth, others finely granulated; the albuminous patches extended through the depth of the cortical structure, but did not much invade the tubular part. There was little difference of colour between the tubular and cortical structures, being pale and faded throughout, marked, however, in the cortical part, by numerous stellated spots of vascularity. The left kidney was larger than the right, and more soft and easily lacerable, as well as more granular. The granulated appearance, in the right kidney confined to the cortical, here dipped into the tubular structure between the separate cones: some of the tubes appeared distended with the morbid deposit. The stellated vascularity was more marked in this than the right kidney. The right kidney weighed five and a half ounces; the left seven ounces. Dr. Heaton regards this as an instance of the acute form of the granular disease of the kidney, not more than five weeks having intervened between the occurrence of the dropsy, and the fatal termination. He regards the low character of the inflammation and its obstinacy, as depending on the impure state of the blood, impregnated with the urea, which the kidneys in their diseased state were unable to separate. The complete absence of local symptoms in the kidneys, is remarkable, and shows that these are by no means essential even to a severe and acute form of this serious disease of those organs; but the characters of the urine gave decisive evidence of the true nature of the affection. Not merely the serum of the blood was allowed to pass through the diseased structure of the kidneys with the urine, but probably also some of its colouring matter, giving to the urine its deep colour. The specific gravity was rather higher than that of healthy urine at the time of his admission, but when its very small quantity is considered, and also the large amount of albumen which it contained, it will be evident that the urea and other principles contained in healthy urine must have been retained in the blood, and indeed before death the specific gravity fell below the healthy standard. Death, in these cases, seems dependent on the poisonous effect of those principles retained in the blood; the poison appears to act principally on the brain; headache and stupefaction, gradually passing into coma, usually precede death for some days. In this case, however, there was a remarkable absence of these head symptoms, and the symptoms which preceded the fatal event more resembled those of the last stage of typhus.

Removal of Ovarian Tumour.—Mr. Crompton quotes the opinion of Dr. William Hunter with respect to the excision of ovarian tumours, which he says should hardly be attempted, and he alleges against it the difficulty of the operation, the danger of wounding the intestines, hæmorrhage from a wound of a considerable branch of the spermatic artery, the possibility of extensive adhesions, and the danger of subsequent inflammation.

Strychnine in paralysis.—Mr. Gay narrates a case of paralysis of the hand and wrist, which was preceded by severe headache for many weeks, accompanied with tinnitus aurium, and great sense of lassitude, for which after cupping from the nape of the neck, blistering the same part, and improving the condition of the digestive organs by appropriate measures, he prescribed strychnine in the dose of a twelfth part of a grain three times a day, with the effect of curing the disease. After taking the first pill she suffered from convulsive movements of various parts of the body, accompanied with partial unconsciousness. These symptoms continued for about three hours, and returned, but with gradually diminished violence, after each dose of the strychnine.

Sudden death from Apoplexy.—An anonymous writer recommends that persons of an apoplectic tendency should not use high bedsteads unless they are protected by a rail, which may be so contrived as to be moveable at pleasure, for, he says, when they make any movement, such as sitting up to cough or spit, and overbalance themselves, the sudden perpendicular descent causes a violent rush of blood to the head, which immediately extinguishes life. The suggestion is a good one, but the reasoning on which it is founded is erroneous.

Abscess in the Brain.—A man received a blow on the forehead and on the right temple; the intellect became affected, and paralysis of the right upper extremity supervened; death occurred two months after the accident. On dissection the following lesions were observed; the right parietal bone was perforated; the dura mater was healthy; the brain retained its natural consistence; it did not seem altered in the points corresponding to the lesion of the bone, but a large abscess was discovered in the superior portion of the right hemisphere of the brain. In this case the paralysis was on the same side of the body as the cerebral disease.

The connexion of insanity with disease of the Organic system.—In a paper published in the *Prov. Med. Journ*, by Dr. Prichard, entitled "Observations on the connexion of insanity with diseases in the organs of physical life," attention is drawn to the fact that insanity may be induced by diseases in other organs than the brain. The school of Nasse, he says, have in numerous publications directed the attention of pathologists to connections which are often to be traced between the different manifestations of insanity, and various morbid phenomena discovered after death in the organs subservient to physical life. Jacobi goes so far as to call in question the established opinion which regards the disorders of the vascular, the gastric, the enteric, the hepatic, and the progenitive system, as associated with morbid states of the mental faculties in a remote and secondary degree, while affections of the brain are looked upon as immediately and essentially connected with the manifestations of disordered intellect. He has not expressed his opinion precisely in this manner; but it would appear from a variety of passages in his works, that he looks upon effects produced upon the sensorium and the mind, through the medium of the stomach, or any of the viscera of physical life, as not less immediately brought about by the action of the material organism on the intellectual or sensitive power than the impressions produced in the mind by a blow on the head, or by any powerful agency exerted immediately on the brain. Dr. Prichard also alludes to that form of insanity, which he terms *moral insanity*, the existence of which lawyers are so unwilling to admit, as opening the door for the commission of the greatest crimes with apparent impunity. It consists in the existence of a mental disorder, fully to be recognised by particular trains of symptoms, in which the moral, not the intellec-

tual part of the human mind is essentially disturbed. To another class of mental disorders, consisting of irregular affections of the will, or in unaccountable voluntary impulses without motive or rational design, he gives the designation of *instinctiev impulses* or *instinctive insanity*. The object, however, of his communication is not the elucidation of these knotty points in psychological study, nor to discuss the question, whether in those cases of insanity in which the primary cause or the primary morbid change has its seat in the organs of physical life, there always intervenes a morbid condition of the brain, which, last is the immediate antecedent of disturbance of the mental faculties. He considers that the most important thing in a practical point of view is to establish the fact that the principal and fundamental cause of insanity is in many instances to be sought for, not in the brain, but in some other region of the body; and this point he seeks to illustrate by the narration of an interesting case, in which it having terminated fatally, he had the opportunity of verifying this statement by an examination of the body after death. His patient was a lady about thirty-five years of age, who became suddenly low-spirited and hypochondriacal. She had at first a variety of complaints, but when they assumed a definite form, they were referred to the stomach and alimentary canal. She thought herself overfilled with food when she had taken a very small quantity, and under this impression she almost starved herself, and it was an exceedingly difficult matter to induce her to take sufficient nourishment to keep herself alive. It was her constant entreaty to be spared the pain occasioned by taking food, and at her entreaty the prescribed quantity of solid food was decreased from time to time, and a milder and more fluid diet substituted for it. She then became weak and emaciated, and it was found necessary, although her complaints of suffering were rendered more distressing and importunate, to return to a fuller quantity, but this was always the smallest quantity that could support her strength. After several years of existence in this state, she died from diarrhœa, and at the autopsy, the following were the most remarkble appearances; the cranium was very thin and permeable to light; between the layers of the arachnoid there was much fluid, and this membrane was opaque where it covers the posterior lobes of the cerebrum, and raised by the fluid effused between it and the pia mater, separating the convolutions. The ventricles were full of perfectly colourless serum, and the brain and dura mater were very ex-sanguine. The fluid effused amounted altogether to five ounces; the lungs were extensively beset with tubercles: but the ultimate, if not the primary cause of the disease was apparent in the intestinal canal. The ileum was beset throughout nearly its entire extent, with large, round, or irregularly shaped patches, occupied by congeries of tubercles. On these patches were extensive ulcerations of irregular surfaces, and with much thickened edges. In many parts these ulcerations occupied the whole circuit of the intestinal tube. The tuberculous matter had been deposited underneath the serous coat, forming a hardened base for the ulcerations which took place on the mucous surface. Dr. Prichard from these appearances infers that as the complaints respecting the alimentary canal had been uniform, and had continued from the commencement of the disease, that the organic disease in the intestinal canal had been coeval with the mental disorder, and the foundation of the whole train of morbid symptoms.

Sterility of twins.—In a paper published in the *Edinburgh Medical and Surgical Journal*, Dr. Simpson examines the common opinion that the females in twin cases, where there is one male and one female born, are sterile. Having first ascertained that cases of twins under such circumstances are by no means rare, he sought for statistical information to determine the point in question; and he states that the result of his inquiries into the married history of one hundred and thirteen female cotwin with males, whose history he could rely upon was, that one hundred and three had families, and ten had none, or about one in ten was barren. It was requisite, further, to settle this question, to determine the relative prolific character of ordinary marriages, but as sufficient data have not been kept for that purpose, it constituted a task of greater difficulty. For the purpose of obtaining an approximation by numerical data, Dr. Simpson had a census taken of two villages of considerable size; and the results were, that of four hundred and fifty-five marriages, four hundred and ten were productive, and forty-five unproductive, being one in ten and a half without issue. From other inquiries made by him, he ascertained that the average number of unfruitful marriages was one in eight and four sevenths.

Successful ligature of the common iliac artery.—Mr. Richard Hey, surgeon to the York county hospital, has performed this most important operation on the common iliac artery, for the cure of an aneurism of the external iliac; the ligature came away on the thirtieth day.

Sex of the child as connected with parturition.—Dr. Simpson made a statistical communication to the Medico Chirurgical Society of Edinburgh, for the purpose of proving that the sex of the child has a marked and demonstrable influence upon the safety of the process of parturition, in regard both to the mother and infant. This was due to the slight but decided difference in size in the heads of male and female children.

Amputation at the Hip Joint.—Dr. Handyside performed the operation of amputation at the hip joint in the Royal Infirmary at Edinburgh, for malignant disease of the left thigh-bone. The patient was a lad fourteen years old, and the disease was subsequent to scarlatina; the operation was completed in seventeen seconds. The disease subsequently returned in the stump, and also showed itself in the left eye and in the left hypochondrium. At the date of the report the poor boy was not expected to survive the action of the disease much longer. The specific nature of the malignant growth is not mentioned, but we are led to believe from various circumstances that it was the medullary fungus.

Cancer of the Æsophagus.—Dr. Scott has narrated a case in which four or five inches of the æsophagus, just above the diaphragm, with the exception of a narrow strip of the lining membrane were destroyed by cancerous ulceration.

Duration of the Life of a Medical Man.—Mr. Chadwick says in his "Sanitory Report," that in the medical profession, examples are not rare of the attainment of extreme old age; yet as a class they bear the visible marks of health below the average. The registration for one year may be an imperfect index: but the mortuary registration for the year 1839 having been examined, to ascertain what was the average age of death of persons in the three professions, it appears that the average age of the clergymen who died in London during that year was 59, of the legal profession 50, and of the medical profession 45. Only one medical student was included in the registration; had the deaths of those who died in their novitiate been included, the average age of death of the medical profession would have been much lower. This statement corresponds rather closely to that of Caspar of Berlin, who, taking the average duration of human existence as threescore and ten, gives medical men an average existence of forty-five years, or about twenty-five years less to live than would have been their allotted space under other circumstances. Yet this is notoriously the worst paid and the worst treated of all the three professions. The remuneration of neither of the other two is so scantily awarded, or grudgingly bestowed, and anxiety of mind causes a woeful wear and tear of the human frame, but the public for whose good this awful loss of life is sustained, is utterly regardless of the sacrifice.

Electro-Lithotomy.—It is said that a patent is on the eve of being secured for the reduction of calculi, by means of electrolytic action. The nature of the process, and the character of the apparatus are not yet known. It is affirmed that instantaneous relief will be afforded; and calculi of the largest size can be brought away.

Electro-Plating. Argento-Cyanuret of Potassium. — The solution employed by Major Jewrienoff, especially for plating cast iron, is made of excess of chloride of silver, dissolved in a solution of the simple cyanuret of potassium; his object in using a superabundance of the chloride is, that he may avoid excess of the cyanide; for he finds free cyanide of potassium deteriorates the solution, and prevents its plating so well.

Auro-cyanide of Potassium.—M. A. Meilles describes this crystallised salt as far better for electro-gilding than the solutions generally employed. He procures it by adding pure cyanide of potassium to a saturated solution of perfectly neutral chloride of gold. On evaporation, the salt remains in very white scales of a pearly nature.

Platino-cyanide of Potassium.—This salt is prepared by conveying concentrated chloride of platinum into a saturated solution of cyanide of potassium, a precipitate of chloride of potassium and platinum salts, mixed with the cyanide: on heating to boiling, redissolution occurs, with copious disengagement of carbonate of ammonia. After the entire solution is accomplished, it is allowed to cool, and the platino-cyanide separates in blue acicular crystals which are yellow by transmitted, iridescent purple by reflected light.

Ammoniacal Gas in Air.—Professor Silliman has observed, that when a large jar of this gas is opened in the air beneath a burning candle, it is so combustible, that as it mixes with the air, it burns with a voluminous flame, forming a beautiful experiment. A small jar full so opened does not burn, being either not mixed sufficiently with the air, or dissipated or cooled by the vessel.

Epilepsy.—Dr. Durrant mentions in the *Prov. Med. Journ.*, a case of epilepsy occurring in a little girl, twelve years of age, who had menstruated regularly from the age of six years. The disease was of comparatively recent origin, and was cured by gradually increased doses of the sulphates of zinc and iron. The physiological fact mentioned by Dr. Durrant requires further confirmation

Hæmorrhage after Amputation.—Mr. Jesse mentions in the *Prov. Med. Journ.*, two cases of venous hæmorrhage occurring immediately after the arteries had been tied, from obstruction to the venous circulation by the retraction of the fascia or integument, a free incision through which caused an instant cessation of the loss of blood.

Treatment of Bunion.—Mr. Humpage recommends that the bunion be kept constantly covered with lint dipped in warm water, this being well defended also by oiled silk. The best mode of applying the latter is to cut a strip about half an inch in width, and three or four inches long, turning it round the affected member. The lint should be changed night and morning, and any hardened cuticle should be gradually peeled off. When matters are improved, the continued application of the silk will not be necessary, but the oiled silk should be constantly worn, to prevent a return of the disturbance.

Tetanus. — Mr. M'Coy states in the *Dublin Medical Press*, after alluding to the treatment of tetanus adopted by the natives of the Tonga Islands, as described by Mr. Mariner, that he induced the late Mr. Wallace to try a modification of it in a case of tetanus then under his care in the hospital. A bougie smeared with strong red precipitate ointment was introduced into the urethra, and as soon as the patient began to suffer pain, the muscles of the limbs grew soft beyond a doubt. The operation was repeated a second time in the evening with the same result, and the man had not another paroxysm for an hour and a quarter, although they had been coming on every twenty minutes previously. The man would not submit to a third application. We have a perfect recollection of a case of tetanus treated in the Westminster Hospital by the internal exhibition of oil of turpentine, from which marked benefit was derived as soon as strangury was induced, but the pain it excited and its unpleasant taste caused the patient, a boy, to refuse to take it any longer. We see no reason why, when a case of this formidable disease offers itself, the plan of the savages should not be fully tried. Mariner describes it as being very successful. It consists in passing a reed down the urethra until it projects in the perinæum; then cutting down upon it, and bringing it out externally, and pulling the two ends to and fro until blood is freely discharged; it acts as a sort of seton.

A SELECT PRACTICAL FORMULARY,

TRANSLATED FROM THE FRENCH OF M. FOY, PRINCIPAL PHARMACIEN OF THE HOSPITAL SAINT LOUIS, AT PARIS.

(Continued from Page 206.)

HYOSCYAMUS; of the three varieties of hyoscyamus, the black, the white, and the golden, the leaves and seeds of the first only are used medicinally. It possesses the same properties as belladonna. (See Belladonna.) Poultices made with the leaves of the white hyoscyamus have nevertheless been used to assist the reduction of hernias and paraphymosis. The leaves of hyoscyamus niger, rolled up and smoked like cigars, have been recommended in certain affections of the chest, heart, and great vessels. A dry or pulverulent conserve is prepared from these leaves.

IODURET OF LEAD: a preparation less active than iodine.

IODURET OF POTASSIUM: the ioduret of potassium (hydriodate of potash) possesses very nearly the same properties as iodine and its other compounds. It is employed in the same way as the iodurets of mercury in the treatment of the tertiary symptoms of syphilis, such as deep-seated tubercles of the skin, mucous and cellular membranes, periostosis, caries, exostoses, osteocopic pains, &c. Dr. Ricord prescribes it in the following manner: Ten grains of ioduret of potassium, three ounces of pure water, one ounce of syrup of poppies, to be mixed together and divided into three doses, and taken in sarsaparilla or hop infusion. *** The dose of the ioduret, progressively increased by five grains at a time, may be raised as high as 100 grains, but not more. The quantity given is to be diminished in the same gradual manner. Dissolved in small quantities in a little water, acidulated with sulphuric acid, it is prescribed by Dr. Burton in the form of pulmonary fumigations in the treatment of tubercular degeneration. The ioduret of potassium may be given in the form of potion, pill, pommade, syrup, &c., in the dose of from ten to seventy-two grains daily.

IODURET OF SULPHUR: one of the most efficacious remedies in diseases of the skin, especially in porrigo, when combined with lard in the following proportions: one ounce of lard, twenty-four to thirty-six grains of the ioduret of sulphur.

IODURET OF ZINC: mode of exhibition, externally only in certain scrophulous tumours.

IPECACUANHA: powder, as emetic, twelve to thirty grains given in three doses at intervals of a quarter of an hour; if the first two are sufficient to cause vomiting, the third is not given. Emesis is more readily induced by the patient's drinking freely of hot water or camomile tea. As a tonic and stimulant, one to six grains in bolus or pill. As expectorant, one-fifth of a grain and more progressively. As antidysenteric; see antidysenteric julep. Syrup, two drachms to an ounce and a half in a little sugared water; this syrup contains in every ounce all the active ingredients of sixteen grains of ipecacuanha; tincture, half a drachm to two drachms, wine, half an ounce to an ounce. Ipecacuanha possesses well-marked emetic, stimulant, and tonic properties; it has been recommended in remittent fevers of a bad character; it has also been given successfully in the treatment of puerperal peritonitis of the bilious form, and not when there is an inflammatory state, or the women are of a very irritable susceptibility. Given in small doses ipecacuanha irritates the stomach and causes vomiting; in fractional doses, its action seems to be directed chiefly on the pulmonary organs; it is consequently frequently employed in certain catarrhs, hooping cough, &c. Ipecacuanha is also employed in the treatment of dysentery, croup, asthma, hæmoptysis, &c., but its specific properties seem to be exerted principally in the affections of the mucous membrane.

JALAP: powder, ten to twenty grains in bolus or pill, or suspended in a little water, or better still by the endermic method: tincture, simple and compound, half a drachm to a drachm in potion, julep, or mixture: syrup, half an ounce to an ounce: resin, two to eight grains in bolus, pill, or emulsion. Jalap possesses purgative properties, its action being principally exerted on the small intestines. It is employed very frequently, especially in popular medicine, on account of its cheapness. It is given either alone or combined with other purgatives. In large doses jalap causes violent irritation of the gastro-intestinal mucous membrane.

JELLY OF RED CABBAGE: ten parts of red cabbage, boiled in a sufficient quantity of water, strained, and two parts of isinglass dissolved in it; then strained again, and replaced on the fire, twenty-four parts of sugar having been previously added. It is then to be clarified with a sufficient quantity of white of egg, again strained and evaporated to the consistence of a jelly: mode of exhibition, one to four ounces daily in coughs, phthisis, &c.

JELLY OF HARTSHORN: eight parts of hartshorn shavings, previously washed in hot water, boiled in a sufficient quantity of water, strained and strongly pressed, clarified with the white of an egg beaten up in lemon-juice, and four parts of sugar added; then evaporated to a proper consistence, and run into pots, containing spices to suit the patient's taste: mode of exhibition, two, four and eight ounces daily, in affections of the chest, as a demulcent and nutritious article of food.

JUBARB, or HOUSE-LEEK: the great jubarb, sempervivum tectorum, contains a refreshing, cooling, and slightly astringent juice, which was formerly given in the dose of from two to three ounces in bilious fevers, dysentery, &c.; it is rarely employed at present. The juice, beaten up with oil, constitutes a popular topical application in cases of burns: the bruised leaves are applied as an emollient poultice to hæmorrhoids, inflammatory tumours, &c. When dried and powdered, they are thickly sprinkled over ill-conditioned ulcers, as a stimulant. The less jubarb, sedum acre, is given in powder in the dose of twenty to sixty grains daily, in epilepsy, chorea, &c. The bruised leaves, which have an acrid and caustic savour, are advised as a topical stimulant, in cancers, sanious ulcers, gangrenous wounds, &c. They are popularly used for the destruction of corns on the feet.

JUJUBE: one of the four pectoral fruits; it is employed as an emollient in the form of ptisan, paste, syrup, &c., in phlegmasia of the chest; dose, one to two ounces.

JULEP, ALUMINOUS (Kapeler): one to two drachms of alum dissolved in four ounces of common water, the solution being poured gradually on twenty grains of bechic species in powder, thirty grains of powdered gum arabic, the mixture being then shaken for a few minutes, and two ounces of simple syrup added: mode of exhibition, a table spoonful every hour, in the treatment of lead colic.

JULEP, ANTHELMINTIC (Chaussier): three drachms of Corsican moss, infused for twenty minutes in six ounces of boiling water, strained, and an ounce of syrup of honey added: mode of exhibition, by spoonsful during the day.

JULEP, ANTIDYSENTERIC: a drachm to a drachm and a half of the grey bruised ipecacuanha, boiled for ten minutes in four ounces of common water, strained through a sieve, and half an ounce of syrup of orange-flower added: mode of exhibition, by tea-spoonsful every ten minutes.

JULEP, ANTISCORBUTIC: four ounces of infusion of wild horse-radish, added gradually to an ounce of syrup of bark, in which a drachm of extract of fumitory has been previously rubbed down in a mortar: mode of exhibition, by spoonsful in the course of the day.

JULEP, ANTISEPTIC: (Hotel-Dieu): ten grains of powdered camphor, one drachm of tincture of cinnamon, one ounce of simple syrup, rubbed together in a glass-mortar, and four ounces of decoction of bark, with a drachm of acetate of ammonia, added gradually: mode of exhibition, by spoonsful in the treatment of severe adynamic fevers.

JULEP, ANTISPASMODIC: four ounces of infusion of camomile, one ounce of syrup of orange-flower, one drachm of etherial tincture of valerian, mixed together, and shaken each time it is used: mode of exhibition, a teaspoonful every two hours.

JULEP, ASTRINGENT: twenty-four grains of powdered kino, one ounce and a half of resin of copaiba, rubbed together in a porcelain mortar with two drachms of yolk of egg, an ounce of syrup of rhatany, and four ounces of decoction of tormentilla being added gradually: mode of exhibition, by spoonsful every hour, in the treatment of hæmorrhages, chronic gonorrheas, &c.

JULEP OF SECALE CORNUTUM: forty to sixty grains of powdered secale cornutum, infused in four or six ounces of boiling water, strained, and an ounce and a half of simple syrup added. Mode of exhibition: by spoonsful in cases of difficult labours.

JULEP, BECHIC: (Parisian hospitals): half a drachm of bechic species, two drachms of gum arabic, six drachms of syrup, four ounces of common water. Wash the gum with cold water, then dissolve it in an ounce of cold water, and infuse the bechic species in the remainder of the water; strain, mix the liquids, and add the syrup. Mode of exhibition: a spoonful every hour in colds and catarrhs.

JULEP, SEDATIVE: (Parisian hospitals): four drachms of syrup of opium, two drachms and a half of simple syrup, one drachm of linden-flowers, four ounces of boiling water. Infuse the linden-flowers in the water for an hour, strain, and add the syrups. Mode of exhibition: a spoonful every hour in the treatment of hooping-cough.

JULEP AGAINST CROUP: (Hôp. des Enfans): a grain and a half of tartar emetic, two ounces of syrup of ipecacuanha, three drachms of oxymel of squills, four ounces of infusion of senega, mixed together. Mode of exhibition: by spoonsful, to facilitate the expulsion of false membranes.

JULEP, CONTRA-STIMULANT: (Laennec): six grains of tartar emetic, dissolved in five ounces of infusion of orange-leaves, and an ounce of syrup of gum added. Mode of exhibition: by spoonsful every quarter of an hour, in the treatment of pneumonia, peripneumonia, hepatitis, and generally in parenchymatous inflammation.

JULEP, DIURETIC: four ounces of infusion of pellitory of the wall, a drachm of acetate of potash, one ounce of syrup of the five roots, mixed together. Mode of exhibition: by spoonsful during the day.

JULEP, EXCITANT OR EXPECTORANT: two drachms of gum ammoniacum in tears, rubbed down in a porcelain mortar, with four ounces of infusion of pectoral flowers, strained through flannel, and an ounce of syrup of capillaire added. Mode of exhibition: by spoonsful, in the treatment of chronic pulmonary catarrhs.

JULEP, FEBRIFUGE: (Magendie): two to four drachms of holly-leaves, six ounces of water, boiled down to five ounces, strained, and an ounce of simple syrup added. Mode of exhibition: to be taken twice in the day in intermittent fevers.

JULEP, DR. FOURNIER'S: one drachm of camphor, one drachm of pure musk, half an ounce of sugar, rubbed together in a glass mortar, and add gradually four ounces of infusion of arnica, and two drachms of eau de Luce. Mode of exhibition: by spoonsful every hour in the treatment of tetanus. *** Two to four drachms of the nitrate of potash may be added to this julep, according to the state of the urinary organs.

JULEP, GUMMY: (Parisian hospitals): two drachms of gum arabic, six drachms of simple syrup, one drachm of orange-flower water, and four ounces of common water. Wash the gum with cold water, and also dissolve it in cold water, then strain, and add the syrup and orange-flower water. Mode of exhibition: by spoonsful in colds and catarrhs. *** Half an ounce to an ounce of oil of sweet almonds, held in solution by mucilage, may be added.

JULEP, WITH CHERRY-LAUREL: three ounces of infusion of orange-leaves, one ounce of camphorated water, one ounce of syrup of poppies, fifteen to twenty drops of the tincture of the oil of cherry-laurel. Mode of exhibition: by spoonsful every hour: sedative and anti-spasmodic.

JULEP WITH OXYMEL: (Kapeler): one ounce of simple oxymel, twenty grains of powdered bechic species, twenty-four grains of powdered gum arabic, rubbed together in a glass mortar, and nine ounces of water added gradually. Mode of exhibition: by spoonsful as expectorant. *** M. Kapeler sometimes replaces the oxymel with a drachm of oxymel of squills, and an ounce of simple syrup, and he then administers the julep in certain cases of dropsy.

JULEP, PECTORAL: (Magendie): fifteen drops of medicinal prussic acid, three ounces of infusion of ground ivy, one ounce of syrup of marsh mallow. Mode of exhibition: a spoonful every three hours, to sooth convulsive cough, paroxysms of asthma, &c.

JULEP, OILY PECTORAL: see Gummy Julep.

JULEP, PURGATIVE, or BLACK DRAUGHT: two drachms of senna leaves, infused for twenty minutes in four ounces of boiling water, strained, and four drachms of sulphate of soda with an ounce of manna, dissolved in it, and the liquid again strained. To be taken in one dose in the morning fasting: it is rarely employed at present, except in the country. The manna and sulphate of soda may be replaced by two ounces of syrup of buckthorn.

JULEP, SEDATIVE: (Fouquier): three to five grains of powdered digitalis, two grains of crystallized acetate of lead, one ounce of syrup of orange-flowers, rubbed together in a glass mortar, and six ounces of the infusion of red poppies, added gradually. The bottle must be shaken each time the medicine is administered. Mode of exhibition: by spoonsful in the day, in cases of hypertrophy of the heart.

JULEP, STIMULANT AND SLIGHTLY ANODYNE: (Gall.): six ounces of infusion of white horehound, ten drops of Rousseau's laudanum: mode of exhibition, a table-spoonful three times a day, towards the termination of bronchial catarrhs. A little sugar may be added.

JULEP, TONIC CAMPHORATED: ten grains of camphor, rubbed down in a glass mortar with a drachm of tincture of bark, one ounce of syrup of wormwood, four drachms of the acetate of ammonia, and four ounces of the infusion of Virginian serpentary, being gradually added: mode of exhibition, by spoonsful three times a day, in cases of very abundant external suppuration.

JULEP, EMETIC: thirty grains of bruised grey ipecacuanha, infused for ten minutes in four ounces of boiling water, and strained: mode of exhibition, to be given in three doses at intervals of a quarter of an hour. If the two first doses are sufficient to provoke vomiting, the third need not be administered.

JULEP, EMETIC: (Magendie): one grain of pure emetine, rubbed in a glass mortar with four drops of acetic acid, three ounces of infusion of linden, and an ounce of syrup of marsh-mallow being added afterwards.

JUNIPER BERRIES: powder, half a drachm to two drachms, in bolus or pills: infusion, half an ounce to an ounce to a quart of boiling water: stimulant diuretic, in chronic catarrh of the bladder and ureter, scurvy, some diseases of the skin, &c. These are burnt by some people to disguise the unpleasant odour of the sick chamber, and to induce free perspiration.

KERMES MINERAL: powder, as emetic, four to eight grains in four ounces of water: as expectorant, one-fifth of a grain to one, two, and four grains, in potion, looch, julep, &c.: it is held in suspension in these menstrua with gum or tragacanth mucilage: as a sudorific, ten to thirty grains in bolus or pill, or by the endermic method: as contra-stimulant, six, ten, twenty, and thirty grains in an appropriate menstruum. In moderate doses, kermes mineral acts as an emetic, but tartarized antimony is preferable: in large doses it possesses sudorific properties, and is often employed as such in gouty, rheumatic affections. In fractional doses, successively increased, kermes is numbered among the counter-stimulants, and may replace tartar-emetic in the last stages of acute peripneumonia, chronic catarrhs, humid asthma, &c. It has a powerful effect in assisting expectoration, and the resolution of pulmonary engorgements.

KREOSOTE: (Reichenbach): a pyrogenous product, first found in pyroligneous acid, afterwards in all the tars; employed by many physicians, both internally and externally, in solutions, injections, lotions, ointments, &c., in the treatment of atonic ulcers, mucous discharges, wounds difficult to cicatrize, fistulous canals, venereal chancres, scorbutic, syphilitic and scrophulous ulcers, in caries of the teeth, chronic farcy, certain dermatoses, certain neuralgias, deafness caused by defective ceruminous secretion, as an hæmostatic, &c.; it is used by quacks, but its therapeutic properties are as uncertain as those of other chemical products, which are analogous to it. It is recommended, dissolved in water or reduced to a vapor in pulmonary and laryngeal phthisis.

LACTATE OF IRON: a saline combination, the properties of which are still sub judice.

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LAUDANUM, LIQUID OF SYDENHAM: see the compound wine of opium.

LAVEMENT, ACETIC: (Franck): one drachm of vinegar, six ounces of water: used in typhoid affections, &c.

LAVEMENT, DEMULCENT: a pint of decoction of linseed or of marsh-mallow root, or of barley or of emollient species, to which is added an ounce of olive or white oil.

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LAVEMENT OF STARCH: four drachms of starch, diluted or rather boiled in a pint of water: used in chronic flux of the intestines.

LAVEMENT, ANODYNE OF PAINTERS: six ounces of oil of nuts, twelve ounces of red wine: used in lead colic.

(To be continued in our next.)

GOSSIP OF THE WEEK.

On Monday a member of Parliament, stated to be Mr. Macauley in some papers, Mr. Hawes in others, questioned Sir James Graham on Medical Reform. The Home Secretary expressed his willingness to lay the Charter of the Colleges of Surgeons of England, Ireland, and Scotland, before the House, and announced that shortly a Charter would be granted to the College of Physicians, and that a Bill for regulating the Profession should be almost immediately introduced to the House. Sir James is not reported to have used any of the hopeful expressions which characterised his promises of last year.

The *York Courant* announces the death of George Wharton, at Marsham Moorhead, in his hundred and twelfth year. He is asserted to have retained the use of his faculties till within a few days before his death. It is to be regretted that for an affirmation of so singular a fact—a fact necessarily contested—some evidence is not offered by our contemporary. The question is of interesting physiological value.

Mr. Wakley, in a recent squabble with the Directors of the poor, Marylebone, a parish out of the jurisdiction of the Poor Law Commissioners, charged the authorities with infamous neglect of the poor and, by implication, laid it at the doors of the medical officers, who, he affirmed, did not do full duty, because ill paid, or overworked. The coroner threatened that, as the subject of medical relief would come before the House, he would take care to have the medical officers, physicians and surgeons, summoned.

A "medical" verdict was recently given in Somersetshire, which shows how safely the public may be left to their own perspicacity to defend themselves from a quack or incompetent medical adviser. On a post-mortem examination, the surgeon attributed the death to intoxication, aided by the effects of some putrid vegetables. The jury, after much deliberation, announced by their foreman, that "We find that the deceased died from the effects of the cabbage, and that the cabbage died from the diseased state of the stomach. Verdict—Quits!"

The inspector of English prisons, Capt. William John Williams, has published his report, and we are happy to learn from it that the substitution of nutriment more in amount, and more solid in quality, to the diet of prisoners, has had the effect of much diminishing sickness and mortality. The improvement has been resisted by the visiting magistrates of several prisons, but is being daily more generally adopted.

The quarterly table of mortality for 114 districts of England has just been published. The aggregate deaths for the thirteen weeks ending December 31, gives 1,923 more than the average of five previous autumns. Even taking into account the increase of population, this gives an increase of 1,368. Scarlet fever, hooping-cough, measles, inflammation of lungs, and bronchitis, seem to have been the main cause of the increase.

The Editor of the *Lancet*, out of a very proper fellow feeling for the non-classical and very natural anxiety "to attract the groundlings," has a crotchet of turning every Latin prescription into "plain English." The last week having to translate *pulvis Jacobi* (James's Powder), he called it powder of Jacob!

Punch has this week done the profession good service by showing the absurdity of detailed accounts of the precise nature of the drugs, visits, and attendance of general practitioners. A tariff of prices per symptom, per question, &c., is given, and a good argumentation carried on through a series of good jokes.

Snipping the uvula, or as some call it "professional cut-throating," is likely to rise to the dignity of a universal remedy, and justify in a new fashion the dictum of Hippocrates about the unity of disease. A medical cotemporary furnishes us with an elaborate paper from a corresponding aurist recommending excision of the uvula in cases of hydrophobia!

Sir Benjamin Brodie, yielding a homage to the late meeting he never paid to the *Lancet*, has at length condescended to disclaim, through the *Times*, his ever using the word "subordinates" in reference to general practitioners. He adds expressions of gratitude for the great favours he has received at their hands.

We are glad to notice an accession to the number of Assurance Companies, which will not trouble medical men for opinions without the customary fee. Through the suggestion of Mr. Churchill, the bookseller, the Star Assurance Company is in future to accompany its requests for an opinion with the due "honorarium."

TO CORRESPONDENTS.

Mr. Rutherford Alcock *has written to us, and shown that our reporter was wrong in numbering him among the gentlemen present at the late meeting of the Crown and Anchor.*

Rusticus, and A Non-Fellow.—*These correspondents complain that the late meeting was so hastily held. With longer notice, they (one from Bath, the other from Cambridge) would have been present. The explanation of the haste is, that the gentlemen originating the movement waited till the last moment to see if any others would take the initiative, and as it was all-important that the meeting should be held before the opening of Parliament, for among other reasons to get it duly noticed by the public press, a short notice was made imperative. There will be the less to regret in this, since the success of the last meeting will form the groundwork of a still larger demonstration of professional opinion—an event of which the fullest notice will be given.*

A Five-Year Old Snbscriber.—*We do not think the fully qualified man can demand as a right the appointment; we think the surgeon may certify.*

Mr. Courtland Shaw *admits the grievances inflicted by the Charter on the profession, but impresses the importance in speakers of avoiding topics which may alienate the respectful attention of Sir James Graham, and parties situated like him. Speakers should be prudent, we admit, but the main matter is perhaps a decisive expression of professional opinion. Sir James will look at mode, but will regard principally substance.*

Mr. Salmon *informs us that instead of "which in truth I consider valueless in worth," the words of his note as given last week in our "detailed and useful account," should have run "which in truth I consider valueless, to wit: the Fellowship, &c." On reference we see that our reader decyphered the M.S. amiss.*

Mr. Sproule's *cases will obtain early notice.*

We shall publish the substance of Mr. Dalton's letter in our next.

Mr. Ottor. — *We believe that German diplomas may be purchased without leaving the country. One vendor or agent frequently advertises in the London Journals.*

A circular has been sent us acquainting us with the formation of a Dispensary in London for the treatment of calculi, diabetes, and urinary diseases. Mr. Fergusson has been appointed consulting surgeon, Dr. Venables, consulting physician, S. Mason and R. Dawson, Esqrs., surgeons.

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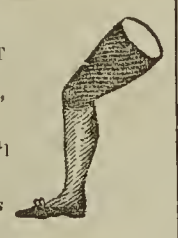
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COURSE OF LECTURES ON THE THEORY AND PRACTICE OF MEDICINE.

Delivered by C. J. B. WILLIAMS, M.D., F.R.S., Professor of the Practice of Medicine, and of Clinical Medicine, at University College.

Physical signs—continued.

The *physical signs* of phthisis, must be taken altogether as characteristic of the disease. Some of these will of course depend on the progress and predominance of the different symptoms. As a general rule, phthisis is a chronic disease; but there are some cases that prove rapidly fatal; these are, however, cases which must be called inflammation, rather than phthisis. In many cases where the disease is chronic, its character is chiefly derived from the permanency of the symptoms—remaining week after week, month after month,—never being entirely removed; though there are interruptions or remissions of the physical signs, always more or less present, so long as the disease exists. Where it is permanent, the gradual progress of the disease, the various signs and symptoms, constitute some of the most distinctive features of phthisis. There are other diseases which in many cases seem to resemble phthisis very closely in its physical signs:—pneumonia, pleurisy, pleuro-pneumonia; in these the resemblance of the usual signs is very great. There is a lesion that I have adverted to, which strongly presents the physical signs of phthisis:—dilatation of the bronchi or air tubes, which is very difficult to diagnosticate by the physical signs. It is usually connected with very long continued bronchitis, or pleuro-pneumonia. When the bronchi are so dilated, they present the cavernous phænomena,—the phænomena of the cavernous breath-sound or cavernous rhonchus. There is an alteration, too, in the form of the chest. The most usual seat of this disease is in the middle and lower lobes of the lung; at this place, the disease is apt to be followed by dilatation of the bronchi; and hence it is that the cavernous sounds, heard in connexion with this lesion, are heard more in the middle and lower portions, and less at the upper portion, which, as we have already found, is the chief seat of disease in phthisis. Again, there is another difference—with regard to the sound on percussion. There are some few cases, in which the dilatation of the bronchi going up to the apex of the lung, occurs independently of the physical lesions of tuberculous disease, and they are to be distinguished by general symptoms rather than physical signs; but the phenomena exhibited are very similar to those of phthisis. The sound on percussion is, however, different; in phthisis, as a general rule, the sound on percussion is dullest in the upper parts of the chest; and the more advanced the disease is at the apex, the greater is the contrast presented, because the lower parts become emphysematous. On the other hand, in pleuro-pneumonia, there is the converse of this; the lower parts of the lung are consolidated, or obliterated, and it is in consequence of this that the bronchi become dilated. The air cannot enter into the periphery, and the tubes and air cells are dilated to fill up the space; and the dulness, therefore, in these cases of dilated tubes, is greater as you go downwards in the region of the chest, and less as you go upwards. If the disease affect the lower part of the lung, there will be more or less of the tubular stroke-sound, which is different in its character from the irregular dull sound manifested in phthisis. You get this tubular sound, sometimes representing the crack-pot sound, or a gurgling or whiffing sound, but easily distinguished from the signs of a cavity, progressing and increasing as you go downwards, and generally extending over a large space. There is also a difference in the appearance of the chest. In pure phthisis, it is the upper part of the chest that is most collapsed: in pleuro-pneumonia, there is a great contraction of the chest, but the contraction is seen most in the middle regions, sometimes in the lower regions. There is another sign; that is, the stationary condition of the disease following pleuro-pneumonia or dilatation of the bronchi. This may go on for a long time, without the patient getting materially worse; and though there may be some bad expectoration, connected with bronchitis, frequently present, there is not that great amount of expectoration, nor those clots of mucous and opaque matter proceeding from the cavities. Further than that, the general symptoms in most cases,—in those cases which are important to distinguish, are different. I have now almost acquired an intuitive perception of these cases. They do present the same hectic appearance; there is loss of strength, but not to the same amount as in phthisis; acceleration of the pulse, but not of the same character as in phthisis. The dulness on percussion occupies the greater part of the chest; and if phthisis do exist, you would pronounce the patient in the last stage; there is emaciation, pallidity of the countenance, and hectic fever in a marked degree, and the expectoration is altogether in proportion. The great disproportion, however, between the physical condition of the lungs, and the general symptoms, will guide you pretty accurately in the diagnosis. There is one thing to be remarked with respect to pleuro-pneumonia, that those very cases of consolidation of the lung following inflammation so closely as to simulate many of the physical signs of phthisis, those very cases are apt to pass into phthisis. In the diagnosis you ought to be careful; you may accurately distinguish cases which are not originally phthisical, yet the patients may become consumptive after all; cacoplastic matter is deposited; the degradation becomes still greater; there is not only injury done to the constitution from the tendency to pass into phthisis, but there is injury done to the respiratory function by the destruction of the pulmonary substance. I have seen many cases go on gradually, the patients exhibiting the phenomena I have described, and by and by, if they have not been sent down into the country, or if they have been over exercised or exposed to attacks of cold, or where the digestive organs have been put out of order, then the disease in the lungs has become more active, the whole lung beginning to show indications of the commencement of disease; the opposite lung likewise has manifested signs of phthisical disease, and the patient has died perfectly consumptive.

The distinction in regard to the progress and treatment is most important, and was never properly attended to till recently. I may mention further, with regard to some of the symptoms accompanying this dilatation of the bronchi and consolidation of the lung that there is a greater amount of obstruction produced than there is in common phthisis; the consolidation being so extensive, it frequently gives rise to various symptoms of hæmoptysis, and not uncommonly to dropsical effusions. The commencement of phthisis I have already adverted to. Attacks may come on; acute inflammation may arise in the course of phthisis, and this frequently cuts off the patient. Attacks of bronchitis often prove fatal. The great amount of improvement after recovery from these attacks is sometimes astonishing. Persons under these circumstances appear to be almost suffocated; they may present the physical signs of disease of the lungs, and may be suddenly brought to death's door by a recurrence of the acute disease, of bronchitis; but if the proper antiphlogistic means are adopted, they may perfectly recover again.

With regard to the *prognosis*, and the *cure of phthisis*, this is a dangerous subject. Many persons are set down as quacks if they utter the words "cure of phthisis." There seems to be a notion that phthisis must necessarily be incurable, and if a case does ever recover, then it is said it could not be phthisis. However, it is now ascertained by the pathological anatomy of the phthisical lesions I have described, that they are destructive rather from their degree and their extent than from their kind. I have often, in opening the bodies of patients, had my attention turned to this matter during the last twenty years; and I am almost afraid to say the number of bodies I have opened and assisted in opening—it cannot be less than 1,200—and all in relation to this point; never omitting an opportunity of examining the lungs in these cases, whatever immediate disease the patient had died of. The result of this has been, that it was very much more common to find disease of a phthisical character in the lungs, than not to find it. Of adults, particularly at the age of thirty or forty years, more than one-half exhibited signs of phthisical lesions in the lungs, the greater number exhibiting it in the extensive form of *phthisis pulmonalis*. There is, however, a difference in the degree and the extent; some of these cases we should be afraid to call phthisical. I never open bodies without observing that in various cases, phthisical or not, nature resists the progress, or limits and circumscribes the extent of the disease, while in others, it arrests it by a peculiar change. Laennec has described a mode of cure, such as cicatrization of the cavities. The supposition was that the cavities become lined by false membranes, which membranes contract and partially obliterate the interior, forming a smooth lining to the cavity. This is where the communication with the bronchi remains free. In other cases, where the communication is not free, these false membranes, by their gradual contraction, entirely obliterate the cavity, and form a puckering of the lung around it; and there is good reason to believe that some tuberculous consolidations are closely allied to this condition. Such lesions do become quiescent without these changes. In the first place, there is a change to a cretaceous formation of the tuberculous matter, precisely in the same situation of the lung that tubercles occupy—the bronchial glands and the apex of the lungs. There are frequently found in connexion with tubercles in other parts, collections of cretaceous matter almost like tubercles; but on examining them minutely, they have been found to consist of a sort of chalky or putty-like substance, found on analysis to contain chiefly phosphate of lime with a little albuminous matter in it. This matter is generally encysted, and appears to be a sort of ancient or superannuated tubercle that has gone through all its stages of degradation and softening; but there is not irritation enough to extend to the bronchi, and therefore it has remained in that state of quiescence in the lung without undergoing any further chemical change. It is clearly a transformation from tubercle into chalk or phosphate of lime. I do not think any chemists entertain the notion that phosphate of lime is formed by the conversion of albu-

minous matter; there must, however, be a transformation of these substances one towards another.

You see how organic matter is deposited—cretaceous or calcareous matter, and you see how that matter becomes, in process of time, transformed, and converted into stone, although retaining its original form. In these cases there is a tendency to the same sort of deposit. On whatever this depends, whether on some analogy between this and the process of ossification; or on a successive deposition of tuberculous matter, and the removal of the more soluble parts of it, and consequently the accumulation of the harder parts, I will not stop now to inquire. Here is the fact, and it is not a very astonishing one, when we take into consideration the phenomena occurring in the physical world. This is, however, certain, that in many cases of chronic phthisis, where phthisis has gone on for a great many years, and the patient has had a succession of attacks, cretaceous tubercles will be found in some of the upper parts of the lung, at the same time that the more active lesions occupy the other parts; and you find every degree of degradation between them, pretty clearly proving that it is due to a species of transformation. This is the mode—the second—in which the disease may become quiescent. The third mode is one that takes place more frequently than is supposed; that is, by contractions of the consolidations—contractions of the cacoplastic matter, such as is exhibited in the miliary tubercles, or rather in the grey consolidations. Now, if you examine these cases, persons who have been suffering many years from phthisis, you will find in various parts of the lung, particularly towards the apex, that a considerable part of it is converted into a dense black, or dark grey substance, perfectly impervious to the air; or perhaps only here and there interspersed with a few vesicles, and in a state of density almost approaching to cartilage. This dark colour is one of its distinctive characteristics; but it exhibits, in addition, more or less of the signs of contraction. You observe a puckering or wrinkling of the lung around it. There may also be present an appearance of yellow tubercles, or grey consolidated matter. In other cases, you find in the grey consolidation some cretaceous matter, and sometimes true tuberculous matter; showing the connexion between these lesions, and showing that there may be a transmutation from the grey consolidation to the tuberculous matter. In persons who have laboured under acute inflammation, fresh exciting causes are very apt to bring the disease into an active state. This disease is not so uniformly incurable as is generally believed. I must now continue with the prognosis. This is, then, the third mode in which the cure takes place. I may state that I am not singular in these views. There is a very able pathological anatomist, biased by no peculiar view as to the nature of tubercle, who has given the same description of it, namely, Cruveilhier. He has mentioned this as being decidedly the mode in which phthisis may be suspended, and may pass into the quiescent state. There is another mode which is observable in some few cases; that is, the absorption of the tuberculous matter. How does this change take place? There must be some removal of the solid matter before the remainder can be softened. Some absorption must take place; for, as we have already seen, with regard to the cretaceous transformation, there must be a vast deal of matter absorbed, before this change can be accomplished. The albuminous matter must be absorbed before the cretaceous matter is made apparent. There is nothing absurd in the idea that tuberculous matter may be absorbed. I think it is quite consistent, and fully borne out by many facts, that miliary tubercles and grey consolidated matter may, under many circumstances, be formed; and my reason for thinking so is this:—In acute attacks of phthisis, where tubercles have occurred, they have in a great number of cases rapidly proved fatal; or if the patient has been carried off by any other disease, they have presented themselves in the recent state, which is judged of by their being of a pale pink colour and somewhat soft consistence. But how very rare a thing it is to find them few in number; it is extremely rare, and indeed I don't think I have met with one acute case in which there were only a few tubercles existing—two, three, or four, in different parts of the lung. But we do find them solitary, existing in certain spots of the lung, while other parts exhibit no kind of disease whatever; and this occurs so commonly that we cannot but be tempted to suppose that the lesion is yellow tubercle by the traces which are left. When they present themselves as clear and defined tubercles, depositions occur at the apex of the lung, while there are no tubercles at the other parts. There is a strong presumption then that they must have been more abundant at some former period, but that they have been principally dispersed. I should state another fact that bears on this question; that in those very cases in which solitary tubercles are sometimes found, there may be a considerable quantity of tuberculous matter in the lymphatic glands. This is on the road to absorption; and in some cases, in which there is no real tubercle, there may be other cretaceous matters present, a sort of superannuated, petrified or ossified tuberculous matter. These cases are, however, exceedingly rare in comparison with the enormous number of those, in which no such changes take place. This state is rather exceptional than otherwise, as occurring in the course of pulmonary consumption. But do not let us be embarrassed too much by a word or by the external aspect of the disease. There are many cases that are truly of the nature of pulmonary consumption, that are not considered to be such, because the lesions accompanying them are slight in degree. There are many persons, apparently suffering from little disease at all, yet who, when affected with diseases of other organs, show undoubted marks of pulmonary consumption; and yet these are scarcely regarded or dealt with as cases of tubercular disease. This fact may be rendered applicable to our prognosis in many cases. With regard to this disease, as with regard to disease of the heart, it is not so much the kind as the degree and the extent, that we judge from. Our attention should not be confined solely to the localization of the disease, or to the mere character of the matter deposited in the lung, but likewise to the extent of the consolidation. Our prognosis is therefore unfavourable in proportion to the extent of the disease. If there is a great amount of local disease, clearly bearing the indications of a tuberculous character, chiefly at the apex of the lungs, and also accompanied by the general symptoms, the prognosis is most unfavourable; and you can scarcely expect such a case to recover. Again, the prognosis is unfavourable even where the disease is limited in extent, not being very extensive, if the consolidation is of a bad character, consisting of the cacoplastic matter, to which I have before referred; in such cases, whether arising from ascertained causes, from injury to the digestive organs, or disorders of the nutritive system generally, or arising from hereditary predisposition—in these cases, that may be called tuberculous cachexia, the prognosis must be unfavourable. You are to judge of this by the signs I have mentioned. You will say the case is hopeless, if the physical signs show extensive disease. But then again the case is bad, if the physical signs do not indicate disease of so extensive a character, where the pulse is weak, and emaciation takes place, and where the functions of the body are more or less impaired, weakened, and gradually reduced. In these cases, we find a want of power in the system to resist the disease—a condition which pretty surely announces that the disease will get the better of the constitution. The rapidity with which the disease is developed, in such a case, is quite remarkable; more especially in young subjects, in whom there has been previously but little sign of disease. The sudden occurrence of a catarrh or cold will here develope acute phthisis; the lungs become invaded with miliary tubercles, bronchitis occurs, and the patient may die in a few weeks. Where the disease is rapid, and the constitution is bad, hope is scarcely to be entertained; there is little hope unless the constitution can be improved by remedial measures. Where the constitution is good, hope may be held out. In some cases, there is much to justify the hope, that phthisis may be arrested in its limited form, if taken in time, and the patient be placed in such circumstances that the constitution is improved to a great degree, and further disease guarded against by the prevention of congestions, inflammations, and those things which we know to accelerate it. There are other cases in which the disease is more extensive, but in which we may yet hope for a cure: there are cases of inflammation, scarcely tuberculous, but terminating in extensive consolidation; *that* not being removed, they pass into separate disease. These are some of the cases that may be cured by careful management.

PARISIAN INTELLIGENCE.

(FROM OUR OWN CORRESPONDENT.)

Paris, Feb. 8, 1844.

On Tumours of the Breast, by Professor Velpeau.—In the different species of tumours which affect the mammæ, scirrhus has been distinguished from encephaloides. Evidently there is no resemblance between an encephaloides, formed by a soft, fungous substance, full of small vessels, in appearance like the brain, and a scirrhus characterised by a hard, solid tumour. But the difficulty is not there: it is to prove that a scirrhus may not become an encephaloides, and that the former is not the first stage of the latter. A far more important division has been made, that in which these tumours are classed under two heads—1st, malignant, 2nd, benign. In the first class, reproduction after the operation in the surrounding or distant parts, often takes place; it would appear that the tumour is but the shadow of, not the disease itself, and that in removing it the surgeon does not take away the real cause, which being internal, is out of the reach of the bistoury. The different varieties which, abandoned to themselves, form the peculiar condition known under the denomination of cancer, are, encephaloides, scirrhus, melanosis, and colloides, and perhaps some cases of fungus hæmatodes, very like cancer, which often may be considered as a variety of melanosis. In the four species the danger is great; for no authentic observation has been recorded of a spontaneous cure, or of their yielding to aught but the knife or the caustic. Here, either the observer has been deceived himself or wishes to deceive others. An error of diagnosis is easier than is generally admitted; and this is not surprising, when we reflect that after the tumour is removed, and can be minutely examined, opinions sometimes differ as to its precise nature; it is, therefore, not astonishing that such should be the case, when it is hid from our sight in the tissue of an organ. Consequently, it is of the highest importance to establish a correct diagnosis, which may be attained by comparing their structure with those of the second class: which is formed by fibrous, tuberculous, and fatty tumours, hypertrophy of different parts, and the numerous varieties of cysts. The removal of the tumours produces a permanent cure. Scirrhus, encephaloides, and colloides, may sometimes be taken for fibrous or fibrinous tumours, their tissue being somewhat similar, and their density much the same; but when cut, fibrous tumours are found to be homogeneous; besides which they are in general isolated; circumscribed scirrhus, on the contrary, when cut, offers a granular texture, full of small grey spots, often of a bluish tint and transparent; when pressed, a lactescent serosity escapes from the cut surface, and its limits are not easily assigned. Finally, there exists, in this last respect, between scirrhus and a fibrous tumour the same difference as between erysipelas and diffused phlegmon; in the former the redness is circumscribed, in the latter illimited. It is necessary to add that encephaloides have been found completely limited; but then they are contained in a cyst, and the softened state of their central portion is sufficient to prevent their being mistaken for a fibrous tumour. Fibrinous tumours present a peculiar granular appearance, which distinguishes them from colloides. These last offer a tissue similar to that of a turnip (*napiform tissue*). Certain cysts containing solid matter might cause an error, but they are very seldom met with. As to melanosis, its colour suffices to distinguish it from other tumours. These are the pathological signs by which these disorders may be distinguished; on a future occa-

sion, I will explain those by which they may be recognised before the operation.

Rupture of the Uterus during Labour. By the same.—Mary A—, ætat. 24, was brought to the Charité to be delivered. She had been suffering from labour pains for a considerable length of time, and delivery had been fruitlessly attempted by means of the forceps; shortly after her entry, she fell down in the ward and expired. *Autopsy.*—The child presented the cephalic extremity; the head was firmly fixed in the pelvis; the uterus, posteriorly and to the left of its cervix, was torn to the extent of several centimetres (three centimetres are equal to 1·181 inch); in all probability the primitive cause of this lesion was the application of the forceps, and it became complete when the patient fell down; the surrounding tissues were sphacelated, emphysematous; no pus in the abdominal cavity. The diameters of the pelvis were less than in the normal state; thus the antero-posterior offered but 3½ to 4 inches; the oblique 4½ inches; and the transverse 4½ inches; which, though it indicated the necessity of applying the forceps, proved that it ought not to have been done in the way in which it was. This kind of diminution is rarely to be met with; in general, when the pelvis decreases in one direction, it increases in the opposite, whereas here it may be said to have diminished equally on all sides. The rupture of the uterus, in whatever part it takes place, whether during gestation or during labour, is always dangerous and generally fatal. This last is more to be feared when the rupture is caused by the manœuvres employed to deliver the woman, than when it takes place during gestation. This difference is owing not to the accident itself but to the consequences which inevitably follow; for as soon as the uterus bursts, the liquids contained in its cavity or produced in the ruptured part, flow into the peritoneal cavity. Now, does not the nature of this liquid have an influence on the phenomena developed? Will they be the same if the blood, amniotic fluid or mucositics, have or have not been exposed to the air? This question may be answered by the merest tyro. When the above mentioned liquids, especially blood, are in small quantity, and have not been subjected to the influence of the atmosphere, which may be the case if the rupture takes place during gestation, when it is not the result of imprudent or guilty manœuvres, death does not always inevitably follow. On the contrary, if the lesion is produced during labour, when the blood, amniotic liquid, meconium, &c., have been exposed to the air, the danger is great and the termination generally fatal. The rupture in the present case took place in the spot where the branch of the forceps usually presses, viz., the union of the vagina with the uterus. The mode by which it is produced is easily understood, and this subject merits a serious examination; for, in some cases, certain symptoms exist which may deceive an inexperienced operator, who, by applying the forceps, causes a rupture to take place. For instance, sometimes the head of the fœtus descends into the outlet, dragging down with it the inferior portion of the uterus, the cervix being but slightly dilated. If, in this case, after a superficial examination the surgeon applies the forceps, the result will be, either that the uterus will be pulled down and torn, or the branch meeting an obstacle to its progress upwards, if pushed forcibly inwards, perforates the vagina and penetrates into the abdominal cavity. These remarks prove how essential it is never to employ violence, and always to examine the patient attentively in order to form an exact diagnosis. As to the methods of treatment, it is difficult to say which is the most appropriate. Without a doubt, when possible, the woman ought to be delivered, even if the child is in the abdomen of the mother, reducing any portion of intestine which may have entered the uterus, after which the symptoms of peritonitis must be combated as they manifest themselves. Finally, though a few cases of cure have been recorded, still it may be asserted that there are few diseases so dangerous as the rupture of the uterus during labour.

Syphilitic Mucous Tubercles.—A woman received in the wards of M. Cullerier, Hospital de Loureine, stated that the disorder had been communicated to her by the child she nursed. The body of the child, according to the patient, was covered with scabs, and its tongue offered several ulcers; in consequence, she considered herself entitled to damages from the parents, and requested M. C. to give her a certificate proving the truth of her assertion. But, in the first place, did the circumstance take place as described? This is very doubtful; and it is very common for persons of this class to endeavour to deceive the medical attendant, especially when it is their interest to do so, as evident in the present instance. Besides this, the prevarication of the woman, had no other motive existed, would have been sufficient to raise doubts as to her veracity. At a first interrogatory, she said she was taken ill six weeks previous; and at the second, that the mouth had become affected about twenty days before her entry, and that the symptoms appeared at the same time in the mouth and on the breasts. But these reasons are not the only ones which made me refuse admitting the patient's assertion. The child, she said, owed its birth to diseased parents, and offered on the skin and in its mouth symptoms of constitutional lues venerea. Now, according to the theory published lately by M. Ricord, confirmed by daily experience and observation, it is certain that the secondary symptoms of syphilis cannot propagate the disease by inoculation, it being only the primitive accidents, that is to say, the chancre, which can be transmitted thus. And what could the parts of the child, in contact with the breast of the nurse, present? Mucous tubercles on the lips, and secondary ulcerations in the mouth; symptoms, specific it is true of lues venerea, requiring, in order to be cured, a mercurial course, but incapable of transmitting the disease by contact. Therefore it is impossible that a child, born with constitutional lues venerea, and presenting secondary symptoms, could infect its nurse in the mode here mentioned. It must not, however, be supposed that a child never communicates the disease to its nurse; this sometimes takes place, but in a different way; and the accidents offered by the child are no longer secondary but primitive, and are produced as follows. The infant is not constitutionally affected, but as chancres exist on the vulva, labia pudendi, vagina, &c., its lips may remain more or less in contact with these primitive ulcers during labour, contract the disease, and communicate it to the nurse. Though it is impossible to deny the possibility of such an event, authentic proofs having been recorded, yet it must be very uncommon; the genital organs being lubricated by the amniotic and other liquids, and the skin of the child being covered by a sebaceous coating, it is not easily affected by the virus. The same remarks are applicable to ophthalmia blenorrhagica in new-born children, for this disease is not so frequently communicated by a parent affected with blenorrhagia, as is generally supposed. An eminent writer, whose works until lately were but little known in France, and who was far from having at his disposition, at the period when he wrote, all the resources modern discoveries afford the authors of the present day, but whose genius seemed to foresee a great number of these discoveries, John Hunter, announced the opinion here developed; for, in his Treatise on Syphilis he says, "sometimes the venereal disease attacks the nipples of nurses who give suck to children, whose mouth is affected with this disorder which they caught in coming into the world from the genital organs of their mother." This woman offered likewise several chancres on the genital organs; but ought they to be considered as the cause of the constitutional taint indicated by the presence of the mucous tubercles on the breast, when according to the general opinion the secondary symptoms do not take place until one or two months after the appearance of the primitive, and often when these last are cured? This question is easily answered. A chancre, of whatever species it may be, offers two distinct stages, one in which it spreads, the other in which it heals. In the first it may be inoculated, whilst in the second it loses that faculty. Now a chancre, abandoned to nature, does not begin to heal before three weeks; and as the patient presented several on which cicatrization had commenced, it is natural to conclude that they appeared at least three weeks previous to her entry. From recent and numerous observations, M. Ricord affirms that secondary symptoms may appear a fortnight after the primitive, seldom it is true, but that it is very common after three weeks; it is, therefore, not extraordinary that it should have taken place in the present case. The chancres here did not offer the characteristic sign of a constitutional taint, viz., a hardened base; this takes place much oftener in the female than in the male sex; and then mucous blotches (*plaques muqueuses*) may be considered as the first symptom which indicates that the constitution is affected. But were the ulcers of the vulva really syphilitic? Inoculation might have been employed, had any doubts existed, though in all probability it would have been of no utility, as the chancres had already reached the second stage. As to the presence of the tubercles on the breast in preference to other organs, it may be explained: first, on account of the sympathy which exists between the mammæ and the genital organs; and secondly, on the continual excitation produced by the child's sucking, analogous in that respect to the irritation of the lips in inveterate smokers, causing the tubercles to appear at the commissures of the lips, sooner than on other parts of the body. Case—V. P. ætat. 23, entered the hospital on the 18th Oct. 1843. This woman, of a good constitution, stated that six weeks previous a small red pimple appeared, first on the right, and then on the left breast, which had gradually increased in extent, so as to present at her entry an ulcer of the size of a halfcrown on the right, and a shilling on the left breast; the base was swoln, and of a dark red colour; the ulcers of a greyish hue, and their edges flattened, and similar to those of a wound about to cicatrize. The genital organs offered small chancres, some about to cicatrize, and others at their maximum of development; the amygdalæ and velum palati covered with mucous tubercles. The ulcerations were cauterised with the nitras argenti, and pills containing the pro-iodide of mercury administered. On the 2nd Nov. spots of syphilitic roseola appeared on the trunk; the other symptoms had diminished considerably, and on the 27th Dec. the patient left the hospital perfectly cured.

Method for embalming.—Drs. Pouzin and Broc employed the following mixtures to embalm the late Marshal d'Erlon. 1° lbj. of hydrargyri oxymurias was dissolved in lb. iv of alcohol. 2° ʒviss. of arsenious acid was dissolved in lbss. of hot water. 3° ʒj. of the oil of cloves, ℥ss. of the oil of lavender, and ʒiss. of oil of neroli, were dissolved in lbiv. of alcohol. *To be mixed just before being employed.* Three fourths of the mixture were injected downwards through the left carotid; the remainder was thrown into the cavities of the pleura and peritonæum, the intestinal gases having been previously evacuated by small punctures made in the abdominal parietes. The body was next swathed with bands of linen. It is essential never to inject into the arteries of an adult more than lbvjj. of any liquid, otherwise it is exhaled abundantly on the mucous membrane of the bronchi, and escapes through the mouth.

Review of M. Lisfranc's Clinical Wards, by the Professor himself. *Fistulæ.*—At No. 2, St. Louis' ward, is a patient affected with 7 fistulæ at the upper part of the thigh, and 2 at the lower part of the leg; excessively reduced by hectic fever and suppuration. I ordered internally iodide of potassium, increasing gradually the dose until it reached ʒv. or ʒij. per diem, and externally the same substance in frictions. Under this treatment the accidents yielded gradually, and a limb was preserved in a case where many persons would have considered amputation as the only resource.—*Cancer of the nose.*—At No. 11, same ward, is a man, from whom two years ago I removed three-fourths of the nose on account of a cancer. The disease having reappeared, was cured by the administration of the iodide of potassium internally, and simple ointment externally. *Hydarthrus.*—At No. 17, same ward, is a soft hydarthrus, situated on the internal part of tibio-tarsal articulation; fluctuation was easily felt, and the symptoms seemed to indicate the presence of pus in the tumour. Notwithstanding these signs, I announced that there was no pus in its interior; and when it was opened, my diagnosis was found to be correct, for it contained only blood. Thus it is proved not only by theory, but

likewise by observation, that there exists no characteristic sign of the presence of pus in hydarthrus; and that it is not in treatises *ex professo*, but by the bed-side of the patient that we learn their diagnosis.—*Wart on the sole of the foot.*—At No. 20, is a patient affected with a wart so situated, as to cause great pain when he walks. The foot was plunged in a strong dissolution of black soap, which produced slight cauterization of the surface of the wart. The eschar thus formed must be removed every day, and the pediluvium repeated until the cure is obtained. Sulphuric acid ought never to be employed, on account of the inflammatory pain which follows its application. I have repeatedly amputated fingers affected with carcinoma, caused by the action of this acid on warts. —*Amaurosis.*—At Nos. 24, 26, and 27, are three cases, causes unknown. I applied according to the method preconised by Gondret ammoniacal ointment* on the head; in the two first the amelioration is considerable, in the third less. This ointment is very active, and needs to be employed prudently; it acts probably in exciting the nerves which are distributed to the globe of the eye. —*Polypus.*—At No. 1 ward, *St. Antoine*, is a patient affected with polypus of the nose and sinus maxillare. When decided to operate, he was seized with erysipelas; is now convalescent; and the operation postponed on that account, will be performed as soon as his strength will permit. —*Tumour of the thigh.*—At No. 2, same ward, is an individual suffering from a voluminous tumour, which occupied all the posterior surface of the thigh, and which extended deeply between the muscles. For the last month, the iodide of potassium has been administered internally, and frictions of the iodide of lead on the swelling, after which it was covered with agaric, and over all a bandage was applied. The diminution under this treatment was superiorly a quarter of an inch; in the centre half an inch; inferiorly three quarters of an inch; outward border three quarters of an inch; inward border one inch; and I trust that this decrease will continue gradually to take place, so as to permit its being extirpated, when it has lost about two-thirds of its original size. Professor Marjolin, who examined the patient, considered extirpation impossible, and amputation the only resource.

Amputation of the Penis.—This operation was performed on a patient at No. 11, same ward; it was followed by a shivering fit, and fever, which yielded to the application first of ten and afterwards of fifteen leeches. Dupuytren said, that the sound was not necessary in these cases; but in many the retraction produced in the urethra by the inflammation is so considerable, that isehuria may be the result. In general, however, it need not be introduced except when inflammation is to be feared. Fifteen days have elapsed since the operation, and the ligatures have not yet fallen; in similar cases, no violence must be employed in removing them, as by such a proceeding the veins may be irritated, opened, and air allowed to penetrate into their interior, by which phlebitis and death may be produced.—*Fistula in Ano.*—At No. 13, same ward, is a case of fistula in ano, in which hæmorrhage took place on the third day after the operation. This accident is so dangerous, that an assistant ought always to remain beside the patient in order to put a stop to it immediately. The professor then performed three operations. 1° Hydrocele; to obtain a radical cure, warm wine was injected. 2° Amputation of the second phalanx of the medius. 3° Extirpation of a fibrous tumour from the breast.

Necrology.—Died on the 2nd inst., at his dwelling, Rue Neuve de Luxembourg, aged 43, Dr. Charles Loudon, author of a most erudite work on population. His benevolence, amiable disposition, and extensive knowledge, cause him to be deeply regretted by all who knew him.

Academy of Sciences. Sitting of the 5th Feb. Baron Ch. Dupin in the chair. *Comité Secret.* M. de Blainville, in the name of the commission for the prize of *experimental physiology*, proposed, 1° to award to M. Laurent the sum of 80*l.* for the expenses incurred during his experimental, anatomical and physiological researches on the green *hydri* and the spongia fluviatilis; and *mention honorable* to M. Robert Latour for his researches and physiological and pathological experiments on the mechanism by which inflammation is produced. 2° That the memoir of M. Leon Dufour, entitled *Anatomical and Physiological Researches on the Diptères*, be inserted in *the Recueil des savans étrangers.*—M. Rayer, in the name of the commission for the prize Manni, for the best memoir on *apparent deaths and the means of preventing the accidents resulting therefrom*, stated that none received appeared worthy, and therefore proposed the same question for 1846—adopted.—*On the analysis of the ashes obtained from manure and crops.* Extract of a second memoir of M. Boussengault on *assolements.* Experience has proved that certain salifiable bases are essential to the growth of plants; and since the curious experiments of Messrs. Wicgmann and Polstorf, it is generally admitted that alcaline carbonates assist vegetation. These experimentators have shown that tobacco, barley, and buck-wheat, sown in land containing no organic substances, thrive if they contain these saline principles, and are supplied with a sufficient quantity of water. Davy was aware of the importance of this fact when he stated "The soil of a country whose corn is exported, and which does not receive in return substances capable of repairing its losses, must, after a certain time, be exhausted." And it is to this cause that this illustrious chemist attributed the sterility of the soil of certain parts of the north of Africa, Asia Minor, and Sicily, although this last was once the granary of Italy. Rome certainly contains in its catacombs phosphorus brought from every part of the world, for no wheat to my knowledge has yet been found in which phosphorus does not exist. The utility of inorganic substances has been ably pointed out by Liebig; and my opinion coincides perfectly with his on this subject. From my analysis it would appear that beans deprive the soil of the greatest quantity of phosphoric acid, then wheat, and finally, beetroot; this last absorbing likewise a great deal of potass and soda. Such a result gradually impoverishes the land, and if it be not renovated it will become unproductive. This is not perceptible in the newly inhabited parts of America, where the forests destroyed by fire add such immense quantities of the different salts to those contained already in the soil, that it is impossible actually to assign limits to its fertility. But a question far more interesting, is to indicate how a rural domain entirely dependent on itself, and from which a certain quantity of its crops is annually taken away, can repair its losses. In a preceding memoir I pointed out the mode in which the animal products were renewed. In the present, I purpose indicating that in which the saline principles, the alcalies, the phosphates, are renovated. To attain this, I employed the docimastic method, and found that it is from the meadows principally that these substances (phosphorus, lime, &c.), taken from the soil, are restored. The analyses of the ashes of the hay made at Durrenbach show that in order to attain this, at least 4190 lb. of hay for every two acres of arable land, must be brought annually to the farm; the relative proportion between the two being somewhat less than 1 : ½. Certain domains have only one-half or one-quarter of meadow land, and to supply the deficiency, offals, bones, &c., are added to the manure. The different substances contained in hay were phosphoric acid, sulphuric acid, lime, magnesia, potass, soda, silicium; the greater portion was obtained from meadows which had no other manure than the slime furnished by the river Saüer. The meadows in which there is no running water must not be included in the same category; all they furnish is taken from the soil itself, which, therefore, must be manured every third or fourth year. To resume.—It is evident from my researches, 1° That the method of cultivation, which, after taking from the atmosphere a certain quantity of organic matter, leaves the greater part in the soil, is the most productive. 2° That the division of the domain into meadows and arable land (assolement) must be done so as to repair the loss sustained by the sale of a portion of the crops. 3° That a plant which takes from the soil a considerable proportion of one of these salts, cannot be cultivated for any length of time, if the manure employed is inadequate to repair the losses, unless the salifiable base had been accumulated in considerable quantity in the soil. 4° That land on which trefoil is sown loses 185 lbs. of alcalies for every two acres; if this plant is eaten by the stock on the property, the greater part is restored to the land in the dung; but this is no longer the case if it is sold; and it is this which causes the crops to fail in fields after a certain time, for M. Schattermann has shown me that by the addition of alcalies their fertility can be restored. 5° That though lime is useful in lands whose products require that substance, yet it is not necessary that it should always be the carbonate. Artificial meadows need the sulphate; wheat and oats the carbonate; and it is from these substances that they take the lime requisite for their growth. 6° That calcareous substances placed on the soil are less useful from the lime they contain, than by the peculiar action they exercise on the fixed ammoniacal salts found in the manure changing them gradually into carbonate of ammonia, as that salt is needed. 7° That in comparing the losses in lime sustained by two acres of land, we find it to be for trefoil 206½ lb.; wheat, the grain, 1¾ lb.; the straw, 35¾ lb.; oats, the grain, 3¾ lb.; straw, 11 lb. 8° That when arable land is not sufficiently rich to do without manure, meadows must be added, so that a portion of the domain may give crops without impoverishing the soil. 9° That meadows, situated near a river and well-watered, are the only ones which need not be manured. Irrigation consequently is one of the best methods of increasing the fertility of the soil, by the fodder it produces, and by the renovation of the salifiable bases requisite. Plants find and concentrate in their organism the mineral and organic elements contained in water (though these last are in such minute proportions that analysis is impossible to discover them), in the same way that they absorb, condense, and modify the principles contained in the atmosphere which are necessary to their existence, though they form only the ten-thousandth part.

Academy of Medicine. Sitting of the 6th of Feb.—M. Ferrus in the chair. Dr. Tanchou addressed a letter, in which he states that what Professor Cruveilhier announced, is in the generality of cases exact, especially as regards the operation. In a treatise now in the press, from more than three hundred facts compiled from different authors, it will become evident that the development of these tumours may be prevented, and stopped when once begun; that the health of the persons thus affected may be considerably ameliorated; that their lives may be prolonged, and sometimes a cure obtained without having recourse to an operation, which never prevents true cancer from reappearing, and ultimately carrying off the patient. Finally, in tumours of the mammæ, the operation ought to be considered as an exception, not as the rule; and that in cases of confirmed cancer it ought always to be preceded by an internal treatment.—The Academy next proceeded to elect a new member to the vacant seat in the section of pathology. The candidates presented by the Commission were Messrs. Prus, Gibert, Requin, Martinet, Briquet, and Nonat. M. Prus, having on the second *tour du scrutin* obtained the majority, was declared elected. The election must be approved by his Majesty. Eighteen members voted for M. C. Broussais the first time.

The discussion on Professor Cruveilhier's memoir continued. *Professor Roux*, after passing in rapid review the opinions announced in the preceding sitting, continued: the most important part of Professor Cruveilhier's memoir, is that relative to the operation which in his opinion is not always absolutely necessary; this is as much as to say that it ought never to be performed, for no surgeon operates but when absolutely necessary. This opinion might be admitted, if the exact diagnosis was easily established, and if the tumors never degenerated; but I think I have given sufficient reasons to prove that this is impossible. Therefore the operation is not only necessary, but also useful; for experience has amply shown that all topical

* Gondret's ointment—℞. sevi. præp. ℥j. adipis suell. præp. ℥j; ammoniæ (58° F.) ℥ij. Melt the suet and hogslard in a well-closed vial on a gentle fire, and add the ammonia, and agitate until the mixture is quite cold.

discutient applications are without effect; as to spontaneous resolution, it seldom, if ever, takes place. I witnessed a case of polypus nasi of a fibrous nature so badly placed that neither Dupuytren nor myself could apply a ligature: some time after the polypus began to decrease, and finally disappeared. When a fibrous tumour does not diminish under an appropriate treatment, and more so, if it increases, it ought to be removed. They generally attack young women; ought it, therefore, to be considered prudent to leave the patient exposed to the inconvenience occasioned by their size, and the anxiety of mind which they occasion, the more so as their removal generally succeeds? It is better to extirpate them; because, in admitting that they do not degenerate, which is very doubtful, still the operation is more successful, if performed ere they become very considerable, and a constant source of anxiety is thus removed from the mind of the patient. M. C. insisted particularly on the accidents which may follow the operation. Now, though I consider all operations, however trifling they appear, may give rise to serious accidents, still I think that those of the breast are seldom productive of danger, except when performed on old women, who offer a decided cancerous cachexy. To resume, I therefore think that as the symptoms are not sufficient to establish a positive diagnosis, the tumours ought to be removed before they become too considerable. The memoir now under consideration raised incidentally a question of the highest importance, and on which I wish to add a few words—I mean, relapses which follow cancers after they are removed. It is unfortunately but too true, that generally speaking the operation has but a temporary success: again, it is generally admitted that cancers are produced, 1° by local causes (such as wounds, blows, a fall, &c.) and then they seldom reappear. I removed one some years ago, one which had developed itself near a cautery: no relapse. 2° By general causes, the result of a predisposition called a diathesis, and in this case they reappear. It would be very important to know positively how many relapses take place after the operation, and to what cause the relapsed cancer owes its origin. This unfortunately cannot easily be obtained, because the case is generally lost sight of ere the relapse takes place, and because a great many surgeons think that in true cancer a relapse is inevitable. Boyer was of this opinion; and when he succeeded, he invariably said it was because the tumour was not cancerous. Others say that they do not relapse so often as generally admitted, and I am inclined to adopt this opinion. Another difficulty is the length of time which must necessarily elapse after the operation, before cancer reappears; and this, after a certain period, must be considered as impossible, unless we admit for cancer what Condorcet said for variola, that those who had not been affected with it had not lived long enough. Professor Roux concluded by saying, that generally relapses were produced by a cancerous diathesis, or because the operation was performed at too late a period.

GARLAND DE BEAUMONT, D.M.P., B.L., & S.,

Honorary Physician to the Spanish Embassy.

The Hunterian oration was delivered on Wednesday last, at the Royal College of Surgeons, by Mr. South, member of the Council. It was expected, that in consequence of the indignation generally felt against the Charter, there would have been a thin or a disturbed meeting. Both these expectations were happily not realised, and the corps of police, who were asserted to be ready to eject the tumultuous, fretted away their hour-and-a-half in inglorious inaction. The orator made up for Mr. Cooper's short lecture two years since, by giving one of extra length; but throughout the whole, Hunter's name was studiously omitted. We should add that Mr. South was well received and loudly cheered once or twice when he referred to the honour and dignity of the members as things to be maintained. The President and Council entered to their places amid profound silence—the lesson of kings according to Mirabeau. Mr. Green, however was well cheered.

TRANSACTIONS OF LEARNED SOCIETIES.

MEDICAL SOCIETY OF LONDON, Feb. 10.—Mr. Pilcher in the chair.—*Contagion.*

Dr. Theophilus Thompson read a paper on contagion, which he commenced by alluding to the difficulties that beset the question, and to the vague and varying interpretations put upon the words "contagion" and "infection." He then examined the sources and nature of contagion, and referred to the researches of Mascati of Milan, who sought to render the contagious matter appreciable, and with that object in view obtained pestiferous air from the rice-grounds, in the course of his experiments on which he found appearances similar to those presented by the air contained in the wards of the Milan Hospital. The attributes of contagion are, that moist still air is favourable to its virulence; that it is checked by frost, destroyed by dry heat at above 200°, moist heat being inefficacious even at 212°; that it is dissipated by storms, may be conveyed from place to place by articles of dress, and remains attached for months to articles capable of containing it; it is easily conveyed by cotton and woollen goods, but not by glass, metal, or wood. Dr. Thompson supposed that the peculiar odour attending contagious diseases was in some way connected with the contagious matter; it is most perceptible in the breath, and probably those who are much experienced in auscultation may be affected from this cause. Some authors think the contagious matter is animated. The laws regulating contagion are, that there is a distinct period or interval between the receipt of the contagion, and the manifestation of its effects. This differs in different maladies. In scarlatina, it has been stated variously, at two, three, four, and five days, and Rostan has mentioned seven days. According to Dr. Thomson's experience, the average period of incubation of measles and scarlatina is about ten days; of small-pox a similar period, and he thought that syphilis and scabies do not differ very materially from these. The period of hooping-cough is about four or five days, of hydrophobia from two weeks to two years, but the average period of incubation of the last-named malady may be generally stated as four or five weeks. The next law has reference to the distance from the patient at which the contagious principle possesses any injurious influence; as, in plague, absolute contact is required; in typhus it is not dangerous beyond a few feet; in measles and scarlatina it is more extensive; in hooping-cough it is not decided. Under certain circumstances an intermediate person can convey the contagion; for instance, when the visit has been very protracted, and the clothes that are worn, are such as are capable of conveying contagion. A medical practitioner, who wore a shaggy beaver coat, was a long time in consultation on a bad case of scarlet fever, and was afterwards in attendance upon two midwifery cases. In ten days both the ladies were taken ill with scarlatina, and both died. Puerperal women are easily susceptible of contagion; of this Dr. Thompson narrated cases in illustration, and mentioned a fact stated by Mr. Roberton, of Manchester, of sixteen cases of fatal puerperal fever occurring successively in the practice of one medical man. He further instanced the case of a surgeon who opened the dead body of a woman who had expired from that complaint, and whose clothes smelt very much afterwards. He had several cases of that disease, and continued to do so until he burnt his dress. The susceptibility of contagion is modified by cheerfulness, general vigour, generous diet, and the use of certain medicines. Quinine acts as a prophylactic of typhus, and belladonna of scarlatina. He (Dr. T. Thompson) had been in the habit of using a solution of the extract of belladonna, two grains to an ounce and a half of water, of which he gave from five to ten drops for several days with advantage, and he adduced the very extensive experience of other physicians with respect to this prophylactic agent in support of his position. He then proceeded to notice the effects of ventilation in neutalizing and dispersing the contagious principle, and mentioned the alleged effects of a gauze veil, which is said in Malta to guard against malaria. He remarked that the preserving power of ventilation, and the limited extent of the contagious principle, were facts not generally known to the public. With respect to the precautions to be taken by medical practitioners, he observed that the danger would be proportionate to the length of the visit, the number of patients in one room, the smallness of the room, and the imperfect nature of the ventilation. There were certain questions worthy of the attention of the society. In what diseases could the existence of the contagious principle be demonstrated? What facts could be brought forward to prove the limited extent of its agency? What facts could be given relative to the period of incubation? And also the possibility of transmitting these diseases by intermediate parties? Dr. Thompson stated that his chief anxiety was to impress on all persons the duty of ventilation; in well-ventilated places contagion was comparatively innocuous, but if they were ill-ventilated there was great danger. There was, consequently, great danger in our public assemblies as at present managed, and many of our opulent cities were the focus of disease. Dr. Thompson concluded his paper with remarks enforcing the importance of sanitory regulations, and he further expressed his opinion that *contagion was not a mere abstraction, but was really an entity.*

Mr. Crisp remarked that the question of contagion was one of exceeding difficulty, from our not being able to ascertain what are facts. We may assume that disease has been caused by contagion, but we have no positive proof. It was well known that a peculiar state of the atmosphere would produce various diseases. He wished to ask Dr. Thompson if he thought puerperal women were peculiarly liable to contagion, as stated in the paper. He had not seen them affected with any contagious malady, except puerperal fever, and thought that they were peculiarly exempt. They were certainly liable to puerperal fever, and, that that was conveyed by their medical attendants had been very well proved.

Mr. Diamond stated, that about twenty years ago a practitioner in Sussex attended about fourteen or fifteen cases in succession, and all the ladies died, while the other practitioners in the neighbourhood were free from such a calamity. He was obliged to give up practice for three or four months, and when he resumed it, had not any more fatal cases. It was generally supposed by his patients that he conveyed the contagion in his clothes, but the exact origin of the complaint Mr. Diamond was unacquainted with.

Dr. Risdon Bennett alluded to a point which Dr. Thompson had left unnoticed, namely, the peculiar susceptibility of certain parts to particular contagions, to which the other parts are not liable. The mucous membrane of the lungs appears to be the organ for certain contagions, as of measles, scarlatina, and small-pox. In syphilis an abrasion of the skin is requisite for the absorption of the venereal virus, but not so in gonorrhœa, in which it is simply requisite that the contagious virus be presented to the mucous membrane. Certain contagions are also receivable through several organs.

Dr. Golding Bird mentioned a few facts which had not been stated by Dr. Thompson. He alluded to the experiments at Turin by Professor Rossi, published in the *Atti del Academia* at Turin, which were instituted to search for the possible source of the epidemic fever that had occurred in that city the year before, a low typhoid fever, with frequent remissions, like that at present prevalent. Acting on the doctrines of the humoral pathologists, he sought for the poison in the blood, and the results he obtained were very curious and interesting. He bled patients in different stages of the fever; during the period of incubation, when it was fully developed, and during the typhoid stage, and he also obtained blood from the vena porta and the heart after death. To make his researches more conclusive by a comparative experiment, healthy blood was subjected to the same proceedings as that obtained from those who were ill of the epidemic. The blood was enclosed in a glass cylinder, through the top of which distilled water was poured in, and two platina wires were inserted into it below, which were connected with electrodes. The water and the chloride of sodium were, of course, decomposed, but in the glass tube

containing the diseased blood, there was a peculiar gas, which was neither oxygen, nor hydrogen, nor chlorine. It was inflammable, and presented all the characters of cyanogen. In every case, whether the blood experimented on, was drawn during the stage of incubation, at the full development, during the typhoid stage, or was obtained after death, this gas was found, but it was not discovered in healthy blood. It is a singular occurrence that a celebrated chemist has recently advanced the opinion that cyanogen or some of its compounds is the cause of malaria. With regard to the influence of chlorine and other substances as disinfecting agents, they have a limit, and a very remarkable one. Vaccine matter was mixed with the hypochlorites, and yet when used afterwards for the purposes of vaccination, it proved to be very serviceable, and the disease ran its ordinary course, so that there exists a something that chlorine cannot always destroy. What is the matter of contagion? Dr. Thompson had alluded to its supposed animal origin, but none had carried this doctrine so far as Raspail, as he (Dr. Golding Bird) had read it in his lectures published in the *Medical Times*. It is very interesting to read the opinions of this very extraordinary man; they tend to show how far a doctrine may be carried. The doctrine of fermentation as productive of the contagious principle is nearly the same as that promulgated by Van Helmont, and, with the substitution of two scientific terms, may be found in the works of Sydenham, the father of English medicine. There is a peculiar change or kind of fermentation takes place in the fluids of the body, by which a peculiar substance is developed, which, if not thrown off by an eruption, falls back upon the serous membranes, and causes inflammation. This view has been revived latterly, and brought before the profession by Liebig, but is as old as the time of Sydenham, or even of Van Helmont. There is much to be said in favour of this opinion, which is supported by the diseased state of the blood in typhus, both in a chemical and physical point of view. The fibrine or protein compounds do not coagulate as in the healthy fluid, nor form the network in which the liquor sanguinis is entangled. He agreed in opinion with Dr. Thompson, that contagion is an entity—a tangible something, generated in the body of the sick, and evolved, then absorbed by another person, and after a period of incubation, produces in him the same disease that the sick man labours under.

Dr. Leonard Stewart referred to the susceptibility of certain persons to contagion, and the non-susceptibility of others, and to the susceptibility and the non-susceptibility of the same person at different times. He thought that contagion must be not merely an entity, but that there was a sort of attraction, such as we see going on in electricity, by which at one time the noxious matter is attracted and absorbed, and at other times not. He had been led sometimes to regard it as a sort of inverted action by which the lungs have been enabled to absorb this matter.

Mr. Robarts remarked that there were one or two points stated in Dr. Thompson's paper, which were at variance with his experience. Dr. Thompson mentioned dry heat as destructive of contagion, and stated that moist heat did not possess that property; but Dr. Henry, of Manchester, had contrived an apparatus for disinfecting clothes by the agency of the vapour of water. Jackets had been worn by children labouring under scarlet fever, disinfected by this apparatus, and then used by other children without the production of the disease in them. Again, with regard to the period of incubation; Dr. Thompson says ten days, but he (Mr. Robarts) thought that that time was too long; about five or six days was the outside; it was seldom more. With regard to measles, it was stated in books to be from ten to fourteen days; the infection of measles required a longer time than that of scarlatina to produce the disease.

Mr. Hird remarked that Mr. Crisp's question was a very interesting one, viz., whether puerperal women were more or less liable to contagious diseases? He had been a little startled by his (Mr. Crisp's) statement, for he recollected that when an intern pupil at a midwifery hospital in Dublin, about ten or twelve years ago, seeing numbers of puerperal women labouring under a disease, which however might, perhaps, not be deemed by some to be contagious,—he meant erysipelas. He also saw one or two suffering from measles, to the contagion of which they had probably been exposed before entering the hospital, the disease itself not appearing until after delivery. He also recollected a medical friend in the country who lost his wife from small-pox, caught after her delivery, as was supposed from a female friend visiting her, she having recently lost a child by that disease.

Mr. Crisp observed that he did not say that puerperal women were not liable to contagious diseases, but that they were less liable than others. There were two questions he was anxious to put to the society. One referred to the contagiousness of phthisis. He was frequently asked, and he had no doubt that other medical men were also asked the same question, is it wise to allow a healthy sister to sleep with one in the last stage of phthisis? As this is a doubtful matter, he had always acted on the safe side, but he had not seen any proof of its contagiousness. The other question was one that he did not think could be answered definitively; it referred to the time when, after an attack of scarlatina it would be safe to allow the child to return to its friends. He felt there would be much difficulty in answering this question, but he thought that about six or seven weeks might be fixed upon.

Dr. Leonard Stewart mentioned the case of a poor woman, who was confined during the cholera year. A fortnight after her accouchement, herself and child were seized with small-pox, of which the infant died, she herself afterwards sinking under an attack of cholera, while the infant was yet unburied.

Dr. Risdon Bennett had seen many puerperal women affected with typhus fever, and he thought it was not uncommon for them to have small-pox. It must be borne in mind that puerperal women were not so much exposed to the sources of contagion as other persons. He was disposed to agree with Dr. Thompson as to the period of incubation; he had seen many cases in which a much longer period elapsed after exposure before the disease occurred, and he would be inclined to name ten days as the average period of incubation. He thought that there was not a more practical question than the last one proposed by Mr. Crisp, with reference to the length of time persons were capable of communicating a contagious disease after convalescence. There was not any general law; it depended on the peculiarity of constitution. Something had been said about the desquamation of the cuticle, and there might be something in that, but it appears that the morbid cause, whatever it may be, may remain in some constitutions for a very long time, and cases of scarlatina have occurred in which the contagion could be traced only to persons who had recovered from it long before.

Dr. Willshire referred to the question of quarantine, which he considered to be a practical point as regards state medicine, and stated that although he concurred in the necessity of quarantine, he thought the time allotted for it was a great deal too long, and very injurious in a commercial point of view. Goat-skins, tow, and woollen goods could be completely disinfected in two or three days by free exposure to the air, which was generally effected by strewing these articles upon the decks of the guard-ships. With respect to the question of the contagious nature of phthisis, Fournet's cases were very remarkable. He mentioned a phthisical wife, from whom her husband caught the complaint, and the wife dying, he married again, and died; and he (Dr. Willshire) believed that the second wife also became phthisical. Several such cases are mentioned by Fournet. Dr. Willshire then referred to the injurious consequences resulting from the young sleeping with aged people, by whom they are robbed of their vigour, and cited Dr. Copland's cases of children sleeping with their grand-parents deteriorating in health, until that plan was abandoned. He also mentioned the case of a healthy young woman who married an infirm old man, and who suffered much in health in consequence.

Dr. Chowne remarked with reference to the question of the contagiousness of phthisis, that he would be on the safe side, and would not allow a healthy person to sleep with one labouring under that disease. He thought that women while in the pregnant state were not liable to contagious diseases, but they lost that immunity after their confinement. When puerperal fever was so prevalent in the wards of the Hotel-Dieu, and two out of every five died of it, it was found that the puerperal women were lying in a ward, directly contiguous to the accident ward, where there were many impurities. As soon as they were removed from this source of contagion, the disease abated in violence.

Mr. Crisp had especially excepted puerperal fever in his remarks, and he thought that the facts of this kind from hospital practice were very inconclusive, as puerperal women were very liable to contagion, when crowded together. With regard to Dr. Bennett's observation, that women after their confinement were not exposed to the sources of contagion, he observed that medical men were in the constant habit of visiting persons ill of scarlet fever and measles, and afterwards seeing their midwifery patients.

Westminster Medical Society, Feb. 10.—Dr. Reid in the chair.—*Arachnitis, intermittent fever following gonorrhœa, gonorrheal rheumatism.*

Mr. Dunn narrated the particulars of a case of acute arachnitis occurring in a child five months old, and terminating fatally. The child was a fine healthy boy, and continued so for the first two months, when it had a severe attack of bronchitis, with pneumonia of the left lung, requiring leeching, blistering, calomel and antimony, &c. Sixteen days after the commencement of this illness, measles, which it was at first expected to prove, came out suddenly. The child recovered, and remained well for about two months, when exposure to cold re-produced the bronchial and pneumonic inflammation, and it died in about nine days. Symptoms of cerebral disease came on early—about the second or third day—amelioration taking place with respect to the affection of the chest, and the little patient had a severe convulsive fit, lasting an hour and a half, three or four days afterwards. Unequivocal indications of effusion followed the fit, and for two days prior to death the child was in continual convulsions. The distended state of the scalp over the anterior fontanelle, and the evident fluctuation were very remarkable; this entirely disappeared after death, and was replaced by a corresponding depression. The examination of the body showed that the anterior part of the brain was coated with a thick cream-coloured layer, extending downwards between the hemispheres to the corpus callosum, filling the ventricles, and also lying at the base of the brain, at the decussation of the optic nerves and at the pons varolii. It was deposited between the arachnoid and pia mater. There was not any serum in the ventricles, but about five or six ounces at the base of the brain. There was a similar layer between the pleuræ on the left side of the chest. Mr. Dunn remarked that this case brought to his recollection one that he had seen in the year 1833—a case of arachnitis occurring in a child nine months old, which was the only case of the kind, besides the one first narrated which had fallen under his notice. With the permission of the society, he would give the particulars of the case from his note-book. The child, which was one of twins, was always dull and heavy; it was seized with an inflammation of the chest attended with cerebral disturbance, when seven months old, from which it partly recovered. Mr. Dunn saw it afterwards, about two days before it died, it having laboured under a disordered condition of the bowels for about a week. There were also symptoms of cerebral disorder, which increased, coma supervened, and the child died. On examining the body after death, and incising the dura mater, there escaped about half a pint of serum, which had been contained between the membranes. A large deposit of yellow lymph resembling cream in appearance, and partially organized, was found between the pia mater and the arachnoid. Serum was effused into the lateral ventricles, and at the base of the brain, and the organ generally appeared œdematous. There was also a slight effusion into the cavity of the abdomen, and the left side of the heart was hypertrophied. Mr. Dunn exhibited some of the layer of cream-

like substance found in the first case, and said it had been examined microscopically, and was said to present more the appearance of the pus globules than of those of lymph.

Dr. Reid inquired whether in the case where there were bronchitis and pneumonia, there was any rubeola, which had not yet come out?

Mr. Dunn replied in the affirmative: he was called in in the first instance on the supposition that the complaint was measles, but as it did not make its appearance, nothing more was thought of it. It was not known that the child had been exposed to the contagion of measles, but as that disease was prevalent at the time, and the little patient presented some of the symptoms, there were sufficient grounds for the conjecture.

Dr. Reid had asked the question because he had seen cases where measles had appeared, had retroceded, and had afterwards again come out, and he was desirous of knowing the duration of such retrocession.

Mr. Dunn mentioned that in his case the measles had retroceded for twelve or fourteen days. The senses in the first case were not affected until after the fit,—after the effusion of serum had taken place, although it is generally said that in adults the mental faculties are obliterated in arachnitis. The indications of effusion were so very evident that he was very much tempted to put in a trocar, but was deterred by the diseased condition of the lungs. He thought the attack of arachnitis came on about three or four days after the second invasion of pulmonary inflammation, at the time that the chest symptoms were improving. It was totally unconnected with the first attack of bronchitis, from which the little patient became quite convalescent.

Dr. Reid inquired if the symptoms of pulmonary and cerebral inflammation came on separately, or both existed at the same time? His reason for asking was, that he had seen several cases in which the different cavities seemed to be affected one after the other.

Mr. Dunn remarked that the chest symptoms were not relieved until towards the termination of the case, when the child seemed to breathe more easily, although the physical signs remained unaltered.

Mr. Barnard Holt, in answer to a question, stated that the patient, whose case he had described at the previous meeting, remained much the same, with the exception, perhaps, that the accession occurred an hour earlier, and that the hot stage was of shorter duration. He also stated that the patient had been free from the gleety discharge, with which he had been troubled, about six weeks.

Mr. Acton remarked that in this case he deemed the occurrence of ague after gonorrhœa was a mere coincidence; he did not believe that the two complaints were allied together as cause and effect. He then digressed to the subject of the disease called gonnorrhœal rheumatism, the occurrence of which, in like manner, he regarded as a mere coincidence, and in no way really connected with the urethral malady from which it takes its name. He did not think that there was any peculiar train of symptoms by which this disease, thus arising, could be distinguished from any other form of rheumatism. He had had a patient at the Islington Dispensary with gleet caused by a stricture. A bougie was passed, inflammation and the formation of an abscess took place in the fibrous covering of the testicle, followed by rheumatism, affecting first the knee-joint, and afterwards the sclerotic coat of the eye. This was a case of rheumatism not following a gonorrhœa, but after a stricture; and although it might be said that the stricture was caused by gonorrhœa originally, he looked upon it as a mere coincidence. He thought the supervention of rheumatism in persons affected with gonorrhœa must be attributed to a peculiarity of constitution.

Mr. Barnard Holt, in answer to a question from Mr. C. Chowne, as to the existence of cerebral symptoms in his case, said that there was a slight drooping of one of the eyelids for a day or two, but it soon disappeared. With respect to gonorrhœal rheumatism, he had seen several cases, particularly one in the Westminster Hospital, which was a very obstinate and severe case, lasting several months, and nothing did any good. In another case it had produced great distortion, and the patient was still a cripple. He believed that gonorrhœal rheumatism was more difficult to treat than the other forms of that disease, and did not yield under a considerable period of time. He thought that the wine of the root of colchicum was the best preparation that could be used in treating it.

Mr. C. Chowne had asked the question as to the existence of cerebral symptoms, as he recollected a case to which he had been called, when the patient was almost *in articulo mortis*, which had been previously treated for ague. On examination of the body there was found inflammation of the meninges, and an abscess in one of the hemispheres of the brain as large as a pigeon's egg, and an effusion of blood into the ventricles. The reason for believing that the accessions to which the man was subject were caused by ague, was that the man had lived in a marshy district. He (Mr. C. Chowne) did not know whether or not the paroxysms had occurred in well-marked periods.

Dr. A. T. Thompson remarked that the case under the notice of the society, was one of those anomalous cases of periodic fever, which are of occasional occurrence. He had a case at present in the University College Hospital under his care—a woman whose febrile attacks could not be classed with any of the ordinary types of fever. They generally occurred once in every five days, but were sometimes protracted to the sixth day. The accession consisted of the cold, hot, and sweating stages, as usual, but prior to the occurrence of the hot stage, the patient always passed bloody urine. The rationale of this is exceedingly simple; during the cold stage, there is always congestion of some internal organ, and in this case it is the kidney which suffers. It is relieved of its congested condition by the passage of a very considerable quantity of blood, which continues for eight or ten hours, and the urine then assumes its ordinary appearance. The patient, who is twenty-one years of age, has never menstruated, but if the discharge of blood depended on that cause, the disease would not have assumed the periodic character which it presented. She had been seized with cough since her admission into the hospital, and the periodic fever has now taken on the tertian type. Mineral and vegetable tonics have been administered, but without success. Cupping on the loins was practised prior to one of the attacks, with the effect of causing the passing of bloody urine not to occur until the next accession.

Dr. W. Merriman inquired if any member had tried the effect of passing a bougie in the treatment of gonorrhœal rheumatism. He had seen several cases at the Middlesex Hospital of this form of rheumatism affecting the plantar fascia, and one in particular in which the passing a bougie three times a week speedily effected a cure. He also mentioned that the rheumatism diminished in severity when the discharge from the urethra increased in quantity, and further, that as the latter diminished, the rheumatism became more severe.

Mr. Chance mentioned that he had treated a gentleman three years since for a severe pain in the foot, such as had been described, but which he could not cure. He accidentally discovered that his patient had a stricture which he removed by the occasional introduction of the bougie, and as that improved under the treatment he adopted, the pain in the foot disappeared. He regarded it at the time as a mere coincidence, but, afterwards on reading Sir Charles Bell's work on the diseases of the urethra, he had found a severe pain in the foot and ball of the great toe, mentioned as one of the symptoms of stricture, and it was further stated, that this sympathetic pain was to be removed by curing the stricture. He believed that gonorrheal rheumatism did not differ from other forms of rheumatism, except that it had a great tendency to assume the chronic form, and was exceedingly tedious and painful. The remedy he had found the most effectual was the hydriodate of potash.

The discussion was afterwards continued by Dr. A. T. Thompson, Dr. Bennet, Dr. W. Merriman, Mr. Acton, and Mr. Barnard Holt, upon the general character of gonorrheal rheumatism, and its treatment, but nothing was elicited worthy of record.

HOSPITAL REPORTS.

Typhus Fever.—Jane Hart, æt. 28, a servant of all work, of middle stature, dark complexion, heavy aspect, was admitted into Mary's ward, St. Bartholomew's Hospital, under Dr. Roupell, Dec. 14th, 1843. The countenance was flushed, pupils dilated. She complained of great pain in the head, with pain in the side and in the limbs generally, great thirst, loss of appetite, and great weakness. The tongue was dry and furred; the skin cool, pulse 68, and feeble; bowels constipated, catamenia regular. Her present attack of illness came on nine days ago with chilliness, followed by heat of surface, headache, vertigo, and muscular debility. She was ordered hydrarg. c. cret. gr. iv. omne nocte, the effervescing saline draught three times a day, with four ounces of wine daily, and Oleum ricini ℥ss. cras mane sumend.

15th—Much the same. Complains of much pain in the head. Emplast. lytt. to the nape of the neck; continue wine and medicines.

16th—Pain in the head slightly relieved; other symptoms continue the same.

18th—Complains this morning of the return of pain in the head. The tongue is cleaner, pulse slow and feeble, bowels constipated. Oleum ricini. ℥ss. statim. Continue the wine and medicines, with beef tea.

19th—Feels herself a little better. Continue.

20th—Much better; has less pain in the head. Tongue clean; bowels open; pulse 110, and feeble. Continue the medicines, with the wine and arrowroot for diet.

26th—Has been going on well the last few days. Discontinue the hyd. c. cret.

Jan. 2nd, 1844—Going on favourably, but gains strength slowly.

8th—She now complains only of pain in the lower extremities; to have a warm bath at night.

23rd—She continued in the hospital till to-day, when she was discharged quite well.

Rubeola—Case 1st.—James Stanton, æt. 15, an errand boy, of short stature, slight make, fair complexion, was admitted into Luke's ward, St. Bartholomew's Hospital, under Dr. Roupell, Dec. 14, 1843. The countenance was highly flushed, eyes suffused, with a scarlet rash over the surface of the body, occurring in patches of a crescentic form. He complained of pain in the lower part of the abdomen, with sore throat, cough, great thirst, giddiness, and sleeplessness. The bowels were open. Urine high coloured. Tongue covered with a moist fur. Skin hot and dry. Pulse 95, and full. He stated that ten days ago he first found himself unwell, with general feebleness, slight thirst and loss of appetite; but he continued at work till the evening of the day before his admission, when he was attacked with headache, sore throat, and great heat of body, with a rash on the face and neck. Has had a cough with expectoration for several years past, troubling him chiefly in the early part of the morning.

℞ Liquoris ammoniæ acetatis ℥ss.
Aq. distill. ℥j. ft.
Haust. ter die sumend.

with hydrarg. cum cret. gr. iiss. omne nocte, and the cold affusion.

15th—Cough very troublesome; complains of pain across the chest. Skin hot and dry. To have six leeches to the chest.

16th—Better; pain in the chest relieved; cough still the same. Expectorates a large quantity of puriform mucus. Eruption faded. Continue the medicines.

18th—Better; but cough very troublesome. Skin cool. Tongue clean. Pulse 80.

℞ Liq. ammon. acet. ℥ss.
Vin Ipecac. m.x.
Acid. Hydrocyan. dilut. m. ij.
Aquæ distill. ℥i.
Ft. Haust. ter die sum.

19th—Past a restless night in consequence of the cough, expectorating a large quantity of puriform mucus. Skin cool. Tongue furred. Pulse 96, small and thrilling; inspirations 37 in the minute. To have a blister applied to the chest. Pulv.

ipecac. comp. gr. vi. h. s. s., and to continue the draught.

20th—Better; slept well last night; cough less; vomited a quantity of phlegm this morning. Continue the draught and powder at night.

22nd—Continues much the same.

25th—Much better in all respects. Continue the medicines.

28th—Going on well: to have half meat diet, with a linctus for the cough.

Jan. 3rd—Has been progressing rapidly in general health the last few days, but his cough is very troublesome; expectorates a dark, viscid phlegm. To have a blister applied to the chest, and a warm bath at night, with milk diet.

5th—Cough still very troublesome. Ordered an emetic draught, statim.

6th—Better: felt himself relieved by the emetic; the cough has been quieter since taking it.

13th—Was discharged to-day, with only a slight chronic cough remaining.

Rubeola. Case 2nd.—William Valens, æt. 17, was admitted into Luke's ward, St. Bartholomew's Hospital, under Dr. Roupell, December 15th, 1843. By calling, a printer, of slight frame of body, fair complexion, countenance highly flushed. He complained of great pain in the chest and head, cough and great weakness, with thirst and loss of appetite. The skin was hot, dry, and slightly raised with a scarlet rash over the entire surface of the body, which appeared in patches. The tongue was furred; pulse rather quick; urine high coloured. He stated that five days before his admission, he was attacked with headache and slight fever; two days after which, he vomited a small basinful of blood: the rash was not observed till the morning of admission. He was ordered six leeches to the chest; the effervescing saline draught three times a day; and hyd. c. cret. gr. iv. omne nocte.

16th—Rather better; the pain in the chest was relieved by the leeches. Continue the medicines with the cold affusion.

17th—Much the same this morning. Continue.

18th—Not so well. Complains of pain in the abdomen; tongue dry and furred. A blister to be applied to the abdomen, and to take hyd. c. cret. et pulv. ipecac. co. aa gr. iiss. sextis. q. hor. in the form of pill, with the effervescing saline draught three times a day.

19th—Says that he feels himself better this morning. He doses a great deal. Tongue furred; pulse 104, and full; bowels open. Continue the medicines, and to have four ounces of wine daily.

20th—Continues much the same as yesterday.

21st—Better this morning. Tongue cleaner; pulse 86, and soft. Repeat the medicines and wine.

23rd—Going on favourably. Tongue clean; pulse quiet. Discontinue the pill.

30th—Has been going on well up to this date. To leave off the medicine, and to have half meat diet. He continued in the hospital till January 9th, 1844, when he was discharged quite well.

On Punctures of the Eye.—M. D., an architect, brought his son to M. Guépin, in 1843. A minute fragment of iron had entered his eye, reaching from the cornea to the capsule of the crystalline lens, and almost touching the iris. It was impossible to grasp the fragment, and an incision would have been difficult, as it lay upon the upper edge of the pupil. M. Guépin accordingly devised the following remedy. He prescribed a collyrium made with distilled water and acetic acid, being persuaded that if the fragment became oxidized at its corneal extremity, the oxidation would spread over its whole surface, and that the dissolution and absorption of the fragment would follow. The event justified his supposition. At the end of three weeks, the cure was complete, with the exception of an almost imperceptible white point upon the capsule, and a very slight cicatrix on the cornea. In another case, the same collyrium was again used with success to carry off the oxide of iron left in the substance of the cornea by a fragment of iron which had remained in it a considerable time.

OBSERVATIONS ON CLIMATE.

DURATION OF LIFE AND PREVAILING DISEASES IN OUR COLONIAL POSSESSIONS COMPARED WITH THOSE OF EUROPE.

For "The Medical Times," by James B. Thompson, A.B., M.D.

From recent official returns, it appears that in the course of the past years the emigrants to our Polynesian Colonies amounted to upwards of fourteen thousand. Amongst the intending emigrants then, it is obvious there must be thousands to whom the subject of climate is of vital importance, and who, *cæteris paribus*, would naturally select for their future home, that country whose climate may be most congenial to their constitutional peculiarities. According as it embraces numbers or individuals, the value of human life is the safest or most uncertain subject of calculation. Experience has proved, that out of a given number of individuals, the proportion who shall die at any period of life may be foretold with wonderful precision. But beyond this, our knowledge cannot penetrate; the value of the life of any particular individual is above all human calculation. Of any given body of men we may be able, with considerable accuracy, to state the number who shall be living at the end of 20 years: but the most intimate and minute acquaintance with their several temperaments, habits, and constitutions, will not enable the most skilful and experienced to select from among them the few who shall survive.

The progress which has been made in the practice of medicine within the last century, the great improvement that has taken place in the quality of the food, clothing, and habitations of the labouring population of this country have had a striking influence on the general value of life. A century ago, the annual number of deaths out of every 1,000 persons was 40: — out of the same number, the annual number of deaths does not now exceed 20. Thus the expectation of life, to use the language of the actuary, to every member of the community has been doubled. As the character of our climate during that period has undergone but little variation, it must be obvious that though the influence of climate is unquestionably considerable, it is but one of many circumstances to be taken into consideration in accounting for the varying ratio of mortality observable among the people of different countries; indeed, there is scarcely any subject on which more fallacious results have been obtained, and more erroneous opinions entertained. In investigating the ratio of mortality in different communities, therefore, it is not sufficient to compare the ratio of the deaths to the population; but regard must also be had to age, sex, and a variety of circumstances, before any reliance can be placed upon the result.

The ratio of mortality to the population, is in England about one in fifty. Now, suppose that on inquiry it should be found that in New South Wales, Van Diemen's Land, New Zealand, or any of our possessions in China, the ratio is one in one hundred only; it might be inferred that these latter places were twice as healthy as our own country: but this conclusion cannot be relied on, unless it appear that in either country there is the same proportion of persons living of the same age: this, however, is far from being the fact. In England the number of children greatly exceeds the adult population, but in New South Wales, especially whilst it was a penal colony only, the whole population was adult. Now, it will be found that in this country one-half of the number born, die before they reach the age of maturity: it is evident, no opinion can therefore be formed of the comparative ratio of mortality merely from the proportion the annual deaths bears to the whole population. Again, if we were desirous of ascertaining the comparative healthiness of a town and country life on persons between the ages of twenty and fifty, it would not be safe to decide in favour of a country life, because the number of deaths out of a given number of the whole population, would be found to be considerably less. Out of 1,000 individuals of all ages in London, the deaths are 241, but out of the same number in the counties of Hertfordshire, Bedfordshire, and Buckinghamshire, they are only 192; but then it seems that of 10,000 persons living in London, there are 4,522 between the ages of twenty and fifty, while the number of the same age in the adjoining counties, is only 3,581—an unequal relation therefore existing in the proportion of persons living of the same age. The mortality arising from phthisis is commonly stated to be about twenty-five per cent. in England, Austria, Prussia, Switzerland, and Belgium; twenty-three per cent. in France; seventeen per cent. in St. Petersburg and New York: while in some parts of Africa, in Egypt, and amongst various tribes of mankind in the torrid and frigid zones, the disease is almost unknown. The numerous cases in which its progress has, for a time at least, been arrested by an *early* removal to a climate free from frequent and sudden vicissitudes of temperature, confirm the opinion as to the influence of climate, and that its preventive and remedial effects must be measured rather by its equability, than by the degree of its temperature. The duration of life in the least healthy districts of England exceeds considerably that of the most favoured parts of the Continent; and that very disease, once considered almost peculiar to this country, being, in fact, no less prevalent in the latter than the former. In the time of Celsus even we find a removal from Italy recommended. "Quod si mali plus est, et vera phthisis, inter initia protinus occurrere necessarium est; neque enim facile is morbus cum inveteraverit, evincitur. Opus est si vires patiuntur, longa navigatione, cœli mutatione, sic ut densius quam id est ex quo discedit æger, petatur: idioque aptissime Alexandriane ex Italia itur."

Tubercular disease was not known in any of our foreign colonial possessions, till after our intercourse with the aboriginal inhabitants. There is scarcely an instance in which the first unrestrained contact with civilization has not proved injurious to a barbarous people. Before the effects of his own expeditions had time to show themselves, Captain Cook describes the New Zealanders as almost free from disease of any kind; "as there is no source of disease," says he, "either critical or chronic, but intemperance and inactivity, these people enjoy *perfect and uninterrupted good health*; we never saw a single person among them who appeared to have any bodily complaint."

The disease of tubercle is unknown amongst the Egyptians; it therefore becomes a matter of great importance to ascertain the general character of the climate of those countries which are wholly or comparatively exempt from the disease.

Alexandria is described "as at all times excessively damp;" the atmosphere is saturated with a saline vapour which condenses on the walls of the houses in small crystals of nitre, muriate of soda, and muriate of ammonia; the soil is everywhere coated with these saline particles, and although it is quite impossible to keep any articles made of iron free from rust, yet the constant breathing of this saline atmosphere does not appear prejudicial to health. Diseases of the lungs are unknown, and not one case of consumption has been observed among the Arabs. This saline dampness of the climate is attributed to the prevalence of the wind from the Mediterranean, which for a great part of the year carries the clouds towards the mountains in the interior, and also to the great evaporation from the Nile.

Tubercular disease is comparatively rare in the Channel Islands also; the greater portion of the cases, too, occur amongst those who have visited the country already tainted with the disease, and not amongst the islanders themselves.

In its peculiar dampness, the climate of these islands bears a striking resemblance to that of Alexandria. Its temperature, however, is not more than five or six degrees higher than our own. This arises in a great measure from its insular position; the island, too, is everywhere thick set with wood, with an imperfect system of drainage, or no drainage at all; the prevalence of winds from the southwest, blowing directly up the channel, from across the Atlantic ocean, impregnated with moisture, and with saline particles that cause the moisture to be more slowly dissipated into vapour; the great secession of the tide at low water leaving all around the island a vast extent of bare rocks and sands, from which saline vapours largely

arise, in consequence of the comparative warmth of the temperature, even during the winter months, while these vapours are scattered in all directions by currents of air arising from the great diversity of the island in hill and dale. Until very recently, change of climate was never resorted to until disease had not merely commenced, but had all but run its course. Under these circumstances, it is not to be wondered at that the most genial climate failed to prevent a fatal termination. It is stated by Dr. Renton, that between 1827 and 1830, nineteen patients labouring under *confirmed phthisis* arrived at Madeira, the whole of whom died, the greater number on the island, the remainder after returning to England. The legitimate conclusion from such a fact would be, that after reaching a particular stage, change of climate is ineffectual to arrest the progress of the disease. But as is generally the case under similar circumstances, an opinion was beginning to be formed, that change of climate is wholly inoperative, either to prevent or to cure. It is now resorted to at an earlier stage, and with very different results, proving the correctness of the adage, that "Prevention is easier than cure." Of thirty-three cases of *incipient phthisis*, which arrived at Madeira during the above mentioned period, twenty-three had returned to England, and were at home in June, 1830, apparently in good health. Two remained in the island, one apparently well, and the other considerably better since his arrival, but still in a doubtful state. Two died in the island, and another after leaving it, but the result of the remaining six is not known. It is a fact worthy of mention here, that patients labouring under tubercular disease, who have gone to any of our Polynesian colonies, and adopted the life of a squatter, or gone into the bush, have invariably got better and were free from ill health during their stay in the interior; but found on their coming into any of the towns, that they did not feel so well, and were reminded of their delicacy of constitution, and a return to England was sure to be attended with an aggravation of their former complaints, and in many instances proved fatal, unless they returned soon again. It is strange, too, that invalids of this class will find less inconvenience from a winter in North America, than they would experience in this country. This is the case in a patient, Mr. Clarke, veterinary surgeon, of Giltspur street, whom I attended last October in company with my friend Dr. Hodgkin. He suffered much from the winters in England, and the last accounts are very favourable from him, having taken his passage to America in September.

The mode of living in the Bush is one of the most simple, and at the same time perhaps best calculated for this class of patients. It is a purely farinaceous diet, with plain dressed meat, and the best of vegetables, good milk and butter, and no stimulants; mild balmy air, an equable temperature, and healthful agricultural avocations, with a considerable share of horse exercise; shooting and hunting the kangaroos and native Australian dog, form the agreeable field sports of the squatter in his leisure hours.

In England, the situations found to be most congenial to phthisical constitutions are the south-west coasts of Devonshire and Cornwall; the parts most frequented by invalids are Penzance, Torquay, Dawlish, Sidmouth, and Salcomb. From their proximity to the sea, and the prevalence of westerly winds, loaded with moisture exhaled from the Atlantic, the air is remarkably soft, humid, mild, and equal. Torquay and Penzance perhaps enjoy the highest reputation; the very limited range of their daily and annual temperature, and the peculiar softness of the atmosphere, renders them most desirable for the residence of persons suffering under pulmonary disease; and now that the climate of Italy and France, especially the south of that country, is becoming better known, the south-west of England is considered superior to any part of the south of Europe, and inferior only to that of Madeira, the Azores, or New Zealand, which is the Madeira of the South Seas.—See my reports in the *London Medical Gazette* of the 25th of August, 1843; *Medical Gazette* of the 5th and 26th of January, 1844.

With reference, therefore, to the influence of climate, it would seem that in the temperate zone at least, the circumstances which characterize those climates that exercise the most beneficial influence, are a temperature equable, or limited in its range, and an atmosphere holding in suspension a considerable quantity of saline moisture.

Islands participate more of the temperature arising from the sea, and are therefore warmer than continents. The soils of large tracts of land have their share in influencing the temperature of the country; thus, stones and sand heat and cool more readily, and to a greater degree, than mould; hence, the violent heats in the sandy deserts of Arabia and Africa, and the intense cold of Terra del-Fuego, and other stony countries in cold latitudes. Vegetables considerably affect the temperature of a climate. Wooded countries are much colder than those which are open and cultivated. Hence, our North American possessions are every day becoming more congenial to even delicate European constitutions. The clearing away of woods lessens the vapours, and consequently diminishes the quantity of rain, and increases the temperature. A mountainous country, too, is almost always more subject to rain than an open champaign country.

The hills attract vapours, which being condensed descend in frequent showers; in this respect, the difference is very considerable in various parts of England. In the neighbourhood of London, the annual quantity of rain varies from twenty to twenty-five inches; while in Cornwall and the mountainous districts of Westmoreland and Cumberland, the quantity is almost double. The same is the case in parts of the coasts of Ireland and Scotland.

Owing to the extreme dryness of the atmosphere on the continent of New Holland, it is less oppressive and debilitating at 100°, than the more humid climate of India at 80°. Indeed, as far as the feelings are concerned, the thermometer is a very imperfect indication of the temperature of the air; on this point we cannot arrive at a correct comparison without knowing the state of the atmosphere indicated by the hygrometer. The prevailing diseases in our colonial possessions are dysentery, diarrhea, ophthalmia, influenza or catarrh, which is sometimes almost epidemic, rheumatism, scrofula, and since the intercourse with Europeans began, venereal has spread itself very generally and with a most direful effect; so has measles, scarlatina, and small pox in some instances. Influenza or catarrh seldom proves fatal to persons in the prime of life, but old people and children are apt to sink under it.

Cases of consumption have occasionally occurred and terminated fatally among the native youth (children of Europeans); and Europeans who have brought the genuine phthisis pulmonalis along with them to the colony, sink at last under the fatal influence of its deadly virus, though humanly speaking they may be said to add three or four years to their lives, by having gone from Europe to the colonies. On the subject of the vital statistics of the colony of New South Wales, Dr. Lang says—"that the probabilities of life for any number of children born in the colony, are higher than for a similar number born in England, but that fewer of that number are likely to reach extreme old age in the colony than in Great Britain. In short, the lamp of life in the salubrious climate of New South Wales is like a taper immersed in a vessel filled with oxygen gas; it burns more brightly than in common air, but is sooner extinguished." The diseases in the colonies are more frequently attended with speedy and entire prostration of the intellectual powers than in England, and the diseases that do attack the human frame in the colony are generally more acute, and arrive more speedily at their crisis.

Therefore your treatment must be active, vigorous and prompt—supporting the patient during the time with a light nutritive diet that will not excite or stimulate. Depletion both general and local are more requisite in the colonies than in this country, and mercurials and antimonials form the more general class of medicines in requisition. Dysentery is the most prevalent and fatal disease. Children are very subject to the teres, or round worm, so common in warm climates; and on reaching the age of puberty, phthisis is liable to supervene from the rapid sprouting out in stature of the youth at that period; but the European phthisis is uniformly cured, or at least relieved by a removal hither, if early resorted to.

An epidemic influenza carried off a number of old Europeans some years ago, and also not a few of the aborigines, while many of the younger inhabitants occasionally feel the effects of it to this day.

6, Suffolk Place, Pall Mall East, London, Feb. 12, 1844.

THOUGHTS ON THE HYPOTHESES OF THE SCHOOL OF CHEMICO-PHYSIOLOGY.

By CHARLES CALDWELL, M. D., Professor of the Institutes of Medicine and Medical Jurisprudence, Louisville, Kentucky

(Continued from our last.

That Professor Liebig may have even greatly and essentially improved the analysis of organized matter *when dead*, I have not denied, or even questioned. But by that, he has added no more to our knowledge of the nature and true philosophy of *living* organized matter, than he has to our knowledge of political economy. If I am mistaken in this assertion, the man who shall detect and demonstrate my mistake, will peculiarly oblige me.

That a work so morally and physiologically corrupting, should, near the middle of the nineteenth century, be written and translated on the east, and republished on the west side of the Atlantic, is not only astonishing, but it is an outrage on the common sense of the medical community. Yet are the preceding extracts taken from the "Fourth American edition, with large additions!!" It will be borne in mind that all my remarks on Animal Chemistry relate exclusively to its physiology, healthy and morbid. Its *genuine* chemistry, I repeat, which I doubt not is of great value, I cheerfully leave to the appreciation of the votaries and competent judges of that important branch of science. One more blunder of our author in medicine, and I shall take leave, for the present, of him and his writings.

"Chemical actions are propagated in no organs so easily as in the lungs; and it is well known that diseases of the lungs are *above all others frequent and dangerous.*" (P. 406).

This passage is unworthy of comment. Nor could any comment of mine add to the flagrancy of the error and absurdity which it already exhibits. It is not true, as is familiarly known to every enlightened physician, that "diseases of the lungs are *above all others frequent and dangerous.*" On the contrary, it is, most discreditably, the reverse of truth. Taking the annual average of mortality in every known climate and country, hot, cold, and temperate, savage and civilized, it will be found that death from affections of other organs, compared with those from diseases of the lungs, stand in the proportion of perhaps *ten* to *one*. Assuredly it stands in a very *high proportion*. By the warmest admirers and most devoted partisans of the German Professor (provided they be experienced and well-read practitioners of medicine), this truth will not be contested. Include in the estimate the common affections of the lungs called *colds*, which are accompanied neither by mortality nor danger, and even then the number of pulmonary complaints will fall very far short of the number of those whose seats are in the other organs of the body. In all matters, therefore, touching the functions, phenomena, and laws of living organized matter, whether in health or disease, Professor Liebig is the very *opposite of sound authority*.

Having closed my remarks on the hypothesis

of the celebrated German *savant*, it is my purpose now to examine, to some extent, the doctrines and opinions of the Chemico-physiological School of Great Britain.

Of that school the leading members, to whose writings I shall chiefly refer, as containing the creed and orthodoxy of the sect, are Drs. Roget, Carpenter, and Pritchard—gentlemen and scholars who, as *medical philosophers*, are immeasurably pre-eminent over Professor Liebig. I shall, accordingly, feel myself bound to treat their productions with a corresponding degree of observance and respect—a measure that will afford me much gratification.

To attach to my disquisition all the collateral weight and authenticity in my power, I shall, perhaps, occasionally back and fortify my own sentiments, on the general subject, with those of Tiedemann and Müller, two of the ablest and most accomplished physiologists of the day. And, though I regret to know that, hitherto, the last-named gentleman has deviated from himself by assuming and occupying a sort of *quarter-way* ground between the chemico-physiological school and that of *true* physiology, I have reason to persuade myself that that deviation will not much longer endure. Influenced by the masterly and independent character of that Professor's mind, and the ardour, honesty, and efficacy of his inquiries, I do not permit myself to doubt that he will yet disentangle himself from early prejudice and partiality, and become the champion of a doctrine in harmony with nature and worthy of his own exalted reputation.

Experience and observation have long since taught me that failure to be successful and useful in discussion is much more frequently owing to a want of clearness and accuracy in definitions and statements, and perhaps also in general phraseology, than to a want either of knowledge or native ability.

Under the influence of a want of such perspicuity and exactness, it is scarcely possible for the parties to the discussion to ascertain, with precision, the actual points which they mutually design to establish or overthrow. And it is unfortunately true, that both in single terms and entire expressions, intended to indicate the *specific* cause or agent of vitality, more ambiguity perhaps is involved than in those indicative of any other point in natural science.

To the cause of vitality I have affixed the term "specific," for a reason which is deemed unexceptionable and important. In its effects, that cause (if such *can* be the cause) is more entirely distinct and apart from everything else, and, in its operations, more essentially identified with *itself alone*, than any other agent that can be named. And this is as true of it, in its relation to every form of *chemical agency*, as it is with regard to that which controls the movements of the heavenly bodies, or fits the sun to be the fountain of light. It is equally itself alone and distinct from them all. This, however, instead of being merely stated by me in the way of assertion, is the position which I stand pledged to make good in opposition to the tenets of the British chemico-physiological school. Nor does this constitute the whole amount of my engagements.

I further pledge myself to avoid, as far as possible, the ambiguity referred to, as well in my own terms and forms of expression, as in my interpretation of the terms and expressions of others. And my object in all this will be, not what too many controvertists aim at—to envelope my subject in shadow and mystery; but to elucidate it, and thus arrive, if practicable, at some definite and conclusive decision.

I have promised an examination (and it shall be a strict as well as a fair one) of the "doctrines and opinions" of certain distinguished chemico-physiologists of Great Britain, who are not only the leaders but the acknowledged teachers of the school they belong to—virtually if not formally dictating to their fellow-members and followers the creed they profess and the orthodoxy they maintain. A few words more in the form of preliminary explanation.

It is my intention to make my contest with those writers both open and honourable; that, as far as I am concerned, truth alone, and neither finesse nor expedient, may arbitrate between us. That they may, therefore, have as fair a field for proceeding against me as I have for my movements against them, I deem it right to communicate to them as full and explicit a knowledge of my physiological profession of faith as I possess of theirs.

I wish them, therefore, to understand that, to the ultimate extent of the meaning of the terms, I am a believer in a *vital principle*, which, as already intimated, I regard as a specific kind of *imponderable matter*, as indispensable to vitality as carbon is to carbonic acid, azote to ammonia, or hydrogen to water. This *materia vitæ* is an essential element of living organized matter of every description, whether vegetable or animal. Nor do I hesitate to express my persuasion of at least the strong probability, that, according to the time-worn scholastic dogma, ponderable matter, in and of itself, is altogether *inactive*—that it is spell-bound by a *vis inertiæ*; and that the sole cause of its action is derived from the *imponderables*. Without them, material creation would be motionless.

I further believe in the existence of what may be termed *vitallizable* matter, because it is participant of life, and indispensable to it. Of this, there are four kinds—carbon, oxygen, azote, and hydrogen. Of these, there is good reason to believe that two or more kinds are essential to the constitution of every sort of living organized matter; because they are found in every sort. To form vital matter, let the requisite number of these vitallizable elements be brought together, suitably arranged, and duly impregnated, or, in the appropriate way, united with the vital principle; and the work is done. Some form of living organized matter is the product; but, in and of itself, each kind of vitallizable matter is *lifeless*.

Nor am I convinced that *formal parental* influence is indispensable to the formation of this union. Against the doctrines of *spontaneous* and *equivocal* generation, I well know the prejudices and antipathies that exist. I have witnessed many a copious and boiling stream of verbiage let off in opposition to them, at times with mighty vehemence and clamour. But the noise was as empty as it was angry and obstreperous. To my mind, it never conveyed against the doctrines even the shadow of a solid argument.

I do not positively aver that the doctrine of spontaneous generation is true; but I do aver that, in the belief and defence of it, there is nothing unphilosophical and irreligious, immoral or unbecoming. Yet have many individuals, in whose minds more liberal views should have existed, been profuse in charges to this effect against its adherents and advocates. Nor do I hesitate to add that facts exceedingly striking and apparently substantial, and arguments highly plausible and difficult of refutation, if not altogether irrefutable, in favour of the doctrine, might be easily adduced.

I also believe that the vital principle enters the system through the lungs, and there becomes an element of the arterial blood. Having thus communicated life to that fluid, it accompanies it in its circulatory course, and vitallizes, in its round, every portion of the body. Hence is respiration the only *truly* vital function of the system; because it is the source of vitality to others, as well as to itself.

I believe again that, by means of the great diversity of the organization and structure of the various tissues and organs of the body, the *materia vitæ*, as a *single* agent, is capable of producing the numerous sorts of action and their effects that exist in the body. Be its cause or spring of action what it may, that every organ conforms, in its function, to its organization and structure is an axiom in physiology not to be questioned.

In illustration and proof of this, testimony in abundance will be hereafter adduced. At present I shall only further say, that, according to my information on the subject, the notion that there exists a "*vita propria*," as it is termed, or a specific form of *vital endowment*, for every different organ of the body, suited to, and productive of, its peculiar mode of action, though once entertained, is now rejected by every able and enlightened physiologist. Confident I am that it ought to be rejected, as will more fully appear in the sequel of this paper. It is not a "vita propria," but an *organizatio propria*, that fits an organ for specific action. The vital endowment of the lungs, the liver, the kidneys, and the brain, is the same. But their forms of organization are different, and hence their adaptation to the performance of different functions.

I believe that mere arrangement, combination, or juxtaposition, cannot infuse new and vital properties into single and fundamental molecules of dead matter. I cannot, therefore, concur in the notion entertained by many, that organization is the cause of life. Of this, the very converse I am confident is true. Life is the cause of organization. On this topic, also, a few further remarks will be made on a subsequent occasion.

I believe that in living matter, when in a healthy condition, the vital principle prevents entirely all sorts of chemical action, or overrules and directs it to its own purposes. In the economy, therefore, of living organized matter, chemical affinity, as a separate and independent power, has no more influence or agency than the laws of vitality have in a block of granite. I mean, of course, in the *active* economy of living matter—in all the operations of the vital *plastic* power—in giving form, size, and colour—in nutrition, secretion, the diversities and aptitudes, in structure and endowment, of the several tissues and organs, and such other processes as the chemistry of the laboratory and of exterior nature in general never performs.

I believe in the existence of a peculiar and distinct kind of attraction, entitled to the name of *vital* attraction. And this is as different from chemical attraction, and the attraction of cohesion, as they are from each other. Of this, also, an example will be given.

Finally; I believe the notion which assigns to chemistry and vitality a joint agency in the performance of any of the functions of living organized matter, to be, if possible, even more incongruous than that which assigns them to chemistry alone. That it is directly at war with common sense is indubitable. The reason is plain. By every person who is in the slightest degree acquainted with the subject, it is acknowledged that the laws of chemistry are essentially different from the laws of vitality, and, in most respects, directly opposed to them. And both sources of influence act on and with matter, *not in masses*, but in *atoms*. If both be concerned, therefore, in the function of the same organ, at the same time, they are both

acting at once on the same molecules of that organ. They must be acting, moreover, each according to its own laws, which, as already observed, are widely different from, and, in many respects, the very opposite of, one another. From a condition of things thus irreconcilably conflicting, a chaotic issue would be necessarily produced.

Such are some of the leading tenets of my creed, in relation to the cause of vitality and the constitution of living matter. And they are irreversibly at war with those of the chemico-physiological school. Hence, that either the members of that school, or myself, are deeply immersed in error, and its consequences, will not be denied. With a view, therefore, as far as my resources may avail me, to decide the question, on whose side (that of the chemico-physiological school, or that of the purely physiological one, to which I myself belong), do error and its influences lie, a further inquiry into the subject, conducted in a different mode, shall now be instituted. But, previously to the commencement of this fresh form of disquisition, a few preliminary remarks will be in place.

ON ELECTRO-PUNCTURE IN HYDROCELE, WITH CASES.

By F. CAMPBELL STEWART, M.D.
[From the New York Journal of Medicine.]

Numerous and diversified as are the methods in use for the treatment of serous effusions, and of hydrocele in particular, we still have another in the proposed application of electricity, as a curative means in this disease.

The attention of the profession in Europe was first attracted to the subject by the publication of a case,* which was stated to have been successfully treated in this manner by Dr. Zanobi Pecchioli, surgeon to the hospital attached to the university of Sienna, with whom the idea appears to have originated.

The reasons given by the Tusean surgeon for departing from the established methods of treatment by incision, excision, or injection, "because of the pain of the former, and the insufficiency of the latter," appear futile; and it would have been as well for him to admit frankly that he was desirous of performing an *experiment*, in which he had reason to anticipate success. It matters but little, however, what motives may have induced him to resort to the use of galvanism; for his success in the case, which I shall presently report, and likewise the successful termination of other cases operated on, justify the innovation.

Immediately on the publication of Dr. Pecchioli's case, a distinguished surgeon of Paris, Dr. Leroy, undertook to repeat the experiment, with the view of ascertaining the just value of this new method, as a therapeutic means; and as several cases of hydrocele existed in the public hospitals at the period, no difficulty was experienced in procuring subjects fit for, and willing to submit to, any operation that might be proposed for their relief. Before, however, proceeding to give the details of the cases in which I assisted Dr. Leroy, it will be better to communicate a brief summary of that of the Italian surgeon.

Dr. Pecchioli's Case.—The subject in this instance was a young man, nineteen years of age, and of good, healthy constitution. He had had for three years a considerable swelling of the scrotum, which made its appearance without any apparent cause, and had, so far, resisted every method of treatment. On his admission into the University Hospital at Sienna, a simple, double hydrocele was immediately diagnosticated; and, for the reasons above alluded to, the surgeon to the institution decided on applying galvanic electricity, for the purpose of exciting the absorbents, to an extent to enable them to take up the effused serum. Accordingly, he proceeded to introduce four needles into the scrotum; two on each side, one at the summit, and one at the base of each tumour; which enabled him to establish a galvanic current through the sacs, as soon as the needles were brought into contact with the respective poles of a small battery. The application of the electricity was continued for five minutes, during the whole of which time the patient experienced acute pain in the right testicle.

As soon as the needles were withdrawn, it was perceived that a decided change had taken place in the size of the two tumours; and they continued so rapidly to diminish in volume, that at the expiration of *five hours* they appeared almost entirely empty. Towards evening of the same day, however, there were developed considerable heat and redness of the part, and the liquid re-accumulated so as to equal, if not surpass, the original quantity.

After the interval of a few days, the operation was repeated, and again produced a similar result.

Not discouraged by this apparent want of success, the surgeon had recourse, for the third time, to the same means, a few days after, and on this occasion had the satisfaction to see his endeavours crowned with success; for the effused liquid became entirely, and, as he asserts, *permanently* absorbed, without any other means having been used than those indicated.

At the expiration of fifteen days from the last operation, the young man was discharged from the hospital as cured, since which time nothing has been heard of him.*

It is to be regretted that the person who reported this case for Dr. Pecchioli did not enter more into its details, and communicate distinctly the *modus operandi*, with the size and power of the battery used, &c. &c. These omissions will, however, be rectified in the cases which I am about to recite as having been treated by Dr. Leroy and myself.

Dr. Leroy's first Case.†—François Vray, a gardener by profession, aged 72 years, entered the ward Sainte Marthe, at the Hotel Dieu of Paris, on the 8th of December, 1842, with a hydrocele of the right side, which was of ten years standing, and had continued gradually to increase in size up to the period of his admission. During the absence of M. Roux, surgeon-in-chief, Dr. Leroy obtained permission, and the consent of the patient, to try the effect of galvanism in his case. Accordingly, on the 22nd of December, he caused a small battery, of sixteen pairs of plates, two inches square, to act on the hydrocele, through two needles, placed, one in the sub-cutaneous cellular tissue of the scrotum, and the other penetrating into the cavity of the tunica vaginalis.

The operation caused some pain at first, which, however, soon subsided. It was continued during twenty-five minutes.

In two days after the first application of electricity, the tumour had disappeared entirely. On the 1st of January, however, a small quantity of serum re-appeared, which induced M. Leroy to operate again on the following day. As the patient appeared to suffer considerably on this occasion, the needles were withdrawn in twenty minutes. On the 12th of January, the hydrocele was found to be wholly dissipated with the exception of a very small collection, probably a thimbleful, at the lower part of the scrotum. The galvanic current was made to act on this point for ten minutes, during which period the patient complained more than he had yet done. In two weeks from this time, the effused liquid had all been absorbed, and the patient was considered as cured.

Dr. Leroy's Second Case.—C. J. Dusart, who had suffered with a large hydrocele of the left side for twelve years, was admitted into the wards of Professor Blandin, at the Hotel Dieu (Salle St. Jean, No. 36), on the 23rd of December, 1842. He was a baker, and aged fifty-five years. He had undergone no treatment at all prior to his entrance into the hospital. Besides the principal disease, which, as stated, occupied the left side, there was likewise a very small collection on the right side of the scrotum.

On the 30th of December I assisted M. Leroy, who operated in precisely the same manner as described in the last case. The action of the electric current was kept up for twenty-five minutes, as in the first operation on Vray. The patient complained that the pain was very severe *at first*, but stated that it gradually diminished until towards the close of the operation, when he experienced no sensation whatever.

On January 2d, three days after the operation, M. Blandin and others, who had previously seen the patient, admitted that a considerable portion of the liquid had been absorbed.

From this period, up to the 12th of January, two more applications of electricity were made, after each of which there was a perceptible diminution in the size of the tumour; and on the third of February, Dusart was discharged from the hospital as cured.

The Author's Case.—Jules Mayer, a porter, aged forty-one, presented himself for examination when I was attending with a friend at the Bureau Central of the public hospitals at Paris. He had a large tumour on the right side of the scrotum, which was of comparatively recent date, having made its appearance about ten months previously. After a proper examination, it was easy to detect the existence of a simple hydrocele. The man was in good health, and had never suffered from anterior disease.

On my proposing to him the application of galvanism, he readily consented; and having procured proper needles, and borrowed a battery of similar power with the one used by Dr. Leroy, I proceeded to operate in the following manner:—

The patient was placed in a recumbent position, on a settee, and had the pelvis and lower limbs slightly elevated above the rest of the body. Having ascertained the position of the testicle, I introduced one of the needles into the cavity of the sac, and endeavoured to keep it in contact with its parietes. The second needle was placed, very superficially, in the loose cellular tissue of the scrotum, and as far as possible from the first.

There was little or no pain occasioned by the introduction of these instruments; nor did the patient complain at all, except at the moment when the galvanic current was set in motion by the application of the two poles of the battery to the eyes of the needles, when he experienced a smart *burning* shock, which caused him to start.

I allowed the action to be kept up for thirty-five minutes, and occasionally added a little more acid to the solution in the trough, to keep up the supply of electricity.

On withdrawing the needles, it was perceived that small, red pimples had made their appearance at the points where they were introduced. These, however, disappeared in the course of an hour.

Mayer came to me, as I had requested, in four days after the operation, when on examination, and by measurement, it was found that the tumour had diminished to nearly one third of its original size. I directed him to continue the use of a suspensory bandage with which he had been supplied, and to rub in a little mercurial ointment, every morning and evening, which he continued to do until the end of the week, when I again saw him. On this occasion, there remained but so trifling a collection of liquid as to render the detection of its presence somewhat difficult.

Being on the eve of departing from Paris, and unable to attend to him further, I directed my patient, in case of necessity, to apply to my friend Dr. Leroy, to whom I had already related his case Since then I have heard nothing of him, and conclude that, as he has not yet visited Dr. Leroy, his relief has, thus far, been permanent.

From the success attending this new method of treatment, in the above case, it would appear at least to be worthy the consideration of the profession, and to merit a closer inquiry into its actual value.

Although fully impressed with the belief that it will be found a useful and at least a safe plan of treatment, I am far from making the positive asser-

* See *Bulletino delle Scienze Mediche*, Number for September, 1841.

* This case will be found in a review of the Italian Medical Journals, in the *Gazette Médicale de Paris*, for 1841, page 805.

† I give this and the following cases from my private notes. They have never before been published that I am aware of.

tion that electricity alone is capable of causing the absorption of serous effusions. The subject has not yet been sufficiently examined, and in the only cases in which the experiment was tried, a sufficient time had not elapsed before the patients were lost sight of, to enable us to assert, with any degree of positiveness, that a permanent cure had been effected in any one of them. Indeed, the result in the first two cases that I have noticed, would lead to the inference that such was not the case; for it will be recollected that, after having disappeared entirely after the first operations, the liquid re-accumulated in a short space of time; and it was not until after the third application of electricity that any permanent influence appeared to have been exercised over the absorbents. Even then it might have been only temporary, more lasting, it is true, than the preceding ones, but still only a temporary excitation, productive of momentary good, but insufficient to ensure a radical cure.

It may likewise be interesting to ascertain how far the influence of the simple puncture, made in introducing the needles, may have extended in producing the results supposed to be attributable to electricity. It is well known that many cases have occurred where an accidental or intentional puncture, has caused the absorption of a hydrocele, and one is reported by a Doctor Deleau, in one of the French medical journals,* where the simple introduction of a *very fine* needle had proved sufficient to bring about a cure, which remained permanent.

Before admitting, then, the beneficial influence of electricity in these cases, we must institute comparative experiments, and ascertain if the same result cannot be obtained by acupuncture alone. If it be found that the same phenomena do not occur without the aid of galvanism, we must admit its influence; and seeking for an explanation of its mode of action, we must endeavour to ascertain if it acts chemically or physically, or, as Dr. Pecchioli thinks, simply "from the excitation which it occasions to the vital properties of the affected membranes."

Should the result of future investigation be confirmatory as to the usefulness of this new method of treatment, we may attempt to generalise the principle, and look for success in other cases of chronic serous effusion; as, for example, in ascites.

Hoping that the relation of the foregoing cases, and the few remarks with which I have thought it necessary to accompany them, may induce other members of the profession, particularly those connected with our public institutions, to investigate this interesting subject and communicate the result of their experience, I shall conclude for the present, after giving some definite instructions for applying the electricity, for the use of such as may be disposed to repeat the experiments.

The needles used ought to be long—at least four inches in length and fine. After being greased, they should be introduced cautiously, and in the manner already described; the one into the subcutaneous cellular tissue of the scrotum, at the summit of the tumour, and the other into the cavity of the tunica vaginalis, near its base. The battery, which may be composed of from twelve to twenty pairs of plates of between two and three inches diameter, will now be brought into action by the addition of the acid solution, (℥ ij. sulphuric acid to the quart of water to commence with,) and the poles will be placed in contact with, and kept permanently applied to the eyes of the needles, already introduced into the scrotum.

I am inclined to think that a sufficient time has not heretofore been allowed for the operation; and hence I should recommend its being continued for forty minutes or more, according to the sensation produced upon the patient. It is important, too, that a regular supply of electricity should be kept up; and this may be easily accomplished by the occasional addition of a few drops of acid to the solution in the trough.

The operation terminates with the withdrawal of the needles. The patient, however, should be required to maintain a recumbent position, and not use exercise for several days.

* Gazette des Hospitaux.

New Acid of Sulphur.—Scarcely has science been enriched by M. Langlois with sulphohyposulphuric acid, 3S×5O, than MM. Fordos and Gelis discover an acid containing five atoms of oxygen to four of sulphur, which they have called bisulphohyposulphuric acid, *(acide hyposulfurique bisulfuré.)* When iodine is brought into contact with a hyposulphite, sulphuric and hydriodic acids have been supposed to be formed. This, however, is a mistake; the iodyne in reality combines with the metal of hyposulphite to form an iodide, and thereby liberates oxygen and hyposulphurous acid, which combine together in the proportion of 5Ox to 4 sulphur, constituting the new acid. It may be tolerably concentrated, is colourless and transparent, and decomposes in the heat into sulphur and sulphurous and sulphuric acids.

THE MEDICAL TIMES.

SATURDAY, FEB. 17, 1844.

Fallit enim vitium specie virtutis et umbra.
HORACE.

We really know not how to deal with Mr. Wakley. We can neither touch him, nor leave him *justly*. If we pass him unnoticed we risk the imputation of neglecting one of the most imperious duties of the journalist. If we drag him before day, our indignation at the injury and discredit he inflicts, as a public medical character, on the profession, is sure to lead us to some intemperate expression by which justice is at least as much marred as served. As our warmth at the discreditable policy pursued by him in reference to what, viewed on his own principles, cannot but be called the *noble* endeavour of a respectable portion of the profession—as this warmth led us last week into a hurried invective, in which the *public* merged but too much in the *personal* consideration—a circumstance in reference to which regret on cool reflection, and the possession of gentlemanly feeling is the same thing—so we cannot but distrust our control over our feelings when tempted, as we are this week, to strictures on the steps he has more recently taken, and whose result, if successful, is still more certainly the ruin of the movement whose rise and progress we have, during the last three weeks, had occasion to notice. To prevent, however, any misadventure of the kind dreaded, we shall, in our present warmth of feeling, no further refer to those steps, except to say that their aim is to dissolve the union of medical men as now formed, to secure an acting body more identified with the views of the British Medical Association, and by forcing himself at the head of the movement to make nugatory the resistance of medical men to the charter of the College of Surgeons, and useless their influence towards improving or rejecting Sir James Graham's bill. We have said it before, and now repeat the affirmation:—all unions of medical men will be sure to be defeated which are not independent—first, of the medical journals—especially of such a journal as the *Lancet*; and secondly, of all members of Parliament, especially of such a member of Parliament as Mr. Wakley. When the latter gentleman holds House of Commons interviews, that are "*private* and confidential," at ten o'clock of the night with select members of a society that he abused once and menaced a second time with the threat of personal scurrility, no good is portended either to the society or the profession it should serve. The "farce of Simpson and Co." formally threatened, and as formally withheld, is not without its mystic meaning.

Dices, heu! (quoties te in speculo videris alterum)
Quæ mens est hodie, cur eadem non puero fuit?

A look at the new Charters of the Colleges of Surgeons in Ireland and England, will convince any one that these royal documents are so far subject to the law of primogeniture, that they are all the more respectable for being second or third born. Every feature of the Irish Charter, compared with those of the fraternal document that preceded it, is an argument of the improving agency of experience, and powerfully suggests the importance of educating for the State's special service, a corps of journeymen Charter makers, to meet contingencies like those, which have compelled the Home Secretary in all the ignorance of his novitiate, to prepare during the last year almost a Charter per month. The institution or craft might be expensive to the country, but what money would be too much for it, if it would save us from the crude, anomalous and mutually conflicting systems we have already noticed, or shall soon have to commemorate?

The two great points of the two Charters refer to the constitution of the bodies of Councillors and Fellows. Our readers know how Sir James has arranged the materials of our Council: we will just notice then how he orders those of the Council on the other side of the channel. First: *the whole Council are elected every year, with their Vice Presidents and President.* The first election is to take place in June next. Here is plain dealing. We have here none of that transparent craft which would attempt to hoodwink Surgeons with a notion, that self-election, because it is disguised, is election by the body of practitioners. We have here no Council composed of a higher and subordinate grade—of twenty-one elected by themselves for life—and three members elected by three hundred Fellows for one year: the election by the Profession creating an *annual*—the election by the Council creating a *life* interest! How improving must be experience even on Cabinet Ministers! How singular that the improvement is but a return from nice complications, and ingeniously clumsy perplexities to a plain, simple, straightforward course of action!

If the constitution of the Irish Council is thus better, not less so is that of the body that is annually to choose its members. Though the election, as in our own case, is limited to Fellows, the Fellowship is open to every Licentiate of the College who will pay for it. The sum fixed for Licentiates of four years' standing is 21*l.* if resident in Dublin, ten guineas if in the country; for Licentiates of later standing 31*l.* 10*s.* if they reside in Dublin, 21*l.* if not. In addition to the accession of gentlemen thus circumstanced, the Irish College holds out its net for practitioners of the army, navy, or East India Company, as well as for "civil" surgeons, who are admitted without examination, on payment (if of twenty years' standing) of 27*l.* if they reside in Dublin, of 10*l.* 10*s.* if in the country; and if they are of less than twenty years' standing, of 31*l.* 10*s.*, for Dublin, of 21*l.* for the country.

Though the Irish College thus lies open to the accusation we bring against that in Lincoln's Inn-fields, of making their new Charter useful as a pecuniary speculation, it is at least free from all suspicion of favouritism, clique-ship, or personal, or public injustice. They say "here is our Fellowship: if it be an honour, you can buy it: if a privilege, hard cash will get it for you." Worth in pounds, shillings, and pence, if it cannot make "a man," can, at least, in Dublin make a Fellow.

We must not forget, however, that the Charter

specially provides that no one practising pharmacy, shall be a Fellow. As the class of General Practitioners is unknown in Ireland, we can only look on this provision as one discouraging an imitation of our English model. Its practical operation in lessening the number of Fellows, will be comparatively nothing.

The mode of appointment of Examiners in the Irish Charter, is everything that can be desired. Seven members of the Council elect gentlemen not in their own body to the office, and the seven appointing members are chosen for the purpose by the body of Fellows. Thus, all that can be done to satisfy the profession and public, that a fair, competent, distinguished Board of Examiners is secured to them, is effected by this wise and liberal arrangement. Here again, the Charter of the College of Surgeons of England offers a notable discrepancy. We have a varying plan of nice distinction and elaborate detail, guaranteeing nothing, satisfying nobody, and enacting the very principle distinctly condemned by the Irish Charter.

As smaller points, it should not be unnoticed that the Council and their chiefs are elected by ballot, that they are vested with the power of degrading and expelling offending members; and that the Fellows if, to the number of twelve, they concur in requiring a general meeting for the purpose of deliberating and consulting on the government and state of the Corporation, have their requisition enforced on the President and Council by a special clause of the Charter. Thus, then, we may say that the members of the College will be composed mainly of Fellows—and that the Fellows have the whole government of the surgical profession of Ireland.

The one great objection to be brought against the Charter, belongs more properly to those at present working it. The fees are too high for the new Fellows, many of whom have already paid high fees to other Licensing bodies. Admitting the plea that the College is poor, and must require funds, our objection is not the less strong, for so high a rate will defeat the object sought. One of the first acts of the Fellows' Council, elected in June next, should be to correct a blunder, that must have a fatal tendency to keep alive disunions and encourage personal alienations among the body of Irish Surgeons.

REVIEWS.

Popular Cyclopædia of Natural Science: Popular Physiology. By WILLIAM B. CARPENTER, M.D., &c.—London, ORR & Co. p. 579, 1843.

Dr. Carpenter is, unquestionably, one of the best-informed and most acute, if not profound physiologists of his day, in this country. He exhibits the very rare combination of considerable talent and erudition with unwearied industry. His "*Principles of Human Physiology*" has no rival in the English language. Although questioning the correctness of some of the facts, and dissenting from divers of the opinions, which that work contains, we prefer it to the more elaborate and imposing "*Elements*" of the German Müller.

To Dr. Carpenter, however, we are not disposed to concede the titles which have elsewhere been conferred upon him, of "an original writer and experimenter." There is, in fact, nothing at all original in the style or language of his treatise,—nothing peculiarly striking or novel in the views which he has developed, or the experiments which he has recorded. We have not the honour of a personal acquaintance with the Doctor; but from our present knowledge of his writings we should unhesitatingly pronounce that, to employ the language of the phrenologists, his organs of cautiousness are not very largely developed. Like Magendie, Marshall Hall, and sundry other new light physiologists, of ardent and sanguine temperament, he leaps to conclusions before the facts from which he sets out have been sufficiently established. Yet he evidently possesses a mind of no ordinary powers and capabilities—if improved by a more rigorous system of discipline than that to which it has hitherto been subjected—if more deeply imbued with the inductive spirit of the Baconian philosophy.

The volume, upon which we are now called upon to sit in judgment, constitutes one of a series undertaken by Dr. Carpenter, in popular illustration of the natural sciences. This series is, with very questionable correctness, designated a *Cyclopædia*. Our objection to such a title for such a work will elsewhere be explained.

"The general plan of this volume," observes the author in his preface, "is the same with that of the Treatise on Physiology contributed by M. Milne-Edwards, one of the most eminent naturalists in France, to the elementary course of natural history, adopted by the French Government as the text-book of instruction in the colleges connected with the University of Paris. It has the advantage of possessing the same admirable and beautifully-executed series of illustrations as those which have been prepared for that work,* together with many additions; and a continuation of the same will appear in the Treatise on Zoology, which will be next in order of publication."

The preceding extract exhibits a fair specimen of the style, certainly not distinguished for its lucidity, vigour, or earnestness, wherein the work which it is destined to introduce to our notice, has been written. Prefaces, we would remind Dr. Carpenter, should be penned with peculiar care. Veterans, like ourselves, grown grey in the field of literature, regard such productions with the same searching and inquisitive eye as the experienced physiognomist is wont to direct upon the countenance of a stranger; and, in general, they will be found to afford indications of character equally unerring and correct.

Dr. Carpenter professes to have been stimulated to his arduous and hardy enterprise by the want of "a good elementary system of animal physiology;" and is disposed to trace to such defect "the almost complete exclusion of the subject from the educational system of this country." In such opinion we cannot concur with him. Who, among our readers, has not heard of the really popular sketch of *animal physiology* published several years since, by the Society for the Diffusion of Useful Knowledge? a volume accessible to all from its moderate price, and far more intelligible to the majority of readers, from its simplicity of style and language, than the comparatively expensive and learned work of Dr. Carpenter. By whom, again, among the more elevated ranks of society, has not the interesting Bridgewater Treatise of Dr. Roget, expressly entitled *animal and vegetable physiology*, been seen and greedily perused? And lastly, where exists the student of anatomical and physiological science, where the professed, or even embryo naturalist, who has neglected to glut his growing appetite for knowledge on the excellent *Cyclopædia of Anatomy and Physiology* now in progress of publication, by Dr. Todd, and on the admirable *Outline of the Animal Kingdom*, for which we are so deeply indebted to Rymer Jones: a work exhibiting the most luminous, masterly, and consistent view of the structure, *functions* and arrangement of the various subjects of that kingdom, ever yet given to the public in this or in any other country.

With all these sources of information, and others of a more strictly scientific character, which we shall enumerate below,* expressly and respectively adapted to the means, the exigencies, and intellectual capacities of the artisan and the tradesman, the gentleman and the scholar, and the professed student of physiological or medical science, we can really descry no void which the present work of Dr. Carpenter was required, or is calculated, to fill up. And all will agree with us, that, if a publication, thus uncalled for, be obtruded on the world of letters, it should exhibit such transcendent excellencies of style, matter, and arrangement—descend with such weight and impetus among us—as to displace its predecessors, and take up a commanding situation in the public eye. Whether or not it be destined to achieve this distinction time will show.

Again, we cannot suppress an expression of sorrow and surprise, that although a well-read man, as Dr. Carpenter unquestionably is, must necessarily be familiar with the valuable works which we have above cited, and although some of the illustrations of his volume have evidently been borrowed from one or more of them, he has nowhere, even cursorily, adverted to their existence. Liberality constitutes one of the fairest and most fascinating appendages of the lofty and richly-gifted spirit. Destitute of this grace, even genius itself presents a painful and humiliating spectacle. Intellectual degradation and poverty are the only apologies which we can admit, for acts of intellectual stinginess and injustice.

To refer, ere we conclude, to the title by which the present work, and the other volumes, constituting the series, are, or will be, designated. Now, if the term, *Cyclopædia*, synonymous we presume with Encyclopædia, † be meant, as its construction plainly shows, to signify *education* or *instruction in a circle*, we contend, without fear of contradiction, that it is not correctly applicable to the works upon which Dr. Carpenter is at present occupied; unless these works comprehend the *whole circle* of the natural sciences. We even question whether it ought not to be exclusively restricted to those vast and voluminous repositories of human learning, which, like our unrivalled

* Why, in the name of common sense, *together* with? Is not the simple preposition *with* sufficiently clear and significant of itself? When will our noble but desecrated language be purified from the dross of such vile, unmeaning, and utterly superfluous expletives? When will "*together* with," and "*along* with," and the kindred vulgarisms of "the world *in general*," and "society *at large*," be sentenced to perpetual banishment from the conversation and writings of educated and scientific men, and permitted to grace only the congenial literary productions of the villanous Jew-doctor and the nasty nostrum-monger?

* The zootomical writings of the illustrious Cuvier, of the venerable Blumenbach, of Carus, and of Grant, must be well known to all our readers. A most luminous and beautiful exposition of the vegetative functions in the whole series of the animal creation was published in 1826, by Shéré, a favoured disciple of the celebrated Blainville, and *Lectures on the Comparative Anatomy and Physiology of the Invertebrate Animals*, by our own distinguished Owen, have recently appeared.

† See Dr. Palmer's *Pentaglot Dictionary*, Art. *Encyclopédie*.

Encyclopædia Britannica, contain the stores of knowledge accumulated from every department of literature, science, and the arts? Bad example is proverbially contagious. If such laxities of language be allowed to pass without reprehension, among the more elevated, they will soon and infallibly descend to the lower classes of the literary world; and the whole series of its denizens from the noblest of the vertebrata to the animalcule and the sponge, will become infected. *Cyclopædias* of anatomy, of medicine, of architecture, and of gardening, will be followed by learned disquisitions, bearing the like modest and *equally appropriate* title, on the sublime art and mystery of corset-making and cosmetics, and on the sister-sciences of cookery, and the cutting of corns.

In our next and concluding article, we shall briefly examine and expose, under the several heads of questionable or not proven doctrines, discrepancies, and anatomical and zoological errors, some of the more vulnerable and defective points of Dr. Carpenter's "Animal Physiology;" advert to the style and character of divers of the illustrations; and terminate our well-meant, although perhaps thankless labours, by a few remarks on the zoological arrangement adopted in a volume which, with all its errors and defects, possesses considerable interest; and which, emanating from a source so elevated and richly stored, as the brain of Dr. Carpenter, ought assuredly to have been a work of first-rate value and authority in physiological science.

Two Essays on the Diseases of the Spine. By R. A. Stafford, F.R.C.S.E., &c.

Although there is nothing absolutely new in the essays of Mr. Stafford, yet they present in a short compass a well-drawn outline of the principles and practice appertaining to spinal diseases. The subject is discussed under two heads. The first refers to *angular* curvature and its treatment; and the second to *lateral* curvature. As the pathology and treatment of these two classes of diseases are essentially different, our author has acted wisely in drawing a broad line of demarcation between them, and in urging the profession to study their distinguishing characteristics.

Angular curvature is a much more formidable disease than lateral curvature of the spine, and little addition has been made either to its pathology or treatment since the days of Pott. Lateral curvature, however, has been investigated of late with some success, and its treatment is now conducted less empirically, we might even say, upon more rational and philosophic principles. In *angular* curvature, although the disease on which the curvature depends, is susceptible of a cure, the curvature itself, when once formed, can never be redressed; but in *lateral* curvature the effects of the treatment may be very different—the deviation may be corrected, and the spine restored to its pristine form and movements.

The pathological states on which the angular curvature depends, are hardly treated with that circumstantiality which their importance demands, yet the description given, so far as it goes, is correct. At first increased vascularity of the textures affected is all that can be discovered; by and by, ulceration takes place, with a simultaneous deposit of scrophulous or tuberculous matter, and sometimes, though not always, a secretion of pus. Our author is of opinion that the disease generally commences in the bone and extends to the cartilages; but he admits that the reverse occasionally happens; a fact of great importance, and calculated to lead to practical results; yet our author has neither attempted to distinguish each disease in the living subject, nor to point out any modification of treatment. With regard to the *symptoms* of angular curvature, the essayist is more full and precise. These he arranges under three heads. 1stly, those *preceding* the deformity; 2dly, those arising during the formation of the curvature; 3dly, those which happen during the process of recovery. Each of these stages is carefully and vividly described and worthy of the attentive perusal of every practitioner. As the disease arises usually in the most insidious manner, and generally makes some progress before it is even suspected to exist, the *incipient* symptoms of such a disease ought to be carefully studied. Some of these symptoms are of a *general*, others of a *particular* kind. Those of a general kind have a reference to the deranged state of the health—to the general debility which exists—to the tendency to chilliness, and to want of appetite, accompanied with a sense of tightness at the stomach. The particular symptoms, and which are most to be depended upon, are the dull heavy pains in the back—a numbness and tottering of the lower extremities, and not unfrequently erratic pains about the hip, knee, or ankle joints. In the second and third stages, the symptoms are more obvious, and can hardly be misunderstood. In the *treatment*, our author recommends: 1stly, The recumbent position as indispensable; 2dly, Local remedies, as the detraction of blood by leeches and cupping, counter-irritation at first by blisters, and tartar emetic ointment, and afterwards, when the disease is more chronic, by issues and moxas. 3dly, Constitutional remedies of a tonic description, as a light generous diet, passive exercise in the open air, friction of various parts of the body, and the internal exhibition of quinine, iodine and iron. Our author also recommends galvanism for removing the indigestion and sense of tightness, so harassing to some patients. The plan was first recommended by Mr. Carle, as related in Dr. W. Philip's work on Digestion, in the following words:—

"The patient complained of very severe cramps at the pit of the stomach, and acute pain in the course of the costal nerves, which was much increased by pressure on the ribs, or any attempt at deep inspiration. His general health was much deranged; the pulse was very rapid, with occasional severe palpitation of the heart, and dyspnœa; the digestive powers were greatly impaired; she had no appetite, and could only digest a small portion of stale bread and some milk and water; even this meal was always followed by uneasy sensations at her stomach.

"The galvanism was applied in the following manner:—A trough containing plates of about three inches, was employed. The positive wire was applied to the nape of the neck, the negative a little below the pit of the stomach. No sensation was at first produced by twenty plates; but after the sensation was excited, she could not endure more than twelve. The first sensation she experienced caused her to take involuntarily a sudden and deep inspiration. The galvanism was applied for about a quarter of an hour, at the end of which time her breathing became much freer than it had been for many months; of this she repeatedly expressed herself perfectly certain, at the same time she felt considerable uneasiness at the stomach; she was slightly hysterical in consequence of the agitation she had experienced, but her breathing was tranquil during the whole of the evening."

In the second essay, the subject of *lateral curvature* of the spine is discussed. This is the least valuable part of the book, for amidst some good observations on the *treatment* of this affection, the remarks upon the pathology are both crude and undigested. The author evidently has not investigated this part of his subject with that care which its intrinsic importance demands. Does the *origo mali* lie in a morbid state of the bones, which induces them to yield to the superincumbent weight of the body, as many suppose? or are we to attribute the yielding to the irregular action of the muscles of the spine, as Guerin inculcates, or to a combination of these causes, as others believe? We believe that all these causes exist in different cases, and must exist before the *exciting* causes on which our author chiefly dwells can produce the effect. The curvatures which arise from irregular muscular action alone are rare. In the great majority of cases that we have examined, the bones of the spine were deficient of solidity—they often weighed less by one half than the healthy bone, and were thus consequently liable to yield to the superincumbent weight and to other forces.

The *treatment* recommended by our author, however, is generally good. It consists in cautiously, but duly elongating the spine, and imparting power to the muscles of the back, and through the muscles infusing health into the bones, as well as improving the energy and tone of the whole system. For accomplishing the first of these intentions, the author has invented a spine-elongator, which, if cautiously and judiciously used, will prove beneficial, for a description of which we must refer to the book itself. The strength of the back is to be effected by gymnastic exercises of various kinds, by friction, by the tepid and cold baths administered locally and generally, by the internal exhibition of tonics, by light nourishing food, and by every means that tends to raise the tone and energy of the system.

Upon the whole, the book is creditable to the author, and calculated to instil correct notions of the treatment both of angular and lateral curvature of the spine.

INJURY TO THE HIP JOINT, WITH SHORTENING OF THE LIMB.

By J. Davison, Esq., Alnwick, Northumberland.

Mrs. Potts, sixty years of age, of tall and slender figure, was knocked down with considerable violence, by a person accidentally running up against her in the dark, on the night of the 13th of October, 1838. I was called to her a few minutes after the accident, and found she had fallen on the left hip and shoulder, and complained of most violent pain occupying the former situation, greatly aggravated on the slightest attempt at motion. From these symptoms, I concluded the neck of the femur was fractured; but as I could not particularly examine her where she then was, I had her removed to her house, and entered more minutely into her case. On examining the pelvis, an extreme appearance of irregularity was observable, but the greatest pain was experienced in the neighbourhood of the left hip joint, which was much increased by pressing the trochanter major inwards towards the pelvis, or by the slightest attempt at rotation. The foot was wasted, but the limb was not at all shortened, nor could any crepitus be discovered.

I now made up my mind that this was neither

a case of fracture nor dislocation, but of severe injury to the joint, and so pronounced it to the friends who were anxiously waiting for my diagnosis. I applied a long splint with bandages, which appeared to afford considerable relief; but from her still feeling shooting pains down the limb and across the pelvis, the relations had an idea that a fracture must have taken place, and expressed themselves desirous for the opinion of another surgeon, in which I readily acquiesced. Yet, after the most careful examination, by my rotating the limb, and his examining the joint, I felt much satisfied at his coming to the same conclusion as myself. The use of the long splint was persevered in; but, to my great astonishment, at the end of three weeks, I found the limb to be diminished in length at least an inch, and to continue gradually to shorten for two years after the accident. It was at this time about three inches shorter than the other limb.

She moves about on crutches, with a high-heeled shoe, much in the same way as persons who have had fracture of the cervix femoris.

I supposed in this case the ligamentum teres had been ruptured, which allowed the rotators outwards to act upon the limb, and that the head of the bone had been so far injured as to induce gradual absorption of it as well as of a portion of the neck, which might account for the subsequent shortening.

CROUP AND LARYNGISMUS STRIDULUS.

To the Editor of "The Medical Times."

Sir—I have not until now perceived that Dr. Golding Bird is reported (in your number of the 27th ult.) to have said, in a discussion on croup, at the Medical Society of London, that "Dr. Copland had confounded croup and the complaint usually called laryngismus stridulus together." Now, so far from this being the case, it will be found, that I have not only carefully distinguished the several states of croup, primary and consecutive, or symptomatic, both in my description, and in the chapter on the diagnosis, but I have treated of the two diseases in different articles—of the affection, called by some writers laryngismus stridulus, in the article *larynx*, its appropriate place; giving it the name of "spasm of the larynx," or "stridulous laryngic suffocation."

This affection, the various pathological relations of which I have traced from much experience of it, is entirely distinct from the states of croup both primary and consecutive, and it is hence no further noticed in that article, than as regards the diagnosis between it and them. I do not accuse Dr. G. Bird of intentional misrepresentation, but I am desirous of removing the misapprehension he has fallen into, as well as of counteracting the effect his representation may have on the minds of your readers. Having been physician to the infirmary for the diseases of children during fifteen or sixteen years, it must appear somewhat singular if I should have confounded together diseases so distinct as those in question, and which were not very rarely observed at that institution.

I am, Sir, yours, &c.,

JAMES COPLAND.

Old Burlington-street, 12th Feb., 1844.

SPERMATORRHŒA FROM CONTINENCE THE EXCEPTION, NOT THE RULE.

To the Editor of "The Medical Times."

SIR,—It is a pity that a subject like this, where morality is so much concerned, should not have been discussed with less acrimony, and with a more kindly feeling amongst those who have entered the lists. Dr. Bull having shown a virtuous indignation at what he considered a proposal tending to immorality, does certainly not on that account deserve to be assailed in an unkindly spirit, made the subject of witticisms, nor be represented as "with fine frenzy rolling, and reverting his eyes to Heaven with uplifted hands, the veriest similitude of a fanatic."* Such feelings as Dr. B. has given expression to do not constitute a fanatic, and, being on the right side, he can bear the attack, however rough. I purpose making a few remarks on the letters of the *Lancet* correspondents, and one or two on the curative treatment. The very fact of Dr. Dangerfield, so strongly protesting against the construction put upon his words by Dr. Bull, plainly shows that Dr. D. would himself view as highly immoral promiscuous sexual intercourse; and although it is evident by Dr. D.'s explanation that his words were not intended to bear the meaning attached to them, it is yet a pity that his coincidence with *Lallemand* was not more cautiously expressed. The other correspondents need not have been so wroth, with Dr. B., as if a recommendation to marry for the purpose of curing the complaint be all that is necessary. I presume the Doctor can have no objection, as this would be all right. Were the quotation from *Lallemand* addressed to a patient, it would be much more likely to make him think of a Cyprian than of getting married. That continence is *not* the most frequent cause of spermatorrhœa, I am as perfectly satisfied as I am that masturbation *is*; and that spermatorrhœa from continence is the exception, and not the rule, I am equally convinced. I am thus convinced for at least two reasons. In the first place, from the words of HIM whose words were truth; and, in the next, from observation on the complaint. He who told us to avoid all kinds of lust, also told us that his "yoke is sweet and burden light;" and St. Paul, who had bodily strength and health to bear great fatigues, was continent, and wished others to be like unto him. Serenity of mind results from continence; indeed both must go together, as the thoughts must be pure to render the individual chaste, and he who would remain so must do so by the performance of practical virtues. Health, as well as happiness, generally speaking, abide in the continent individual. It is with him who thinks our morality false, and acts accordingly, you find vicious habits; not with him who lives according to the code of morals laid down—*not* by man but by a higher and holier authority than he. *He* has told us to shun the sins of the flesh, and with His disciples has said to us, in allusion to these sins, that such as do them "shall not obtain the kingdom of God." Throughout all ages the Almighty has shown His preference for those who preserve their virginity, and *He* would not have recommended that which leads to the frightful catalogue of miseries detailed by one of your correspondents as resulting from continence. But this being

"The patent age of new inventions,
For killing bodies and for" (damning) "souls,"

we have others overlooking this holy code of morals. I can conceive no more awful responsibility devolving on a *Christian* medical man than that of recommending, under *any* circumstances, illicit sexual intercourse, even though convinced that it would cure. Poor human nature is weak enough, and sufficiently liable to fall at all times without advice to that effect; and I know of no position more deplorable, more to be censured, *more to be despised*, than that of him who jeopardises the salvation of his patient's immortal soul to seek a doubtful remedy for the perishing body—a body perhaps fated to lie in incipient decay twenty-four hours after entailing on its soul, by the bad counsel of a medical adviser, without which it might never have been thought on, a weight of sin. That spermatorrhœa *will* affect the continent, there is no doubt; but it is the *exception*, and I think that no medical man is justified in going much farther than the following advice, given by me to a patient so affected some time since, and I consider that he had not even an idea of such a thing as masturbation. I tried the usual remedies (not the caustic), with occasional benefit; and to an appeal to tell him if there was any hope of his getting better, I replied, "you are young, likely to go more into the world, to *have your mind more occupied*, and to marry—your complaint will almost to a certainty vanish." He had no idea the cure was to depend on marriage, and I should shudder at the notion of saying to him, believing him to be uncontaminated by vicious thoughts—"sexual intercourse is necessary to your cure." I got a letter from him lately. He says, "I am in love, and believe my passion returned," facts in themselves sufficient to prevent immorality. If a medical man must advise these things, better he had never been one—better for his own, better for his patient's eternal welfare. It is with him, as a rule, who gives himself up to vicious and finally uncontrollable habits, that you find spermatorrhœa.

Mr. Chatto will admit that, as in the time of Pope Gregory VII., there existed laxity of morals amongst the clergy, Hildebrand deserved great praise for curbing them with a strong hand, and that they who had broken their *vows* and forgotten their duty towards their *God*, were likely not to be over pleased with the *Pope's* interference. *They* were the faithless watchmen—that great reformer the faithful guardian of the interests of the church. But Mr. Chatto is mistaken if he considers that continency was enforced in the time of Gregory for the first time. Such is not the fact. He only enforced the rule of ages, and restrained those who had forgotten their duty. So early as the year 315 the Council of Neocæsarea orders the deposition of any priest who might think proper to marry. The Council of Illiberis, in the *third* century, commands priests to abstain from their wives under pain of degradation—"Placuit in totum Episcopis, presbyteris et diaconibus vel omnibus clericis positis in ministerio abstinere se a conjugibus suis et non generare filios: quicunque verò fecerit, ab honore clericatûs exterminetur."

The council of Nice enforced the "ancient practice." The Council of Carthage, alluding to the law of celibacy, said, "Ut quod *apostoli docuerunt*, et ipsa servavit *antiquitas*, nos quoque custodiamus," referring even at that early age to the antiquity of the practice, and to the apostolic doctrine on that head. Hence Mr. Chatto will see that Hildebrand only followed the councils of the church and the preceding popes, *all centuries* before his time.

Mr. Chatto must have had few opportunities indeed of seeing priests of the church Catholic, when he speaks of a "cadaverous and unhealthy aspect." Confinement and study will make most men look pale; but in country districts I have known many priests, and finer or healthier men, as a body, I have never met. They appeared to have the "mens

* *Lancet* a few weeks back.

sana in corpore sano;" and if Mr. C. shall ever have the good fortune to stretch his legs under some of their mahoganies, he is like to pass a pleasant evening—he will find no hypochondriasis! Why, the very name of a monk or friar has been made, by novelists at all events, a passport to health and good fellowship!

Now turn we to another paragraph in Mr. C.'s letter, and see how far the doctrine laid down for the male may be extended to the female. "What medical man is there but daily sees the ill consequences upon the health of forced celibacy in the numerous ailments it generates in woman." Now, are we to leave a door of escape only for the *male*, or having tried all our therapeutic remedies in vain for complaints often brought on by, perhaps, unacknowledged abuse, are we to recommend sexual intercourse *here*, and leave it to the *females* themselves to legalize it or not? Need I pursue this picture further, and sketch the frightful result to society? No!

It is painful to read the latitudinarian opinions of a correspondent, "Amicus Veritatis." *God* is truth, but *He* has not held forth such doctrine. Amicus Veritatis may doubt "whether much of what the world calls morality, with reference to continence, be really morality in the abstract;" but few will doubt with him, and few, it is to be fervently hoped, will join him in thinking that the Almighty has "not emphatically forbidden" fornication, as few indeed are likely to join him in thinking that acts of that description "cause no injury to individuals, but are even self-preservative." Amicus Veritatis has only to look through the life of our Saviour and his disciples, to find sufficient denunciations against such practice, and for the "self-preservative" effects he has only to wander through London, and read them in the disfigured countenances, the carious bones, the mutilated noses, the maimed members, the nocturnal tortures, the dejected appearance, despised by themselves, and loathed by others; of some of those who, mayhap, like Amicus Veritatis, thought that our "morality" was "false," and "exercised their organs" so efficiently, that, having sown the "whirlwind," they are now fain to reap the "storm" of their misdeeds. Let him look at these, stinking in their rottenness, and then confess how they overbalance and weigh down the "victims" of spermatorrhœa from continence. Self-preservative indeed!—why a *special curse* follows fast upon the heels of our immorality, as all the *other beasts* are free from the disease engendered by our promiscuous intercourse. As Amicus Veritatis disdains to follow the codes laid down by the "absurd and unnatural prejudices of man," let him look to the unchangeable one laid down by God, who assures us, through his apostles, that "neither *fornicators*, nor idolaters, nor adulterers shall possess the kingdom of God;" and for his (Amicus Veritatis') own special edification, he may find that these are not alone "worthy of death," "but *they also* who consent to them that do them;" so that if fornication be not "emphatically" forbidden, the penalty is pretty plainly laid down. If our state of society be too artificial, let us try to mend it, make marriage easy to the marriageable, and so avoid even the "lesser of two evils." Our morality might indeed be considered false, were there no immortality of the soul—we might then "consider the subject without reference to religion," which, as it is, we cannot do.

Let us now look for the "local habitations" where spermatorrhœa prevails, and we find them as in thickly-populated districts—in large towns, where a moral miasma is inhaled from morning to night; where the irreligious tendencies are kept under no restraint; but immorality and vice grow as in hot-beds; where the filthy contagion spreads like wildfire, and boys scarce past childhood, and girls scarce in their teens, make use of the vilest expressions and the most shameful innuendoes. Here it is, where that of vice is the vocabulary best understood—where that of immodesty is the conversation most frequently practised, that we may witness the prostration of virtue and the dominancy and consequences of sexual abuse. In the languid and sickly inhabitants of large towns, where some are old in vice even before their manhood—where the weakly frame is unable to bear the unnatural excitement of onanism, it is that we may notice its ravaging effects. Let us then take, and of such I am cognisant, a virtuous peasantry, where from a chastening sense of religion, the thoughts are kept pure, amongst whom, happily, the vice or its name is little known, and a man may practise extensively for seven years without meeting with seven cases of spermatorrhœa; and if we look at their well-knit figures, their happy and laughing expression of countenance, their evidently easy minds, we see plainly that continence has not brought a curse to them, but a blessing; that it has not caused spermatorrhœa, but has been conducive to health. Our state, however, is not so artificial as that of Wurtemberg, where they have what Coombe calls "two excellent laws," making it illegal for any young man to marry before twenty-five, or young woman before eighteen; and making it compulsory on the young man to show that "he is able, and has the prospect to provide for a wife and family." These I consider laws, cruel and unwise, as early marriages are, no doubt, what is most consonant to the laws of nature, before the poetry of the affections is blunted, worn down, and rendered callous by the rugged rubbings of the world. And looking to Ireland, we see in the inflexible virtue of its women sufficient to account for two things—early marriages, and, particularly in rural districts, a perfect ignorance of the vice of onanism, and consequently freedom from spermatorrhœa.

The usual and other remedies having been so lately detailed by many correspondents, it is here unnecessary for me to recapitulate them, but I shall add a few remarks which I consider of much consequence in our treatment. Treating the case according to its cause, whether arising from irritability, inflammation, atony, &c. &c., it will be of little use to enjoin fatigue the day before, provided the person lolls a-bed in the morning. The morning orgasm, as is well known, is the most intense, and as long as the person subject to the complaint remains an hour or so in bed after awakening, so sure is he likely, no matter how fatigued the day before, nor how resolute his intentions, to stoop to this passion—this is the Scylla upon which he splits. Early rising, then, is of all things to be enjoined, or rather the moment the person awakes *that moment* let him get up. This is the first great step—let him be master here, and much of his battle is won, as at no other part of the day is he even one-tenth so exposed. There are few who must not have experienced the most intense disgust when they were *first* informed of the existence of such a practice as that of masturbation; and from this, and the practiser's consciousness of degradation in the eyes of others, if known, I should build hopes on the fact of a strong-minded friend having another bed in the same room. The presence of such a person would be a great check on the practice, and would also tend to alleviate the dejection consequent on previous abuse. The patient should sleep on a hair mattress, and have no curtains. From masturbation affecting the brain and nervous system so much, spirituous liquors must be strictly prohibited, as so decidedly tending to aggravate those effects. Constipation is almost ever present in spermatorrhœa, but in the treatment it will be well to bear in mind that it is a *consequence* only. I once knew a case in a person about 19, where the bowels were seldom or never moved oftener than once a fortnight, and then only after several cathartic pills, a pint of castor oil, and doses of croton oil were administered. May not the pathological appearances of the vasa deferentia, the "*tortuosity, irregular dilatation and pouches*," be accounted for from the fact of those addicted to the habit of masturbation protracting the excitement as long as possible? Thus, the seminal fluid being on its passage—almost at the mouths of the ducts, and the ejaculator muscles in trembling readiness to perform their office; this effect, for the purpose of further enjoyment, is kept back—this continues to be repeated and repeated until the stream of semen, ready to be expelled, *is thus thrown back upon itself*, filling and distending the ducts and vesiculæ.

If this view of the subject be correct, it must form a material fact to bear in mind in the treatment, as it will authorise us to tell our patient, in case he cannot resist the practice, at all events not to prevent the seminal emission when first excited. There is also another thing, as regards injury to the ejaculators, to be borne in mind. The spermatic fluid being thus unnaturally kept back, still will they, expecting as it were the usual resistance to press upon, spasmodically contract, and then feel as it were balked and disappointed; and there can be no doubt that their thus contracting for any length of time, without having the proper fluid to press upon, will weaken, and finally destroy, their great power of expulsion. I am, &c.

William Ryan, M.R.C.S.

Sutton Coldfield.

THE COLLEGE CHARTER.

To the Editor of "The Medical Times."

Sir,—Although I agree with you that the conduct of the editor of the *Lancet* in reference to the College charter is very inconsistent with his former professions and proceedings, yet I believe there is considerable truth in his remark, that the late meeting at the Crown and Anchor was premature, and I may also add that I think the manner of conducting its proceedings was somewhat injudicious.

As far as the cause of medical reform is concerned, the profession will do better without than with the advocacy of the *Lancet*. The tactics of that journal have been so disfigured by the employment of injurious epithets and scurrilous abuse, and by the unfair depreciation of any good qualities an adversary may possess, that I am convinced much which would have been conceded to a temperate yet firm exposition of the reasonableness of the case, has been denied to the bullying spirit by which it has been attempted to be extorted. It is true that at the commencement of its career the *Lancet*, even by this rude mode of warfare, achieved some victories, and I do not wish to deny their number or importance; but the profession having been so long destitute, prior to its appearance, of any organ for the expression of opinion, and the magnitude and obstinacy of the prejudices and interests which were opposed to all improvement, caused some success to attend upon a plan of procedure which would now be unavailing. The condition of the belligerent parties has undergone much alteration and improvement within the last

twenty years, and the improved education, attainments and position in society of the great body of the profession on the one hand, and the greater accessibility and disposition to amendments of the governing bodies on the other, clearly show that in all future contests more is to be gained by firm remonstrance, based upon arguments, and conducted with suavity, than by the employment of injurious epithets and the attributing sordid motives.

It is because I believe this fact was not sufficiently borne in mind at the Crown and Anchor meeting, that I trouble you with this letter, feeling quite certain, that if the mass of the profession are to be aroused to any movement, it must not be neglected. But just one word upon the *time* at which the meeting was called. This I say was premature; for it would have been far better to have waited until Sir J. Graham had laid the heads of his new bill before the country, when we might have seen how far it was acceptable, and either have extended our opposition to such portions of it as were not so, in common with the College Charter; or if the measure was satisfactory, limit our resistance to the Charter alone. I believe an effectual opposition would be best organized, when the whole of the profession had thus its attention directed to a definite course of procedure, and a natural time for its exertion was at once indicated. However large the majority of ministers for political objects, they will not endeavour to force any measure which the great majority of the profession opposes. The College Charter, in the language of the day, must be looked upon as a *fait accompli*, and the Council will not be persuaded to abrogate it, or even satisfactorily to modify it, unless the provisions of the medical reform bill to be introduced render some such course necessary; and this will not be the case unless the minister is urged to incorporate such by the requests of a large majority of the profession, requests not preferred by two or three hundred members of it meeting in a City containing as many thousands, but pouring in from every part of the kingdom.

I certainly thought the proceedings at the Crown and Anchor sounded no little of the *Lancet* school of oratory. There was far too much self-laudation, and abuse of opponents. To hear the speakers, one would believe that the College Council are actuated by the sole desire of crushing and oppressing the great body of the members, many of whom were far their superiors in every attainment. Now it requires very little acquaintance with the profession to know, that very many members of the Council are men of high and honourable feelings, who wish well to the general body of practitioners, and that as many of them are men of the highest possible attainments. Indeed, the only doubt it seems to me, that could arise as to the propriety of opposing the present constitution of that body, does so from the very excellent selection of its members which has practically resulted from even the operation of a bad principle. Still, so much evil always flows from irresponsible and self-elected power, that there would be no difficulty in showing how this has led the Council on occasions to faulty actions, and, most of all, how it has prevented it being so useful and efficient as it might otherwise be. We see the same evils in political and parochial bodies so constituted; and so much does this depend upon the principle rather than the men, that I doubt not that those who oppose the Council the most, would not act one whit better if brought within the sphere of its influence.

One gentleman amused me at the meeting by an attempt at proving that the general practitioner must *necessarily* be a better practitioner than a consulting surgeon or physician; because he adds to their pursuits a knowledge of pharmacy and midwifery. Let him try this practically. If unfortunate enough to be afflicted with a disease of the joint, or a tumour in some parts of the body, I think he would not be under much difficulty in deciding whether the treatment in reference to the cure, and the operation for the removal, where cure was impracticable, should be undertaken by a consulting surgeon of eminence or a general practitioner. It is one of the happy results of men living in great cities that such subdivision of talent, and its application can be carried into effect. In all such communities the general practitioner, in good practice, has sufficient to employ him with the ordinary cases; and one of the greatest services he can bestow upon his patient, is to discover when his case ceases to be ordinary and to summon to his aid a man who has directed his attention to similar affections. The great error of the council, on the other hand, has been that they have not seen that there is nothing in the attainments or pursuits of the general practitioner, which render him unfit for taking a part in the management of the affairs of the body. Surgery has ceased to be a mere matter of manual dexterity; and advantage must result from representatives from each department of the science, mingling together to consult their common interests.

I regretted to hear a gentleman loudly cheered for stating that the great surgeons were made so by the general practitioners, and menace them with a withdrawal of the patronage which had made them what they are unless they conceded what was demanded. It is quite true the consulting surgeon has usually risen to eminence, through the immediate instrumentality of the general practitioner; and he has in numerous cases cheerfully acknowledged it. But what should be the practitioner's principle of selection when so responsible a task is confided to him by his patient? Assuredly he should seek the highest talent to be procured, quite independently of any effect its employment might have upon his own interests. Do we suppose that all the patronage which could be bestowed would raise a common-place man to real eminence merely because he was a subservient man? or if it could, would it not be iniquitous so to direct it? Do we suppose that any combination of this kind would have smothered or destroyed the powers of usefulness of an Astley Cooper, a Brodie, a Laurence, or a Travers? Rely upon it in a contest like this, the general practitioner would suffer; for, if the public discovered him trafficking their health for his place and profit, they would select their own surgeon in spite of him, and he would sink in their estimation and most deservedly so.

Observations like these, and there were many others of similar tenor, can do no good, and will do much harm. They will alienate that considerable portion of the council which is in favour of a further extension of privileges, and will prevent the cooperation of the great mass of the profession, who have never shown any disposition to undervalue the benefits and services which have been conferred on medical science, by those who are at the head of it.

Moreover, when a meeting is next called, a chairman should be selected, more in accordance with its object. The gentleman who filled that post seemed to consider it more an honour conferred by him than a favour received; and most elaborately endeavoured to separate himself from all the responsibility and consequences which he deemed its occupation would entail upon him.

I would observe, in agreeing with the editor of the *Lancet*, that the present meeting was premature I should think the attempt at reviving the defunct Association, which he seems to hint at, to lead on any future movement, would be preeminently ridiculous, wholly destitute of any influence, as that body has always shown itself to be.

I am, Sir, yours obediently,

JOHN CHATTO.

Great Coram-street, Feb. 11.

SKETCH OF J. LIEBIG, PROFESSOR OF CHEMISTRY, IN THE UNIVERSITY OF GIESSEN.*

By JAMES SHERIDAN MUSPRATT, Esq., of the Giessen Laboratory.

ALMOST immediately on my arrival here, I hastened to pay my respects to Liebig, the celebrated chemist. His fame is more than European, for it is equally as well known through the vast continent of America. Giessen, as an university, is as much indebted to Liebig for its present fame, as Leyden was to Boerhaave, or Pavia to Scarpa. I found him sitting in his studio, making experiments upon soils, plants, &c. In the science of organic chemistry, a physician need not be told that he stands without a rival. As I entered, he rose, and although six years had elapsed since he had seen me in Liverpool, when attending the British Association, he at once recognised me. His studio is furnished with a most excellent library, and is hung round with the portraits of men renowned in science —Berzelius, Humboldt, Lavoisier, Davy, Berthollet, Vanquelin, Dalton, Gmelin, Faraday, Thenard, &c., "men whom fame will eternise in her long and lasting scroll," and who, by their writings and deeds, are benefactors to their country, and the ornaments of the human race. In stature, Professor Liebig is above the middle size; he is of a slight and delicate make, the result, most probably, of his great mental exertions. His head is large, the forehead exceedingly high and broad, the eye intellectual, expressive, but sunk in the socket, complexion rather sallow, and his countenance, although sharp and anxious, is animated and agreeable. In short, you will have an excellent idea of the man by turning to the engraving I sent you, taken from the painting by Trantschold, and which has lately appeared in London.

But no painting or engraving can convey that "all-searching glance," so characteristic of most men of genius, and most especially so of him, when any important subject calls for a concentration of thought. Of England he spoke in the highest terms of praise, and gratefully remembered its sumptuous hospitality towards himself; but he regretted, in common with every enlightened Englishman, the low ebb of the science of chemistry, and that in the country which produced a Priestley, a Davy, and even now possesses a Dalton, a Faraday, a Graham, and a Kane. We can readily assign a cause for this defect of chemical knowledge. In England young men study the science for six months or more, and learn the important fact that common salt is chloride of sodium, and therefore composed of chlorine; a gas which, in its isolated state, is yellow, and possesses an extremely suffocating smell; and sodium, a metal which is lighter than water, and *consequently* will float upon that liquid, &c. With this ne plus ultra of knowledge, they "look out for a place" in some manufactory, with a salary of £150 per annum, and the bargain being struck, they sit down,

"The world forgetting, and by the world forgot,"

that is, if the world ever troubled themselves about abcedarians in chemistry.

Why have we not a school for chemistry and the other sciences, supported by the Government, and where the industrious might, without much expense, acquire that knowledge so essential to England as a manufacturing country. Their Continental friends have set them a good example. The truth is, money, and money only, is the one object which is now sought after in England, and Liebig himself, unless a millionaire, would be shoved aside on 'Change, to make room for a Rothschild or a Baring. It is evident that if some such school be not very soon formed, and the present confined system of education be not enlarged, we shall fall still further back; knowledge will become stationary; manufactures will cease to improve; and the inhabitants of the Continent will snatch away from us silently, but surely, our chief chemical manufactures. Would to Providence you could *mesmerise* our Government, so that it might see with the back of its head or the point of its elbow the necessity of patronising

* This interesting Sketch forms part of a Letter from Mr. Muspratt to his friend Dr. Murphy, of Liverpool.

literature and science, and not waste the public money on political hirelings. Some one has remarked that, by a knowledge of chemistry, "our acquaintance with Nature and its laws is so much extended, that we shall be enabled, in numberless instances, not only to apply to the most profitable purposes the knowledge we have thus acquired, but to determine beforehand, with sufficient accuracy, the success of every new application. In this progress we are like people who, from a low and narrow bottom, where the view is confined to a few acres, gradually ascend a lofty precipice." I trust the present apathy is only temporary.

In "Liebig's Annale," papers appear almost every month from the pens of dukes, lords, &c., both German and French. Would not the wealthy and idle English nobility do well to imitate them, instead of wasting their youth in excesses and their manhood in political squabbles? I have unwittingly digressed from *the chemist* to chemistry.

The time of Professor Liebig is principally occupied in reading, writing, lecturing, and conducting the laboratory. His private pupils are from almost every part of the civilised globe; there are more than sixty; he visits them twice a-day—in the morning, and again in the afternoon, and they are employed in investigating various subjects. He must have a most retentive memory, for he can remember every important experiment that is made during the term. He has three assistants, Drs. Will, Hoffman, and Fresenius, all well known to the scientific world. Dr. Will once offered himself as a candidate for the Agricultural Chair in Edinburgh; but in that country there is a great objection to any foreigner obtaining a situation while so many of her own sons can hold the plough in a style so superior. Had Edinburgh the good sense to elect Dr. Will, she would have possessed a chemist of the first order, raised the character of her school, which is daily losing ground, and removed the odious suspicion, that though willing to send professors to other colleges, she will admit none but a native to her own.

Professor Liebig lectures daily in summer, and twice a week in winter. His style of delivery is peculiar: he uses a good deal of action, speaks slowly, and appears anxious to make himself fully understood by his audience. His language is fluent, and his theories are rapidly conceived and beautifully expressed. His friends fear that he is overtoiled, and the energy of the mental is evidently too much for the physical powers. The pupils are very much attached to him, and he fully merits it, independent of his intellectual acquirements, for his manner to them is kind and conciliating, and he seems quite unconscious of his high position. His works upon Agriculture and Physiology are in such great estimation, that they have been translated into most of the European languages, and already have gone through several editions. I think it will not be unacceptable to introduce here a paragraph from *Silliman's Journal*, upon his work entitled "Chemistry and its applications to Agriculture and Physiology."

"It is not too much to say that the publication of Professor Liebig's Organic Chemistry of Agriculture constitutes an era of great importance in the history of agricultural science. *Its acceptance as a standard is unavoidable. In following closely in the straight path of inductive philosophy, the conclusions which are drawn from its data are incontrovertible.* We can truly say that we have never risen from the perusal of a book with a more thorough conviction of the profound knowledge, extensive reading, and practical research of its author, and of the invincible power and importance of its reasoning and conclusions, than we have gained from the present volume."

His familiar letters "On Chemistry and its relations to Commerce, Physiology, and Agriculture," have appeared only lately, and are already undergoing a second edition. They are very well brought out by Dr. Gardner. I must now conclude this short sketch, and, imperfect as it is, I know you will be pleased to hear even so much of this great luminary of chemistry, around whom about sixty of us are revolving in orbits more or less distant, and, unfortunately, none at a greater distance than your aspiring friend.

A CURIOSITY IN OBSTETRIC PHYSIOLOGY.

By JOHN H. GRISCOM, M. D., one of the Physicians of the New York Hospital.

In the month of October, 1841, I was consulted by Mrs. R. M. H., for a hæmorrhagic discharge from the vagina, she being pregnant, as she believed, about seven months. This discharge had existed about five months, mostly every day, but sometimes ceasing for awhile; but latterly it had become more steady. She described it as apparently not pure blood, but a mixture of blood and water, or very thin blood, of a bright colour, and never coagulated. She had felt the motions of the fœtus with considerable distinctness, until within a month, since when they had diminished in strength and frequency, and for the last few days had totally ceased. Her general health, (except some muscular pains, and some difficulty in moving about actively,) and her appetite, were excellent. She was bled on the 16th, the blood being unusually black. The operation enlivened her much, and she thought she felt some movement of the fœtus, but too indistinct to be certain of it. An examination of the abdomen, in the sitting posture, developed a general enlargement which was quite soft, with none of the uniform and peculiar firmness of the healthy impregnated uterus of that period. Midway between the umbilicus and pubis, the fingers could be pressed back nearly to the prominence of the sacrum. When this was done, there were distinct traces of a tumour, occupying the right iliac fossa, of an elongated form, and very tender to the touch, and a smaller tumour at the left side of the median line. The upper edges of both were distinctly perceived by the hand when pressed gently between them. There was no requirement for any interference until the 24th, when the husband came to me and said he believed she was in labour. I found her sitting up, and having what seemed very much like labour pains, every few minutes. These ceased in a few hours, but recurred slightly the following day. On the 26th she went to bed, complaining of severe pain in the abdomen generally, greatly increased at short intervals, but not subsiding entirely at the intermissions.

An examination, per vaginam, was now made, and a firm round tumour was perceived, giving the distinct impression of a fœtal head felt through the parietes of the uterus. It was moveable, as is ordinary in pregnancy, and motion was communicable through it to the abdomen.

The abdomen now became very tender to the touch, especially over the right tumour; the pulse rose to one hundred and thirty, the tongue being coated; and though both tongue and skin remained moist, the tenderness of the abdomen soon became so excessive, that peritonitis appeared severely developed. The hæmorrhage from the vagina now disappeared, and did not recur. Active antiphlogistic treatment was adopted; and each successive effort produced a subsidence of the symptoms, but for a few minutes only. The flame would suddenly light up again, after a short period of ease to the patient, and of hope to the attendants, and burn with increased intensity, until, at the end of the week, she sank calmly in death.

When confined to the bed, Mrs. H. first informed me that she had *always* doubted her being pregnant, though she had had many of the usual symptoms, such as enlargement of the mammæ, with exudation of their milk, motions of fœtus, &c.; but the latter were often so obscure, as to lead her to hesitate between them and borborygmi.

Autopsia in company with Drs. Boyd, Swett, and S. T. Smith.—The interior abdomen presented the usual appearances of inflammation of the peritoneum and intestines, with great vascular injection of the omentum, and loss of its substance; and among the folds of the bowels and through the cellular tissue, there was a large quantity of reddish purulent matter. In the right iliac fossa was a large tumour, of a blue colour, and towards the left was the uterus, about the size of that organ in the second month of pregnancy. Extensive recent adhesions existed between the bowels and the tumour, and in separating them, several ulcerated holes were discovered in the membrane covering the tumour.

The tumour was found to dip down into the pelvic cavity, and was subsequently observed to occupy its entire extent. The contents of the pelvis were removed and laid upon a platter for closer inspection. The uterus was first opened longitudinally; it was very healthy looking, except in size, and was entirely void of anything like a fœtus. It contained a small quantity of mucus, and its inner surface was copiously dotted with red points. The left fallopian tube and ovary were sound, as was also the right tube. The latter was traversed with some difficulty by means of bristles, up to the fimbriated extremity which terminated against the tumour, the latter being in fact the right ovarium, developed to the size of a large cocoa nut. This was opened longitudinally, and immediately there was brought to view a perfectly formed fœtus, of about six months, placenta and all complete. The child appeared to have been dead a considerable time; it was very soft, and the placenta was partially converted into purulent looking matter, similar to that found in the peritoneal cavity. It had escaped through the openings before noticed. The ovarium, as now seen, consisted of a large sac, of a mingled muscular and membranous texture, about as thick as a silver dollar, and was irregularly divided into three or four large cells by membranous partitions. The fœtal head presented towards the vagina.

MEETING OF THE COMMITTEE OF MEDICAL MEN SITTING IN THE CROWN AND ANCHOR, WEDNESDAY, FEB. 14.—Mr. Marsden was voted to the chair. The Secretary read the minutes of the last meeting of the committee, and justified the omission of any reference to the conference with Mr. Wakley, on the plea that the deputation was not regularly deputed by the committee. It was announced that Dr. Webster, of Dulwich, perpetual President of the British Medical Association, wished to join the committee. Dr. Lynch was then called on to read the address proposed by the sub-committee. After it was read, some suggestions were offered as to its emendation, Mr. Ansell, among others, particularly urging further consideration. It was finally resolved that the report should be adopted generally; that Mr. Cooper, Dr. Lynch, and Mr. Ansell, should form a committee to make any additions they might think advisable; and that it should be finally adopted at the next meeting of the committee. Dr. Patterson submitted a note received from Sir James Graham:

Whitehall, Feb. 10, 1844.

Sir James Graham presents his compliments to Dr. Patterson, and, with reference to Dr. Patterson's letter of the 9th, begs to observe that he has not yet introduced the bill to which Dr. Patterson alluded. When that is done, Dr. Patterson will have an opportunity of seeing the provisions of the bill; and then Sir James Graham will gladly receive any suggestions on the subject with which Dr. Patterson or any member of the profession may honour him.

The committee is to be weekly called together by advertisement in the *Times* newspaper.

A SELECT PRACTICAL FORMULARY,

TRANSLATED FROM THE FRENCH OF M. FOY, PRINCIPAL PHARMACIEN OF THE HOSPITAL SAINT LOUIS, AT PARIS.

(Continued from Page 334.)

LAVEMENT, ANTHELMINTIC: three drachms of Corsican moss, boiled for ten minutes in twelve ounces of water, strained, and an ounce of castor oil added. *** The decoction of the male fern, or the infusion of semen contra may be used instead.

LAVEMENT, ANTI-DIARRHEAL (Alph. Devergie): two, four, or eight grains of neutral acetate of lead; one, two, or four grains of carbonate of soda; four drops of Sydenham's laudanum, and four ounces of water. To be taken morning and evening in the diarrhœa of phthisis.

LAVEMENT WITH ASSAFŒTIDA: two drachms of assafœtida, twenty-four grains of camphor, one ounce and a half of olive oil rubbed down in a mortar with the yelks of two eggs, and eight ounces of a stroug infusion of camomile, and eight ounces of valerian root. Used in flatulent colic, not accompanied with fever or general or local plethora.

LAVEMENT, ASTRINGENT: a sufficient quantity of decoction of oak bark, bistort, pomegranate bark, or rhatany. Used in diarrhœa and chronic dysentery.

LAVEMENT OF BELLADONNA: one drachm of the bruised root of belladonna, a sufficient quantity of boiling water. Used in ileus.

LAVEMENT WITH THE WHITE OF EGG (Ricord): twelve ounces of linseed water and the whites of two or three eggs. In chronic diarrhœa.

LAVEMENT OF SOAP (Parisian hospitals): two drachms of white soap, one pint of hot water. A revulsive and derivative lavement.

LAVEMENT, SEDATIVE: a sufficient quantity of decoction of marshmallow or linseed, or poppy-heads, etc., to which is sometimes added from ten to fifteen drops of Sydenham's laudanum to the pint of liquid.

LAVEMENT, CAMPHORATED: thirty to sixty grains of camphor, rubbed down in a glass mortar with the yelk of an egg, a pint of linseed decoction gradually added. Used in adynamic fevers, in certain neuralgic pains, and especially in dysmenorrhea.

LAVEMENT OF COPAIBA (Velpeau): two to eight drachms of resin of copaiba, rubbed down in a glass mortar with the yelk of an egg, and twelve ounces of decoction of marshmallows, with fifteen to thirty drops of Sydenham's laudanum gradually added. Used in gonorrhea, whether acute or chronic.

LAVEMENT OF CUBEBS (Velpeau): four to six drachms of powdered cubebs, diluted in from ten to twelve ounces of linseed decoction. Used in blenorrhagia, whether acute or chronic.

LAVEMENT, DIURETIC: two drachms of squills, boiled for ten minutes in twelve ounces of water, and strained.

LAVEMENT OF TARTAR EMETIC: three to eight grains of tartar-emetic, dissolved in twelve ounces of infusion of arnica. Used in the treatment of apoplexies, and comatose affections.

LAVEMENT, FEBRIFUGE: half an ounce of holly leaves, boiled for ten minutes in twelve ounces of water, and strained.

LAVEMENT, GELATINOUS: a solution of four drachms of Flanders glue in a pint of common water.

LAVEMENT, LAXATIVE: a sufficient quantity of linseed or marshmallow decoction, and from two to four ounces of honey of the mercurialis annua, or syrup of buck thorn, impure honey, or castor oil, etc.

LAVEMENT, NUTRITIVE (Nasse): twelve ounces of soup made with meat, and a sufficient quantity of hydrochloric acid, to acidify the soup, and supply the fluids necessary for digestion.

LAVEMENT, OBSTETRICAL: one to three drachms of secale cornutum, boiled in twelve ounces of water for ten minutes, and strained.

LAVEMENT, OPIATED AND CAMPHORATED (Ricord): ten grains of camphor, one grain of gummy extract of opium, the yelk of one egg, six ounces of common water, mixed together. Used for the relief of painful erections.

LAVEMENT, PURGATIVE (Parisian hospitals): four drachms of senna leaves, infused for an hour in a pint of boiling water: the senna is infused in the water for an hour, then strained, and the sulphate of soda added.

LAVEMENT, PURGATIVE OF PAINTERS: two drachms of senna leaves, infused for an hour in a pint of boiling water, strained, and a drachm of powdered jalap, an ounce of syrup of buckthorn, and an ounce of diaphœnix electuary added. Used in cases of lead colic. *** Diaphœnix electuary is a diastic purgative, containing scammony.

LAVEMENT OF CINCHONA: two to four drachms of powdered red cinchona bark, mixed with six to eight ounces of hot water: a febrifuge and tonic.

LAVEMENT OF CINCHONA, CAMPHORATED: twelve ounces of the decoction of red cinchona bark, made according to the preceding prescription, to which is added one drachm of camphor, rubbed down with the yelk of an egg. Used in adynamic fevers.

LAVEMENT, COOLING: twelve ounces of linseed decoction, one ounce of simple oxymel, one drachm of the nitrate of potash. Used in acute phlegmasia of the urinary organs.

LAVEMENT, STIMULANT: half an ounce to an ounce of common salt, dissolved in twelve ounces of infusion of arnica. Used in paralysis and apoplexy, and also as a purgative.

LAVEMENT OF TOBACCO (Parisian hospitals): one ounce of tobacco leaves digested for half an hour in sixteen ounces of hot water, and strained. Used in ascarides. *** Stimulant and revulsive properties may be imparted to this lavement by adding to it twelve grains of tartar emetic.

LAVEMENT, TEREBINTHINATE: half an ounce to an ounce of volatile oil of turpentine, rubbed down in a glass mortar with the yelk of an egg, and eight ounces of poppy decoction gradually added. Used in lumbar neuralgias, vermicular ascarides, &c.

LENTILS: the seeds, reduced to powder, are sometimes employed to prepare discutient poultices.

LICHEN: decoction, half an ounce to an ounce to the quart of water. The Lichen Islandicus possesses medicinal properties, differing according to whether it has or has not been deprived of its bitter principle. In its natural state it acts like a tonic. It is employed with success in chronic affections of the chest, non-inflammatory diarrhœas, certaie atonic dyspepsias, and, whenever it is necessary, to restor the strength by an abundant and easily digested food. Deprived of its bitter principle, it acts, on account of the very large quantity of fecula and gelatine that it contains, in the same manner that gums and other mucilaginous substances do: it is, therefore, frequently employed as an article of food in cases of pulmonary catarrh and acute diarrhœas.

LEMONADE, ALCOHOLIC (Hospital formula): twenty-eight parts of water, two parts of tartaric syrup, two parts of alcohol. Mode of exhibition, by cupsful during the day, to restore the strength after dangerous fevers, during the convalescence of long-continued fevers, &c.

LEMONADE WITH CREAM OF TARTAR (Parisian hospitals): one part of soluble cream of tartar, sixty parts of boiling water: laxative and cooling.

LEMONADE, CITRIC (Hospital formula): two ounces of gummy syrup of citric acid, a pint of water, eighteen grains of the alcoholate of lemons.

LEMONADE, GAZEOUS: a very agreeable drink, prepared by filling a bottle containing two ounces of one of the following syrups, with an acidulous gazeous water, viz., syrup of lemons, gooseberries, pomegranate, raspberry, &c.

LEMONADE, LACTIC (Magendie): one or two drachms of liquid lactic acid, one quart of filtered water, two ounces of syrup.

LEMONADE, MINERAL (hospital formula): thirty-two parts of pure water, two parts of sugar or syrup, and one of the following acids added until it is pleasantly acid: hydrochloric, nitric, or sulphuric acid. Used in adynamic fevers, passive hæmorrhages, &c.

LEMONADE, DRY: one part of citric acid, thirty-two parts of sugar, and a sufficient quantity of essence of lemons to flavour it. A spoonful to a glass of water.

LEMONADE, VEGETABLE (Parisian hospitals): a lemon cut into slices, two ounces of syrup, a quart of cold water, to be mixed and shaken together for some time. Mode of exhibition, by cupsful during the day, in acute phlegmasiæ of the stomach.

LEMONADE, VINOUS (Parisian hospitals): eight parts of red wine, twenty-two parts of water, two parts of tartaric syrup.

LEMONADE, TARTARIC (Parisian hospitals): two parts of tartaric syrup, thirty-two parts of water.

LINSEED: internally, cold infusion, two to three drachms to a quart of water. Externally, in decoction, two to four drachms to a pint of water: oil, laxative and emollient, half an ounce to two ounces; powder, a sufficient quantity used to make poultices. Linseed is one of the most frequently employed emollients, both internally and externally. Drinks are prepared with it which are very useful in the treatment of inflammations of the urinary organs, &c. Reduced to powder, it constitutes the basis of emollient poultices, topical diaphoretics, &c., and in decoction, linseed serves for the preparation of fomentations, lotions, injections, lavements, &c.

LINIMENT, ALCALINE (Plenck): two parts of oil of tartar (the subcarbonate of potash, allowed to dissolve in the atmospheric humidity), four parts of olive oil, one part of yelk of egg, mixed together and shaken each time it is used. Employed in the treatment of fissures.

LINIMENT, AMMONIACAL: one, two, or four parts of liquid ammonia, eight parts of olive oil, mixed together, and shaken each time it is used: stimulant and rubefacient.

LINIMENT, ANODYNE: one part of tincture of opium, eight parts of olive oil, to be mixed, and shaken together each time it is used. Mode of exhibition, in frictions on the painful parts.

LINIMENT, ANODYNE AND DISCUTIENT (Hotel Dieu): two drachms of scraped white soap, half a drachm of extract of hyoscyamus, dissolved at a gentle heat in six ounces of lily oil. Mode of exhibition, in frictions in the dose of two or three drachms in certain glandular enlargements.

LINIMENT, ANTI-ARTHRITIC: one part of camphor, dissolved in ten parts of oil of turpentine. Mode of exhibition, in frictions in chronic rheumatic affections, gout, &c.

LINIMENT, ANTIPSORIC (Polish formula): two parts of black soap, dissolved in two parts of common water, and one part of sublimed sulphur gradually incorporated; to be mixed together, and shaken each time it is used.

LINIMENT, ARSENICAL (Swediaur): one part of porphyrised arsenic, eight parts of olive oil; to be shaken each time it is used. Mode of exhibition, in frictions on cancerous sores, but in very small quantities.

LINIMENT, CALCAREOUS, OR OLEO-CALCAREOUS: one part of oil of sweet almonds, eight parts of lime-water. To be mixed and shaken together each time it is used. The soap which floats on the surface is to be removed and employed as a topical application to non-ulcerated burns.

LINIMENT, SEDATIVE: two parts of Sydenham's liquid laudanum, eight parts of olive oil or oil of sweet almonds, mixed together, and shaken each time it is used.

LINIMENT, CAMPHORATED (Parisian hospitals): This is the same as the volatile camphorated liniment, with the exception of the liquid ammonia.

LINIMENT OF CANTHARIDES (Italian hospitals): three ounces of ammoniacal liniment, three drachms of powdered camphor, twenty to thirty drops of tincture of cantharides. To be shaken before it is used. An energetic stimulant, employed with success in frictions on paralysed limbs.

LINIMENT AGAINST CHOLERA, WITH ADYNAMIA (Ranque): two parts of oil of camomile, one part of etherial tincture of the yellow cinchona bark, to be mixed and shaken each time it is used. Mode of exhibition, in frictions, by teaspoonsful on the inside of the thighs and legs, and especially on the lumbar region of the spine. *** This liniment has not been more successful in the treatment of Asiatic cholera than that of the Jews at Wisnitz, called the "Hungarian Liniment," which is prepared with camphor, powdered pimento, powdered mustard, sliced garlic, powdered cantharides, vinegar, and alcohol.

LINIMENT FOR CHILBLAINS (Fiévée): one ounce of spirit of turpentine, eight drops of hydrochloric acid, mixed and shaken together each time it is used. Mode of exhibition, in slight frictions on the parts, if not ulcerated. *** The liquid subacetate of lead, in the dose of half a drachm to a drachm for each friction, may also be employed successfully evening and morning in the same cases.

LINIMENT AGAINST THE GOUT: eight parts of cherry-laurel water, one part of sulphuric ether, half a part of extract of belladonna, and half a part of extract of hyoscyamus.

LINIMENT AGAINST THE GOUT, Dr. Turks' (Pharm. Boissel): mixtures, 1st. of a solution of pure alumine (this ought to be in excess) in a ley of potash or soda, marking 2, 4, 6, 8, 10, and 12 in Baume's arcometer; 2ndly, of a gummy and saccharine emulsion, prepared with olive oil; 3rdly, of an emulsion of Chio or Bordeaux turpentine, made with the yelk of egg; 4thly, of rectified alcohol, saturated with camphor. These mixtures, or aluminates of potash or soda, employed against gout, respectively marked 1, 2, 3, 4, 5, and 6, according to the strength of the caustic ley, should be preserved in well-stoppered bottles, and shaken each time before they are used. The aluminate liniments are made in the following proportions: 10,000 parts of potash or soda ley, 100 parts of olive oil, 300 parts of powdered gum arabic, 200 parts of syrup, 200 parts of turpentine, 15 parts of yelk of egg, and 250 parts of alcohol at 36°.

LINIMENT, ANTI-HEMORRHOIDAL (Andry.): equal parts of olive oil, Narbonne honey, and pure turpentine, mixed and shaken together each time it is used. Mode of exhibition, one to two drachms in frictions, or as a topical application.

LINIMENT AGAINST DROPSIES: mixtures made with equal parts of tincture of squills and tincture of digitalis, of tincture of digitalis and vinegar of squills, of tincture of the seeds of colchicum and ammoniated camphorated oil, &c.

LINIMENT, ANTI-RHEUMATIC (Réveillé Parise): two parts of extract of belladonna, rubbed down with thirty-two parts of cherry-laurel water, and one part of Rousseau's laudanum, and eight parts of sulphuric ether added. The mixture to be shaken each time before it is used.

LINIMENT, SEDATIVE, ANTI-RHEUMATIC: thirty-two parts of oil of sweet almonds, two parts of camphor, one part of thebaiç tincture.

LINIMENT, SEDATIVE, ANTI-RHEUMATIC: equal parts of camphorated oil, oil of camomile, oil of hyoscyamus, and of sedative balsam.

LINIMENT, SEDATIVE, ANTI-RHEUMATIC: a mixture of eight parts of oil of sweet almonds, with one part of Sydenham's laudanum.

LINIMENT, SEDATIVE, ANTI-RHEUMATIC: one part of medicinal soap, four parts of oil of sweet almonds, two parts of tincture of opium.

LINIMENT, STIMULANT, ANTI-RHEUMATIC: sixteen parts of oil of sweet almonds, one part of camphor, two parts of liquid ammonia, two parts of vulnerary spirit, eight parts of tincture of cantharides.

LINIMENT, STIMULANT, ANTI-RHEUMATIC: sixty-four parts of oil of sweet almonds, sixteen parts of white soap, one part of camphor.

LINIMENT, STIMULANT (Parisian hospitals): sixteen parts of balsam of Fioraventi, sixteen parts of olive oil, eight parts of spirits of camphor, one part of liquid ammonia. Used in paralysis, chronic rheumatism, gangrene, &c.

LINIMENT, HYDROSULPHURETTED (Jadelot): sixteen parts of powdered soap, softened in a sand-bath, with a little water, then thirty-two parts of olive oil, or oil of pinks, added gradually, and afterwards three parts of powdered sulphuret of potash. Mode of exhibition: one ounce for each friction; to be continued for eight days in cases of itch. *** By substituting green soap for the white, a more perfect compound is obtained, and one more easily made.

LINIMENT, MERCURIO-AMMONIACAL: one part of strong mercurial ointment, eight parts of olive oil, mixed together with the aid of a gentle heat, then one part of liquid ammonia added. The compound to be shaken together, and hermetically stoppered. Use: to cause the resolution of indolent buboes.

LINIMENT, NARCOTIC (Parisian hospitals): eight parts of sedative balsam, twe parts of liquid laudanum, mixed together.

LINIMENT, WITH OPIUM: one ounce of the calcareous liniment, fifteen to twenty drops of Sydenham's laudanum, mixed together, and shaken before it is used. Employed as a topical application to non-ulcerated burns.

LINIMENT, PHOSPHORETTED: two grains of phosphorus, dissolved with the aid of a gentle heat in an ounce of oil of sweet almonds. Used in obstinate rheumatisms, palsies, atrophies, and certain dartrous eruptions.

LINIMENT OF PISSIER: four parts of white wax, melted with eight parts of linseed oil, and two parts of tincture of opium added when it is cold. Mode of exhibition: cancerous sores are dressed with lint, soaked in this liniment.

LINIMENT, DISCUTIENT (Pott): eight parts of volatile oil of turpentine, four parts of hydrochloric acid. Used in rheumatism, and arthritic pains.

LINIMENT, DISCUTIENT (Polish formula): two ounces of olive oil, four drachms of volatile oil of turpentine, mixed together, and shaken before it is used. M. Foy has seen this liniment very successful in Poland in cases of partial or general edema of the lower extremities. *** Kentish's liniment, which has been recommended in cases of erysipelas, and in edematous swellings, differs from this only in containing basilicon ointment, instead of olive oil. (The liniment thus alluded to by M. Foy, is the LINIMENTUM TEREBINTHINÆ of the London Pharmacopœia, and was introduced, not as a panacea for erysipelas, but for severe burns.)

LINIMENT, RUBEFACIANT: ten grains of carbonate of soda, rubbed down in a glass mortar, with half an ounce of spirit of mint, and four drops of croton oil, added gradually. Used in rheumatic affections.

LINIMENT, SOAP (Parisian hospitals): eight parts of tincture of soap, one part of white oil, eight parts of rectified alcohol. Used in rheumatism and arthritic pains.

LINIMENT, SEDATIVE: one part of yelk of egg, sixteen parts of narcotic ointment. *** A topical application for hæmorrhoids.

To be continued.

PERISCOPE OF THE WEEK.

Talipes Equinus.—This and the ten following articles constitute the chief matter of interest in the last number of the *Lancet*. Mr. Page narrates a case of talipes equinus of seven years' duration, following an attack of hysteria, with, as he says, derangement of the spino-motory nervous system, in which he successfully divided both the tendons of Achilles after the method of Stromeyer. Gentle extension was afterwards used, and five weeks after the operation, with the assistance of her husband's arm, she could walk to church. Mr. Page says he is quite certain that the grand thing to be attended to in these operations is the care required in the proper adjustment of the instruments after the operation, and that he owes the rapid cure in this case to the judicious management of this department; at the same time it is quite evident that mechanical treatment alone never could have effected a cure.

Enlargement of the Prostate.—Mr. T. W. King attributes the senile enlargement of the prostate to an hypertrophied condition of its tubes, which he considers to be analogous to the state of the extreme bronchial tubes in some cases of asthma. He deseribes it as *catarrhal enlargement*. The last paragraph but one of his paper is rather amusing. He says there are cases of enlarged prostate, in which it seems almost impossible to pass an unyielding catheter into the bladder without a false passage. *He has not yet found out how many times one enlarged prostate may be pierced by catheterism*. We have no wish to be the subject of his experiments in ascertaining this important point in pathology.

Aneurism of the Umbilical Cord.—Mr. M'Dougall attended a woman in her confinement, the child being born dead. On examining the funis, there was found a tumour the size of a hen's egg, about two inches from its placental extremity. Dividing its coats, which were only the coverings of the cord, layers of fibrine appeared, and in the centre a coagulum of blood. He made a further examination, and having fixed an injection pipe in the vein, threw in water, which issued from a transverse fissure in the vein about the centre of the tumour, which was thus shown to be a genuine false aneurism. The preparation of the cord is in the Exeter Dispensary. The fœtus had attained only about seven months' development, although the woman stated that she was "over her time."

Cases in Midwifery.—Dr. John Hall Davis has narrated two cases under this title. The first, one of lingering labour with rigidity of the os uteri, was relieved by the free abstraction of blood; and the second, a case of presentation of the hand, the child being dead, with the uterus firmly contracted on the body of the fœtus, was treated at first by the removal of thirty ounces of blood in a full stream, and afterwards by embryotomy. Both patients recovered.

Large Doses of Nitrate of Potash.—Dr. Bennet declares that the opinions given by Dr. Johnson, Dr. Willshire, and Mr. Headland, with respect to the injurious effects caused by large doses of nitrate of potash, unless qualified, are *totally unfounded*, and he makes this dogmatic assertion, because he has seen it given in very large doses, and has also so prescribed it. Dr. Bennet, it appears to us, must be unacquainted with the real meaning of the word *unfounded*, which he has so unhesitatingly employed, as the fact, mentioned by him in the paragraph preceding that which we have noticed, will show. He remarks that "Dr. Johnson also stated that *he had seen* half drachm doses very injurious to the stomach." We can appeal with safety to any philologist, if that which is stated on the faith or *foundation* of actual experience can be truly said to be "*unfounded*." Dr. Bennet proceeds afterwards to give the results of his own experience with this salt, of which it seems that, according to him very large quantities indeed may be given. He says that nitrate of potass is, certainly, an irritant poison, and capable of giving rise, as such, to inflammation and perforation of the stomach, if administered in large doses, but only when taken in the form of a powder, or of a very concentrated solution. When largely diluted in a fluid, one or even two ounces may be taken in the four and twenty hours, not only without giving rise to any toxic symptoms, but with great benefit in certain morbid states of the economy. The degree to which the drug is diluted, has certainly a very great influence with respect to its tolerance by the system, and to its medicinal action. It appears that our principal writers on materia medica, including even the most celebrated, consider nitrate of potash in large doses as a toxic agent, and mention cases where it has caused fatal results. Every medical man is acquainted with the interesting experimets of Orfila on dogs, with reference to the action of the various poisons. He found that the ingestion of five drachms and a half produced death if the œsophagus was afterwards tied. Christison, in his admirable "Treatise on Poisons," considers nitre in the same light as the other authors who have been alluded to, and brings forward several fatal cases extracted from various sources. With his usual discrimination, however, he appears to perceive that the toxic properties of the nitrate of potass have been much exaggerated, and states, that a gentleman of his acquaintance once took an ounce by mistake for Glauber's salts, and retained it above a quarter of an hour, without experiencing any other unpleasant symptom than several attacks of vomiting. He also mentions the experiments of Dr. Alexander, who found that he could himself take as much as *an ounce and a half* of nitre in the twenty-four hours, if largely diluted, without experiencing any bad effects from its ingestion; and the instance related by M. Tourtelle, where two ounces were retained altogether, and caused only moderate griping, with considerable purging and flow of urine. In reality, the key to the different results exhibited in the above cases is to be sought for, not in idiosyncrasy or constitutional insensibility, engendered by disease, as Dr. Christison at first suggests, but in "difference in the mode of administration," which he mentions lastly as a possible explanation. When the nitrate of potass is given in a small compass, and in a single dose, half an ounce will act as an irritant poison, and occasion acute inflammation of the mucous surfaces; but if it is largely diluted, a much greater quantity *may* prove innocuous, even if given in one dose, and *is sure* to prove so if administered in divided doses during the twenty-four hours. M. Gendrin treats acute rheumatism with large doses of this salt, the quantity given varying from six to twelve or sixteen drachms in the four and twenty hours, according to the age, sex, or (and) constitution of the patient. He considers it to be superior to every other remedy in the treatment of that disease, and for many years has not had recourse to any other in the great majority of his cases. With women he generally commenced with six drachms, rapidly increasing the quantity to eight, ten, or twelve. With men he began at once with an ounce, gradually increasing the dose to ten, twelve, fourteen, or sixteen drachms. In the very great proportion of cases, however, M. Gendrin did not exceed the dose of twelve drachms, or approve of its being exceeded. The salt was always administered dissolved in a large quantity of barley-water, sweetened with sugar, the proportion being about half an ounce to a pint and a half or two pints of fluid. This was the *only* beverage allowed the patient, and taken as required. The secretions of the skin and kidneys were generally increased, and sometimes those of the intestinal canal, but the principal action of the nitre seemed to be sedative, the pulse generally falling rapidly, both as regards frequency and strength. It is, no doubt, by this sedative, contra-stimulant action that we must explain its undeniable efficacy in the treatment of acute rheumatism. Although the narcotic action of nitrate of potass is generally admitted, it is but little insisted on. The experiments of Orfila, however, cannot leave a doubt on the subject in the mind of any one who has perused them; the death of the dogs to which nitre was administered being preceded by giddiness, slight convulsions, dilated pupils, insensibility, and palsy. Dr. Bennet does not know any case where it caused renal irritation or inflammation.

Spermatorrhea.—Mr. Ryan strongly recommends early rising in the prevention of this disease, as if the patient lie long in bed, he is sure to give way to his passion. He also advises that a strong-minded friend should have a bed in the same room, as the consciousness of the presence of a second party might tend to prevent the having recourse to onanism.

Dislocation of the Carpus backwards.—Mr. Herbert Barker describes rather minutely a case of this rare accident, which occurred a short time since in his practice, his patient having fallen from a height of seven feet with the palm of his hand upon a flat, hard, and unyielding surface. There was a decided prominence on the dorsal aspect of the limb, with considerable depression above, and a corresponding prominence on the palmar surface, with a depression towards the palm of the hand. There was also shortening of the limb. The fingers were somewhat extended, and he had no power of flexing them. After very carefully examining the condition of the limb, Mr. Barker proceeded to the reduction, which was readily effected by extension, counter-extension, and firm pressure upon the projecting carpal bones. Thinking that fracture of the lower extremity of the radius and ulna might be detected, if present, he most cautiously had recourse to every mode of moving the ends of these bones that he could devise, but could not succeed in eliciting the slightest crepitation; so that he is certain, without more positive evidence, that no such fracture was produced, and that this was *a genuine case* of dislocation. The man recovered the free use of his hand at the end of two or three weeks.

Ossific Deposit on the Mitral Valves.—A case is reported from the Cheltenham hospital of ossific deposit on the mitral valve, occasioning as a secondary result, the congestion of the lungs and liver. The disease was diagnosed during life. The following are the appearances presented at the examination of the body after death:—the two layers of pericardium were found adherent throughout the whole extent of their surface; there was dilatation, with hypertrophy of all the cavities; the walls of the left ventricle were much thicker than natural; the semilunar valves, both of the aorta and pulmonary artery, were found healthy; the tricuspid valves were likewise healthy. On examining the mitral valves an extensive ossific deposit was found, both between their pillars and incrusting the valves themselves. The valves must have been perfectly incapacitated from acting, as the auriculo-ventricular opening was so contracted that it would with difficulty admit the end of the little finger. The orifice remaining was surrounded with walls so thickened and indurated as to be incapable of any degree of motion. The lungs were extremely congested, and more especially the right. The *liver* was much enlarged, and presented the mottled appearance ordinarily known as "nutmeg-liver." Its appearance exactly resembled that which is delineated in the plate appended to Dr. Marshall Hall's Gulstonian lectures, and there described as the second stage of hepatic congestion. A more or less intense degree of congestion of the liver, spleen, mesenteric veins, and lungs, is invariably met with in cases of death from insufficiency of the mitral valves.

Foreign Diplomas.—Mr. Wait says, he has been informed by professor Naegele that about two hundred forged diplomas, purporting to come from the university of Heidelberg, but with the arms of the duchy of Baden affixed, are supposed to be current in the British dominions.

Use of the Lacteals.—Mr. Ross concludes that the lacteals do not absorb albumen simply as such; second, that no chemical change takes place in the components of the chyle; third, that the lacteals absorb the fatty matter alone of the usual solid matters entering into the composition of chyle; fourth, that the radicles of the portal veins absorb the products of vegetable aliment, together with the reduced albumen that has not entered into combination with oil.

Pathology of Sea-Sickness.—Affections of the eyes, as irritation of the retina, sudden light, rapid interchanges of light and darkness, or quick motions of objects looked at, cause vomiting, from the circumstance that such impressions of the visual nerves affect the same parts of the brain that are concerned in vomiting (namely, the corpora quadrigemina). The notion that sea-sickness is entirely

due to a disturbance of vision by continual changes of place in objects seen, is, however, shaken by the fact that blind persons are as subject to the affection as those who see. The actual and chief cause of sea-sickness lies (probably) in a peculiar affection of the corpora quadrigemina, by which it is a natural result that it should follow disturbances of vision produced by the rolling of a vessel. But such disturbance is evidently not a necessary prelude to it, as is proved by its occurrence in the blind; and some experiments by Burdach have gone to show that the peculiar affection of the corpora quadrigemina, productive of vomiting, is caused by the continual efforts of persons on board ship to preserve their equilibrium.

THE MEDICAL TREATMENT OF STRICTURE.—This and the four following articles constitute the principal matter of importance in the last number of the *Medical Gazette*. Mr. France, in a paper originally read before the Physical Society at Guy's Hospital, draws attention to the fact that medication is almost entirely neglected in the treatment of stricture, which he seems inclined to attribute to the previous practice of surgeons in subjecting every one affected with stricture to a course of mercury, on the plea of its syphilitic origin. This practice was recommended by Benjamin Bell, whom Mr. France describes as "*a surgeon of great industry, and apparently of much experience.*" Mr. France believes that there is an inherent disposition to recovery in the strictured urethra, the conditions necessary for its successful operation seeming to be, freedom from the venous congestion induced by straining at micturition, and simultaneous cessation of the action of the urine on the lining membrane. In illustration of this, he mentions that in the Guy's Hospital Reports, about a year ago, was given the history of a man who had a stricture so firm and impenetrable that in the endeavour to pass it, a false passage was inadvertently made into the bladder, and this not being discovered was exclusively employed for some time. Meanwhile the stricture, thus left to itself, became to a certain degree relaxed, and one day, to the surgeon's surprise, readily admitting an instrument, informed him of the existence of a false passage, at the same time that it apprised him of the recovery of the true. Brodie tells of a gentleman who had suffered from stricture of the orifice of the urethra from childhood; this part was ulcerated, inflamed and tender, and so continued despite treatment, until the extremity of the canal was laid open freely, and thus relieved from irritation. The same surgeon gives his testimony to a fact which bears weightily upon the present question, when he says, "rigor seldom follows the use of the bougie immediately; it almost always occurs after the patient has voided his urine, and seems to arise, not as the immediate effect of the operation, but in consequence of the urine flowing through the part which the bougie has dilated;" and Sir Benjamin goes on to say, that the protection of the surface of the urethra from the contact of the urine by the use of a gum elastic catheter has, with him, invariably succeeded in preventing this unpleasant symptom. In like manner, Guthrie gives a case, in which the urine passing over the stricture, after the use of an instrument, always caused spasm and fever, or retention, and in which the continued use of the gum catheter gave entire relief. The same author remarks upon the facility with which strictures are cured after puncture of the bladder has emancipated the urethra from its office. From all this it is pretty clear that the urethra, when the subject of stricture, undergoes an amount of irritation from the highly stimulating properties of the urine, sufficient in some individuals to excite most violent and obvious effects; but not the less certainly impeding the cure when these severe symptoms are not manifested, inasmuch as liberation of the membrane from contact of the urine (whether by operation or gum catheter), is constantly followed by rapid improvement. In perfect harmony with this view are the phenomena produced by irregularities in regimen or diet, when we find a patient with permanent stricture, and habitual difficulty of micturition, experiencing total inability to evacuate the bladder after a feast or debauch, the urine being more than ordinarily loaded with saline matters; or after sexual intercourse, when the canal, already morbidly susceptible of the natural stimulus of the urine, is rendered so in a still higher degree. Mr. France on these considerations, therefore, recommends the adoption of an operative proceeding to divert the course of the urine until the urethra had resumed a healthier condition, observing that by this means, indeed, we at once place the urethra in repose; but by others we may prevent its being violently congested, or strongly irritated, and thus place it in a condition approximating at least to the former. Towards the attainment of this end we have an important source of assistance (in addition to tonic and alterative medicines, which, by improving the constitution of the patient, dispose all parts of his body to more kindly action, and anodynes which soothe and tranquillize his system generally), in the power of divesting the urine in great measure of its acrimonious qualities, so lessening its energy both as a local irritant and as an exciter of spasm. Regulating the food and regimen of the patient—restricting him to the observance of a plain and simple (nourishing it may be, but) unstimulating dietary—providing that the secretions of the liver and skin shall be carried on with proper activity, and separate their due share of the debris of the body from the system, nor throw (as is too often done by their failure) more than its proportionate duty in this behalf on the kidney;—all will greatly contribute to this immediate aim, and much, very much, may be done by care in these respects. Highly essential, too, is it that the bowels should be kept free,—not purged. Abernethy (to whom we are so much indebted for directing attention to the intestinal canal and its appended viscera, and) on whose recommendation many suppose they employ active purging in various complaints, is said to have altogether disclaimed experience of its effects; his desire was to keep the bowels gently open, not to produce diarrhœa. If, in stricture, we purge, we keep up irritation in parts closely adjacent to, and strongly sympathising with, the diseased urethra; we induce those contractions of the abdominal muscles, and consequently that congestion in the tributaries of the internal iliac veins, which we are most anxious to avoid. But if, on the other hand, we simply unload the intestinal canal, particularly the colon and rectum, of all fæcal accumulation, and keep them free, we at once relieve those veins from mechanical pressure and promote the secretions. If the case be a sufficiently severe one, the recumbent posture, and local depletion by leeches, are likewise commendable, as facilitating the relief of the urethra from a state of hyperæmia. The quality of the urine may also be influenced by medication and dilution. The plan of treatment recommended by Mr. France consists in the exhibition of those remedies which, by promoting the general health, and allaying excitability of system, diminish the irritability of the urethra; of those which, by removing pressure on the pelvic viscera, obviate congestion of the same organ; of those which, assisting the healthy functions of the chylopoietic viscera especially, prevent the elimination of an undue quantity of saline matters by the kidneys; and of those which, by augmenting the amount of fluid, lessen the proportion of saline constituents, and consequently the irritant property of the urine.

PATENT FORAMEN OVALE.—Dr. Mayo records the case of a woman attaining her fifty-seventh year with this malformation, without the occurrence of cyanosis, which did not take place until four days before her death, and then in consequence of a fright. On the examination of the body, the heart was found to be in the following condition:—The right auricle was large; its muscular substance well developed. The right auriculo-ventricular opening was also large, but tolerably proportioned to the tricuspid valves. These valves, rather larger than usual, were white and thickened, particularly near the free edges; their columnæ carneæ were remarkably developed. The right ventricle was extraordinarily large, and its walls from three to four-eighths thick; the columnæ carneæ well marked; the semilunar valves of the pulmonary artery perfect. The left auricle was large and fleshy, thicker than the right; there was an open communication between it and the right auricle in the situation of the foramen ovale, extending an inch and a quarter from below backwards, and half an inch in the opposite direction. Two membranous bands, extending from the upper to the lower portion of the auricle, divided this opening into three unequal parts. The left auriculo-ventricular opening was normal; the valves ill formed. The under mitral valve almost atrophied; the upper enormously large, about an inch and a half long, and broad in proportion. The left ventricle was greatly hypertrophied; the columnæ carneæ large. The pulmonary artery and veins were greatly distended and thickened, and were less supple in their coats than usual. The heart weighed eighteen ounces and a half. Dr. Willis, in an essay on malformation of the heart, relating to cyanosis, remarks that the only explanation that could be given of the absence of cyanosis in certain cases, in which imperfections of the auricular and ventricular septa have been discovered, would be grounded on the accurate maintenance of the proportion between the powers of the heart and the resistance which it has to overcome. This is tantamount to saying that it is at present inexplicable.

MULDER'S RESEARCHES ON THE EXISTENCE OF THE OXIDES OF PROTEIN IN THE BLOOD.—Mulder has detected two compounds of protein or its elements with oxygen in the blood. They are a deutoxide and a tritoxide, the first being insoluble, the second soluble in water. The soluble substance resulting from the oxidation of protein is shown to be precisely identical by ultimate analysis whether obtained from fibrin or albumen, by long or short ebullition. A difference only exists in the composition of the matter undissolved by water when albumen of egg is substituted for fibrin of blood. To this body Mulder assigns the formula $C_{40}\ H_{32}\ N_5\ O_{16}$ and the per centage composition calculated from this approaches closely to the results of analysis. The tritoxide of protein may be conveniently prepared by passing a current of gaseous chlorine through almost any albuminous fluid, as serum of blood: a dense white precipitate falls, which consists of 1 Protein + 1 Chlorine + 3 Oxygen; when this is digested with ammonia, the chlorine is removed, and a hydrated tritoxyde of protein left. (Pr. O^3 + H O). It generally contains an atom of water, unless combined with a metallic oxide, and then it is displaced by the oxide, the compound being precipitated in combination with undecomposed hydrate of tritoxide of protein. The general formula for these double combinations is (Pr. O_3 + MO) × (Pr. O_3 × HO). MO standing for the metallic oxide, and Pr assumed as the symbol of protein. It is soluble in cold water, insoluble in alcohol, ether, or oils; does not affect litmus or turmeric paper; but is very soluble in solution of the alkalies. The nitric, sulphuric, hydrochloric, phosphoric, and tannic acids, precipitate it from its solutions. Bichloride of mercury, as well as both neutral and basic acetate of lead, throw down insoluble combinations of protein from its solution (as double salts?) The composition of the binoxide of protein is as follows:—

		C.	H.	N.	O.
1 equivalent	Protein =	40 ×	31 ×	5 ×	12
× 2	,, Oxygen				2
= binoxide (Pr. O^2)	=	40 ×	31 ×	5 ×	14

From his experiments on the blood, &c., Mulder draws the following chemico-physiological inferences:—False membranes, the result of serous inflammation, contain gelatine derived from the tissue on which they are formed: in other respects their composition is identical with that of buffy coat of inflamed blood. The buffy coat is generated from the albumen of blood: it consists essentially of the two oxides of protein Pr O_2 × Pr O_3 × HO. The buffy coat is formed in consequence of the excess of the two oxides of protein in the blood; and its floating upon the surface simply depends upon its levity, from the presence of nearly four per cent. of fat. When moist fibrin is exposed to the air it absorbs oxygen, and forms a certain quantity of carbonic acid gas. In consequence of this change all the published analyses of fibrin are regarded by Mulder as containing too little carbon, hydrogen, and nitrogen. The two oxides of protein always exist in certain proportions in the blood; they are generated in the lungs during the process

of respiration. By this oxidation the protein becomes the means of conveying oxygen to the tissues in the arterial blood. Mulder regards the oxy-protein as the true carrier of oxygen: he considers Leibig's idea of the red globules performing this function as quite unsatisfactory. During inflammation and fever, a large excess of oxy-protein is generated, and may be found in the blood. During the cooking of meat, whether by roasting or boiling, oxygen is absorbed; the fibrinous elements are converted into both oxides of protein, whilst the albuminous matters are only partly changed into tritoxide. He applies these views to the explanation of inflammation. The change of protein into its oxides, which is believed by Mulder to take place, during the action of the oxygen of the air upon the blood from the right heart during the process of respiration, is under certain circumstances considerably increased. The respiration becoming more rapid, a larger proportion of oxy-protein is generated, and ultimately the blood is so loaded with it, that on being removed from a vein, a dense crust of the two oxides of protein mixed with fat floats on the surface, forming what is denominated the buffy coat, or inflammatory crust. The pathological condition denominated fever is supposed by Mulder to be contemporaneous with the development of more oxy-protein than in health; and when a large excess of this matter is collected, all the phenomena of inflammation are developed, and these compounds of protein are effused as inflammatory products (false membrane, lymph, pus, &c.) Mulder then agrees with Liebig in the belief that during fever and inflammation there is an increased absorption of oxygen, which he assigns to the compounds of protein which constitute the buffy coat, while Liebig assumes that the red particles absorb oxygen, the iron existing in them being changed from protoxide to sesqui-oxide. The removal of effete matter is also explained by Mulder in accordance with his theory. He supposes that the oxy-protein generated during respiration in the arterial blood, reaches the capillaries; and whilst the protein is deposited where new tissue is required, the oxygen previously combined with it oxidises and re-arranges the elements of effete and exhausted structure into a form fit for their removal in a state of solution. In these days of chemical as well as humoral pathology, these views and discoveries of Mulder's have an especial interest, warranting the extent of space we have devoted to their notice. Based as they are on direct experiment, they are deserving of an attentive consideration. The profession is indebted to Dr. Golding Bird for their appearance in an English dress.

Falling off of the Eyebrows.—Mr. Robinson has ascertained that in some cases where the hair has fallen away from the eyebrows, whiskers, &c., the loss having been preceded by intense itching and redness of the skin, it is due to the presence of an insect, which is a parasite of the house-fly.

The Corpus Luteum.—Mr. Knox gives the following case from Sir E. Home's works. He considers that it has been very much misunderstood, and he publishes it with the view to remove all errors connected with it. A servant-maid, aged twenty-one, on or about the 7th of January, 1817, became pregnant, and died epileptic on the 15th, that is to say, seven or eight days after becoming pregnant. On dissection the uterus was found enlarged, and the whole, with its appendages, were put in alcohol for future careful examination. On the right ovarium, and on the most prominent part of its external surface, is a small ragged orifice; a longitudinal incision was made close to the orifice, when a canal was found leading to a cavity filled with coagulated blood, surrounded by a narrow yellow margin, in the structure of which the lines had a zigzag appearance. Upon examining the cavity in this ovarium, it had an oval form, it contained a coagulum of blood, and was surrounded by a yellow margin similar to that which surrounds the corpus luteum. -The case is interesting.

Needle entering the Right Breast, and finally lodging in the Heart, causing Death. —Dr. Leaming, of Philadelphia, records the following case in the *Philadelphia Medical Examiner*. On the 4th of August, 1842, he was consulted by a sempstress, eighteen years of age, who requested him to remove a needle which she supposed had penetrated the right breast. Two days before while in the act of bending suddenly forwards, she had struck a table, and driven a needle, which was sticking in her dress, forcibly into the breast. On examination he found a puncture about an inch from the nipple, a little below the margin of the areola, and on the side towards the sternum; the breast was rather large; it could be pressed firmly in any direction without causing pain; she had no cough, and could take full inspirations without inconvenience. On the 8th of September she had pleurisy of the right side; she had not been exposed to cold, but the pain and cough, and difficulty of breathing, had come on suddenly after she had stooped to pick up something from the floor. The inflammation yielded to the usual antiphlogistic remedies, and in three weeks she regained her usual health. Five months afterwards, she had a slight attack of pneumonia and bronchitis; she recovered in a week from the acute symptoms, though afterwards she was always affected with a troublesome cough. Next month she had spasms of the diaphragm, which continued for three or four days, intermitting occasionally for a few hours. This was followed by obstinate vomitting, not accompanied by tenderness at the epigastrium, nor by thirst for cold drinks, nor constipation, nor any cerebral symptoms. It continued four days, and was always increased by drinks, though the efforts frequently persisted while the stomach was quite empty. During the intervals her pulse was 80, feeble and regular. A fortnight afterwards she had pain in the heart, for which she was visited by Dr. Franklin Bache, who detected the existence of pericarditis, accompanied by a very irregular and feeble pulse; she had also the usual symptoms of pneumonia. This was followed by œdema of the feet; and two days afterwards the face was somewhat swollen. She died soon after, nearly nine months after the needle had entered her body. On examination after death, the right lung was found adherent throughout to the costal pleura; both lungs were congested, and the bronchi inflamed; at the posterior inferior part of each lung there was some hepatization. The pericardium contained more than a quart of fluid blood; its surface was covered with deeply reddened lymph; some of the recesses formed by small folds of the pericardium, or by adhesions near the upper part of the auricles, were filled with grumous blood; there were adhesions at the under surface of the heart, particularly under the right ventricle, and in a line parallel with, and half an inch from the septum. The heart was small and flaccid, containing only small coagula. On opening the left ventricle, the point of a needle was seen protruding a quarter of an inch towards the middle of the cavity. It had passed at the under surface of the heart, about three quarters of an inch from its apex, and half an inch from the septum, through the wall of the right ventricle, through a columna carnea, through the septum and into the left ventricle. It was fifteen lines in length; its head, somewhat incrusted, was imbedded in the wall of the right ventricle, just under the surface of the pericardium. The orifice made by the needle seemed to have been completely closed by coagulable lymph; but it would be very easy for a small channel to escape detection in such a mass. The internal membranes of the heart were smooth and shining, without any marks of inflammation; all the large vessels were in excellent condition. Dr. Leaming considers that, it first lodged obliquely in the intercostal muscles, or was made to do so by her own attempts to discover its situation; it then passed through the pleura, and probably a portion of the lung, reaching the floor of the diaphragm; it then seems to have moved near the œsophagus, irritating some filaments of the par vagum; and finally reached the heart.

The Corpus Luteum.—The following statements are put forth by Mr. F. J. Knox, the brother and assistant, of Dr. Knox, with respect to the formation of the corpus luteum. The ovaria, in the adult but virgin state are egg-shaped bodies, compressed from before backwards, of a pale red colour, wrinkled and rough at their surface, which often presents a kind of cicatrix. They are placed in the substance of the broad ligament of the uterus, attached internally (towards the median plane) to the uterus by a small filamentous cord about one inch and a half long, entirely solid, and called the ligament of the ovary, and externally to one of the fimbriæ of the uterine tube. They are composed of a soft and spongy parenchyma, which, when torn, seems to consist of cellular and vascular lobules of a greyish colour, gorged with a great quantity of fluid. This parenchyma is enveloped by a dense cellulo-filamentous membrane, from the inner surface of which there pass a great number of prolongations to the stroma. In the midst of the stroma or parenchyma of the ovaria, are lodged small vesicles, to the number of from forty-five to twenty, transparent, of the size of a millet-seed. They are composed of a very delicate pellicle, or covering, containing a viscid fluid of a reddish or yellowish colour, and around them the vascular ramifications are more numerous and more minute. That vesicles exist in the virgin state dissection proves beyond a doubt, and although there may be considerable discrepancies or differences in the anatomical description of these vesicles by various authors, yet, upon the whole, that given by De Graaf may be taken, it being merely copied by all anatomists. Does the vesicle undergo any changes in the virgin state? This question will be found by no means answered; and yet it is unquestionably the most important within the whole subject of pregnancy. The term false corpora lutea (in contradistinction to true corpora lutea,) appears in every second line of some late authors: and cysts, hydatids, melanotic tumours, effusions of blood, &c. &c., are spoken of as being present in nearly every case! It is admitted at the same time that these appearances often present a striking resemblance to the true corpus luteum; by which expression is now very generally meant an appearance in the ovarium of a woman who either is at the time impregnated, or has very recently had a child; a change, in fact, which is effected on the ovarian vesicle by impregnation, or co-exists with it, or immediately precedes it. The term corpus luteum is rather an unfortunate one. It appears originally to have been given by the early observers to a yellowish body found in the ovaria of the lower animals, and when so applied it is very appropriate; but when extended to the human subject it leads to great confusion. The body in the human ovarium known under the name of a corpus luteum is of an irregularly spherical or oval form, and of a very complex structure, consisting of many parts and textures, tunics, and cavities, and these ever undergoing changes according to the period of impregnation. The distinctive characters proposed by some authors, in order to determine between what they call true and false corpora lutea, are extremely fine-spun; and in fact, in the present state of knowledge, there are, perhaps, no persons living, who will agree upon any case which may be brought forward. It is all very easy in a case where a fœtus is found in utero; but show a man, however high his standing may be, the ovary alone, and a thousand to one he will have nothing but mere surmises and guesses to offer.

TO CORRESPONDENTS.

P.Q.—"*First, What work or works would you recommend to a young medical man going to settle in the West Indies, or New Orleans, or Charleston?*" *In the States he may buy all the books he wants cheaper than in England. The standard works on diseases of tropical climates, amongst which would be those of Dr. J. Johnson and Mr. Annesley, would be useful in the West Indies. We should add a general work like Dr. Copland's Dictionary.* "*Secondly, What diseases are most prevalent in Charleston?*" *Yellow fever and consumption.* "*Thirdly, What single works on medicine and surgery respectively would you recommend to a young general practitioner?*" *We have no space, and truth to say, little inclination for the invidious duty of selection.*

X. Y..—*We think the physician may be left in peace till some still stronger breach of professional etiquette be committed, when all his medical neighbours should concur in putting the matter before the profession.*

M. D. *is quite misinformed. We have been well informed that so far from the report being true, viz., that the Insurance Society sent the honourable member for Finsbury a halter in answer to his appeal for payment, that he was paid to the farthing the amount of damages gained. Our expression "fair indemnity," therefore was spoken with* bona fides. *The only circumstance to be regretted is, that a respectable Insurance Company should so far discredit* our profession *as to feel itself justified in denying one of its members the payment asked on such clear grounds. As there is abroad, however, no slight misunderstanding on a circumstance so vital, to a public character so closely connected with us—we should recommend the honourable member to write an unvarnished narrative of all the circumstances of this untoward event, and we shall be very glad to be the medium of placing it before our readers. Such a document would be the best justification of what M. D. calls our "mealy-mouthiness," but which we call justice to an enemy.*

Mr. Geo. Sparks, Bromley,—*Thus writes: "In order to test the accuracy of Mr. Gobley's experiments recorded in your paper, p.* 316, *I mixed* ʒj *of calcined magnesia with* ℥j *distilled water, and placed the mixture in a porcelain saucer in a room with a temperature of* 40°. *After* 48 *hours, double the time allowed by Mr. Gobley, neither was the water absorbed, nor the magnesia hardened.*

Jus (from Thirsk) *writes recommending Dr. Clay's draft of a bill to general consideration. He suggests the necessity of union and energy, affirming as a reason that Sir James Graham will legislate in favour of the superior grade of the profession, and leave the small fry to take care of themselves.*

A Constant Reader *wishes to learn where the best account may be found of the case, where, several years since, a man died of swallowing clasp knives.*

Podagra *thus writes to us:—"I am one of those unfortunates that might by this time almost have retired from my profession had I met with common honesty amongst my fellow men. I disdain a debt to any man. I find my books teeming with the accounts of parties whose names and persons I have alike forgotten. Mine is not, I am aware, a solitary instance of this kind of injustice, added to which, the very lengthened credit taken by some parties does not diminish the difficulty. My plan for correcting this evil is to add to your already extensive journal a list of the removals of such parties as are* non est inventus *in their former places of abode, and who make the poor doctor one of their earliest victims, in any new neighbourhood they may trespass or go into. How easy could a communication be kept up with your office throughout the kingdom, and an alphabetical list of defaulters circulated: it would be an advantage to the community, and the profession; but here I pause, as I am sure the suggestion will present its merits to nine tenths of your readers, if you will take their feeling upon it. It would, in the first place, drive parties who had once shown an inability to pay, to the proper channels of relief, by their names being notified; and to the second class, it would operate as a warning, that they walk about as marked men, that their residences are easily discovered, and their persons uncared for, and unattended in the hour of sickness. It would enable medical men to approximate much nearer their real and their apparent resources, and in many cases it would have enabled parties like myself, scrupulous of expense, to have earlier become subscribers to your journal."*

H. M. *is likely to be gratified in his wish. The truth is so many good articles claim our space, that we are obliged ta delay some. We may take this opportunity of saying that we have two pencillings ready, the first of which will appear on the earliest open week. The political movements of the Profession ask, just now, a larger than customary contribution of space.*

Mr. Elkins *is assured that the report of the interview is substantially that given by Dr. Lynch to the committee. Our sub-Editor, who was present, made the notes, and the report was revised by two gentlemen present on the Committee, and printed* ipsissimis verbis *from the MS. as they left it. It should be mentioned, however, that Newcastle was put by mistake as the residence of Mr. Wakley's promoted brother.*

Mr. Dalton, London Street, Greenwich, *sends us the following case of mesmerism. The subject was a young man, accustomed to be mesmerised,—"I caused his eyes to be securely bandaged with two handkerchiefs, and to make assurance doubly sure, a gentleman present placed both his hands over them. A book, in which Latin prescriptions were written, was given to him, and I requested him to read; he at first evinced some reluctance, but on my offering to teach him the language, he readily acquiesced, and then, without any assistance, read the prescription as fluently, and as accurately, as though he had studied the language as well as the pharmaceutical terms, abbreviations, &c., for years; but on my desiring him to read the same afterwards, when in the natural state, he could not even pronounce one word, and evidently knew nothing of the Latin tongue. I make no comments on the case myself, but sincerely trust that some one, more experienced and more able, will endeavour to throw some light on this most remarkable, and almost incredible circumstance, to whom at any time I shall be happy to furnish further particulars. A moment's thought will suffice to convince the most sceptical that simulation here was out of the question; and words can scarcely describe the sensation of astonishment and wonder felt by all present, at seeing the lad performing such apparent impossibilities. Knowing that a single authenticated fact will have more weight on the minds of those, who are still undecided on this perplexing, but important subject, than a thousand arguments however ingenious, I send you this case."*

Two or three letters bearing on Mr. Wakley's conduct with great severity, we must decline. It is difficult to say by what fatality personalities so essentially attach themselves to that "honourable" person, or how it happens that gentlemen, who do not forget their position before anybody else seem to be other men before Mr. Wakley. We suppose, from analogy, that dealing with Indians there must be a fascination about tomahawks even to an Englishman.

We are desired to state that it was Mr. H. H. Rugg, not Mr. Richard Rugg, who took an active part at the Crown and Anchor.

M. Sterling.—*The active principle, and blistering agent, in the "acetum cantharides," has pretty well by direct experiments, been found not to exist wholly in the* cantharides, *but in the* acetic acid *employed in the preparation, and the pharmaceutical formula will be efficient as an epispastic in proportion to the strength of the acetic acid used. The strongest acetic acid sold by the druggists, (requiring about* 11 *parts of water to* 1 *of the acid to make it equal to distilled vinegar) answers very well, but some chemists by the recommendation of the physician, have used a stronger acid still, nearly as strong indeed as is used for the purpose of preparing aromatic vinegar. This, of course, renders the preparation very costly.*

Several communications must be postponed till next week.

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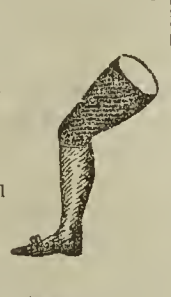
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LECTURES ON SURGERY.

By Sir B. C. BRODIE, Bart., Sergeant-Surgeon to the Queen.

Tumours of the Breast. The administration of Mercury in Syphilis.—Delivered Feb. 7, 1844.

Gentlemen,—Let me remark to you that the observations in my last lecture were made on the supposition that you would take care to distinguish scirrhous and other malignant tumours of the breast from those of a non-malignant character.

I do not think it necessary to call your attention to the diagnosis of these different tumours, but I am desirous of impressing upon your minds that you must be careful to learn that for yourselves, from your own observation, and from other lectures. When a person tells me that he has been particularly successful in the operation for scirrhous tumours of the breast, I always suspect that he has not been very accurate in his diagnosis. A surgeon once said that he had operated for scirrhus of the breast ten times, and that in no single instance had there been a return of the disease. A man possessing much experience would not have made such a statement. I afterwards examined a tumour which he was going to remove, and discovered that it was nothing more than a chronic abscess of the breast, which he denominated scirrhus.

I now call your attention to another subject—the administration of mercury in cases of syphilis. My object is not to enter into details, as to the mode of administration in the cases for which it is adapted, but to offer some general observations on the subject, which, at this time, when there is much difference of opinion respecting the use of mercury, and much random practice in its exhibition may, I trust, be of some service to you as beginners.

Mercury was employed in the treatment of syphilis very soon after the disease first appeared in Europe; I believe within three or four years after the siege of Naples, where it was supposed that it first broke out. Since that time, through good report and through evil report, in spite of the too strong prejudices of some in its favour, and of others against it, mercury has maintained its reputation with the profession to this day. Other remedies have, however, been proposed at different periods, as substitutes for it. Sir William Fordyce wrote a pamphlet recommending sarsaparilla; Mr. Grant, an army surgeon, alleged that it might be cured by opium; others have asserted that ammonia would have a similar effect; and others have advocated the exhibition of nitric or nitro-muriatic acid. There is satisfactory evidence to show that in hot climates persons often do well without mercury; and certainly in Spain, Portugal, the West Indies, and the islands of the Pacific Ocean, persons recover from syphilis who never take a particle of it. Notwithstanding what I have just mentioned, in the beginning of this century there was a prevailing notion that mercury not only was a specific for syphilis, but that the disease never could be cured without it; and Mr. Abernethy, in his work on what he calls pseudo-syphilides, lays it down as a rule that syphilis is uniformly progressive if this remedy be not administered, and he said if a disease came before him in which the symptoms yielded without the use of mercury, it was not syphilis. It is true that he gave no reason for this extraordinary assumption. It was a complete *petitio principii;* and this illogical conclusion has much diminished the value of this part of his works. Soon after this opinion was published, the late Mr. Rose, who was afterwards surgeon to this hospital, instituted a series of experiments on this subject. He had ample opportunities for conducting conclusive experiments relative to this enquiry as he was surgeon to one of the regiments of the Guards; and soldiers, cohabiting with the lower order of prostitutes, are very liable to become affected with syphilis. For two or three years he treated every soldier labouring under the disease that came into the regimental hospital without mercury. I watched the progress of these cases with him. Every sore upon the organs of generation, many of which, probably, were not venereal, but of course many were, got well under his management, and the hardness which was left after the venereal sore also disappeared. Many of them never had any secondary symptoms, and probably were not venereal, but in some, the secondary symptoms were slight, and in others were severe, and exhibiting nearly the usual character; they went away without the use of mercury, which was employed in only two or three cases, and there it was rendered necessary, to save the eye, in consequence of inflammation of the iris. Mr. Rose, therefore, came to a conclusion, which these cases certainly seemed to warrant, that syphilis was curable without the use of mercury. Other army surgeons repeated the experiments with similar result; and I believe that the disease is to this day treated in the army on the same system.

These observations led a part of the profession to entertain a view of the subject very different from that which they had previously held. They not only thought that mercury was unnecessary for the cure of syphilis, but that it did a great deal of harm. With respect to the recovery from syphilis without the aid of mercury, I do not believe that you can properly apply a rule drawn from the observation of what happens in soldiers, to society in general. In all cases the effects of disease depend very much on the nature of the constitution that is attacked. Students coming from the country are often astonished by the difference in recovery from compound fractures in a London hospital, and in country practice, where they nearly all do well. In London, and in Sunderland, the cholera destroyed a large proportion of the inhabitants, and in Paris about one in thirty of the population. Here it was not the affluent classes, but those who were ill fed, ill clothed, and breathing a poisonous atmosphere, who fell victims to it with great rapidity. So I apprehend it to be with syphilis. Soldiers are persons of strong constitution, and not much advanced in life; they are taken into a regimental hospital, are kept constantly under the eye of the surgeon, and are dieted exactly as he chooses. The general health is attended to; they are not exposed to cold; and they are consequently able to throw off morbid poisons which other persons cannot. Experience fully confirms these observations. In this hospital I tried to treat syphilitic patients without mercury, and had very little success; and in private practice I am sure the attempt to pursue this plan of treatment will be a failure. Sir William Whymper, who was formerly of the Coldstream Guards, but who has now retired from the army, and who saw a great deal of syphilitic practice, told me that he could manage the cases of private soldiers in this way, but not those of the officers; and Mr. Rose found that he could not, and he was forced to give mercury just like other people.

With regard to the other point, that mercury often tends to aggravate the disease instead of curing it, its injudicious use will certainly produce that effect; but experience fully proves that it is not so with its wise and judicious exhibition. It has been said that diseases of the bones do not occur where mercury is not employed; and, indeed, I believe that in patients in whom it has been injudiciously used, disease of the bones is more frequently met with than it was in Mr. Rose's patients, to whom it was not exhibited at all. When mercury is given for liver disease, it will sometimes be productive of nodes; but while I admit all this, I am sure that syphilis will give rise to disease of the bones, even when mercury has not been given. By nodes I mean disease of the bones. A gentleman had a chancre which no one doubted was of venereal origin; he did not take mercury, and it healed up. When I saw him in consultation with Mr. Rose, two years afterwards, he had extensive disease of the bones of the nose, which was still going on, although he had not taken any mercury. We agreed to put him under the influence of mercury. He was to have come to town for that purpose; but, in the meantime, he had a fit of epilepsy, which was succeeded by a second and third fit. He then became maniacal, and died. Neither Mr. Rose nor myself doubted that the disease had affected the ethmoid cells, and had extended through the cribriform plate to the brain and its membranes. I may mention another case, which was treated by Mr. Rose without mercury. A venereal sore healed with some simple treatment, but a few months afterwards the patient had pains in the limbs, which were considered to be neuralgic. By and bye there were nodes on the shin and elbow. He had never had any disease before this chancre, and we could not but suppose that the poison had entered into the system by the chancre, and affected the bones. The conclusion of the case was remarkable; the patient got entirely well under the use of sarsaparilla.

You will not find any remedy so capable of extinguishing the venereal poison as mercury. But it must be carefully administered at the time, and in proper cases; it may do great harm otherwise. In this there is nothing remarkable, for (with the exception, perhaps, of sarsaparilla) I do not know any medicine calculated to do great good, that may not, under certain circumstances, act as a poison. I saw a gentleman very nearly killed by an over dose of quinine; others have died from the imprudent exhibition of the iodide of potassium and arsenic. A remedy that is strong enough to do good is almost always strong enough to do harm, if it be improperly used.

I will now point out to you the cases in which it ought not to be given. To persons of a delicate constitution, of a scrofulous diathesis, and disposed to phthisis, and other diseases of the same class, you should not administer mercury till you are quite sure that it is wanted. Nevertheless, scrofulous persons with syphilis are best treated with mercury. If mercury be an evil, syphilis is a greater one. Scrofulous diseases are more especially developed after the reception of a poison in the system. If disposed to phthisis, they will be so affected after scarlatina, measles, and small-pox, and it is just the same after syphilis. When in these cases it is absolutely essential to exhibit mercury, it must be done with great caution; the remedy must be given in moderate doses, and the patient must be carefully watched all the time that he is using it.

All persons who appear to be in vigorous health are not good subjects for the exhibition of mercury. Some live irregularly, drink a large quantity of wine, and are in a constant state of excitement. It is true that the poison of syphilis in such persons often produces great mischief; but, nevertheless, it is best to defer the use of mercury until the constitution has been improved, for if you administer it sooner, you have to contend with two evils—the mercury and the syphilis.

There are some persons in whom, for some reasons which we cannot assign, mercury always acts as a poison, and you cannot tell, before you have made the trial, who they are; for this reason you should watch every person very carefully to whom you administer mercury, especially if he has not taken it before.

In cases of primary sores, where there is a great deal of inflammation, it is not right to employ mercury at first, as it may cause sloughing to ensue. The inflammation must be combated by bleeding, purging, and other means, and it is better to patch up the disease, as it were, and let it go on until it has produced secondary symptoms, rather than to give mercury under such circumstances.

In phagedenic and sloughing chancre, where it is caused by a bad state of the patient's constitution, it is not right to give mercury at first, as it may aggravate the disease, and cause it to spread more rapidly. But there are cases in which the phagedena depends on the intensity of the venereal poison; and here, as I shall presently explain, mercury may be given.

In some cases of secondary symptoms, you will find that mercury, instead of curing them, will disturb the general health, and aggravate the symptoms, and the more mercury you give the worse they become. This may depend on the patient's constitution, or it may be owing to the previous injudicious use of mercury. Under these circumstances you must, for a time at least, suspend the use of mercury and improve the constitution. To illustrate this last observation, I will mention a case. A lad was brought into the hospital with symptoms of syphilis, and an eruption on different parts of the body—in a state of painful ulceration. He was exceedingly ill. He had been taking mercury in large quantities for five months; his mouth had been, and still was, exceedingly sore, and the more the mercury was pushed the worse he became. I directed him to leave off the mercury, and to take sarsaparilla. In a short time the eruption disappeared, and he was discharged apparently well; but in a few months he came to the hospital again, with a sore throat and a return of the eruption, not having taken mercury in the interval. I gave sarsaparilla a second time, and he got well, but the eruption did not disappear so rapidly as at first. I still thought it imprudent to have recourse to mercury. Three or four months afterwards, he came to us a third time, with a recurrence of his old symptoms; the same treatment was adopted, and the eruption yielded, but more slowly than before. Towards the conclusion of the time that he was in the hospital, iritis supervened, for which I gave him the oxymuriate of mercury for a short time, and he got well of that. Three or four months afterwards he again had a relapse, and he went into the Lock hospital, under the care of Mr. Blair. This was fourteen months after he first came to St. George's, and he had taken no mercury, except for the iritis, during that time. Mr. Blair now, very properly, put him under a course of mercurial inunction, and I believe that he was permanently cured. Had this been done when he first came into St. George's, he would probably have been killed. I might mention a great many cases illustrative of the same point, if it were worth while to do so.

I have said that, in the great majority of cases, mercury is the best remedy you can employ for the cure of syphilis; but you must take care that it be judiciously and properly administered. There are different ways of exhibiting it. It may be given in the form of pills; or it may be used externally, as an ointment, or by the method of fumigation. The mercurial preparations that are given internally are, blue pill, hydrarg. c. creta, calomel and opium, Plummer's pill, iodide of mercury, bichloride of mercury, and some others.

When I want to affect the system rapidly, as, for example, in the case of iritis, I give it in the form of pills. A patient labouring under iritis is in danger of becoming blind, and you must put him under the influence of mercury as soon as possible. In slighter cases of syphilis the disease may be cured very well by mercury given internally. There are some patients so circumstanced that they cannot take it in any other way, for several reasons; there are, therefore, many instances in which it is either convenient or necessary to exhibit mercury internally. But if you ask me which is the best way of using mercury where the symptoms of syphilis are severe, I must say that mercurial inunction is infinitely to be preferred. It is dirty, laborious, and troublesome, and it makes the matter public to the family with which the patient lives, and cannot, therefore, be always employed; but it has these advantages:—it is much less liable to gripe or purge; it cures the disease a great deal better, and does not damage the constitution half so much as mercury taken by the mouth, and except in the slighter forms of the disease, you really cannot depend upon any other kind of mercurial treatment for a perfect cure. You may patch up the disease by giving mercury internally, but it will return again and again, and then you will cure it at last by a good course of mercurial inunction This is not generally well managed. The patient, instead of using the friction for a few minutes only, should employ it before a fire at first for at least three quarters of an hour; by and bye it may be rubbed in for a shorter period. Where the symptoms are not mild, the patient should be confined to the house, except perhaps for an hour or two in a fine day. The going out into the fresh air (as Mr. Pearson observed long ago) will undo the effect of the mercury. You cannot be responsible for thoroughly eradicating the disease, where the patient is at all exposed to cold, and does not lead a regular life.

In all cases, in giving mercury, you have two objects in view—first, to cure the present symptoms, and secondly, to prevent a return of the disease. A great number of practitioners at the present day seem to keep in view only the first object, and lose sight of the second. Mercury appears to be given for the chancre only; when it is healed, it is left off, although a very hard cicatrix has been left, and then, in nine cases out of ten, there will be secondary symptoms. If mercury be taken for the primary symptoms, the patient should not leave it off till the hard cicatrix has disappeared; nor, indeed, for some time afterwards. And so, with regard to secondary symptoms; it should be continued for a long time after they have disappeared, as a prophylactic. I should say that if a patient be confined to the house, or only allowed to go out a little in a fine day, and if he be made to rub in the ointment properly, and the course be carefully watched and continued for some time after the symptoms have subsided, you will, in the great majority of cases, make a perfect cure. This is not the way in which it is now given, but it used to be so administered. We have advanced in many departments of surgery, but in this I am sure we have gone back. I am much mistaken if the mercurial treatment of syphilis, as employed by the late Mr. Pearson during the greater part of his life, was not as nearly perfect as possible, and it was much more successful than the less careful treatment of the present day. He was surgeon to the Lock Hospital, and having no general hospital to attend to, the powers of his mind were more especially devoted to the study of syphilis and its treatment; and the practice which I have now recommended was that which he usually adopted. In his work on the articles of the materia medica used for the treatment of syphilis, there are many excellent observations on the use of mercury, to which I refer you. It is well worthy perusal.

There is a class of cases in which you may use it with the greatest advantage. Children are sometimes born with syphilis—the father or mother having been affected with it. The child looks thin and small, and instead of thriving becomes thinner. At the end of three weeks it is covered by a nasty scaly eruption, has aphthæ in the mouth, and chaps about the lips and the anus. I have tried different ways of treating such cases. I have given the grey powder to the child, or some kind of mercury to the wet nurse. But the mercury given to the infant by the mouth gripes and purges severely; that given to the wet nurse is not satisfactory; and, at all events, is a very cruel practice. The mode in which I now treat such cases is this:—I have a drachm of mercurial ointment spread on a flannel-roller, applied round the knee, and repeat the application daily. The child kicks about, and the cuticle being thin, the mercury is absorbed. This causes neither griping nor purging, nor does it even make the gums sore, but it cures the disease. I have adopted this practice in a great many cases with the most signal success. Very few children recover to whom mercury has been given internally, but I have not seen a single case in which this method has failed.

Mercurial inunction may be employed in certain cases in which mercury taken internally would do harm. A gentleman had a phagedenic sore upon the penis. He was in good health before, and there was reason to believe that the disease was spreading from the intensity of the venereal poison. He took calomel and opium; the mouth became tender; but the sore was worse than before, spreading more rapidly; the greater part of the glans was destroyed. The disease resisted all modes of treatment, until he was put on a course of mercurial inunction, when the progress of the ulceration was at once arrested, and the sore began to heal directly. I have seen this several times. Whenever you can, in the treatment of syphilis, make the patient use mercury in the form of inunction. It is the best plan in all cases, but not always required.

Another mode of employing mercury is by fumigation. It may be applied locally—to a part; or generally—to the whole person. The patient is placed in an apparatus like that used for sulphur fumigation, but instead of sulphur the black oxide of mercury is thrown upon the hot iron. If rapid salivation is desirable, this may be accomplished by his holding his head inside the bath for two or three minutes, and inspiring the mercurial vapour. Mr. Pearson's objection to it is very well founded—namely, that it is difficult in this way to regulate the action of the mercury. You may affect the system too much, or too little; and you may have the patient's gums become all at once excessively sore. With respect to the effect of mercury on the system generally, I may observe that you cannot depend upon its effects in syphilis, unless the gums be made rather sore, and there be some degree of ptyalism.

But there are cases in which mercury is not proper at all, and others in which it can be done without. In some persons, in private practice, as well as among soldiers, by attention to the general health, the disease will be thrown off without mercury. A gentleman had a well-marked venereal eruption. He was in London, and was going to take mercury, but was obliged to go into the country, and I advised him to defer it. Shortly after, being in the country, and breathing a purer air, he got well without mercury. In cases of syphilis, it is not sufficient, after a mercurial course, to send away your patient; it is very important that he should be kept in good health, or the disease may return. It is always best after a long mercurial course, to put the patient through a course of sarsaparilla, with a view to remove the debilitating effects of the mercury. A gentleman had secondary symptoms: I put him through a course of mercurial inunction for ten weeks; he was confined to the house and most carefully attended to. He was apparently well; he went to Lisbon, and at the end of a year he took cold, which was followed by a severe attack of erysipelas, for which he was bled very largely, and he had an enormous abscess, and altogether his health was broken. He then had a return of the venereal disease, the symptoms being of a more severe character than before. An English surgeon, resident at Lisbon, put him under a course of mercury, and cured him. Tonics and change of air are sometimes of service in enabling a patient to throw off the disease, and with the same view sarsaparilla may be given; in other cases the symptoms will subside under the use of the iodide of potassium which it is very much the fashion now to administer in cases of syphilis; and no doubt, in some instances, with good effect, but you cannot depend upon it as you can upon mercury. You may remove slight symptoms by giving it in small doses for a long time; and more severe symptoms, by exhibiting it in larger doses; but it does not make a permanent cure, and the symptoms

return even under the use of the remedy. As a prophylactic, iodine is not to be compared with mercury.

I have spoken of the exhibition of mercury after the disease is apparently cured. But you may ask, whether a long course of mercury is not more likely to injure the constitution than a short one? It certainly is; and for that reason you should prefer a long course. I will explain this. If the course be a short one the disease is sure to return; you have then to repeat it, and again the disease reappears. Thus you have repeated courses; and not only is the system weakened by the mercury itself, but the venereal disease, when it returns, assumes a more formidable character than before. But if, on the other hand, you put the patient through a long course in the first instance, the repeated exhibition will be unnecessary. A patient who takes mercury for a month or five weeks, may probably not want it again: but if he take it for only a fortnight, he may have secondary symptoms, and then it will be required for at least six weeks, perhaps more; so that which is a short course at first becomes a long one in the end.

With these observations I conclude the course of lectures which I undertook to give during this winter. But before we part, allow me to make a few observations with respect to the lectures themselves.

When I resigned my appointment as surgeon to this hospital, some three or four years ago, I could not but recollect that it was here that I had been able to lay the foundation of what knowledge I possess of my profession, and thus that some of the happiest hours of my life have been passed within the walls of this institution, in friendly intercourse with my pupils. I felt that I owed a debt of gratitude to St. George's Hospital, and the school attached to it; and it was my wish to do something towards paying it. Under this impression, I offered to give this annual course of lectures, and the offer was accepted.

I have endeavoured to give you some information which, however little its value may be to those experienced in surgery, may be of use to you as young men. But I had another object in view. The lectures have been entirely practical, and have been drawn from hardly any other source than my own observation and experience. I wished to give you an example of what your own mode of study should be. In these times there is a great quantity of medical literature, such as it is, and there is nothing more easy than for a person who has a tolerable memory to discourse learnedly on these subjects, as if he really understood something of them, and pass what is called a good examination; but, this will be of no use to you hereafter. A man who is contented with getting up this sort of knowledge is, in practice, good for nothing. At a patient's bedside, not knowing anything of disease practically, he is in doubt respecting the treatment which he should employ, and he has not confidence in himself to take the heavy responsibility, which, as a medical practitioner, he ought to take. You must gain your knowledge, not from books, but from your own observation. I do not say that you are not to look at books, but you should do so only in conjunction with practice. If you have a particular case before you, refer to a good book on the subject; but the principal thing is to observe symptoms and the operation of remedies for yourselves. The same rule applies to anatomy, to surgery, and to physic. Anatomical knowledge is of no avail in practice unless you have acquired it by studying in the lecture-room, and dissecting for yourself. A person who has acquired anatomy in any other way will find that he has no chance whatever when he comes in competition with one who has made himself an anatomist by dissection. So it is with hospital practice: you must study the cases, examine them in the morning, refer to your books or notes in the evening, and compare them with the observations made by the medical officers. No person can learn medicine or surgery who does not do so; it is the only way to obtain real practical information.

ROYAL WESTMINSTER OPHTHALMIC HOSPITAL, CHARING-CROSS.

Clinical Lecture, delivered by Mr. Guthrie, Wednesday, February 13, *and Monday, February* 19, 1844.

Gentlemen,—I lately pointed out to you some thirty-five cases of rheumatic ophthalmia attending at the hospital or in the house. At the present moment there is not one, proving to you the influence which certain states of the atmosphere exercise in the prevalence of disease.

I mentioned to you, at the same time, the opinion I entertained that the wine of the root or the seeds of the colchicum was a much less efficient preparation, as it is now made, than it was formerly, and that its good effect would not be obtained unless these remedies were given in larger doses. I have requested a gentleman, Capt. M., to show himself to you this morning in proof of what I have said. He has taken ʒiv. of the vin. semin colchici, and ʒiſs of tinct. rad. aconiti, made by Mr. Squire, for fifteen days, and feels no ill effects from them. He is getting well of his complaint, which was an obstinate ulceration of the cornea, dependent on an intractable, subacute, and apparently peculiar if not specific inflammation of the conjunctiva and selerotica. The medicines have acted twice a-day on the bowels, and he feels a little low, but has walked from Dover-street to the hospital, and will walk back again.

There are two cases, one of interstitial abscess, with onyx, in a man; the other of ulcer of the cornea, with onyx, in a child, to which I wish to draw your particular attention. Mr. Dasent took great care of the child, and I shall give you the case in his words, premising that I did not puncture the cornea, because there was no matter between its layers, but simply an ulcer of a partly transparent ash colour, with inflammation extending to the internal surface, from whence the effusion into the anterior chamber of the eye took place. The ulcer of the cornea was sufficiently large to allow the discharge from it to be regularly removed by the lacrymal secretion, by that of the conjunctiva, and by the movement of the eyelids. It was not, in fact, a case of interstitial abscess, and was not therefore treated as one, although it was a case of onyx, independently of its being in a child.

Jas. Sullivan, æt. 3, residing at 3, Ship-court, Horseferry-road, admitted at the hospital as an out-patient, January 15, 1844, with a large deep ulcer with irregular edges, situated almost in the centre of the cornea of the right eye, and a purulent deposit filling the lesser half of the anterior chamber. The matter has gravitated rather to the right side, the patient having slept on that side last night. The sight does not seem affected, the surrounding conjunctival inflammation is great, and there is much intolerance of light. The patient has been well purged previously to coming to the hospital—Rj. hydr. chlorid. gr. ii; quininæ disulph. gr. ii; ter in die; and to take arrow-root and sago. 16th—Much the same as yesterday, with greater intolerance of light; tongue clean and moist; to take his medicine every three hours. 17th—Is improved; the deposit appears less, and the ulcer is inclined to heal; to continue steadily with his medicine. 18th—Still improving; the ulcer healing, and the deposit diminished; the medicine has not affected the health. 20th—Hot and feverish appetite gone; the eye the same as last report; to omit the quinine and continue the calomel; the bowels not being open, to take oleum ricini, ʒij. statim. 22nd—Decidedly better, the ulcer filling up, and the purulent deposit disappearing; much less intolerance of light; the calomel has not affected the mouth, but the child is pale and languid; bowels not open to take ol. ricini ʒij. eras mane, and the calomel night and morning. 24th—The ulcer and deposit disappearing rapidly; the patient is feverish, and the calomel has weakened him much; to take only one powder at night; to have a hot bath and nourishing diet. 26th—The patient's health better; the ulcer has healed, and the deposit nearly absorbed; to omit all medicine. Feb. 9th—Is quite well, and the eye is natural, with the exception of *a very slight* nebula where the ulcer was situated.

The case of the man Adamson is equally important, because it has not done as regularly well as I may have led you to expect cases of interstitial abscess and of onyx usually do, when treated after my method; and I should wish you to be aware that, although we may deserve success, we cannot always command, nor meet with it; and that no method of treating disease is infallible in any branch of surgery, of which, in due time, I shall give you other examples; as it is my intention, when more at leisure than I am at present, to alternate these clinical lectures on ophthalmic surgery, with others, explanatory of my opinions and experience, on those complaints which appertain to surgery in general. J. Adamson, aged 40, Feb. 7, applied with an onyx of the right eye, an interstitial abscess of the cornea, covering the pupil with a little of the cornea, giving the surface over the matter a roughened appearance. Has suffered intense pain for a week without treatment, which commenced after getting wet. There was a good deal of inflammation of the conjunctiva, and a pink zone around the cornea. The iris was slightly discoloured. I divided the cornea by a perpendicular incision the length of the interstitial deposit; but the cataract knife did not penetrate easily, and the aqueous humour did not flow rapidly, or gush out at once, bringing with it the matter deposited in the cornea. The eye was covered and padded, and the man was desired to attend daily; but he did not return for two days, and I then found that the surface of the cornea had ulcerated to a considerable extent, that the onyx had not reformed, but that the interstitial deposit was greater, and the cornea looked as if it would slough extensively; the anterior chamber was full. I redivided the cornea, allowed the aqueous humour to escape, and to bring with it some of the deposit from the abscess, and admitted the man into the hospital, directing him to take 2 grains of calomel and 2 of quinine every four hours, with a good diet; and as the medicine both griped and purged him, on the 11th, three days afterwards, it was omitted, and 25 minims of Batley's solution of opium were given at bed-time. The eye was fomented frequently with hot water and kept clean but not opened, and was regularly padded. On the 12th, his mouth was severely affected by the mercury; the eye was less irritable; the ulceration had ceased to extend; the deposit was less; the anterior chamber full. On the 14th, the cornea became much clearer, and on the 17th, the belladonna was applied externally, to dilate the pupil, which appeared contracted. The eye this day, the 19th, is almost free from inflammation; a great part of the cornea is clear, the pupil is a little dilated, the ulcerated part is healing, and the only point to be now decided is, how much of mark or scar there may be on the cornea to interfere with vision, instead of the total loss of the cornea, which I for several days feared might take place.

There is a child under the care of Mr. Dasent, who has had onyx of one eye, with a cornea free from ulceration altogether, but very muddy and cloudily opaque in parts. There was some surrounding zonular inflammation, and there can be no doubt of the two anterior thirds of the cornea having been inflamed and opaque as a consequence; the iris, as far as it could be seen, was discoloured, and the case looked a formidable one. Under the use of calomel and quinine, the child has done well, and will get quite well, although it is much reduced in strength from the mercury having taken a rapid and severe effect upon it, so as to cause a sore mouth and swelled cheeks; an effect which you know is very uncommon in children, from a much larger quantity than gave rise to it in this case.*

I wish you to contrast these cases, and you will then be able to take a comprehensive view of the differences which exist between them.

I pointed out to you in my last lecture, the nature of a particular kind of congenital cataract in two cases, both of which I operated upon, and to which I need not again allude, further than as to the result of the operations. In both eyes of Westcott I used a needle of my own invention, if so it deserves to be called, being different only from a Scarpa's needle, in having a shorter and more abrupt curve, being in fact at the extremity more at a right angle. These curved needles are easily introduced, from a line and a half to two lines from the edge of the cornea, by carrying the end of the handle backwards toward the tem-

* Since the lecture was given, this child has suffered a similar attack in the other eye.

ple, and bringing it forwards (that is, the end of the handle), as the curved point enters, and the curvature has passed through the sclerotica. When the point thus curved backwards is in front of the capsule of the lens, it should be carried across to the outer edge of the capsule on the inside, which is to be torn by drawing the point of the curved end of the handle along its surface to the outside, care being taken not to detach the capsule at the circumference, from its adhesion to the hyaloid membrane on which it is situated. This being repeated several times in different places, the lens and torn capsule are left, to be dissolved and absorbed. The difference between the operations in the two men was, that as the pupil could not be sufficiently dilated in the second man, Villars, I operated on the left eye only, and tore the capsule to a less extent, so as to ensure that the lens should not fall forwards and press upon the back part of the iris. If you have watched these cases you will have seen that the lenses and capsules were cut up in the eyes of Westcott, and that large portions fell forwards through the pupil into the anterior chamber. There has been more inflammation in the right eye than in the left, and he was obliged to be bled twice the first night after the operations. He sees with the left eye very well, which is quite clear, but as the cut portions in the right eye seemed to stick to each other, I redivided them on Wednesday last, and they are in process of dissolution; he now sees with both eyes.

In the second case, that of Villars, none of the lens has fallen forwards, but the capsule and lens became opaque and shrivelled; I therefore redivided them on Wednesday, and they are dissolving in situ.

In the boy or third case, large portions of the lens have fallen through the pupil and are dissolving. I shall not, therefore repeat the operation; and as there is no inflammation nor inconvenience, and he begins to see, I expect they will disappear without anything more being necessary. The pupil in all, I beg of you to recollect, has been kept constantly dilated, for if these portions of the lens had pressed much against the iris, inflammation would certainly have ensued, although the lens might be soft.

The structure of the capsule of the lens is not exactly alike in all its parts, and much remains yet to be discovered or verified, with relation to it, and its connexions. The anterior part or half is thicker than the posterior, and much more liable to disease. It is indeed especially affected in capsular cataract, and rendered opaque when the posterior half remains transparent. It certainly was so in these three cases, and is so in the greater number of all kinds of cataracts, whether soft, hard, or capsular. In those fluid cataracts in which the capsule has come out entire, which does not happen unless the eye is much disorganised, and of which I have seen three instances, the posterior half of the capsule was as opaque as the anterior, and changed its form alike, as the little ball rolled over on the palm of the hand.

It has been questioned and doubted whether congenital cataract begins in the capsule or lens. In the peculiar kind I have described I have no doubt of the complaint having originated in the capsule, and that the lens, although restricted in size by the defective growth of the capsule, is generally transparent. They were so in the case of Westcott. In another case shown, the stop put to the growth of the capsule and lens would appear, from their nearly natural size, to have taken place shortly before birth; and the lens was transparent, of its natural consistence, and, as far as could be judged in cutting it in pieces, free from disease.

It has been affirmed by some German authorities that they have dissected congenital cataracts in infants, and that the capsule was not affected; and that in others they found under the microscope that the disease existed in the lens, in which eutozia were to be found. I have never met with a case for dissection, but I have no doubt they might be found in London, if any serious efforts were made for the purpose, and it is a point the assistant-surgeons will I hope attend to. My practical experience, and it has been large, induces me to say that the complaint is very generally seated in the capsule.

There is a fourth case in a girl of thirteen years old, which has presented itself this morning, being one of an opaque spot, the size of a large pin's head, on the capsule of the left eye, a little above the centre. The remaining part of the capsule is clear, and the lens is transparent, but the girl does not see more than half of a face, and that indistinctly. She also squints with that eye, which defect I have requested Mr. Alcock to rectify. I shall then either remove the capsular disease, by cutting up both lens and capsule, or I shall do nothing, as it may appear to be most advisable. This complaint would be called cataracta capsularis, if the spot were central.

In a third set of cases, the capsule is shrivelled, thicker, and firmer than usual, and there is little or no lens within it. In this state there can be little doubt that the capsule has become shrivelled in consequence of some part of it having been ruptured, or removed by absorption, and the aqueous humour admitted into its cavity, under the action of which the lens has been absorbed, and the capsule has assumed its leathery or parchment-like appearance, constituting a siliquose or pea-shell capsular cataract. It has been supposed by the same Teutonic authorities that this rupture of the capsule has taken place after birth, in consequence of the little patient having suffered from fits, during the exertion of which the rupture of the capsule took place. This may be the fact, but I place no reliance upon it, and practically it does not signify whether the complaint took place before or after birth. It is in these cases that the lens, or such portion as remains, is opaque and firm; but I have never seen a hard lens, or one I could not cut across easily, in a child, and if a really hard one does ever occur, which I doubt, it is only as an exception to a general rule.

This complaint is often hereditary, and is communicated apparently from either parent, of which I have had examples. In one instance the father and six children were all cataractous. The father's eyes were disorganised, but I operated on the six children, and restored or gave them all sight. The cataracts were not alike in all, indeed there were none of them exactly alike, and I suspect that the appearance of them depends much upon the manner in which the hereditary derangement of formation affects or implicates the parts. In another set the mother and four children were affected and cured; and I have met with cases in which the complaint had passed over an intermediate generation from the first to affect the third, in a similar manner to that which takes place in congenital deafness. I have at present under my observation two children in private life. One, the youngest, is quite blind from opaque central capsular cataract; the other, a year older, has a shrivelled capsular cataract, from which the lens has been removed. This child sees by the side of it—the other child does not. The father and mother have good eyes, but they have some knowledge or tradition of the grandfather, on the mother's side, being blind.

J. F.

LECTURES ON THE ANATOMY AND PHYSIOLOGY OF THE EYE,

FORMING PART OF A COURSE OF LECTURES ON ANATOMY AND PHYSIOLOGY, DELIVERED AT CHARING CROSS HOSPITAL.

By T. WHARTON JONES, F.R.S.

Lecture I.—Feb. 15, 1844.

Gentlemen,—The sensation peculiar to the optic nervous apparatus is, as you know, *light*. In the unexcited condition of this apparatus there is an absence of any sensation of light, and we have then what we may term the negative sensation of darkness.

The sensation of light is produced, when any part of the nervous apparatus of the eye is excited by a stimulus, and this, whether the stimulus is supplied internally, or is communicated from without. The latter, however, is so usually the case, that the former need hardly, for the present be taken into account.

The stimulus which ordinarily excites the sensation peculiar to the optic apparatus, is the agent called *light*. Thus, you see, the term *light* is applied, as well to the sensation itself, as to the ordinary cause of the sensation; and has, accordingly, two different meanings, as it is used in a physiological or in a purely physical sense.

Light may fall upon any part of the eye, but it can produce that sensation peculiar to itself, which in a *physiological* sense we term light, only when it falls upon the nervous expansion at the posterior part of the eye—the *retina*.

Were this nervous expansion acted upon uniformly by light we should have presented to the sensorium a uniform luminous field. But if the light, or, as we shall see, the *rays* of light, fall upon, or are directed to, different parts of the retina, we shall then have sensations produced such as suggest the idea of form.

To this end there must exist an optical apparatus, situated between the light and the retina, and having the power of regulating the manner in which the rays of light shall fall on this nervous expansion.

The optic apparatus anterior to the retina, in short, must have the power of causing the rays of light so to impinge upon different parts of the retina, as to produce an image of some object from which these rays emanate or are reflected.

There are *two modes* by which the effect thus alluded to may be produced:—

The first of these is to be found in the compound eyes of insects and the crustacea; and, although optically the more simple of the two, is in reality less understood.

On the front of the nervous expansion, answering to what we have alluded to as the retina, and its form is found in this case to be convex, there is a series of transparent cones situated vertically to its surface towards which their apices are turned, and between the sides of these cones there is a pigment of a peculiar nature, varying in colour.

Rays of light from any point are, as they proceed, scattered in such a manner that some only fall perpendicularly upon one of these cones, and being thus transferred to the retina will, inpinging upon it, produce an image of the point of the external object whence the rays proceeded. The impression thus produced on the retina is, through the medium of the optic nerve, communicated to the sensorium. The rays of light, which fall obliquely upon the cones described, do not pass on to the retina, but are either reflected from the surface of the eye, or are absorbed by the pigment interposed between the sides of the cones, and consequently lost.

A repetition of what has now been described of the passage of light to the retina, through each of the innumerable cones arranged like radii on the convex surface of the nervous expansion, will give an image of a corresponding number of points of the external object from which the rays come. Whence it results that the whole image impressed on the retina by this process, will resemble a piece of mosaic work; and as Muller, who was the first to explain this beautiful optical arrangement, says, a better idea cannot be conceived of the image of external objects on the retina, of beings endowed with organs of vision possessing the optical apparatus which has just been described, than by comparing it to a fine piece of mosaic work. By this mosaic dioptric instrument, as Muller calls it, the central rays of the cones of light from different points of the external body, alone penetrate to the retina; the oblique ones are separated and excluded as already explained, and are not concerned in the production of the image.

The *second* mode by which light is brought to act on certain points of the nervous expansion, is exemplified in the optic apparatus of man, and all the vertebrata, and, although perhaps in lesser degrees of perfection, in some of the invertebrata also.

The optic apparatus in man forms a true camera obscura. None of the rays of light are lost, for the diverging or scattered rays of ight are collected again; that is, they are made to converge and come to a point or focus, before inpinging on the retina.

In order thus to form foci, the rays of light mus pass through a refractive medium of one kind or other, and the lenticular form is found to serve the purpose of a refracting medium more perfectly than any other.

A lenticular body, then, is necessary to the *second* mode of optical apparatus, but is not abso-

lutely nccessary in the first. Yet, even here the cones prodnce a certain amount of refraction, and there is sometimes found, in addition to the more simple apparatus, parts of the more complex; and in proportion as the more complex parts are found to be superadded, so is the organ found to be capable of a more extended function.

[The lecturer here showed a simple experiment. The rays of light from a candle were received, after passing through a lens, on a screen held at a certain distance from the lens, and they there gave an exact image of the flame, but inverted. They were then received upon the screen, without passing through the lens, but merely through an aperture in a card, and the result was an image also, but a very indistinct one, in consequence of the rays not having been duly brought to foci.] He eontinned: You thus see that in this mode of optical apparatus, it is essential that the retina, which corresponds to the sereen in the experiment now shown you, should be situated exactly at the place where the rays of light are collected in foci, while such a condition is not neeessary in the former mode, except when the additional parts already mentioned exist.

In pursuing the interesting subject of the sense of vision now entered upon, the most advisable order appears to me to be to study; 1st, the anatomy of the organs; 2nd, the properties of the stimulus which ordinarily excites the activity of the retina, that is, the propertics of light as a physical body; 3rd, the mode in which light is conveyed to the nervous organ, the retina; 4th, the mode in which this nervous expansion acts, and the means by which the impressions or images produced on it, are conveyed to, and perceived by, the sensorium.

I must previously, however, make a few general observations. The essential part, that without which all the parts would be quite inoperative then, is the retina. This nervous expansion is connected with the brain by means of the optic nerve, which, as we shall have occasion to show, entering the posterior part of the eye-ball, expands into the retina.

In front of the retina are situated the lenses, and these are all contained in, supported, and defended by a fibrous structure, termed the sclerotic coat. Besides this, there is another coating, the choroid coat, lying immediately within it, and on which is secreted a black pigment which serves in the eye the same purposes which are effected by the paint which the philosophical mechanic uses to darken the interior of his instrument and which converts, in short, the eye into a camera obscura. In addition we have the iris, a membrane situated towards the anterior part of the eye-ball, and which is perforated by an aperture termed the pupil, through which the rays of light are admitted; and the iris, thus perforated, is to the eye what the diaphragm is to optical instruments, but infinitely more perfect, inasmuch as by its contractile power the pupil admits of diminution and expansion in size.

The eyeball is situated in a bony orbit, not now to be described, in which it is made to move in various directions by means of muscles of voluntary motion.

We shall find that the two eyes (and why will form a subject of future investigation) have a sympathy, as well in their sensations as motions, —the affection of the retina of one eye influences that of the other;—if the one is turned in a particular direction, the other follows the example.

The front of the eye-ball is invested by the conjunctiva, a mucous membrane, which being bedewed with mucus and tears lubricates the anterior part of the eye-ball, prevents friction, and preserves it from the injurious effects of external influences.

The eye-lids which are disposed in front of the eye, are composed thus: The inner layer is the conjunctiva, as has just been mentioned. The outer layer is the common integument; and between these are the so-called tarsal cartilages, which, however, as you may remember, are not really cartilages, but very dense fibrous tissue. These bodies give consistence and form to the eyelids. To that belonging to the upper eyelid, is affixed a muscle, which is that by which the upper eye-lid is raised. The under eye-lid is depressed by its own elasticity, and that of the neighbouring skin; the eye-lids are closed by the orbicularis palpebrarum muscle, on the description of which I do not now enter. The eye-lids are fringed by the eye-lashes. On the surface of their free margins is a series of minute apertures, the excretory orifices of the glands, called *meibomian*, which secrete a thickish fluid, contributing its share to the lubrication and protection of these sensitive margins.

Such may be deemed a general sketch of the parts which are absolutely essential as organs of the function of vision. There are other parts, however, which although not absolutely nceessary, are required to give completion to that admirable structure we have under our consideration.

You are all acquainted with the occurrence of a discharge of tears. The source of these tears is the lacrymal gland, which is situated within the margin of the orbit at its upper and outer part. From this gland proceed ten or twelve ducts, which open on the surface of the conjunctiva within the outer part of the upper eyelid.

From the surface of the conjunctiva, and the space bounded by it, the tears are drawn off into the nose by the derivative part of the lacrymal apparatus, the commencement of which is observed to be at the inner corner of the eye, in the form of the lacrymal puncta.

[The lecturer here drew a somewhat minute analogy between the structure of the eye, and that of the ear. This referred to previous lectures, and therefore cannot properly be introduced here.]

Preparatory to entering into details, the lecturer now demonstrated upon a diagram the general form and size of the eye-ball, and the relative position of the different parts of the human eye to each other. The eye-ball he showed was not a correct sphere, but is formed of two different sized segments of two different spheres, the anterior part being a small segment of the smaller sphere, and the posterior a large segment of the larger sphere. The eye may, in round numbers, be said to be an inch, but is in reality somewhat, a very little, less than an inch in diameter. It is the same from behind forwards as it is from side to side; yet it is not exactly symmetrical. The place where the two different sized segments join, is necessarily depressed; the two segments deviating from their proper courses to meet each other. On the diagram of the horizontal section the lecturer showed that the sclerotica occupies five-sixths of the circumference and is situated posteriorly; the cornea one-sixth, situated, of course, anteriorly.

The anterior part of the outer or consolidative coat of the eye is, as you know, transparent; it is named *cornea*, and on looking through it, we see the *iris*, perforated, by its pupil, floating in the watery fluid contained in a chamber bounded in front by the cornea, and behind by the crystalline lens. This lens rests on a large transparent mass, termed the vitreous humour, which is also a refractive medium, and fills up the greater portion of the posterior part of the eye, and affords the retina a surface to expand itself upon uniformly.

The crystalline lens is embedded on the anterior surface of the vitreous humour. At the circumference of the crystalline lens, there is disposed a number of minute folds named ciliary processes, which may be described in a general way as folds of the vascular membrane of the choroid.

It is to be remarked, in conclusion, that the optic nerve enters, not at the centre, but a very little towards one side of the centre of the eye-ball, and here it is enclosed in a sheath continued with the sclerotica.

Reduction of Mercurial Compounds by Organic Substances.—From some experiments instituted by Dr. Riegel, it appears that yeast, and other bodies in the act of fermentation, are capable of causing a decomposition (reduction) of mercurial compounds; thus confirming the experiments of Schacht and Wackenroder.—*Jahrb. fur Prakt. Pharm.*, vol. vii.

ON THE PHYSIOLOGY OF HEALTH AND DISEASE.

APPLIED TO VEGETABLES AND ANIMALS, BUT MORE ESPECIALLY TO MAN.

By M. RASPAIL.

Third Class of Animated Morbiparous Causes.

Scorpionides.—The *scorpionides*, of which the scorpion of hot regions is the type, form the passage or intermediate stage between the *crustacea*, which we have just been considering, and the *arachnides*, which will constitute the subject of the fifth class. In their tail, and the arrangement of their limbs and claws, they resemble the former; whilst by their eyes, and the structure of their branchial pouches, but especially by their venomous properties, they have still stronger affinity with the latter. The scorpion, that well-known and much-dreaded insect of the southern regions of Europe, is commonly found beneath large stones, in low and damp places, in the chinks of old walls, &c. These reptiles might readily be divided into several species, if we considered merely the modifications which *age* induces in the size of the animal, and *locality* in its coloration. During their periods of amatory excitement these insects seem to have a great fancy for introducing themselves between the sheets of the bed; and I have been greatly frightened in my younger days, when turning over the clothes for the purpose of getting into bed, to find these reptiles crouching up together in some corner; this is the case more particularly in wet seasons. The scorpion carries its poison at the extremity of the triangular organ in which its tail terminates; and this poison appears to be of the same kind as that of serpents: ammonia is its antidote; and, if it does not produce such disastrous effects, it is because the quantity introduced at each puncture is so small; for I have never witnessed a fatal case from the sting of this insect, at least on the sea coast of Provence. It may, perhaps, be otherwise in Calabria: the poison of animals decreasing in virulence, in proportion as we recede from the equator; the scorpions which were found rolled up on the inferior surface of the obelisk of Louqsor, the day on which it was taken from the hold of the ship, seemed scarcely to know how to make use of their stings; and if they had done so, the wound would certainly not have been so dangerous here as in Egypt, their native country, where they had embarked with the monument.*

In the North, we have also *scorpionides*, which though less appreciable to the sight, are still of a venomous nature: 1° the *chelifer cancroides* (Lamk.) which is so often found running upon the leaves of old books, and old piles of paper, and of which the *cheyletes eruditus*, which Lamarck, according to Latreille, has ranked with the *acarus*, is perhaps but the earliest form; 2° the *chelifer cimicoides* (Lamk.), which lives beneath the bark of trees; 3° the *nymphum* and *pycnogonum*, which attach themselves as parasites to the whale and other fish; 4° the *galeodes araneoides* (Lamk.), which are so venomous at the Cape and in the Levant; 5° the *galeodes fatales* of Bengal, &c.; beings so much more to be dreaded as they are smaller in themselves, inasmuch as by crawling more easily through the narrow orifices of our organs, they will the more readily mislead us as to the presumed cause of the disease. Imagine one of these small insects creeping into the frontal sinuses, during the sleep of the individual, and there introducing its poison by means of its small punctures; or suppose that it penetrate within the intestines, or the urinary passages; the disease, changing in name according to the difference of locality, will be marked by characters corresponding to the importance of the organ invaded, as also to the number of the para-

* There is a common notion, in the south of France, that, when a scorpion is placed in the centre of a ring formed of burning coals, the reptile at first endeavours to escape, but that being foiled in this attempt, and no longer able to endure the heat that is scorching it up, it curls up its tail, and darts the sting into its own head, so as to destroy itself. I have tried this experiment, but without obtaining the above result.

ites present. A sensation of indefinite crawling, eaving, throughout its passage, traces of the most acute suffering; pains in the bones, should the parasite invade an osseous cavity; neuralgia, if it insert its sting into one of the nervous papillæ; inflammation in the parts round about; rapid infection; symptoms indicative of congestion of the brain; stupor, vertigo, somnolency; subsequently delirium, cerebral fever, and probably death; and all this, without the autopsy furnishing, according to our superficial modes of investigation, any but seemingly insignificant effects, and which, alone, are totally incapable of accounting for such grave disorders. Sometimes, however, we find gangrenous eschars, spread here and there over the surface.

"M. Houlier," says Ambrose Paré, "states that he attended an Italian who was tormented by extreme pain in the back part of the head, which remained unabated till his death. And that, on the post-mortem examination, there was found, in the substance of the brain, an animal similar to a scorpion." The drawing which accompanies this case clearly represents a small scorpion enlarged by means of the microscope. One might perhaps be led to deny the possibility of this fact, from the consideration that the brain is so well protected, by the close approximation of the bony pieces of the skull, against any invasion of this kind. But we would answer that the larvæ of the fly have been known to penetrate there, opening a route to themselves; and that these larvæ have organs less suited to burrow into the flesh than the *scorpionides*. I can conceive with what facility these small insects, in their younger state, will form a passage, by gnawing the flesh and membranes, through the sutures of the cranium, and through the different holes of the ethmoid and sphenoid bones, which transmit the nerves and blood-vessels. The fact presents no impossibility in itself, and is borne witness to by authors who lived in an age when anatomical facts were noted with much greater exactitude than is the case at the present day. I may, moreover, instance the fact, mentioned by Hermann and Lauth, of an insect of the species *acaridiæ*, which was found wandering in the neighbourhood of the pineal gland. We should also bear in mind that the *scorpionides*, when they are excluded from the ovum, are no larger than mites, and that these insects do not require, for their existence, to be in immediate contact with the external air.

FOURTH CLASS OF ANIMATED MORBIPAROUS CAUSES.

Myriapodes.—The class of *myriapodes* greatly resembles the *cloportæ* in the great number of their feet, and in the elongated and homogeneous form of their body, which seems to be merely a long caudal appendix, divided into as many rings as it has pairs of feet; these insects, like the crustacea, undergo no metamorphosis, but escape from the ovum in their perfect state. The *scolopendræ* are typical of this class.

The *scolopendræ* have a poisonous bite; but, as was observed in reference to the scorpion, the intensity of the poisoning is in proportion to the elevation of the temperature; those most to be dreaded are met with in hot countries. They were anciently called *ophioctonæ*, from the fact that they seemed capable by their bite of destroying the serpent. Pliny* relates, on the authority of Theophrastes, that the multiplication of the scolopendræ obliged the Tricrians to abandon their country; as that of the rats had caused the desertion of one of the Cycladian islands. These insects seem to have a centre of vitality in each of their rings; for, when we cut them into bits, each portion moves upon its two feet, in a perfectly independent manner; and what appeared most surprising to ancient authors was, when they divided a scolopendra through the middle, to see the two halves progressing in contrary directions: the posterior half crawling backwards, while the anterior half continued to move forwards, insomuch that the animal seemed to have two heads. Modern naturalists, says Lamarck,† have asserted that certain species emit a phosphorescent light; and Linnæus and Fabricius have denominated one of these species, *scolopendra electrica*. The following incident actually came under my own observation. On the 27th of April, 1842, about half-past ten at night, while walking beneath a vine arbour, I perceived some luminous undulating streaks moving upon the ground. I hastened to seize this handful of phosphorescent earth, and placed it beneath a glass, when I discovered that the light proceeded from a number of grey terrestrial *iuli*, about the size of the *iulus* of the strawberry plant. A few instants afterwards, these iuli had lost all their brilliancy, nor did they regain it during the night, nor on the following day. But I had remarked that, in the arbour, these luminous bodies frequently left, along their tracks, especially when followed with the finger, small balls equally phosphorescent; and I discovered, on subsequent examination, that these balls were the females of the shining worm (*lampyris noctiluca*, L.), which rolled themselves up into this shape when one of these *iuli* attacked them and attempted to devour them. It was then evident, in my opinion, that the phosphorescence of these *iuli* was entirely borrowed, and that the victim had momentarily communicated its luminous areola to its executioner. This case will, I believe, be found analogous to those which have been observed by former naturalists, and will thus explain the error into which they have fallen.

We have, in the North, a *scolopendra* nearly equal in size to the *iulus giganteus* of South America, and which, as far as I have observed, acquires a length of between three and four inches; it is found among ruins, and enters our habitations during the night. The bite of this species is most to be dreaded; but we should not therefore neglect the more common and smaller species, especially those which are so fond of eating fruits, and rolling themselves up in the cavity which they have created, as the *iulus* of the strawberry plant (*iulus fragarum*), and which is also so partial to the fresh mulberries of our gardens; by eating incautiously of these fruits, although we might destroy the insect between the teeth, we should at the same time swallow the ova, which would be liable to become hatched in the stomach, and in the other cavities of our organs.

I need not here repeat the fact that these insects may glide without our knowledge into the auditory canal, into the cavity of the nose, into the anus, &c.; and that even, should we sleep long enough not to derange them too much in their labours, they would readily succeed in forming to themselves, in our flesh, the retreat which they are so accustomed to construct in the substance of strawberries and of other fruits. We have all heard the history of the poor negress,* who was condemned by her master to live chained against the wall of a loathsome dungeon, and whose feet were gradually gnawed away by these horrible beasts, without her being able to defend herself against their bite. Now, the smaller species possess the same manners and habits as the large. What then would be the phenomena induced, supposing that one of these insects succeeded in introducing itself within our flesh? Would not the first symptom be that of a tumour, or of a fistulous abscess, followed perhaps by violent pain and caries of the bone? And, should the parasite be of a small size, might we not readily be misled as to the origin of this disturbance?

FIFTH CLASS OF ANIMATED MORBIPAROUS CAUSES.

Arachnides.—The arachnides bear a strong resemblance in their organisation to certain crustacea, from which they differ principally by the number of their eyes and by their feet, which, at the adult age, are always eight in number; in some species, the young ones have but six. These insects in other respects escape from the ovum in a perfect state. Their palpæ are analogous to the antennæ of the crustacea; they have, like the latter, jaws and two large mandibles, which are, generally speaking, armed at their summit with a moveable and perforated tooth, to give passage to the poison, which they distil into the wound caused by these two nippers. It is by means of this apparatus that these carnivorous insects fix their prey, as it were in a vice, when they form the first puncture, for the purpose of introducing their poison into the wound. For all the species of this genus have at their disposal a venom, so as to stupify their prey and throw it into a defenceless condition; some have, moreover, the power of spinning, from the posterior part of their body, a web, wherein to envelope their victim. The arachnides are divided into two groups distinctly characterised as well by their habits as by their size: *spiders* properly so called, and the *acaridiæ*.

First Order.—The spider (*Aranea.*) The spider inspires us with an involuntary terror, from which education can scarcely free us. It is an instinctive and innate terror which every being seems to be endowed with at its birth. I have seen courageous officers turn pale at a wax representation of this insect. The spider is a solitary being, cunning, cowardly, and at the same time ferocious; it falls on its enemy only when it is sure of finding it in a defenceless condition; it flees at our approach, and holds itself in ambuscade in the shade, with its eyes open, and always ready to pounce upon its prey when asleep, or entangled within its net; its movements are at times rapid and hurried; its head is concealed while watching for its victim, and its abdominal cavity is so large, that it seems to form the whole of its body. It is an insect accursed by nature; for, even in its amorous moments, it is filled with distrust for the female which allures it; it foresees an executioner in its lover, and draws back with dread more than once, before yielding to the impulse which attracts it beyond the limits of its own abode. Is it not natural that we should feel fear for a being which seems to inspire a dread within its own species?*

The spider is distinguished from the *acarus*, inasmuch as the moveable hook, in which its mandibles terminates, plays over the internal surface of the mandible, whilst, in the *acarus*, it plays over the dorsal part of the same organ. It is also characterised by four or six nipple-like processes, surrounding the anus, by which it spins the silk to form its web, as also to serve the purpose of a ladder, by which it ascends or descends through the air.

The poison of the spider is so much more noxious as its habitation is more obscure and more damp. Spiders which inhabit caves, subterraneous places and privies, are especially venomous. The dampness of the place, and the state of fasting of the insect, gives renewed energy to the elaboration of its poison; the species which live in the sun, are less ravenous, and of a drier nature than the others; they confine their attacks to insects, and have, doubtless, less liquid poison to spare. Climate exercises over the quality of the poison and its morbid effects, the same influence which we have already had occasion to remark in respect to the scorpion and the viper. The effects of the bite of a spider would, *cæteris paribus*, be more dangerous under the climate of central America, Calabria, or Provence, than in the regions of the North.

THE SPIDER OF CAVES (*aranea cellaria*, LIN.) is one of the largest and most hideous species which we possess in the North. At the adult age, its body is as large as a grape-stone; of a dark brown colour; hairy above, greyish and smooth beneath; with long, black legs, covered with hair, and somewhat grey towards the extremity; its mandibles are of a green colour. We must remember that this large spider commences by being very small, so that we may meet with it under all the intermediate dimensions; it is poisonous at all ages. It dwells in cellars, the fissures of old walls, and consequently in low and damp places, privies, &c. The consecutive symptoms of its bite may vary in character, according to the size of the insect, the constitution of the individual who has been bitten, and the part attacked; that is to say, according as the hook or fang of the

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* Lib. 8, chap. 29.

† *Anim. sans vert.*, vol. 5, page 31.

* See the trial of Douillard at Guadeloupe, before the tribunal of Pointe-à-Pitre. *Gaz. de Trib.*, March, 1841.

* *Araneæ*, says Scopoli, *meditabundæ, solitariæ, vigiles, famelicæ, exosæ, fecunditate summâ, plurium calamitatum causæ.* (*Entomol. carniolica*, 1763, page 392.)

insect shall have more or less seriously injured the nervous maastomoses, and have infiltrated its poison into the blood; or lastly, according as the poison shall have chiefly attacked the capillaries or the larger vessels. The wound sometimes assumes a livid aspect; at other times there is scarcely any visible trace left behind it. This depends on the manner in which the moveable fang enters the flesh, whether by simply puncturing it, or by tearing it in a circular form. The patient quickly experiences a shivering or creeping sensation in different parts of the body; he is at first restless, then drowsy; subsequently he presents all the symptoms of poisoning by the sting of some insect; but with this difference, that the part does not swell as from the puncture of the viper, although the poison of the spider appears to be of the same nature as that of serpents, since it yields to the same antidotes. There is a very interesting case of poisoning of this kind recorded in "The American Journal of the Medical Sciences, for 1839." Montmahon also speaks of a man who died in less than twenty-four hours from the accidents resulting from the bite of a spider. I have myself frequently met with phlegmonous swellings, having a collection of purulent matter in the centre, which, in my opinion, resulted simply from the punctures of small spiders, and which were accompanied by the following symptoms:—numbness and swelling of the whole limb, burning fever, acute pain, stupor, loss of appetite, &c.; symptoms which persisted for some time, and yielded but with difficulty to an appropriate treatment.

The inhabitants of the country have a custom of never sweeping spiders or their webs from the stables, and for the two following reasons: first, that spiders, by devouring the flies and other insects, deliver the cattle from the enemies which worry them most by their stings; secondly, from the fear of their dropping into the fodder, which would thus render the animals liable to swallow them alive. Now, we may conceive how much more dangerous the puncture of the spider would be, if the insect performed it in the cavity of the mouth, in the fauces, the œsophagus, or the trachea! And this not uncommonly occurs in spite of all precautions. I am perfectly convinced that the presence of spiders in stables, however useful in the one respect, greatly outweighs these advantages, by the dangers which are incurred in the other sense. Should there then be two stables at hand, I would advise the one to be carefully swept out, the walls whitewashed, and chloride of lime or soda sprinkled over the ground, while the cattle are kept in the other; great benefit will be derived from this system of cleanliness. How many cases of disease do we not meet with, the causes of which are at present unknown, but which may, in reality, arise from the puncture of these insects, especially if they should happen to introduce themselves into the cavities of the nose, of the mouth, &c. We cannot too strongly impress on the attention of those medical men, who are in the habit of attending the poorer classes, as well as on that of veterinary surgeons, and such as have the care of animals, never to lose sight of this cause.

The Tarantula (*aranea tarantula*, Lin.), which derives its name from Tarentum, a town of Apulia, in the neighbourhood of which the bite of this insect appears to be very common at certain periods, is the species which presents the greatest interest, under the aspect in which we are now considering it. The *tarantula* is common in Calabria, in Romagna, &c.; and, according to Matthiolus, throughout the whole of Italy. It is a large spider which lives under ground, in deep caves and beneath stones, whence it darts upon its prey, or upon the legs of the reapers. Its body is of an ashy-grey colour above, black beneath, with black and triangular spots upon the back; its legs are also dotted with black.

Some writers have called in question the effects commonly attributed to the bite of the *tarantula*. Matthiolus, however, an author of undoubted veracity, speaks in the following terms: "They who are punctured by them," he says, "are variously tormented; for some sing, some laugh, some weep, some cry incessantly; some sleep, and others are affected with constant wakefulness. Some vomit; some leap and dance; some are attacked with copious perspirations; some are victims to constant terror; while others, again, are greatly agitated, and fall into violent paroxysms of rage;—a diversity of passions, arising from the diversity of poison of the insect, from the variety of constitution, and from the jovial or melancholic character of the patient. I have seen various reapers, who have been bitten by these spiders, and who have been tormented in the manner I have described. But what is most curious in these cases is, that the patients are immediately relieved by music. I can assert that those persons who are labouring under this affection seem to forget their pains as soon as they hear the sound of a musical instrument; and that they leap and dance about as gaily as if they never had been ill; but so soon as the instrument ceases to be heard, they fall upon the ground, unable to maintain themselves, and become attacked with all their original pains. For this reason, hired musicians should be engaged; one player replacing another when fatigued, so that the patient, being as it were compelled to dance and leap about, forces the poison from his body by means of the copious perspiration which is induced. At the same time, we should not neglect to administer to them the other remedies recommended against the bite of venomous animals." Does not this description, as given by Matthiolus, agree in its principal points with most of the cases of chorea or St. Vitus' dance, which we find recorded in the writings of various authors?—cases so variable in their duration, their intensity, and their symptoms. I would not, however, include under this head those cases of *nervous* and *chronic tics*, which are dependent solely on some permanent change in the symmetry of the nerves, and which belong rather to the group of imperfect paralyses.

I have previously spoken of the power of fascination which serpents exercise over small birds. Now, the spider seems to possess a similar influence over even the strongest insects. I have myself observed very curious incidents of this kind. I have seen insects, previously full of life and vigour, paralysed and rendered perfectly motionless by the mere approach of the spider, without the latter either touching or applying its mouth near its victim; but merely, so to speak, executing a few magnetic passes.

I shall terminate this subject by making the same observations, in reference to aquatic spiders, or those which spin their nets upon the surface of the water, as have been suggested to us by aquatic animals of another species. We may as readily swallow the ova of these insects as the ova of the salamander, the frog, the crustacea, &c., whether in a mass, as in their silken shells, or in the more minute particles which may be scattered over the water, after their having been torn in pieces by the tooth of some animal, or by some other accident. These ova, which are excessively numerous in each shell, are capable of becoming hatched in the stomach, and there assuming a certain development, the various phases of which will be marked by the most disastrous effects on the system.

Artificial Anus.—Mr. Tennent has related in the *London and Edinburgh Medical Journal*, a case of artificial anus, resulting from obstruction of the bowels, in which he is firmly of opinion that there was not any hernia. The usual means to remove the obstruction of the bowels were carefully employed without success, till the third day of treatment—the seventh of obstruction—when, simultaneously with their evacuation, the patient was alarmed by the sudden giving way of something in the right groin, immediately followed by profuse discharge. On examination, a small opening was observed below Poupart's ligament, and precisely opposite the crural ring, the nature of which was quickly demonstrated by almost all fluid ingesta escaping from it, nearly as soon as they were taken, without having undergone any change. During the process of digestion the discharge was albuminous, of a deep yellow colour, staining tenaciously the linen with which it came in contact. The artificial opening soon closed up, and while yet patent, the bowels acted *per anum*.

PARISIAN INTELLIGENCE

(FROM OUR OWN CORRESPONDENT.)

Paris, Feb. 15, 1841.

On the Pathology and Treatment of Typhus and Dysenteria.—A patient who died in the wards of M. Piorry, at the Pitié, from pneumonia complicated with typhus, offered at the autopsy recent cicatrices not only in the ileum but likewise in the large intestine, or in other words the characteristic lesions of two disorders (typhoid enteritis and dysenteric enteritis or colo-rectitis) considered hitherto as perfectly separate. This fact furnished this distinguished professor an opportunity of comparing the pathological lesions which occur in the intestinal canal, in typhus and in dysenteria. 1° *Typhus* (*typhoid enteritis.*) The seat of the alteration is chiefly towards the end of the ileum; sometimes, though not frequently, in the large intestine, near the valvula Tulpii. It affects generally the glandulæ Peyeri, though in some cases the folliculi Brunneri offer a similar lesion; gives rise to all the organic changes produced by inflammation; generally presents in the glandulæ Peyeri, the elongated and irregular oval form peculiar to the agglomeration of these glands; begins by redness which manifests itself at the same time as the other symptoms of the disease, and which lasts ordinarily until the other lesions, around which it is to be seen, are cured. This redness may be uniform or dotted, varying in its tints from the light red to the violet, and dark red or almost black, and is to be found principally at the points where the fœcal matter accumulates, and near the valvule of the ileum. The *glandulæ Peyeri* present in the beginning, a marked tumefaction, the more so as it contrasts with the depression observed frequently in the normal condition. In the midst of these glands, and under the mucous membrane, recent researches have discovered the existence of a pseudo-membrane which is formed at the very beginning of the disorder. At a more advanced stage ulcerations show themselves on the glandulæ Peyeri and folliculi Brunneri, and differ in depth and extent. In general they are deep; their colour greyish; edges swoln, perpendicular; form irregular; and these symptoms are more and more evident as the disease is more dangerous and has lasted longer. Some are very small, while others offer upwards of one inch or one and a half inch in dimension. Several may take place very near each other, and become united by a point of their circumference, producing thus an ulcer of a very irregular form. Their number varies, being in an intestine often ten, fifteen, twenty, and even more; in some cases the valvula Tulpii is covered; and generally the nearer to the cœcum, the greater their number, their extent, and their gravity. The ulcerations of the folliculi Brunneri offer the same character, and differ only from the seat being in a different part of the canal. If the disease be of short duration or very benign, the mucous membrane alone is ulcerated, and the muscular fibres may be seen in the bottom of the ulcer; but when the disorder is intense, the latter are likewise destroyed, and the peritoneal coat alone remains, easily recognised from its thinness and its shining aspect; finally, this last itself may be perforated, as if with a punch, to the extent of 0·039 of an inch or more. Frequently the surface of these ulcers is covered with layers of coagulated blood, and around them the intestine loses its consistence and becomes soft, or is infiltrated with substances mixed with impaired blood. In very serious cases, when the local phlegmasia and the typhoid symptoms run very high, gangrenous eschars are formed, occupying the mucous membrane alone, or the subjacent ones likewise; circumscribed, and in some cases nearly or completely separated from the surrounding parts. These lesions exist at the same time in different portions of the intestine, and though in all probability they began at the same period, still they do not go through their stages with the same rapidity, for it is very common to find on some parts deep ulcers, while others are merely red or slightly tumified. Almost always the mesenteric glands, situated near the diseased portion of the intestine, offer lesions whose intensity and gravity is more or less according to the intensity or

gravity of the cause. These lesions are, redness, tumefaction, induration, ramollissement, suppuration, which may attack several glands or be limited to part of one only. Sometimes they persist after the primitive lesion has disappeared. The liquids contained in the diseased intestines are generally very fetid, are formed by the remains of the food and chyme mixed with mucosities of a yellowish green colour from the presence of the bile, and at a more advanced stage with pus, blood, &c. These liquids are sometimes so viscous that they adhere to the surface of the mucous membrane; so abundant that they distend not only the ileum but also the large intestine; and so irritating that an eschar is produced when they are kept some time in contact with a part of the body. This irritation is increased by the presence of a considerable quantity of fetid gases containing ammonia and sulphydric acid. The stomach and large intestines present the lesions to be met with in ordinary phlegmasiæ, such as redness, softening of their membranes, &c. Sometimes the colon and rectum are the seat of eschars, probably owing to the contact of the liquids furnished by the ileum. The other pathological alterations being foreign to our subject need not be mentioned. 2° *Dysenteria* (dysenteric enteritis or epidemic colo-rectitis.) The lesions to be observed in this disease are very similar to those of the ileitis just described, and of the simple colo-rectitis, except that they are more intense and of greater extent than those observed in the latter. Its pathological characters are ulcerations, hemorrhage, infiltration of blood, and gangrenous eschars, combined with other organo-pathological conditions similar to those of typhus, and are the more intense according as they are situated nearer the anus.

These are the pathological characters by which typhus may be distinguished from dysenteria after death. Let us now pass in review the various means by which their diagnosis may be established on the living subject. *External examination.* In both, the abdomen is tumefied, tense, and when they have lasted some days, meteorised. Sometimes in dysenteria after a certain time, the abdomen, at first distended, sinks inwards, the intestines retract in the same way as the bladder, after undergoing considerable distension. This symptom does not appear before an advanced stage of the disease, and then after a prolonged abstinence. Except in this case, the abdomen, when examined, is found to be as tense and as highly developed in dysenteria as in typhus. *Ejections.* In typhoid enteritis, the stools are formed of the same liquids as those contained in the intestine, and which are found after death, viz.: —greyish mucosities in the midst of which mucous globules float; pus in reality or in appearance; impaired blood; black bilious fluid; chyle more or less modified, and remains of food which vary in quantity according to the kind of food taken. These liquids are mixed sometimes with an immense quantity of gas; and sometimes with serosity which is never so pure as that found in cases of cholera. In dysenteria, the pus found in the stools presents its physical qualities; the blood is unchanged and much more abundant than in typhus, which is easily accounted for on reflecting on the greater number of blood vessels which exist in the large intestines, and the energy of their contraction as compared to that of the small intestine by which a greater quantity of blood is exhaled. Finally, eschars of the intestinal membrane are found in the stools in both diseases. *Palpation.* By the touch we may recognise in typhus, tumefaction; pain, according as the intestines are or are not distended with gas; a rumbling noise (gargouillement) which takes place not in the ileum, as is generally supposed, but in the cœcum. *Auscultation.* When the stethoscope is placed on this region the *hydraeric sound* is heard, a sound which I signalized long before the *gargouillement* was described as one of the symptoms of typhus, and which is nothing more than the rumbling noise heard by the ear instead of being felt by the hand. This noise may likewise exist in colo-rectitis, but the seat is no longer in the right, but in the left fossa iliaca. *Plessimetric percussion.* When the small intestines in typhus contain solid matter, a dull sound is perceived above the umbilicus in the right fossa iliaca, and in the pelvis; whilst if they are distended with gases, a hollow sound is heard. This is very important, as the treatment is different in the two cases. Above the small intestines, the stomach and duodenum may be distended with gases. As to the large intestines, percussion reveals the following characters. In some cases the colon is filled with fæcal matter, the parts above containing gases generated by the fæces; this is revealed by a dull sound in the colon, and the *hydraeric sound*, caused by the presence of the gases in the liquid, contained in the intestine. The gases are sometimes generated in such immense quantities as to push the diaphragm upwards, and give rise to symptoms of asphyxia. *Symptoms* in typhus: The pain is slight in the region corresponding to the ileum, i.e., below the umbilicus and between it and the right fossa iliaca; increased by pressure, and sometimes disappears completely, though the disease continues. Anorexia, nausea, vomiting of bile or mucosities, liquid stools composed of mucous or bilious substances, of a yellow or green colour, mixed with fetid fæcal matter. It happens sometimes in the beginning that they are few in number, or do not take place at all; but this seldom occurs; and even when it does, in a more advanced stage they become very frequent, the bowels being acted on fifteen or twenty times in twenty-four hours. In the generality of cases the liquid lost by the patient is so enormous, that anæmia is produced; the pulse becomes weaker, more rapid, easily depressed, the veins empty; the skin is pale, dry, and hot; the heart beats violently; the tongue is dry, and covered with a greyish, blackish, and fetid coating; fæces and gases accumulate in the intestines; coats of the stomach and the intestine softened; perforations of the intestine; ulcerations of the colon and rectum; intestinal hæmorrhages; hypertrophy of the spleen; pulmonary congestions and phlegmasia; accumulation of a frothy mucus in the bronchi; encephalitis, and cerebral ramollissement; eschars of the skin, &c. To resume: dysenteria (*dysenteric colo-rectitis*) differs from typhus (typhoid ileitis). 1° by the seat of the pain which is in the colon and rectum; 2° by the greater number of evacuations which take place in a given time; 3° by the stools being first mucous, then sanguinolent, and finally puriform or purulent, or sanious and fetid. 4° by the small quantity of matter evacuated each time, and the pain these evacuations give rise to; 5° by the variety of accidents of the brain and chest, and their frequency in the liver. *Development and duration:* When acute, the inflammation and ulceration of the intestine generally disappear in the space of from ten to thirty days, but they may be followed by *non*-inflammatory diseases or other organic lesions of the intestines, or various disorders of the mesenteric glands. Very often when the local affection of the intestine is terminated, when the ulcerations are on the point of cicatrizing or quite healed, the continuation of the consecutive accidents may produce a chronic disorder, such as pneumonia, anæmia, sphacelus of the sacrum, &c., and subsequently death. According to the doctrines prevalent, these accidents are considered as the disease itself, and consequently the previous treatment is continued; whilst in my way of viewing the subject, they are simply different organo-pathological lesions which succeed or complicate each other, and which require very different treatment. *Prognosis* differs according to, 1° the intensity of the general symptoms; 2° the gravity, and extent of the disorder in the digestive organs; 3° the number, the kind, and the intensity of the concomitant organo-pathological lesions. *Etiology* and *Pathogeny.* The chief cause of enteritis and colo-rectitis, is the alteration of the blood from a septic cause (septicemia), consequently, the etiology of the one is the same as the etiology of the other. It may, notwithstanding happen, that certain causes act in a direct manner on the digestive canal, and give rise to very serious symptoms, for a great number of observations show that the phlogosis of the intestinal canal is often the cause of typhus and dysenteria. In this latter, the septicemia and its consequences are not the only cause, as others exist at the same time, such as heat, acid and watery fruit eaten in abundance, and especially if not quite ripe; thus, septicemia instead of being the cause of typhus or dysenteria, is, on the contrary, the result; not only in this instance, but likewise when gangrenous ulcerations are developed on the mucous membrane of the intestine after enteritis, and the putrid liquids they furnish are absorbed, or when the product of the gangrenous ulcers situated on the sacrum or trochanters are absorbed. It is to the co-existence of these different organo-pathological conditions, that the divergency of opinion is to be attributed. Some practitioners consider septicemia as the result of typhoid or follicular enteritis; others, on the contrary, and I am of this opinion, consider the general symptoms observed at the commencement of the disease, as caused by the alteration of the blood, produced by the miasma which is the result of vitiated air, or by the action of a contagious septic cause.—*Treatment*: whatever opinion we may entertain as to the nature of the disease known under the name of typhus fever; however great sceptics we may be; let the results of the statistics be what they may, it is impossible to deny that each organo-pathological condition requires a special treatment. Thus hypertrophy of the spleen, which is frequently met with, yields to the sulphate of quinine; the accumulation of fæces, to purgatives; anæmia, to nourishing food. Inflammation and ulceration of the glandulæ Peyeri, or of the mucous membrane of the colon and rectum, are very dangerous symptoms, and must be treated as simple phlegmasia. Thus, in the beginning, give soothing and mucilaginous liquids, by the mouth, by the rectum, or by both at once; in severe cases, local bleeding by leeches on the hypogastrium, or the anus in dysenteria; persevere in these remedies as long as the local symptoms seem to need it, unless the patient is too weak. The first and principal point in typhoid enteritis, is not as Broussais advanced, to prevent the intestine from performing its functions, but to hinder any irritating substance coming in contact with the diseased portion. Three causes exist which may be productive of serious consequences. 1° the liquids contained in the intestines; 2° the food taken; 3° the medicines administered. 1° *Liquids contained in the intestines.* The fluids which produce no accident when the digestive organs are in their normal condition, become a source of much irritation when the mucous membrane is inflamed or ulcerated, especially when they are composed of bile, acid liquids, or the residue of the digestion, which after becoming putrid remain in the intestine; as when bile penetrates into the peritoneal cavity, and fæces into the cellular tissue surrounding the rectum, intense inflammation, abscesses, and eschars, are the result, so the presence of these liquids on the ulcerated surface of the intestine may cause increased inflammation and eschars. Thus not only is the part of the intestine in which the liquids sojourn the seat of the most serious alterations, but likewise the qualities of the blood are changed more or less, according to the quantity of these liquids absorbed. The principal indication that here presents itself is, to produce the evacuation of the liquids contained in the digestive organs by means of enemata, pressure, frictions on the abdomen, and purgatives, these last chosen among the mildest, such as the sulphas sodæ, sulphas magnesiæ, oleum ricini, &c., and must be repeated according to the amelioration produced, and according as the intestines do or do not contain more matter. 2° *Food taken:* Ought a patient to be permitted to take any food during the first fortnight? In reading attentively the numerous observations recorded, we perceive that in the commencement of typhus, mucilaginous decoctions, veal or chicken broths, barley or rice water, &c., alone are given; when the convalescence is established, broths, soups, rice puddings, &c., and finally, at a still later period, gravy soup, fowls, roast meat and wine. But the mode of treatment is evidently the result of the influence which the opinions and writings of Broussais had on the generality of practitioners. One would suppose that these substances were poisonous, and that the intestinal phlegmasia would be aggravated by the presence of rice, gelatine, or fecula, which are daily employed advantageously as poultices when similar diseases affect the skin. In my opinion the danger has been greatly exaggerated, and I think that the contact of the bile and of the acidities generated in the stomach, are far more con-

ducive of accidents and irritating than light mild food. Again, abstinence persevered in for some time, reduces the patient considerably, and increases the anæmia produced by the immense quantity of liquids lost. Consequently, contrary to the mode of reducing generally adopted, I permit the patient to take some nourishment as soon as he feels the want, and that in the beginning of the disorder, and when the stools are frequent. By this method the convalescence is shorter, and the mortality much less. To resume: In typhus (typhoid enteritis), in the generality of cases, I allow the patient to take some food as soon as he feels the wish and the need, choosing what by experience he has found the most easily digested, beginning with small doses and increasing them gradually if they produce no accidents, and still more so if they are followed by beneficial results. 3° *Medicines administered:* The ingestion of medicines in the digestive organs is considered by some authors as very injurious, by others as useful, and by others again as quite indifferent. Now there is some truth in each of these opinions. Before proceeding any further, it may be as well to remark, that, very frequently, the substances given in a liquid form, or being very soluble, are absorbed ere they reach the jejunum, and still more so the ileum and rectum, and therefore cannot irritate these parts. For the same reasons it is difficult to admit that they are useful from their action on the portions of the intestinal seat of the disease. These considerations are applicable to all medicines which do not stimulate the intestine to such a degree as to produce its contraction, as far as the diseased portion. The sulphas quininæ itself, if made soluble by an excess of acid, is almost entirely absorbed in the stomach and duodenum, the rapid diminution of the spleen when it is administered being a proof; this explains why, in many cases of hypertrophy of the spleen, complicated with typhoid enteritis, it may be given with advantage and without aggravating in the least the latter. The same remarks are applicable to other tonic remedies employed with impunity by some practitioners, whilst others consider them as very irritating and highly injurious. But purgatives may be carried as far down as the diseased parts, by the energetic contractions of the intestines caused by their presence, and then do they irritate the inflamed parts? This is very probable, for if placed in the mouth, when this last is the seat of ulcerations, they cause pain. Now, is that enough to prevent their being employed? I do not think so, their action being but momentary; for they are soon carried beyond the disease, and can therefore be injurious only when they remain for a long time in contact with the parts affected, which may take place when the patient is constipated. Again, the passing irritation is less dangerous than that caused by the presence of the bile, fæces, and other liquids found in the intestine. It may, therefore, be concluded that the benefit supposed to be produced by the influence of diverse medicines on the glandulæ Peyeri is problematic—that most of the substances given with this intent act neither one way nor the other—that many act after having been absorbed, and produce beneficial effects, more by their action on the whole system than on the intestine—that mild purgatives may be given without danger. In dysenteria these different remedies may be made to act directly on the parts affected, by means of enemata, emollient in the acute period, narcotic if the pain is intense, tonic at a more advanced stage, and slightly caustic (a weak solution of nitras argenti) when we wish to modify the state of the mucous membrane. Finally, said the Professor, in the treatment of *septicemic* enteritis and colo-rectitis, great attention must be paid to the consecutive symptoms which indicate the existence of other organo-pathological conditions, such as excessive diarrhœa; extreme distension of the intestine by gases or putrid substances; a serous flux so abundant as to give rise to anæmia. These complications may be productive of very serious and even fatal accidents, and ought therefore to be watched over with as much care as the primitive disease itself.

Prizes.—The Society of Pharmacy will give a gold medal to the author of the best essay on the following subject:—"Point out the best method to be employed to isolate the active principle of digitalis; describe its chemical nature and properties." Memoirs in French or Latin must be sent (p.p.) to *M. Soubeinan, Secretaire Général de la Société de Pharmacie*, Rue de la Arbalète, Paris, before the 31st of August, 1844.

Academy of Sciences, sitting on the 12th Feb.—M. Elie de Beaumont (Vice-President) in the chair. At the request of the *President du Conseil des Ministers*, the Academy named Messrs. Chevreul, Duhamel, and Lamé, as candidates to be presented, with three from the Polytechnical School, to his Majesty, among which gentlemen will be chosen the director of the studies in that school, vacant since the death of Coriolis.

On the Resin of Magnas.—Professor Dumas presented in the name of M. Lewry a memoir on the resin of magnas. This resin comes from America, and principally from the province of Magnas, whence its name. According to M. Goudot, it is furnished by the *calophyllum ealoba*, a tree found in the plains of St. Martin, and of the Orenoco, and in the Cauco; in the second, it is known under the name of *palo di Maria*, and in the third, under that of *palo di Ascito*. Obtained by incisions made in the tree it is, when recent, white and insipid, but becomes yellow and thick when exposed to the air. MM. de Humboldt and Bonpland say it is produced by the *calophyllum longifolium;* no doubt, therefore, can exist as to its origin, and it ought to be called *resin of calophyllum*, instead of *resin of magnas*. When dissolved in boiling alcohol, and allowed to cool slowly, it crystallises in beautiful oblique rectilinear prisms, of a fine yellow colour. Four different samples analysed, furnished on 100 parts:—

Carbon ..	67·22	67·43	67·59	67·63
Hydrogen	7·31	7·34	7·25	7·29
Oxygen ..	25·47	25·23	25·16	25·08
	100·00	100·00	100·00	100·00

Which may be resumed in the following formula:—

$C_{14}\ H_9\ O_4$ (C = 75 H = 12·5) or

C_{14}	=	1050	67·20
H_9	=	112·5	7·20
O_4	=	400	25·60
		1562·5	100·00

the same as that of benzoic acid, with + 43. To obtain these crystals pure, the resin must be dissolved in caustic ammonia; the solution heated so as to drive off the excess of ammonia, is precipitated by the nitrate of silver. The resin forms compounds with potass, soda, and ammonia, even when cold; is insoluble in water; soluble in alcohol, ether, essential and fixed oils; density 1·12; melts at 253° F., forming a transparent glass; once melted it remains some time liquid, and is solidified at 194° F.; distilled produces an empyreumatic oil, and leaves a charcoal; cold acetic and sulphuric acids dissolve it; with this last it forms a solution of a fine red colour, from which water precipitates the resin unchanged. Heated with chromate of potass and sulphuric acid, carbonic acid gas is disengaged, and formic acid produced. Mixed with *acidum nitricum fumans*; considerable reaction takes place, and when water is added, an azotised acid is obtained, of a yellowish white, non-crystallizable; soluble in alcohol. If nitric acid at 36° is poured on this resin, a great quantity of gold-coloured vapours are disengaged, especially if the solution be hot, and butyric acid is formed, leaving in the retort a liquid, which gives, when concentrated, small crystals of oxalic acid, and another crystallised salt, soluble in water, and precipitated by the salts of lime; but in such minute proportions that it was impossible to say of what kind.

Opium of Algiers.—M. Payen read a supplementary report on the opium of Algiers. In order to clear up certain doubts concerning the quantity of morphia contained in the opium collected at Algiers, by M. Simon, the Minister of War sent the morphia to the Academy with a memoir containing the analytic method employed by M. Herpin, chief pharmacien at Algiers, and at the same time a sample was received from the East. Both, though crystallized, were impure, for one was of a pale red, the other of a greyish yellow colour, owing probably to the presence of foreign substances between the crystals. The morphia extracted from the opium, collected by M. Simon, weighed about 71 grains, and dried under the pneumatic machine 70½ grains. Broken and washed first in ether and then in diluted alcohol, and finally dissolved in boiling alcohol filtered and evaporated, it produced white crystals of pure morphia. The foreign substances contained in the mother waters, produced:—

	Grains.
1° A substance soluble in ether of a yellow colour and resinous aspect	1¼
2° A substance soluble in diluted alcohol of a yellow colour	1
3° Insoluble substances	¼
	2½

In deducting these 2½ grs. × 2 grs. lost when it was purified, there remain only 66 grs., which, if procured from ʒj of opium, is about the same quantity as was obtained from that collected by M. Hardy.

On *Kermes mineralis*,—M. Bonjean addressed a letter to prove, that when kermes mineralis was administered internally, it was not absorbed, but was rejected by the stools. A mare, affected with chronic pneumonia, took in the space of ten days ʒvj. of kermes mineralis, mixed with honey, extract of juniper, and powdered gentian. After death the following lesions were remarked: no blood in the abdomen; but instead, there existed an immense quantity of yellowish, nearly transparent, liquid, not so thick as the blood, but of a somewhat similar odour; when cold, coagulated into a solid jelly and remained thus after twenty days in a room where the temperature was never below 50° F. In the heart, the blood was thicker and redder than in the normal state, as if all the colouring matter had collected in that organ; did not coagulate on cooling, and three months after, though slightly decomposed, was as red and as liquid as when removed from the body. The urines were yellow, thick, transparent, reddened the tincture of tournsole, and preserved these qualities when kept twenty days in a corked phial. In order to ascertain if the kermes was absorbed, lbj of the animal was dried in a porcelain capsule, and then mixed with azotic acid, which caused a rapid effervescence. The acid solution, evaporated, furnished a charcoal, which when raised to a red heat deflagrated, and when mixed with diluted chlorhydric acid, boiled for half an hour, filtered and tried in Marsh's apparatus, produced no antimonial spots; other parts carbonised with azotic acid and chlorate of potass, and submitted to Marsh's apparatus gave no traces of antimony The same negative results were obtained when the charcoal of the preceding operations mixed with the urines was employed. These experiments convinced me that antimony was not absorbed, but in all probability eliminated in the fæces; to ascertain the fact ʒj. of dung was carbonized by azotic acid, and the charcoal, mixed with diluted chlorhydric acid, filtered, concentrated and tried in Marsh's apparatus, gave *evident proofs of the presence of antimony*. The best and most economical method for detecting it is the following: carbonise the parts with sulphuric acid, add diluted chlorhydric acid to the charcoal, boil half an hour, filter and concentrate the solution, and test it with Marsh's apparatus. From what precedes it may be concluded, 1° that *kermes mineralis* administered internally is not absorbed like the soluble salts of antimony, and in all probability the same takes place with all the insoluble salts of that metal; 2° that in a case of poisoning with an insoluble salt of antimony, that substance must be sought for in the liquids vomited, in those contained in the intestinal canal, or in the fæces; 3° that the best method that can be employed to detect its presence, is that above described, which is similar to that proposed by MM. Danger and Flandin, the only difference being the omission of the azotate of soda recommended by these experimenters.

Academy of Medicine, sitting of the 13th Feb. M. Ferrus in the chair. A ministerial letter having been received, containing his Majesty's approval of M. Prus' nomination to the vacant seat in the section of medicine, that gentleman is requested by the President to take his place among his colleagues.

The discussion on the fibrous tumours of the

mammæ resumed.—*Professor Cruveilhier:* Before other orators have been heard on this question, I wish to reply as briefly as possible to the learned discourse pronounced in the two previous sittings by Professor Roux. In beginning it, he said that it would be very unfortunate if my opinions were to extend beyond the walls of the Academy, because many poor women would be victims to this disorder, by neglecting to have it removed until it was too late. Now I did not say the operation ought not to be performed, but that certain tumours, whose anatomical characters were such as I described, might be left without danger, because they never became cancerous. Afterwards, taking my propositions (which he calls assertions) one by one, he affirms that they are erroneous—that fibrous tumours are seldom met with in the mammæ, and resemble those of the uterus but by their denomination. On the contrary, I maintain that they are very frequent, and are of a similar nature to the fibrous tumours of the uterus; for as animals and vegetables, though of the same species, offer slight differences according to the climate, the country in which they live, and various other causes to which they are exposed, so diseases, though they may differ somewhat according to the organ in which they develope themselves, yet belong to the same class, and may be recognised by certain fundamental characters.—That fibrous tumours were known long since: in this respect I coincide with him. I am aware that I described nothing new; but what I wished was to point out with greater accuracy and certainty than heretofore the anatomical characters which distinguish these tumours. Bayle, in his treatise on cancerous disorders, says fibrous tumours may affect the mammæ, and assigns to them the same characters which I mention as pathognomonic. Sir A. Cooper says, in one part of his memoir on this subject, that they degenerate sometimes; and, in another, that they may be absorbed. Evidently this distinguished surgeon makes a mistake; the first were cancers, and the second could not be fibrous tumours, because these last are never absorbed.—That the diagnosis is further advanced and better known than I admit; but if that be the case, how comes it that so many errors have been committed, and that Professor Roux himself removed, thinking it was a cancer, in one case a breast the seat of hydatids, and in another, one affected with a chronic abscess.—That (and this proposition is the most important) fibrous tumours degenerate: now I maintain that this is never the case; and, if the surrounding parts become cancerous, the fibrous tumours remain unchanged in the midst of the mass, as was seen in a case recorded by Bayle.—That in the generality of cases the operation ought to be performed: in this respect it is not astonishing that we should differ in opinion, for we start from points diametrically opposite; for he considers that fibrous tumours may become cancerous, whilst I maintain a contrary opinion. Here I consider myself fortunate to be able to oppose to M. Roux the opinion of Sir A. Cooper, who, when speaking of chronic mammary tumours, thus expresses himself:—"If consulted by a patient affected with this disease, you may tranquillise her, assuring her that it is not dangerous, as it never becomes cancerous, and consequently the operation is not absolutely necessary; if, notwithstanding, she wishes to have it extirpated, the removal may be done without danger, for in most cases it is followed by no serious accidents." Again, "when they attack young ladies still single, not only do they remain stationary after marriage, but likewise sometimes disappear during pregnancy." In conclusion, therefore, I maintain that theoretically the operation is not absolutely necessary, and practically that the diagnosis is not so difficult as Professor Roux imagines, or how could he assert that in some cases he can assure the patient that her disease will not reappear.—*M. Desportes:* In my opinion these tumours are formed of laminæ or fibres, between which deposits of different kinds take place, and which may be absorbed or undergo various changes, giving rise to the numerous species of tumours met with. In conclusion, M. D. proposed the insertion of Professor Cruveilhier's communication in the memoirs of the Academy.—*Professor A. Berard:* The ideas emitted in the several speeches delivered since the commencement of this discussion may be considered, more or less, as repetitions of those of Professor Blandin. I myself have but little to add; still I think it my duty to raise my voice against the opinion of Professor Cruveilhier. No one can deny that there exist in the breast benign and malignant tumours; but in my opinion the former do not resemble the fibrous tumours of the uterus, nor do I think it possible to establish a certain diagnosis; for what are the characteristic signs? mobility, mammæ free of disease, absence of pain, excessive firmness; but all these may be met with in encysted cancer, and even in the first stage of those that are not encysted. Not long ago I removed from the breast of one of my patients a tumour, which on examination proved to be cancerous. This tumour, after remaining seven years—mobile, not painful—became all at once adherent, the seat of lancinating pains, and in the course of 18 months so voluminous as to necessitate the operation. Sir A. Cooper describes a species of benign tumour *(mammary tumour)*, which is formed by the union of small lobules about the size of a lentil or pea. As yet I have not had an opportunity of meeting with a tumour of this description. If, therefore, the diagnosis is impossible, what ought to be done? If the patient is young, not fearful as to the result, the tumour small, not painful, mobile, the operation may be postponed; on the contrary, if the patient is elderly, fearful, the tumour large, or on the increase, painful, adherent, the operation is necessary.—*M. Lisfranc:* I do not think these tumours are as frequent as Professor Cruveilhier imagines. During the last 15 years I have had numerous opportunities of removing tumours of the breast, and in the immense majority of cases they were of a different nature. Two circumstances exist which prove the exactitude of this assertion. 1° Resolution may in a great number of cases (perhaps half) be obtained by an appropriate treatment; they cannot therefore be fibrous, for this never takes place. 2° The number of relapses which are perceived. As to the diagnosis:—*Mobility:* all surgeons who have had occasions of studying this disease know that other tumours (lymphatic, for instance) which develope themselves near the mammary gland are mobile. *Inequalities:* but fibrous tumours do not always present them, and they have been met with in scirrhus and *engorgements* produced by a phlegmon. *Hardness:* certain swellings may be met with which are as hard as a flint, but by appropriate remedies are softened, and finally absorbed. Scirrhus itself may remain stationary for a considerable time, not one or two years, but even 20, 25, and 30 years, and all at once increase rapidly, so as to offer in the course of two or three months an immense size. These tumours, when examined after the operation, are found to be carcinomatous, and if they had been attended to in an early stage might perhaps have been cured without being obliged to have recourse to the knife. *Not painful:* scirrhus, indurations, hypertrophy, lymphatic ganlions, do not for some time cause pain, and on a sudden become dolorous and degenerate; again, fibrous tumours are sometimes accompanied by lancinating pains, which in some cases may be owing to the pressure exercised on a nerve. It must be admitted that, in leaving a tumour in a part so sensitive as the mamma, especially at a period when its susceptibility is increased by the cessation of the catamenial flux, it may become indurated, or the lymphatic glands irritated and obstructed by the pressure of the fibrous tumour and become cancerous. From these considerations, I conclude that fibrous tumours have no pathognomonic signs;—that delay is dangerous;—that if any doubt exist they must be extirpated; for, though the operation may be followed by serious, if not fatal consequences, still the danger is greater if it is not performed;—that they may produce cancer in the surrounding parts;—that they degenerate. I have seen Dupuytren remove tumours which were partly carcinomatous, partly fibrous; and lately I extirpated two polypi from the uterus, and found one to be cancerous; if this, therefore, takes place in the uterus, surely it may likewise be found in the mammæ.—*M. Amussat*—Want of space prevents my giving the opinions developed by the learned member in a most elaborate speech. It (through the kindness of the author) shall, however, be given at length in my next.

Garland de Beaumont, D.M.P., B.L., & S.,

Honorary Physician to the Spanish Embassy.

HOSPITAL REPORTS.

Synochus.—William Peachey, age 39, a machine-maker, of temperate habits, short but strong stature of body, and dark complexion, was admitted into Luke's Back-ward, St. Bartholomew's Hospital, under Dr. Roupell, January 25, 1844. The countenance was flushed, the eyes suffused. He complained of pain in the abdomen, which was tense and swollen; with loss of appetite, and slight debility. The skin was hot but moist; tongue covered, excepting edges, with a thick yellow fur; pulse hard and fuller than natural; bowels open; urine high coloured. He stated he had always enjoyed good health, excepting an attack of intermittent fever, 15 years ago. Four days back, he was attacked in the evening with violent retching, which was followed by the usual symptoms of fever, which have continued up to the present date. He was ordered a warm bath at night, and Hyd. c. Cret. gr. iiss. ter die.

Jan. 26. Feels much better this morning: slept pretty well last night after the bath. Tongue cleaner; bowels open; there is a slight scarlet rash over the surface of the body,—to take Hyd. c. Cret. gr. iv. omne nocte; the effervescing saline draught with magnes. sulph. 5i. bis die., and to have the cold affusion.

28th. Better; continue the medicines.

29. Much better in all respects. Tongue clean. Appetite returned—to have milk diet; continue—the medicines.

30. Complains this morning of pain and tenderness on pressure over the right hypochondriac region;—to have Hirudines vi. to the part in pain; continue the medicines.

31. Feels himself quite well, excepting weakness;—to have broth diet;—discontinue medicines.

Feb. 6. He was discharged to-day, perfectly well.

Cerebral disease.—J. Jones, æt. 18 a well-formed young man, of rather attenuated body, was admitted into Luke's Ward, St. Bartholomew's Hospital under Dr. Roupell, Jan. 3, 1844, from Bridewell, where he had been confined for the last seven weeks. He was seen at one o'clock on the morning of admission, when he presented the following symptoms:—He appeared in a half comatose state, being roused with some little difficulty; but when roused, able to answer questions which were put to him; he complained of pain in the back part of the head, and of feeling himself very cold. The countenance was pale, and rather bloated in appearance; the mouth was drawn towards the right side; the breathing was laboured, but not stertorous; the pupils dilated; the surface of the body cold; pulse 65, small and oppressed; there was paralysis of the left side of the body. He stated that he was quite well till 3 days before his admission, when he felt pain in his head, with partial loss of power in the left side of the body, but was nevertheless kept at work;—at five o'clock on the morning of admission, while in bed, he suddenly lost his consciousness and the power of moving the left side of the body; he continued insensible for some time, and at one o'clock, p.m. was brought into the hospital.

He was ordered a blister to the nape of the neck, mustard cataplasms to the calves of the legs, and hot water bottles to the feet.

Four o'clock.—Says that he feels himself warmer and more comfortable; pulse much the same.

At seven o'clock the next morning he was again seen, when he was found to be evidently sinking. The blister had risen well; the pulse was small and weak; he sank rapidly, and died at half-past 8 o'clock, having never rallied from the time of his admission, nor been able to swallow anything. The body was taken into the dissecting rooms of the hospital and injected.

Post mortem.—The brain only was examined, when it presented the following peculiar condition:—The injection had extended to the left side of

the cerebrum, to all the cerebellum, and to the right posterior lobe of the cerebrum; the anterior and middle lobes of the right half of the cerebrum were however uninjected. A firm clot of brown, fibrinous matter, was situated at the commencement of the right middle cerebral artery, extending partially into the internal carotid artery; beyond this point, the middle cerebral artery was quite empty; the anterior cerebral, right anterior communicating, and right posterior communicating arteries were empty, the former completely, the two latter partially so; a small granule, like a pacchionian gland, was found lying on the middle cerebral artery in the fissura Sylvii, just beyond the obstructed part; there was no fluid in the ventricles, the brain in fact appearing drier than natural.

Typhus Fever.—John Degrott, æt. 33, a weaver; of middle height; good conformation of body; dark complexion; was admitted into Luke's Ward, at. Bartholomew's Hospital, under Dr. Roupell, Jan. 10, 1844:—The countenance was pinched and anxious. He complained of great pain in the head, with giddiness; excessive weakness; thirst, and loss of appetite. The skin was hot and dry; the tongue very dry, brown, and furred; the pulse was small and tremulous; bowels costive; urine thick and high coloured; he rambled a little while conversing. He had generally had good health till last summer, when he was attacked with severe pain in his head, which left him for a time, but came on again every now and then; he continued at work till four weeks ago, when the pain in the head got worse, being accompanied with debility, thirst, loss of appetite, heat of the surface of the body, and sleeplessness at night; he had been under a medical man for the last three weeks, but without getting better; his circumstances lately had been much depressed. He was ordered ol. ricin. 3iij. statim, with vini ℥iv. and beef tea, daily.

Jan. 11th. Thinks himself a little better this morning, but says that his head feels confused and giddy. Pulse small; bowels open. Continue the wine and beef tea with the following pill:

℞ Hyd. c. cret.
Pulv. ipecac. co. aa. gr. iiss.
fiat. pil. ter die sumend.

12th.—Better this morning. Tongue a little cleaner, but still dry and furred;—continue the wine and pill.

13th. — Better; slept pretty well last night; tongue cleaner.

15th.—Going on much the same, if anything, slightly improved.—Continue.

19th.—Better; tongue not so dry or brown; bowels not open; to take ext. colocynth. co. gr. x. × statim; continue the wine and hyd. c. cret.

22nd.—Still complains of his head feeling confused. Tongue nearly natural in appearance; pulse small, and with little power; has a little appetite.—Continue.

24th.—Complains of a pinching pain in the abdomen.—To leave off the pills; continue the wine and beef tea.

26th.—Better; to have a mutton chop daily.

31st.— Going on favourably, but still weak.—Continue.

Feb. 4th.—Gains strength daily, but still complains of the pain in the abdomen. Appetite good; to leave off the wine and mutton chop daily, and to have the meat diet of the hospital with the following:

℞ Conf. aromat: 3ss.
Aquæ cinnamomi ℥iss.
ft. haust. ter die sumend.

12th.—He was discharged to day perfectly well.

NEURALGIA OF THE URETER. — The *Dublin Medical Journal* contains an interesting case of this disease, of which the following is an abstract:—A gentleman, aged 31, of a dark complexion and bilious temperament, emaciated, and with a countenance expressive of habitual suffering, complained of the following symptoms: about four months before, he was attacked suddenly, for the first time, with acute pain, shooting from the direction of the kidney towards the corresponding testicle; the pain frequently extended down the inner part of the left thigh, and was very excruciating. Its principal seat was in the region of the kidney and along the course of the ureter. These attacks, at first occurring only once or twice a week, had latterly increased very much in frequency, lasting from a few minutes to several hours. He was always of very active habits, and much addicted to field sports. He never recollected having any lateritious deposit from his urine, nor had he ever passed small calculi. Had formerly drank hard, and had been much addicted to venery, but had never had stricture. Two years ago, he had lumbago from exposure to cold, which was cured by friction with turpentine. He had no tenderness on pressure in the renal region, no pain in making water, which was emitted in a full stream, no tenderness, enlargement, nor deformity of the prostate. His appetite was good, bowels regular, pulse natural, the urine of an amber yellow colour, depositing, upon cooling, a light cloud of epithelium, specific gravity 1019, acid in its reaction, not albuminous. The extreme severity of the pain, together with the absence of albumen or pus in the urine, forbade its being attributed to inflammation. From nephritic colic it differed in its long continuance, the absence of blood in the urine, or of calculi, and the pulse remaining undepressed, unremitting, and regular, during the attacks. The absence of pain during abduction and extension of the leg, forbade the idea of its being psoas rheumatism. The only conclusion that could be drawn therefore, after the most careful consideration of the symptoms, was that it was neuralgia of the ureter, probably involving the continuation of this duct in the substance of the kidney. In accordance with this opinion, he had large doses of carbonate of iron. Rapid improvement immediately followed; the paroxysms very shortly ceased, and during a period of four or five months that he was occasionally seen, he asserted that he was completely cured, and his improved appearance corresponded with this statement.

OPERATION FOR THE REMOVAL OF AN EMBEDDED PESSARY THAT HAD BEEN RETAINED UPWARDS OF SIX YEARS IN THE VAGINA.

By CHAS. CLAY, Member of the Royal College of Physicians, London; of the College of Surgeons; Lecturer on Medical Jurisprudence, Manchester; and Author of "Peritoneal Sections for the Extirpation of Diseased Ovaria," &c. &c.

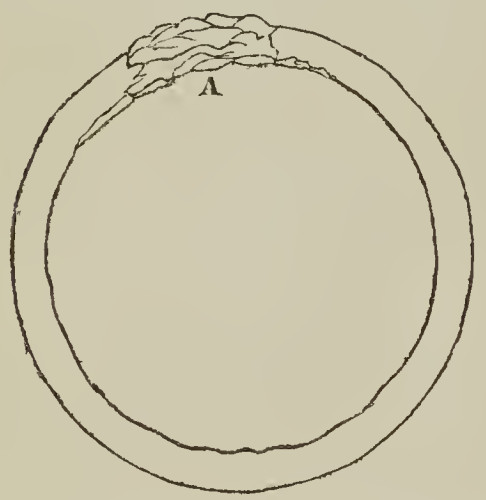
To the Editor of the Medical Times."

The following case of embedded pessary removed by the knife, will, it is hoped, be of sufficient interest and importance to find a niche in your excellent journal.

Mrs. Meck, aged 42, of Francis-street, Manchester, applied to me some time ago, in consequence of great difficulty in voiding urine. as well as in passing her motions; both were accompanied with severe bearing down pains, and a feeling of something filling up the vaginal canal. She was emaciated, had a sallow countenance, and was subject to a constant discharge, mixed with blood (*but not offensive*), from the vagina. Her motions were flattened like tape, and she could not bear an upright or sitting position many minutes together without greatly aggravating her pains, and increasing her difficulties in voiding urine and motions. Suspecting the cause and mischief to be diseased uterine structure, I proposed a vaginal examination, to which, for the time, she objected, stating she would be glad if I would order her a wash and a little medicine for the present, and if she felt no improvement she would submit to any plan I might think advisable. I therefore ordered some aperient medicine and a solution of sulphatis zinci, as a wash, requesting to see her again when she felt disposed to have a more strict investigation into her case. A few days after, I was requested to call upon her, and on making an examination per vaginam, I found the uterus enlarged, filling and distending the vagina; the os uteri approaching the os externum, uneven and slightly ulcerated; the cervix uteri obliterated; the uterine mass feeling like a round ball, with an irregular opening on its anterior surface; on endeavouring to trace the fundus, I was prevented by a hard ring, but which was covered with the coats of the vagina or uterus; on passing my fore finger along the circuit of the ring, I discovered (immediately behind the symphysis pubis, and as high up as the finger could reach,) a small portion of the ring uncovered for about the space of three quarters of an inch. It was evidently a foreign body introduced as a pessary; the bare portion was irregular from the concretions it had formed on its surface. That the contrivance had been ill adapted for the purpose, was evident from the fact, that the uterus had forced itself through the aperture, become subject to injurious pressure, and all the evils of a large rudely-formed pessary embedded in the structures followed. On stating the case to my patient, she candidly confessed the following particulars. About eight years previously, being subject to prolapsus uteri, she applied to an old woman (being herself a novice in such matters) for advice, who proposed to supply her with all that would be necessary, vaunting her extensive experience in such matters. A pessary was therefore procured and applied, which was taken out and again introduced frequently, for about a year or rather more, when it became so fixed that all attempts to remove it proved fruitless; motives of false delicacy prevented her from seeking proper advice, and so she went on from day to day, and from year to year, daily increasing her sufferings until the present time, when they became so severe that she stated herself ready to adopt the most severe remedy for its removal. My patient represented the instrument as made of block tin, three inches in diameter, and the central aperture so large that when she made her fingers and thumb into a cone, she could advance the fingers to the second phalangeal joints through it. It had been retained rather more than six years. From the representation of the pessary being made of block tin, and the part still bare being very much corroded, I apprehended great difficulty in its removal; and as my patient was greatly debilitated from long suffering, I also apprehended that a successful issue would be doubtful if much hæmorrhage followed, which was not at all unlikely; nevertheless it was evident from the interference with the functions of the bladder and rectum, that if a removal was not attempted, she must soon die from the obstruction, which was rapidly progressing. I stated the case fairly to her, and the consequences; not by any means promising a successful issue, even though it should be removed; but proposed to try it as the only means left her as a chance of life, provided she would allow me to consult a medical friend on the case, and procure his assistance and advice. Though timid and diffident at first, her courage (as with many other females I have witnessed) rose with the difficulties she had to encounter; she now became most anxious and impatient of the delay really necessary before such an operation could be undertaken. I consulted my friend, Dr. Radford, a gentleman of extensive experience in obstetric practice, who fully coincided with my views respecting the case, and the means proposed for relief. It was arranged to dilate the vagina with sponges for a couple of days. In the meantime, Dr. Radford proposed the use of a pliable instrument, similar to a probe with an eye at one end, armed with a ligature, to be bent to the form required, and passed over the bare part of the pessary, the object of which was to use the ligature in drawing downwards and steadying the pessary, to facilitate the progress of the knife. From this suggestion, I determined on using the aneurismal needle with the steel sliding spring, armed with a ligature. The only misgiving I had of this plan was the representation of the pessary being of block tin, and as it was much corroded, there was a probability of its breaking up when any force was applied to it; but as no better means suggested themselves, I determined on trying it.

On the 4th inst., accompanied by Dr. Radford, the operation was commenced, after a careful exploration of the parts by the speculum. The difficulty of getting the ligature over the bare part of the pessary was very great, though the aneurismal needle proved an excellent means for that end. After the ligature had been fairly got over, a piece of broad tape was attached to one end, and drawn over also, by which a firm hold of the pessary was obtained. Dr. Radford kindly assisted in applying the necessary force to the tape, whilst, with a curved hernia-knife, using the inner circuit of the ring of the pessary after the manner of a director, I carefully, and by degrees, cut through all the newly formed adhesions, being extremely cautious

not to wound the uterus or vaginal coats, although in some parts of the circle, it was extremely difficult to decide on the part to be separated. The hæmorrhage was trifling, much less than I had expected. Finally, the rude machine emerged from its hiding-place, and it is difficult to conceive our astonishment at finding it not a block tin pessary, but a large round link of solid iron, of nearly three inches in diameter, similar to those used for coupling two chains together for ploughing or harrowing. Its weight was 2½ ounces, and concreted only at the part where it had not become embedded behind the pubes: there was no trace of its ever having been coated over with tin. The following outline will give its dimensions and appearance:—



The above figure is a shade less than the original, and the part marked A is the one which had not become embedded and covered with concrete.

My patient bore the operation with great fortitude, though it necessarily occupied a considerable time; emollient injections of warm water with lard in it were used for some days, which, with aperient medicines, were all that were required; the case has progressed most satisfactorily; she is now occupied with her house affairs as usual, and with more comfort than she has been accustomed to for some years; there is no difficulty in passing urine, and the motions are now nearly of a natural form, and easily voided. At the last vaginal examination, on this day, the 15th of February, I find the uterus much less in size; little or no discharge. The uterus, however, is not sufficiently high, and I intend inserting the coil spring pessary, which I had the honour to introduce to the profession some time ago, through the excellent medium of the *Medical Times*, and which has been extensively approved of; and I know of no better opportunity than the present one, for showing the sketch of a really good, and the only legitimate plan of support by pessary, in contrast with the wretched and barbarous contrivance used in the above case. I, therefore, with pleasure refer to my article in the 6th vol. of the *Medical Times*, page 339, which is illustrated with wood-cuts; the paper being one originally read before the medical section of the British Association when assembled at Manchester.

On Iodide of Arsenic.—M. Wackenroder in the *Archiv. der Pharmacie*, has made some experiments on the pure solution of iodide of arsenic without mercury, which has been so much recommended in the treatment of scirrhus. As the mineral arsenic is generally contaminated with other metals, a certain quantity was first sublimed in a curved glass tube, over a lamp; 1 grain of the finely pulverised sublimed arsenic, and six grains of pure iodine were treated in a flask, with about two drachms of water. The quantity of iodide exceeds in this case by one sixth the proportion requisite for the formation of As. 13; but this excess is by the excess of iodine; it was evaporated at a low heat in order to obtain a complete solution of the arsenic, which is effected after about one hour's gentle digestion. The solution, which was coloured brownish in a small porcelain dish, until a crystalline salt of a bright minium-red colour was obtained. The evaporation must be conducted with the greatest caution, in order to avoid volatilizing along with the free iodide some periodide of arsenic in white vapours. As soon as the residue begins to solidify, the temperature should not exceed 86° Fahr.; and it is advantageous to allow the last traces of moisture and of the free iodide to evaporate spontaneously at the ordinary temperature, covering the dish loosely with a glass plate. White, brilliant crystalline scales generally separate from the liquid during the evaporation, but they are no longer perceptible in the dried salt; they are also found when the imperfect dried salt is edulcorated on a filter with a little water. They consist, according to Plisson, of arsenious acid, protiodide of arsenic, and water. The dried minium-red salt dissolved in six ounces of pure water, forms a transparent colourless liquid, which does not undergo change from contact with the atmosphere. It contains in one drachm 1-48th grain metallic arsenic, and 5-48ths, or nearly 1-10th grain of iodine.

THE MEDICAL TIMES.

Saturday, Feb. 24, 1844.

"Ye almost might have coined me to gold:
Could ye have practised on me for your use?
May it be possible that foreign hire
Could out of ye extract one spark of evil
That might annoy my finger? 'Tis so strange,
That though the truth stands off as gross,
As black from white my eye will scarcely see it.
* * * *
I'll not march through Coventry with them that's flat."

The statement by Mr. Healey, which we this day publish, is to our minds a startling document. No such impeachment of the right feeling, or common sense of five members of a liberally educated body, managing, in principal part, a Public Committee, was ever before submitted to the indignant laughter and contemptuous condemnation of their professional brethren. How stands the case?

Before, during, and after the concession of the recent Charter, we had taken against it a bold stand of determined opposition. The *Lancet*, descended to a mere book circular of Mr. Churchill, was silent on it down to the third of this month. The *Medical Gazette* broke off in the middle of some mild, but not favourable strictures on it. The Provincial Medical Association was inert, and consequently its organ, Mr. Renshaw's book circular, was very halting and undecided. In these circumstances our readers know that we did not wait to learn opinions, but boldly and uncompromisingly announced our own. The general feeling—the general opinion we led—not followed. At every peril we were plain spoken and independent.

Thus wholly identifying ourselves in the opposition to Sir B. Brodie's Charter, it is not surprising that from all sides entreaties pressed on us to promote some efficient and striking Demonstration of Professional Opinion. Various letters came to us, some of which we published; amongst others, that from the sturdy Mr. Dermott—the English Larrey, of surgical honesty. Many gentlemen were anxious that a movement should be made, but shrunk from public display of their zeal. Mr. Dermott's offer of five pounds was a benefit itself, and an incentive to further benefits. Three or four such contributions would enable stirring men to do much good. On this ground we suggested to Mr. Healey a call on Dr. Lynch, with whom Mr. Healey's duties as Sub-Editor had very recently brought him in contact and slight acquaintanceship. We had heard of him as a tolerable popular speaker, and as sharing our opinions almost uniformly, and in the inability to speak or unwillingness to hazard a public experiment of more influential surgeons, we felt that there would be no movement at all, if it did not originate in the body of practitioners. In consequence, a meeting of five was held, a few days afterwards, at Dr. Lynch's house, which Mr. Healey attended; and subsequently, a preliminary meeting, as we suggested, was held at the Crown and Anchor, at which eight or ten gentlemen assembled—four of whom attended at our particular request. Subscriptions of one guinea each were given by each gentleman, except by Mr. Dermott, who gave five pounds, and ourselves, by whom five pounds were also subscribed. On the strength of these funds, it was at once resolved to call a public meeting, and give the profession a public opportunity of expressing its opinion, whatever it might be, on the Charter. Before the meeting, and after it, we anxiously expressed, through this journal, to our readers, and through Mr. Healey to the committee, our insuperable repugnance to make the *Medical Times* an organ, or an exclusively favoured journal. Mr. Healey distinctly repudiated any such connexion when proposed to him, voted for the advertisements appearing in all the medical journals; suggested and voted that *all* the Publishers of Medical Journals should be requested to receive subscriptions and the effect of his declaration was evidenced by Dr. Lynch's public announcement—which we gave verbatim—that the movement was wholly independent of all journals. For ourselves, we impressed on the committee, before the meeting, Jan. 27, a prudent, *independent*, and *dignified* course of policy, and after the meeting, warmly eulogised the opening of the managing body to every medical man wishing to lend his aid and actual attendance, and extended our commendations as much to friends of the *Lancet* as to friends of the *Medical Times*. We did all this—and *more:* we did, in truth, all that the utmost influence of our journal—the best exercise of our minds—and the greatest exertions of our whole staff could do to give to the profession a broad field of action, in which they could, with the greatest possible harmony, offer their opinions fully, freely, fairly, and independently.

How the *Lancet* behaved is soon told. Before the meeting, Mr. Wakley gave no notice of its being held: after it, he falsely called the meeting a small meeting, and abused those who had brought it about. We shall not say a word on that Demonstration of Professional opinion. Mr. Wakley now acknowledges it to have been most important, and has made the ingenious discovery that he is the author of it, "inasmuch, as he was silent so long." In his speech to the meeting of the committee on Wednesday evening, he announced that his designed silence had done more than all his twenty years' railings and revilings. Well would it have been for medical men had he continued his auspicious silence! We should survey it with pleasure, even if it advanced his whole family to government appointments, as appropriate as that which raised his brother from a china and glass shop in Exeter, to an official assigneeship in the North.

Conferring these honest, these disinterested, these active, these more than ordinary services on the good cause, we may venture to think, that we had some claim on the gratitude of medical men, and still more, on that of the men, who, forming a part of the committee, professed a more than common zeal for the promotion of the movement. Yet how act they? Five seekers of their betters' acquaintance, wait on Mr. Wakley, and so far become his tools, — some his hired tools—as positively to sacrifice their character for honest candour and truthfulness,

and hazard the ruin of the movement they had begun on prineiples professedly so independent! We are not indignant at a desertion so ludicrously base. The act speaks volumes for the brains or hearts of the men; and we are not without such an easy contempt for petty miserable transactions like these, that we cannot smile at them as we would at some exceedingly ingenious piece of felony committed by some juvenile Jack Sheppard.

We are not going through all the dirty business of these midnight and supping Deputations, with the distinguished member for Finsbury. We have only this question for Dr. Lynch, to which he will doubtless feel it neeessary to give a plain unambiguous answer? Has he not had the offer of a large money payment per month, to connect himself, and in an humble capacity, with the *Lancet*? We know the answer; and we know much more, than would explain why Dr. Jordan Lynch who could suggest in open committee rooms "conflagrations of Troy," in answer to farces of "Simpson and Co."; can sign that the document which he has revised, and partly written is "not correct;" and advocate, in the management of the Committee and the government of the profession, those crotchets of Mr. Wakley he has the most indignantly denouneed. We know *all:* and the worthy Dr. Lynch cannot remember it too well.

On Mr. Wakley's conduct through this business, comment is as unneeessary as surprise is impossible. If he were not eonstantly dabbling in dirty work, his nature—the nature given him by long habit—would be in a constant state of torture. To craftily wheedle where there is a low end to be gained; to intimidate by threats of slander and abuse where a man cannot be wheedled; to bribe by paulo post futurum payments if possible, if impossible, by "*monthly*" payments; all these are the vulgar resources of a low-minded fellow, whose public eharacter and habits have habituated him to an atmosphere of infamy. They are the resourees of the honourable member for Finsbury. Peculiar as was the falsehood forced down the throat of the deputy Coroner—the non-medical Mr. Mills—when he denied his very droll acknowledgment of publie gratitude to the honesty of medical men*—it is not one half so disgraceful a circumstance as the defeat Mr. Healey this day chronicles to a similar effort made (*now* through Dr. Lyneh's agency) to get rid of the telling testimony borne against Mr. Wakley on Feb. 7,† and to get rid of it by a *calumnious* charge against a rival Journal, and against the character of a gentleman, who had personally to tell Mr. Wakley, in answer to a threat of teaching (*teaching* indeed) honour! "You would in that ease teach what you do not know—give what you have not got!" But we must leave this work of castigation—a work which from the subject matter, no extent of moral perfumery, can render tolerable to the olfactory nerves of our judgment—and just assure Mr. Wakley that his influence as a public medical eharacter is wholly gone; that he is so well understood, thanks to *his* and *our* united labours—that even his support cannot long injure the cause it is directed against; and that his Journal standing before the profession as a blind guide to science, and finger-post to political treachery and ruin, cannot with his best exertions stand another twelve-month without being uprooted. THE THING—we say it in good humour, but truthfully—IS DOOMED. The only means that can give it even a six months' lease of life will be half-price and double matter! The dose is nauseous to a needy coroner, but we boldly prophesy that it must be taken, or *death* must come!

* *Medical Times*, No. 225. † *Medical Times*, No, 229.

FROM A CORRESPONDENT.

THE last meeting of the Committee upon Medical Reform, which was held at the Crown and Anchor, presented some remarkable circumstances for our consideration. This new movement, no doubt, gained its present consequence by the countenance and support which were given to it by the general feeling of indignation which pervaded the minds of the Members of the Royal College of Surgeons of England, owing to the regulations made and contemplated under the new Charter. It was found, however, that some persons, not at all connected with the College, and otherwise without proper qualification, found their way in the most unaccountable manner upon the Committee, who have put themselves forward in such a rude and unbecoming manner, so as to eventually scare away those members of the College, who for the present represent their fellow sufferers in the present struggle. The Secretary turns out not to be a man o business; for when our friend Mr. Wakley asked him for a copy of the resolutions which were passed at a former meeting, he replied by asking in return if he had got the *Lancet* in his pocket? The answer was so ludicrous, that it caused a general burst of laughter throughout the crowded rooms. We wonder how it is that the bustling pugnacious little doctor, who has vanity enough to be considered in his own person the Royal College of Surgeons of England, as well as keeper of the Treasure, does not know how to manage the more humble details of the movement a little better, for he has not yet propounded any code of laws or regulations, either for the immediate or future government of the Committee. If any other person, however clever, were to attempt to give order and form to the Committee in the exercise of their labours, he would run the dangerous risk of incurring the displeasure of this august little personage, and with such prospects before the Committee, it will require no conjuror to foresee the fate of the present struggle. One of the great events of the evening, was the return of Mr. Wakley upon the stage of Medical Reform, after an absence of many years; and his inauguration took place under the most favoured and favourable circumstances—no less a personage than the learned little champion himself being Master of the Ceremonies. We shall not here question the virtues or motives which have given substance to this little compact; but, doubtless, they exist, and we shall be anxious to see the result. Mr. Wakley's appearance certainly created a little sensation. One effort, in favour of Medical Reform, which he boasted of in his speech, was made upon two members of Parliament. Saying to them that he intended to bring in a bill to put down the sale of quack medicines—"What," said one, "surely you are not going to put down the sale of those medicines that brought my wife from death to life after all the real doctors had failed to do her any good?" "What," said the other, "are you going to put down the medicines which eured my grandmother, and kept her alive till the day of her death?" With these knock-down arguments, the sale of quack medicines is to go on as usual.

At all events, Mr. Wakley's entrance into the House of Commons was not distinguished by anything of good which he effected for the general practitioners of England—a body that was to him the very life of his existence, all through his turbulent and eventful career; nor was it expected that a political adventurer, who had everything to get and nothing to lose—a man without fortune, family connexions, or even moral character, whose whole life has been stained by political tergiversation and falsehood, could give to any cause, however worthy, that weight which it should have before a legislature principally composed of the aristocracy and wealth of the British empire.

It is, therefore, clear that his patronage and support did nothing before, nor can it now; and if anything is to be done, it is by concentrating the whole power of the profession in an endeavour to obtain, by constitutional, independent, and honourable means, that position which the education and acquirements of general practitioners entitle them to hold in the estimation of the people of this country.

The less the profession has of Mr. Wakley's aid the stronger it will be: *without* him it must succeed—*with* him we predict its certain failure.

MEETING AT THE CROWN AND ANCHOR TAVERN.

The attendance at this meeting, on Wednesday evening last, was rather numerous, although not comparable, in point of numbers, with the preliminary meeting held on the previous occasion. Above eighty gentlemen were present, and among them was a very strong muster of Mr. Wakley's friends, evidently collected to support him in any measure he might feel inclined to propose. For a long time, however, the meeting was left without a head, and conjecture was rife as to the causes of the extraordinary delay that had occurred; when Mr. Healey, a member of the sub-committee, entered the room, and, after an inquiry if there were any reporters present, proceeded to make the meeting acquainted with the extraordinary conduct that had just been adopted by Mr. Wakley towards him. He stated that having ascertained, from a remark made by Mr. H. H. Rugg, that a small room near the one in which they were assembled was the committee-room, he entered it in company with Mr. Rugg, and finding Mr. Wakley there, to prevent any mistake on Mr. Wakley's part, introduced himself to him, and announced his name, observing that Mr. Rugg was silent. Mr. Wakley immediately made reply that he wondered at his impudence in speaking to him; to which he (Mr. Healey) answered that his observation was a very impertinent one. He added that Mr. Wakley should rather thank him for the candour and honour of the communication. Mr. Wakley rejoined, "Honour! I shall teach you what honour is;" when Mr. Healey answered, "You will, in that case, teach more than you know—give what you have not got." Mr. Wakley now said he would not stay in the room; but, changing his mind, claimed the room as his own private room, and calling for the waiter, declared that he would engage the room for himself, and ordered a glass of brandy and water. Although he (Mr. Healey) had understood that this was the room appointed for the sub-committee, he felt that, after this, he ought to retire, which he accordingly did. He mentioned this occurrence, as he thought it requisite that the meeting should be made acquainted with the conduct that had been pursued by Mr. Wakley towards him, he being one of the sub-committee. This statement was afterwards contravened by Dr. Wilson, Mr. Simpson, who were not present, and by Mr. H. H. Rugg, who, in a very intemperate speech, for which he was called to order, denied that he had said the room in question was a sub-committee room. He alleged that Mr. Wakley had engaged it as his private room, and that Mr. Healey had no right to be there.

Mr. Healey reiterated his statement with reference to Mr. Rugg's observation, that the room was that appropriated for the sub-committee, and observed that it was made to Dr. J. B. Thompson, who was near him at the time, and he added that Mr. Wakley did not claim it as *his room* until after he (Mr. Healey) had addressed to him the remarks which he had just repeated to the meeting.

Dr. Wilson was then requested to take the chair, and, on doing so, made some general observations on the business of the evening, and trusted that the gentlemen who intended to address the meeting would avoid all allusions of a personal nature.

An address to the medical profession, drawn up by Dr. Lynch, was then read by the chairman, who stated that if any gentleman had any objection to offer, or proposal to make on the subject, he would lay it before the meeting; that it might be taken into consideration, and, if deemed advisable, be embodied in the address, which would be submitted to an aggregate meeting of the medical profession, to be called early in the next month.

Mr. Jones stated that there was not one allusion in the address which had been read, to the Apothecaries' Act, and to the practice of chemists and druggists. It was affirmed that the general practitioner attends nine-tenths of the population in this country, but he believed that the chemist and druggist attended nine-tenths of the population in the metropolis. He was sure that the druggists of Fleet Street attended one-half the residents in the Temple. It mattered little, he thought, whether we were fellows or members of the College of Surgeons, but the practice of medicine by the druggists was of the greatest importance. He was passing along Great Russell Street the other day, when a man met with a compound fracture of the leg. He was taken to a chemist's shop, when the assistants rushed out in alarm, and said they were not doctors; he must be taken elsewhere. A respectably dressed man in the crowd immediately exclaimed, "Then why the devil do you put coloured bottles in your windows?" It was very evident that the public were unable to distinguish between the general practitioner and the druggist, and the latter was in many instances doing more business than the qualified man. He thought they ought to act either for the total withdrawal of the Apothecaries' Act, or else that more power should be granted to the Court, to repress such proceedings.

Dr. Patterson observed that a proposal tantamount to this was embodied in the address, which required one uniform qualification; thus including the Colleges of Physicians and Surgeons, and the Society of Apothecaries, and he thought that there must be a clause to prevent the practice of the profession by druggists in Sir James Graham's bill, if it were intended to be worth the profession's acceptance.

Mr. Dermott observed that this was suggested at the last meeting of the committee by Mr. Cooper, and agreed to, although it had not been inserted in the body of the address.

Dr. Lynch explained.

Mr. Greville Jones made some observations on the address. They must endeavour to enlist the public in their cause, to obtain the assistance of the nobility and gentry, and of the influential merchants, &c., for nothing can be effected unless they can carry the public with them. They must take their stand upon the broad principle of giving the best education possible to medical men, and of according the honours of the profession only to talent, skill, and industry.

On the motion of Mr. Dermott, the meeting was adjourned to another room, to afford more accommodation for the gentlemen present; and upon retaking the chair, Dr. Wilson recapitulated that the desire of the committee was that suggestions, respecting the address, should be sent in, to be embodied in it, if deemed advisable; after which the address would be submitted to an aggregate meeting of the profession, when the present small committee would be dissolved.

Mr. Healey inquired if the determination to dissolve the committee, as announced by the chairman, had been come to by the committee itself, or was stated by Mr. Wilson, as his private suggestion; although he was one of the committee, he was totally unacquainted with any such resolution.

Mr. Simpson remarked that the suggestion was thrown out in the address, and was for the consideration of the meeting whether or not it should be adopted.

Mr. Ancell alluded to the nature of his connexion with the meeting, and enlarged upon the constitution of the present committee, which he said did not wholly consist of medical men; and although one of their chief objects had reference to the new charter of the College of Surgeons in England, yet one of their officers was not a member thereof, but belonged to the college at Edinburgh. He thought that a document emanating from a committee so constituted would be treated with contempt, and he proposed that the exertions of the committee should be limited to calling together a general meeting of the profession, and that then they should resign their powers. He thought that the document submitted to the meeting, although it might form the basis of an excellent address, was too strongly worded, and there were paragraphs which he was sure would be displeasing to a large portion of the profession.

Dr. Patterson observed that the amendment was unnecessary, as it had been agreed upon to dissolve the committee at the next aggregate meeting of the profession, if men of more talent and influence could be found to take their places.

Dr. Lynch remarked, in reply to the speech of Mr. Ancell, that the committee had been appointed and ratified by a public meeting of the profession, and that the members had not sought the post of honour, but it had been thrust upon them. The allusion respecting the collegiate membership was hair splitting, and calculated to throw cold water upon their proceedings and the insinuation of incompetency was unnecessary and uncalled for. The delegated trust which even their opponents had acknowledged had been carried on with zeal, would be most willingly resigned to a future meeting of the profession. The committee would die with the most pious resignation; they would gladly get rid of the onus, but the aggregate meeting of the profession must have a head; all political associations require a statesman to conduct their cause. The address was intended to enlist all ranks of the medical profession in the cause, not merely the members of the English College of Surgeons; it was intended to destroy all the existing medical monopolies. He had gone with five or six gentlemen to Mr. Wakley, to remove any impression that might be on his mind respecting the committee and the interview was unsatisfactory. He had promised to co-operate with them, and they had agreed in the principles to be adopted; these were, an equality of qualification all over the empire, and the representative principle. There had not been any compromise on either side.

Mr. Wakley would make a few observations relative to business only. This was not the time nor place for any matter of a personal nature. There were three things before the meeting—an address, a motion, and an amendment. The address was good; there was very little to object to in it by those who wish for a comprehensive reform. Its nature was good; and he thought that Mr. Ancell had mistaken its character, when he proposed his amendment; and he put it to him whether he would persist in going to a division on it.

After some discussion on this point, Mr. Ancell agreed to waive his objection.

Mr. Wakley then resumed, and asked to see the original resolution by which the committee was formed. The secretary was unprovided with this. He said it had been published in the *Lancet*, and inquired if Mr. Wakley had not a copy of it in his pocket (Laughter).

Mr. Wakley believed that the resolution was a very short one, merely appointing a committee, with power to add to their numbers, but not stating what was to be done by them. The remark of Mr. Ancell respecting the secretary might have been valid at the commencement; but it had since been rendered invalid, inasmuch as the address referred to all the medical institutions in the country, with their rights and privileges, such as they are. The address was not a final one, but was to be referred to a general meeting of the profession for its decision. It contained a great deal of truth, such as would be very unpleasant in certain quarters. He had worked at this cause for twenty years. He had been honoured by the College in being in the list of the excluded from the fellowship; he said he had been honoured, for he should have felt it a real disgrace had he been one of the elected. As far back as in May, 1820, he had proposed a part of what they now sought to carry; viz., that the Council of the College be elected by the members. Since then, more disclosures had been made respecting other medical institutions, and the question of medical reform and probation became one of wider extent; but medical men had been so long acting in divided parties—ever a bundle of loose sticks, never tied,—that they consequently did not show their strength. He certainly thought at first that there had been haste in calling this meeting, and that the resolutions which were agreed to were not suited to the occasion; but he had since seen that the men who conducted it were so pure in their conduct, that he would join them heart and soul. It was not of any use acting in parties; one requiring one thing and another another, for then nothing would be effected. There must be a developed plan, and the proper course to pursue to carry out their views, was to call an aggregate meeting of the profession, make their report, and then state that their functions were at an end. The plan which, after meditating on the subject with industry, he should propose, was very simple. At this meeting should be put forth the address in fulfilment of the objects which the profession had in appointing the committee, and as it was impossible to bear upon Parliament without physical and moral force, and by physical force he meant a display of their numbers; the meeting should consist of the entire profession of physicians, surgeons, and apothecaries. With respect to the meeting, since a good deal of jealousy had been excited about the question of medical reform, all the members should, upon such occasion, enter the room perfectly equal, and elect their chairman from among themselves, and when the meeting dissolved, the chairman's functions should cease, and he would again become one of themselves. There was not any need of a head or council; all they required was a paid secretary, to carry on the correspondence. Every legally qualified practitioner should be entitled to come into the room, and say, "Here, I prove my identity, admit me a member." The fee should not be a large one, only sufficient to pay for the expense of registration. One shilling would be sufficient (some one here mentioned half-a-crown as a fee),no—half-a-crown would be too much; it was not necessary, for there are doubtlessly many wealthy medical men, who would subscribe to meet the other expenses. Every registered medical student, here and in the country, should have a free ticket of admission; for it must be remembered that, when we are gone, they will constitute the medical profession, and will probably reap the fruit of the seed which is now being sown with respect to its name; it might be called the Medical Protection Assembly, and should be constituted on the broad and liberal basis of admitting of every legally qualified practitioner in the empire. Some of the members might certainly be desirous of seeing abuses corrected in the College of Surgeons of England; others of a similar reform for the College of Surgeons in Edinburgh; and this might be easily managed, as the assembly would be composed of members of all the medical institutions in the kingdom, the members of each might constitute a section for that especial purpose, and make their report of the general assembly, by which the investigation could then be carried out. Besides this, further subdivisions might be formed for various purposes. For instance, for Lord Ashley's committee for inquiry into the working of the Poor Law Amendment Act, with reference to medical relief—a subcommittee might be appointed to attend for all quarters, and supply him with the information, upon which a law might be framed, which would be of use to the profession, but more so to the poor. Again, with respect to medical police, a man may be a quack in every respect, and yet have his name retained on the college list. This assembly certainly would not be able to deprive him of his collegiate rights, but still they could hold him up to public reprobation. A member aggrieved by such a person in his neighbourhood might come down to the assembly, and stating that A. B— is a quack, demand a committee of inquiry. Care

should be taken, however, that this committee is not composed of persons residing in the neighbourhood of the party complained of; and if it be properly carried out, and the reports duly made, it would constitute a most efficient system of medical police, acting under circumstances, when the college, which has received the money of its members, refuses to act. If the profession does not act as one body, and if it does not unite for some well understood point in law, it will not succeed. It has no party in Parliament, it has no friends in the legislature. He (Mr. Wakley) has several times tried to stop the sale of patent medicines, and has mentioned his wish to several members. One to whom he spoke on the subject, said, "What stop the sale of such a medicine, why it kept my mother alive for ten years;" and another said, "What stop the sale of those pills, why they kept my wife alive for twelve years." There is then no putting down quackery, on the principle, perhaps, that "birds of a feather flock together." There is a great deal of quackery in politics.

It might be inquired why he had not noticed the charter before; he had tried for a great many years to obtain medical reform, and had failed; he had then resolved to try what the silent system would do, and in that he had succeeded to a certain extent; having thus roused gentlemen to exert themselves in the cause, he was willing to co-operate with them to the utmost. All were agreed that there were a great number of professional abuses, and the object was to determine on some united system of action in opposition to them. Dr. Lynch recommended uniformity of qualification, and he agreed with him it required more than that. Government was about to legislate,—about to prescribe for the profession, and he found that the prescription could not be very agreeable. The question of medical reform had been often brought before the government and the houses of parliament, but when asked for it, the profession had no remedy to offer. This the government had at last determined to supply, and he found their remedy would be a disagreable one. A member had spoken respecting the Apothecaries Act, and he had spoken of it often enough, for it had enabled them to attack well-qualified practitioners; but according to the interpretation recently put upon its clauses by some of the judges, the company was armed with powers calculated to do much good. Well, one of the provisions of the new bill went to repeal this act, which was some sort of protection; to deprive the profession altogether of protection, and to place the chemist and druggist as free to practise as the physician or surgeon. To oppose this, there must be a bond of unity in the profession.

Mr. Dermott agreed with Mr. Wakley in many of his observations, more especially with respect to the necessity of unity in the profession. He thought that Mr. Wakley's hobby of the "one faculty," was totally impracticable. Mr. Hawes's bill was knocked on the head, because the one faculty system was recommended in it: another fruit of several years' labour they lost. The house was counted out. He saw no reason why they should not have a representative system in medicine, when the principle had been granted by Government to the five-pound voters.

Mr. Wakley rose to explain that Mr. Dermott was in error, in attributing the one faculty to him. He always thought that a more unfortunate, more treacherous proposal was never made them; involving the demolition of the present medical corporation, the foundation of the representative system in medicine.

The proposal had emanated from the Provincial Medical Association, when it met the British Medical Association, at York. There were nineteen medical corporations; he had always asked for one good one, and he saw no reason why, because there were nineteen bad ones, they should not have one good one, alone, which would give medical men the principle of self-representation. He did not want to interfere with the existing institutions, nor did he propose to offer them any other opposition, than that resulting from plain and honest competition

After Mr. Cooper had made a few observations, thanks were given to the Chairman, and the meeting separated.

THE SUB-EDITOR AND HIS FIVE FRIENDS.

LETTER FROM MR. HEALEY.

To the Editor of "The Medical Times."

SIR,—You and the few gentlemen who have shared your infelicity of reading the last number of the *Lancet* (I wish, for the sake of their good taste, they had your plea of editorial necessity), you and they, doubtless, observed in that amusing periodical, that Mr. Wakley has made a very desirable effort to place his character on a more respectable footing than my version of a certain professional interview would warrant. Mr. Wakley has my compliments for the exertion; and to show him his success, will you publish the following letter with which I have been favoured for you by Mr. Dermott:—

"To the Editor of 'The Medical Times.'

"Sir,—I was not a little startled upon reading a statement embodied in the leading article of the *Lancet* of last week (Feb. 17th), to the following effect:—

"'*We, the undersigned, beg to state that the version of the account of the conversation which appeared in the* Medical Times, *with regard to Mr. Wakley, is* not correct; *and, moreover, that we waited on him by our own agreement, and not at the request of the Committee.* "'H. H. RUGG,
"'WM. SIMPSON,
"'WM. HARVEY,
"'JORDAN R. LYNCH,
"'JOHN WILSON.'

"This, Sir, we are given to understand by the same leader, refers to the report which the *Medical Times* gave Feb. 10th, of the statement publicly made by Dr. Lynch before the committee of 'the Medical Profession,' at the Crown and Anchor Tavern, regarding his interview with Mr. Wakley, as one of the non-deputed deputation.

"Forasmuch as this imputation of falsehood has been connected in a degree with the general proceedings of the Committee, reflects discredit upon all, and is thereby likely to prove detrimental to our influence as a body, and to injure the great and sacred cause of medical reform—I am, as one of the responsible Committee, anxious to have the *cause* of the imputation ascertained, and to contribute my portion of testimony towards the establishment of the truth, and nothing but the truth.

"I hope that there is no Committee-man belonging to us, who would countenance a deliberate misrepresentation of facts, and such as is now imputed to one or more of the members. I, for my part, would oppose such a transaction on principle, regardless of friend or foe.

"It is the binding duty of the members of the Committee to determine, and to express themselves so, whether the report in the *Medical Times* tallies with that which Dr. Lynch made before the general Committee, Feb. 7th. If so, 2ndly, whether any mis-statements *have* been made and by whom.

"I am not aware, any further than by hearing, what occurred when the deputation first waited upon Mr. Wakley, nor upon their second interview with him, Feb. 7th. I can, however, aver that the report in the *Medical Times* corresponds both in spirit and in matter, with what Dr. Lynch said.

"The speech was condensed in the report, which latter was, nevertheless, very mildly and temperately drawn out, and falls short of the vehemence and warmth of style in which Dr. L. expressed himself. It may be in the recollection of the other members of the committee present, that when he alluded to his opposing Mr. Wakley regarding his brother's late appointment by the present Ministry, as one of the Assignees of Bankruptcy, it struck me as being so pointedly personal, and so diverging from the professed object of their mission, that I immediately rose from my seat and interrupted him with the interrogation, 'Did you say that?' when his immediate rejoinder was, 'Yes; I said that and much more,' and proceeded with increased warmth to say what he had said in addition.

"According to my notion, and that of the committee generally, Dr. Lynch exceedingly distinguished himself for the extreme boldness and apparent honesty with which he had bearded Mr. Wakley—indeed, it appeared to me that the *Medical Times* had scarcely done him justice.

"I am, Sir, your obedient Servant,
"G. D. DERMOTT."

"Charlotte Street School of Medicine, Feb. 19, 1844."

"P.S.—Since writing the above, I have received an anonymous note, containing the following threat:—'Viper you bite a file' (then comes a threat, a most shameful misrepresentation regarding a private family matter, which misrepresentation can be thoroughly proved to be such by respectable witnesses—the anonymous individual then proceeds)—'In addition the two guns are ready loaded to discharge at you; miserable scribbler, be silent before men the weight of whose little finger can ruin you and your associates. Next week if you wag your tongue in disrespect, you are gibbeted in print. Feb. 19th, 1844.'

"A baser attempt, Mr. Editor, with a view to intimidate a man from speaking the truth, never was perpetrated; this threatening, through sheer fear, to stab a man's character in the dark, is quite on a par with the stiletto work on the Continent; but I know the writer, and the source whence the imputation comes." G. D. D.

Mr. Dermott's anonymous friend was a strange judge of character! I have glanced at the note; I can more than guess the writer. The handwriting, style, and matter are quite conclusive. Anything more infamous exists there in the Old Bailey?

From Mr. Leeson I have received the following confirmation of my report:—

"SIR,—The *Medical Times*' report of a meeting which was held at the Crown and Anchor on the 7th inst., and at which I was present, was read over by me; and I am of opinion as far as my memory serves, that it is substantially correct in its particulars.

"I am, Sir, your obedient Servant,
"JOHN LEESON."

"4, Finsbury Square, 21st Feb., 1844."

Mr. Weathers, a general practitioner, and not unconnected with the *Medical Times*, thus addresses me:—

"I beg to state, as a member of the Committee, who was present on the occasion referred to, that the report in the *Medical Times* is a substantial, and, if anything, an underdrawn account of the statement made by Dr. Lynch, in reference to the interview with Mr. Wakley; and what confirms me in this feeling is the fact of the conversation which subsequently took place between the gentlemen present, in which the principles and conduct of the hon. Member for Finsbury—as a Medical Reformer—were most freely canvassed and as freely condemned.

"G. WEATHERS."

"Grove Street, Camden Town."

Dr. Patterson, a Member of the Committee, and Mr. G. A. Walker, the gentleman who has done himself and his profession honour by his eminent services to the health of towns, thus declare:—

"As far as I attended to the statement of Dr. Lynch, I believe the report given of it in the *Medical Times* of Feb. 10, to be a fair and substantially correct report.

"GEORGE ALFRED WALKER."

"The account of the meeting was correct."

"W. PATTERSON."

"T. P. Healey, Esq."

By Dr. Ryan I have been favoured with the following note:—

"MY DEAR SIR,—I was present at the Crown and Anchor when Dr. Lynch recapitulated the particulars of an interview between himself and Mr. Wakley, at the House of Commons. Your report of Dr. Lynch's statements, published in the *Medical Times*, I consider to be a very correct one.

"I am, yours,
"JOHN RYAN."

"22, Edward Street, Langham Place."

Mr. Hunter, of Hart Street, and Mr. Walton of Bernard Street, feel an anxiety not to give me their opinion, and I shall only disturb their wish by stating that neither sought to deny the accuracy of the report. Mr. Cooper, surgeon to St. Pancras' Workhouse, affirms to me that "he cannot charge his mind with all that was said, and therefore is unable to say whether the whole is correct or not."

Now, as to the gentlemen who signed Mr. Wakley's document. Except Dr. Lynch, whom, I think on his trial, I wrote to all, asking an explicit explanation of their meaning. I asked them to point out what was "not correct" in the report, and wherein it differed from Dr. Lynch's statement. I begged their opinion as to the fairness and correctness of the report generally.. Dr. Wilson, in reply, declines entering into any explanation on the subject, except in the presence of the gentlemen who signed the paper alluded to. Mr. Simpson is equally laconic :—

"Sir,—In answer to your letter of the 17th, inst. only just now received by me, I beg to say that I stated a *fact* in using the words "not correct." I don't consider I have anything to do with inferences that may be drawn from it; nor do I admit the right of you, or any other person, to call on me for opinions or explanations on any such subject.

"I am, Sir, your obedient servant,
"W. Simpson."

"4, High Street, Bloomsbury."

Mr. Rugg is the next explicit gentleman I shall bring on the carpet. He writes,

"Sir,—In answer to your letter just recieved I beg to state that *what* I signed, and *which* Mr. Wakley published in last weeks Lancet I felt I was justified *in doing*—inasmuch *that* the report as published in the Medical Times with respect to what transpired between Mr. Wakley and *ourselves* is incorrect in many Particulars—and I think *nun* ought to have been Published (and *that* it was a breach of faith *so to do*) as our interview with Mr. Wakley at the House of Commons was *entirely Private, though we felt justified in informing our Colleagues* what had taken Place—that they might not think we were acting otherwise than in concert with them, to prove that it was Private it was never deemed necessary that it should be entered on the Minutes of our Proceedings."

The elegant epistolary writer then proceeds, Sir, to express in due form his non-responsibility for Mr. Wakley's "implications," and to sit in judgment like another Longinus on your "skerrilus" article on the very creditable public conduct of the Medical Coroner for Middlesex. Perhaps your readers will extend their pardon to me for passing by for the present Mr. Rugg's valuable dissertation on style. *You* will for the sake of space.

Mr. Harvey, of Great Queen Street, I also called on. He is a gentleman who certainly knows a B from a bull's foot; but if my ears did not deceive me, he seemed to have imagined that my report of the meeting, in small type, was your leading article in large type. At all events he thought both "embodied." His signature to the words "not correct," therefore was a very harmless, and I dare say, not very *difficult*, performance.

I advance to a more interesting point.—Is not the classical Mr. Rugg the *fidus Achates* of Dr. Lynch, Simpson, and the two other gentlemen signing? Has he not been much with them? Has he not been with them more than once to Mr. Wakley? Would it do his friends' frankness much injury to suppose him to know their opinion? Is it not likely, therefore, that he speaks in their name, when he charges upon me in his welcome note, a breach of confidence, in publishing as a member of the committee what was promised to Mr. Wakley to be private, and which was only mentioned in the committee to produce "concert?" Now, what will prove that I did not break any confidence? This: while the proceedings were going forward, the secretary, Mr. Simpson, knew of my taking notes for publication, and handed me the names of the gentlemen present to assist me. After the meeting I did not tell Dr. Lynch that I intended to publish an abstract of his interesting report of what occurred. Why? He knew it. But I told him more. I told him that if I could manage it, there should be copies of my report for not the *Medical Times* only, but the *Gazette*, and *Lancet*. On the next morning, Thursday, the 8th, I was leaving my chambers when I met Dr. Lynch and Mr. Simpson. It was the first time they ever did me the honour of a call. Whether they came to read my report or by mere accident I cannot say; I however read the report to them. It was discussed carefully. One or two verbal changes were made. Dr. Lynch finally took up the pen, and after some talk and with my acquiescence, struck out after the words "and plainly told him" *my* concluding sentence "that he must either join them in their exertions or be prepared for warfare with the profession," and substituted in his own writing and his own composing all that follows:—"*That his inexplicable silence upon the late Charter granted to the College, induced them to call a meeting to protest against it; that they were only actuated by a desire to promote reform, and that it was best promoted by moderate measures. That the extravagant demands of the British Medical Association estranged the support of the profession and ensured their defeat and extinction; that they provoked and encouraged the unjust aggressions of the College upon the rights of the members; that Mr. Wakley's own success, as a medical reformer in Parliament, was no encouragement to them to follow his example; that the measures which this deputation sought to attain were such as would ensure unanimity in the profession, without which they could carry nothing.*"

This alteration made, I repeated my offer that if they or any other persons would write copies for the *Medical Gazette*, or *Lancet*, my report was at their service for the purpose, and I quitted them to take the M.S. to the printer, all apparently equally satisfied with the work we had done.* For myself, I felt perfectly sure that I had given a *mild* a *very mild* version of what was given as the history of the interview, and the nature of these gentlemen's corrections confirmed me in this conviction. The report was published on Friday; nobody objected to it. So Saturday, Sunday, Monday, Tuesday, past. Wednesday came. I met the five signers of the "not correct" document in open committee and business converse. Not a word of objection. At eleven o'clock at night they go to Mr. Wakley—at one o'clock the whole five inclusive of Dr. Lynch and Mr. Simpson give their signatures!

I had the distinction on Tuesday to speak with the admirable Mr. Rugg before a friend;† I asked him his meaning in writing "not correct." He explained that he did not know what Dr. Lynch said. He had heard the conversation in the House of Commons, but had not attended to the Report. When he signed that my version was not correct, he only signed that it was not correct in reference to what Mr. Wakley had done. It might be quite correct as to what Dr. Lynch said! He favoured me with a handsome protest against what he called your "skirrulus" leading article on the honourable Mr. Wakley.

So Mr. Simpson. I called on him with a friend.‡ Mr. Simpson's "not correct" did not refer to Dr. Lynch's statement, and consequently my statement might be true as regarded that: Dr. Lynch's speech he did not recollect or attend to. I asked, Did he recollect Mr. Dermott's interruption "Yes, but did you really say so!"? Again, *non mi ricordo*. Did he recollect the conversation in my chambers on altering such a point? "*Non mi ricordo.*" Did he recollect this? "No." That? "No." Did you recollect Dr. Lynch sitting down to write his long alteration? "No!!" Do you recollect his sitting down to write at all? "*Non mi ricordo!!*" A most prudent secretary is Mr. Simpson. He was "to dumb forgetfulness a prey."

Perhaps in these days of short memories, it will save a great many denials, if I notice that I have the MS., with Dr. Lynch's handwriting. This is the more fortunate as Dr. Lynch has solemnly denied the fact of his revision!

These, Sir, are odd circumstances occurring in a profession of gentlemen. I hope you, Sir, and your medical friends, can explain them with more satisfaction to the honour of your cloth than I. I need not point out how *you* have written and designed—how *I* have bodily laboured to promote the success of a movement, unsupported by the *Lancet* in the first place, and attacked by it in the second. We cannot complain of desertion, for the truly independent scorn recruiting; but we may complain of alienation and opposition—an opposition which even eats its own words to be ungrateful. I know that Dr. Lynch and Mr. Simpson have been supping with Mr. Wakley; it is not unknown that calls have not been unfrequent, and that there have been such things as dinners. It is rumoured, and not among one or two only, that Mr. Wakley made proposals of large monthly payments in the shape of literary employment; and insinuated to *one* that he might become a great man—because Mr. Wakley "never took up a clever man that he did not make a great man of!"

Such things, if really true, show a low state of morals. The dirtiness of such procedures is very expressive of weakness. Mr. Wakley, whatever his character, was once a somebody. I see a lesson of humility in thinking how low he is. I see him resorting to the dirtiest and shabbiest of expedients, buying the men he could once have crushed. He fawns where he once commanded. He attends now medical committee meetings, though he never but once visited his own British Medical Association. He abandons his yellow wrapper, alters the size, advertises far and near: 'tis pity, 'tis truly pitiable. I can myself, with all my contempt and disgust for that public character of his, which shocks everybody and attracts no one, pity him. Nay, I do pity him, from my heart. The Greek writer says well, that there is a truce to vengeance, when the enemy is a nonentity. With all your love of public justice, you doubtless reciprocate the sentiment.

Believe me, faithfully yours,
T. Piers Healey,

P.S.—I need scarcely add that I have resigned my place on the Committee.

8, King's Bench Walk, Temple.

[After this *hideous* dissection, we trust Mr. Wakley will inter his five witnesses with the utmost speed. Every step of this cunning man is but another step for him in mischief and misfortune. He has a fate to fill, and the mild Jobyns, poor Sir Anthony Carlisle, and so many others, died in vain, if he escape it. Science and human worth cannot always be the *victims* of a vulgar cupidity.—Ed.]

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*It is just to Mr. Simpson to make a foot note, for the purpose of saying that he expressed a proper anxiety (which I shared) that the report should be understood as not from the secretary, or as given by the committee as any *special* favour to the *Medical Times*. It was indeed my report.

† Mr. Leech. ‡ Mr. Dermott.

MR. SIMPSON AND GENTLEMANLY HONOUR.

Sir,—I see that the pro-Chartist orator of Finsbury, W. Simpson, Esq., the possessor of an Edinburgh diploma as surgeon, although practising as an apothecary in High-street, St. Giles, has *publicly* written to his political leader, Mr. Wakley, that he, Mr. S., the luminous disturber of the British Medical Association, really is not the writer of your editorial articles! Perhaps, Sir, few that know him will, for this once, feel it difficult to believe him! Mr. Simpson, moreover, in his letter, finds it neeessary to assure Mr. Wakley, "I am confident you will never experience anything *unmanly or ungentlemanly at my hands, or* with my knowledge." Now, Sir, I ask you to tell the public whether the conviction shared by every member of the British Medical Association is not true; viz., that Mr. Simpson is the author of an anonymous letter in your journal (Feb. 10), signed "Veritas," in which he charges Mr. Wakley with "wilful falsehood" in calling the meeting small one; makes a despicable and despised attack on Dr. Webster of Dulwich; tells Mr. Wakley that he, Mr. S., disregards his "cowardly attacks;" says he knows the *private* history of Mr. Wakley and Dr. Webster, and threatens to publish it against them? The words, "Arbroath" and "Professor Sharpey," and the *manly* threat of private history, could

not have been so used by any other man than this *gentlemanly* Mr. Simpson.

Your obedient servant,

ONE THAT KNOWS MR. SIMPSON.

[Perhaps Mr. Simpson will feel it necessary to disavow any such authorship. We certainly cannot do it for him.]—ED.

PERISCOPE OF THE WEEK.

DISARTICULATION OF THE RAMUS OF THE LOWER JAW.—Mr. Syme narrates a case in the *London and Edinburgh Medical Journal*, in which he performed disarticulation of the ramus of the lower jaw, without opening the cavity of the mouth. The subject of this operation was a lady between thirty and forty years of age, who had a tumour, and on examination, Mr. Syme found it occupied the situation of that part of the parotid gland which lies over the ramus of the jaw. It presented a slight convexity of circular form, about an inch and a half in width, extending from the zygomatic arch downwards and backwards to the mastoid process. The consistence was so firm, that it could not be distinguished from that of the bone. The jaw could not be expanded, so as to separate the edges of the teeth, and when moved to the slight degree still permitted, seemed to carry the swelling with it. On putting his finger within the cheek, he felt that the tumour encroached considerably on the cavity of the mouth, but did not extend farther forwards than the wisdom tooth. He accordingly advised an operation, which he afterwards performed with the assistance of Mr. Goodsir. He made an incision from the zygomatic arch, down along the posterior margin of the ramus, slightly curved, with its convexity towards the ear, to a little way beyond the base of the jaw. Having then dissected the parotid gland and masseter muscle off the surface of the jaw, he divided it immediately behind the wisdom tooth, by means of cutting pliers, after notching it with a saw. As the ramus, upon this being done, did not as usual become more moveable, he sought for the reason of its fixture, and found that the tumour had extended inwards and backwards, so as to rest upon the pterygoid and styloid processes, and completely lock the bone into its place. Having contemplated difficulty from this source, though not to the same extent, he had provided a strong pair of tooth forceps, with which the ramus was seized at its divided extremity, and forcibly drawn outwards, while he divided its muscular connexions, as they were successively brought within reach of the knive. In this way the tumour was detached, and turned out quite entire. It possessed the ordinary texture of fibro-cartilaginous growths proceeding from bone. The operation was thus completed with wonderfully little disturbance of the face; there being no division of the facial artery, only partial detachment of the masseter, and internal pterygoid muscles, and no wound of the mucous membrane of the mouth. There was, consequently, none of the distress which, in the first instance, necessarily results from dividing the whole thickness of the cheek, such as discharge of blood and saliva, inability of speaking, and difficulty of deglutition. The jaw, which had been previously locked, was at once set free, and the patient not only spoke with perfect ease, but swallowed her food, as if the jaw had not been concerned in the operation. She also experienced none of the secondary inconvenience which is apt to ensue from lateral displacement of the jaw, through inequality of the muscles acting upon it. There was no constitutional derangement, and the wound healed almost entirely by the first intention.

EXTRA-UTERINE FŒTATION.—The only complete paper worthy of notice in the last number of "*The Medical Gazette*," is a most extraordinary case in midwifery, the details of which are jointly published by Messrs. Charlton and Williams, under the title of *extra-uterine fœtation*. The patient, a woman forty-six years of age, who had been a mother on three different occasions previously, her labours being always difficult, and attended each time with the death of the infant, became pregnant for the fourth time, and when, as she believed, about five months gone with child, suffered from pain in the left side, since which she has never been well. About ten days prior to the time when she expected her labour to come on, *the waters broke*, and soon after she had constant pain and tenderness in the abdomen; on examination *per vaginam* neither os uteri nor fœtus could be distinguished. The symptoms continued to increase, the bladder was not evacuated for several hours, and only a tea-spoonful of urine was drawn off by the catheter, followed by a little pus. Difficulty of breathing, sickness and exhaustion were also superadded to the other symptoms. Mr. Charlton, who was now called in (about five hours before she died), says that when he saw her, her features were contracted and anxious; pulse was 120, small and feeble; tongue clean; breathing very hurried, and short; pain in left side was severe, particularly when she lay upon it or was moved. Chest when percussed was sonorous. A slightly reddened discharge existed; it had moistened a napkin which had been applied two or three hours. The os uteri was dilated to more than the size of a crown-piece; its posterior half was defined, while its anterior was very obscure. Two bodies appeared to proceed from, and to be connected with, the interior of the os uteri: the one was about a third of an inch in thickness, and two inches in breadth, and felt somewhat like the edge of a placenta; and the other was thin, and resembled a part of a ruptured amnion. By changing hands, and using the left fingers, he detected the fœtal head. It was situated anterior to the bodies just described, and was separated from the fingers by a thin texture. It very readily receded before the pressure. As the patient had endured more or less pain; had experienced some discharge, and had been losing strength for three days; as the os uteri did not by its size present obstruction, and as it was possible that the discharge might be owing to a partial detachment of the placenta from the os uteri (although the pulse was 120, and so feeble as hardly to leave a hope of success), he suggested that a scruple of secale cornutum be given immediately, and a few minutes afterwards, when *uterine action as its effect might be anticipated*, that the operation of turning be performed. A quarter of an hour having elapsed without pain, a second dose of ergot was administered. Turning was accomplished with ease both to the patient and operator, and during its performance much flatus escaped from the anus, but not any hæmorrhage from the vagina. Although this operation was performed, the child could not be withdrawn; slight extension was made on the leg, but it remained immoveable, and the poor woman died undelivered in four hours afterwards. The examination of the body disclosed such an extraordinary condition of the parts, that we feel bound to give the account entire, as furnished by the medical attendants:—The abdomen was large, livid, and tympanitic. Immediately on cutting through the lower part of the abdominal muscles and peritoneum, flatus escaped; and on elevating the parietes a full-sized fœtus presented itself to view. Its back was upon the os pubis, its head in the left iliac region, and one leg was in the vagina, while the other was near the left hypochondriac region. The cuticle of its back and scalp was considerably detached, and the subcutaneous tissue of its back, head, and scrotum, was greatly distended with air. The cavity in which the fœtus was placed was bound anteriorly, above, by the peritoneum which lined the abdominal muscles, and below, by the pubis and upper part of the bladder. Posteriorly, by the anterior surface of the uterus, and by the intestines, and inferiorly, by the upper portion of the vagina, with which it directly communicated by means of a large opening. The above-named boundaries were lined and united by the membranes of the ovum, and by a little lymph, which, together, formed a layer hardly as thick as brown paper, which layer readily peeled off the parts it was united to. The only recent lymph discoverable was attached to the anterior wall of the cavity in which the fœtus was found, viz. that formed by the abdominal muscles, &c. It somewhat assumed a purulent character. The placenta was situated in the left side. It was united to the fore part (the outer surface) of the uterus, to the left side of the inner surface of the ovum, in the iliac fossæ, and, through the medium of the membranes, to a small intestine. To the latter it was most firmly, but least extensively, adherent. The portion of intestine to which it was fixed was connected with another fold of the same intestine by a small band of organised lymph. The placenta was as large as usual, but rather thinner, of a lighter red colour, and was fibrous, as if composed of smaller and less tortuous vessels than commonly is the case. The uterus was entire. Its length was six and a half inches, its breadth five inches, and its thickness three inches. Each side of it was an inch thick. Where cut, it was white, and the largest vessels which were divided were the size of crow-quills. Where the ovum was peeled from its surface it was smooth. Its cavity was rough, and reddened as if by the formation and attachment of imperfectly formed membranes. The os uteri readily admitted fingers from the vagina. Its anterior lip was lost in the wall of the new cavity, and the soft bodies felt in the os uteri before turning was performed, could not again be recognised. The right round and broad ligaments were distinct, but those of the left side were lost in the tissues of the abnormal cavity; hence the ovum was extra-uterine and tubular. The bladder was contracted, and on being cut into, it displayed at its back and lower part an ulcerated opening the size of a shilling. A finger from the vagina readily entered that opening. The general cavity of the peritoneum was free from inflammation, and did not contain any effused fluid. We believe that our readers will admit with us, that this is a most extraordinary case in all its features. The question arises when did the rent in the vagina take place? and how was it that so large an opening as it is described to be, could have escaped discovery at the hands of the three practitioners, who were in attendance at different times of the labour? It is very certain that this laceration must have occurred prior to the rupture of the membranes, and then again we may ask, what was the thin texture discovered by Mr. Charlton, lying between the fœtal head and his finger? The whole case is a perfect anomaly, and not less so, as regards the treatment than in other respects. We are certainly at a loss to understand the rationale of Mr. Charlton's argument as to the administration of secale cornutum, immediately prior to the operation of turning. We, in our ignorance, had always thought that it was the more advisable plan to arrest uterine action, with the double object of accomplishing the operation with greater facility, and of avoiding the risk, as far as possible, of rupture of the uterus. It is certainly a new doctrine to us, that causing uterine contraction by the exhibition of ergot of rye, can aid the process of turning. We must suppose that they manage these things differently at Gloucester. Another anomaly that strikes us, is how the operation was performed,—we have read the account of the autopsy more than once, and it certainly seems to us, to be a perfect obstetical and pathological puzzle. There is an interesting point in the antopsy, which is not stated by these gentlemen, although it is one that ought to have at once engaged their attention. We allude to the state of the edges of the laceration in the vagina,—it is important to know, whether they present traces of recent injury. From their condition might be drawn more certain conclusions, as to the date when this anomalous occurrence took place. At present it is to a very great extent enveloped in obscurity.

ACONITUM FEROX, OR BISH.—This plant, which belongs to the same genus as the European species, and the roots of which abound in the markets of Hindostan, under the name of "Bish," forms one of the most celebrated articles in Indian medicine and toxicology. A preparation of the root is much used in all the hilly districts of India, to poison arrows for the destruction of wild beasts. It is seldom, however, obtained sufficiently fresh in the plains to produce such effects as would explain its alleged utility for this purpose. It has been used on several occasions to poison wells and tanks, and doubtless might be made a formidable means of defence against the invasion of the territories in which it abounds.

TRANSACTIONS OF LEARNED SOCIETIES.

Pharmaceutical Society, Feb. 14.—Mr. Payne in the Chair. Mr. Morson *read a Paper on Mr. Pattinson's process for obtaining the Carbonate of Magnesia from Magnesian Limestone.*

He stated that having recently received for examination a specimen of carbonate of magnesia, prepared by a new process, he had obtained from the patentee, Mr. Pattinson, an extensive chemical manufacturer, at Gateshead, permission to describe the ingenious process by which it is obtained.

This magnesia is extracted from the magnesian limestone of Durham, a mineral containing from forty-four to forty-eight per cent. of carbonate of magnesia, combined principally with carbonate of lime, a small quantity of iron and silica, and is separated without the aid of any chemical agent except heat. This at first would appear to be almost impossible, but it is, in fact, true; in the process, nothing that can be employed is lost, and thus cheapness, and great purity of product is obtained.

The limestone is first placed in close iron vessels, and calcined at a dull red heat; by which operation the contained magnesia is decomposed, and its carbonic acid driven off, while the carbonate of lime united with it requiring a much higher temperature for its decomposition, remains unchanged. The calcined mass is next placed in a strong closed iron vessel, mixed with a large proportion of water; and the carbonic acid resulting from the calcination forced into it by a powerful pump, in the usual manner for preparing magnesia or the artificial mineral waters, by which process a large quantity of the magnesia alone is brought into solution, as the lime remains unacted on so long as magnesia is in excess. Only one half of the quantity of magnesia contained in the lime stone is dissolved, as a double proportion of carbonic acid is required for that purpose. The saturated solution, containing fifteen grains in the fluid ounce, is now drawn off, and rapidly boiled, by which the carbonic acid is set free, and the magnesia precipitated; by employing a closed vessel for this purpose, the carbonic acid liberated, may be conveyed to the gasometer, and afterwards re-employed.

On a first impression it would appear that this process, however ingenious, could not be profitably employed; but such is not the case, and the proof is that the product is offered at the usual price. It is, however, only possible to conduct it in such localities as contain the limestone, fuel, and good river water in abundance, and the neighbourhood of Gateshead, on the Tyne, is one of the places best adapted for the purpose, and where the specimen exhibited was prepared.

Mr. Morson stated that it had been objected to this magnesia, that its specific gravity is greater than that of the ordinary kind, but this objection he looked upon as futile, as the ponderous carbonate is preferred by many, and, as by this process no neutral salts have to be removed by washing, there is less chance of impurity in the product. Its fracture is conchoidal, and in this it resembles the native carbonate of India. Mr. Morson emphatically declared it to be a beautiful magnesia, and stated that some that had been calcined did not show any trace of iron; although iron was certainly present in this carbonate of magnesia, it was not so in greater quantity, than is ordinarily met with in the carbonate of the markets.

A paper by Mr. Alsop, on "Spiritus Ætheris Nitrici," was then read. In consequence of the spiritus ætheris nitrici, as met with in commerce, varying greatly both in its sensible and in its chemical properties, Mr. Alsop instituted a series of experiments, the details of which were given in this paper. The acid, used in experiment No. 1, was a pale nitrous, or slightly coloured nitric acid, of sp. gr. 1·375, which, by Dr. Ure's table, contains about sixty-six per cent. of acid of 1·500 sp. gr.; using, therefore, 3 lb. troy = about 48 fluid ozs. of rectified spirit, the acid would require to be increased by one-half, that is, to 6 ozs. troy. The acid having been carefully mixed with the spirit, he drew off the quantity directed, which distilled with a crepitating ebullition, and upon carefully examining the product (of sp. gr. ·828, not ·834, as given in the Pharmacopœia), he found it to be simply rectified spirit, almost absolutely without odour of nitric ether, yet giving a slight brown colour by the action of liq. potassæ. A further portion was then drawn, still without ether, or nearly so; but when the spirit in the retort was reduced to a quantity about equal to that of the acid employed, under which circumstance the spirit ceases for a moment to boil, being held back by the acid, and the loss of calorie from evaporation being stayed, the temperature rises to that required for etherification, and a stream of very minute bubbles indicates the commencement of this change; it was then withdrawn from the lamp, and a very rapid and spontaneously increasing ebullition took place, and continued as long as ether was produced, indeed rather longer, forming acetic acid, &c. In the second experiment, the pharmacopœia proportions were employed, adding to the spirit an equal quantity of water; in which case, the portion directed to be drawn evidently contained a little ether, but not nearly so much as the after portion. These experiments were made on quantities not exceeding a few ounces, and the distillation was performed by a single jet of gas. In others, much larger quantities of spirit and acid were used, and distilled with a water-bath. Ether was then drawn off continuously, but the last quantity was very much more ethereal than that previously obtained. Mr. Alsop therefore concludes that a certain degree of temperature is requisite for this, as for many other decompositions. This, in the first experiments, was prevented by the ready evaporation of the spirit, and the heating power being applied to but a very small portion of the surface of the retort. In the still more perfect application of heat by steam, the result may be more complete than by the water-bath; but even then, nearly the whole of the ether, producible from the acid employed, will be present in the first product. The other experiments of Mr. Alsop were directed to the preparation of hyponitrous ether.

Westminster Medical Society, Feb. 17.—Mr. Fisher in the Chair.—*Malignant disease of the Chest.*

Mr. Vickers exhibited a specimen of encephaloid disease of the chest, which he had removed this day week, at the autopsy of a lady, upon whom he had been for some time in professional attendance. He remarked that the case was not without interest, as primary malignant disease in the chest did not often occur. The principal bulk of the diseased growth was situated on the side of the arch of the aorta, externally to the trachea, and compressing and obliterating the left bronchus. It had also extended into the substance of the left lung itself. There were not any cavities in it, but it consisted of a soft brain-like pulpy mass, with a slight infiltration of pus. The vessels were healthy, but the eighth pair of nerves was involved in the disease. There was not any effusion into the cavity of the chest. His patient was a single lady, fifty-nine years of age, of the scrophulous diathesis, who had had very indifferent health for many years. In the year 1839, she had a severe attack of bronchitis, with very large expectoration of muco-purulent matter; she was then ill for three months, and at one time her life was despaired of, but she ultimately recovered. In the month of June last she had an attack, the symptoms of which were similar to those presented by the bronchial affection in 1839: there was considerable purulent expectoration, with great distress of breathing, and very troublesome cough. Under the treatment that was adopted, she became rather better in health, and by Mr. Vickers' advice went a little way out of town for change of air. The improvement, however, was not continuous, and she returned to her former place of residence, the symptoms becoming more severe, and after the lapse of six weeks the suspicion that organic disease existed, was verified by the appearance of a fulness on the left side, between the third and fourth ribs, followed by the projection of a tumour, which in the course of time became as large externally, as half a lemon; pulsation could be distinctly felt in it; the cough was very troublesome, and the pulse accelerated. Small bleedings were practised from time to time, and hydrocianic acid exhibited, as opiates could not be borne, with the effect of affording some trifling relief. The disease, however, continually made progress; the breathing became more and more difficult, until it became absolutely orthopneal, the patient not being able to lie on either side for four or five months before she died. The cough was also of a spasmodic character, or a very peculiar cough—not resembling the cough of bronchitis, and not easily described. In October, Dr. Watson was called into consultation, and then the left scapula was thrown somewhat out of its place by the tumour, and the left side of the chest was generally distorted. The stethoscopic indications were, the respiratory murmur heard at the upper and the lower parts of the lung, but not in the middle, where there was a density which gradually increased. The expectoration was very slight, not occurring more than three times a day, and was the natural bronchial secretion. Dr. Watson was of opinion, that there was some organic disease in the chest, but not aneurism, and advised that the case should be carefully watched. A new train of symptoms, of a very distressing character, soon afterwards came on; the unfortunate patient began to suffer from acute lancinating pains, not in the chest only, but all over the body. In the forehead the pain was so acute, as to be comparable to tic, by which name the patient designated it, and for which quinine was given with some benefit for the time. The patient however, began to emaciate; the general health became broken, and she died early in February. The only morbid appearances that were discovered were in the lungs, with the exception, that the liver was slightly granular. The other organs were healthy. The brain was not examined, nor did Mr. Vickers deem it necessary, as its functions were perfect to the last. There was not any anasarca nor œdema, nor were the glands in the neck at all enlarged.

The discussion that followed the narration of this case, was principally of a conversational character, and related chiefly to the presence of the diagnostic signs, mentioned by Dr. C. J. B. Williams, at a recent meeting of the Royal Medical and Chirurgical Society. Several interesting cases were, however, narrated by some of the members, of which we shall give a notice.

Mr. Fisher stated that he had that day seen a man of the S. division, who he expected would ultimately prove to be affected with this disease. He was supposed to be labouring under asthma, and was sent to him to ascertain if he was fit for active duty. On examining the chest, he detected a prominence of the third and fourth ribs, and the man had orthopnœa with general difficulty of breathing and cough, but no expectoration. He was of cadaverous aspect, and presented the appearance of one labouring under malignant disease. There were not any indications of consumption. The respiratory murmur could not be detected in the tumour of the side, but the heart's pulsation could be distinctly perceived, as through a solid substance. The complaint commenced with pain in the side, which was regarded as inflammatory. He (Mr. Fisher) had only seen the man once; he intended to watch the case, and would report the event, whatever it might be, to the society on a future occasion.

Dr. Reid, after inquiring respecting the neuralgia of which Mr. Vickers' patient complained, stated that he had attended a patient of advanced age, who was the subject of malignant disease of the thyroid gland, in whom the glands of the neck were first affected, and the disease afterwards crept down into the chest, where the mass, which was of scirrhous hardness, could be traced by the finger. The most distressing symptom in this case was neuralgia of the head, requiring very large doses of morphine for relief. Dr. Reid had also seen a case of large bronchocele, not in a malignant state, where an equal amount of suffering from neuralgia was experienced.

Mr. Hardwick stated that as in Mr. Vickers' case the vessels were healthy, there was a want of analogy between it and two cases which he had seen. One of these was a case of malignant tumour in the upper part of the anterior mediastinum, which gradually enlarged, and pressed upon the vena cava, so as to obliterate it. The abdominal veins, and those of the thighs, were much enlarged in consequence of the obstruction thus caused to the venous

circulation, and the chyle had also to go the round of the veins, before it could reach the lungs, and consequently the system was not duly nourished, and the man became much emaciated. In the other case, in which the glands at the bifurcation of the trachea were the seat of the disease, the vena cava was also obliterated, and there was considerable œdema.

Dr. Sayer mentioned a case of secondary malignant disease of the lungs, which he saw twenty-two years since, in the person of a lady residing in Kent. He was consulted respecting a tumour in the right breast, which after a careful examination, he decided to be carcinomatous, and recommended its extirpation. The operation was performed, and several enlarged glands which lay along the under edge of the pectoralis major muscle, were also removed. There were not any indications of disease in the axilla. The cicatrix which resulted was sound, and the lady returned into Kent apparently well. Four months afterwards, when Dr. Sayer again saw her, she was labouring under considerable difficulty of breathing, with distress in any position, but little or no cough. The distress and difficulty in breathing increased, and she ultimately died. Small bleedings afforded her most relief. When the body was examined, there was not found one healthy bronchial gland; all were affected with malignant disease, which had extended to the neighbouring cellular tissue, and had also invaded the pulmonary parenchyma. The neck and axilla had been very carefully examined during the lady's life-time, but with the exception of one or two on the left side, there was not any enlargement of the glands. This lady was subjected to erratic neuralgic pains, most frequent in the lower extremities, where they assumed the character of cramp. Dr. Sayer further stated that he had recently seen a case where a similar disease had been developed in the right ovarium, after the removal of a cancerous mamma. The lady was operated on in the autumn of 1839, and died last December. The right ovarium and all the neighbouring structures were affected with malignant degeneration. In this case the neuralgia, more especially of the lower extremities, was so inordinate, that for several weeks before death, the limbs were completely retracted. Her sufferings were most intense. In answer to a question from Mr. Streeter, Dr. Sayer stated that the spine was not examined after death, as the retraction of the limbs was referred to the crural structures being all involved in the mass of disease.

Mr. Streeter had asked the question, because in a case which he had seen of fungus hœmatodes affecting many of the organs of the body, where there was also paraplegia; on examination of the body after death, there was found a malignant tumour in the spinal marrow, and he thought there might have been a similar amount of disease in Dr. Sayer's case, as retraction is generally referrible to some disease of the nervous structure or of its membranes. He afterwards mentioned a case of malignant disease affecting the liver principally, but in which the lungs were also engaged, in which the most distressing symptom complained of was, a feeling of sinking through the bed, as if every thing beneath the patient was giving way. This symptom was much marked, and attracted his attention very strongly. The principal mass of disease, which was of the character of fungus hœmatodes, was situated in the abdomen.

In answer to a question from Mr. Vickers, as to the origin or cause of the neuralgic pains experienced in malignant disease of the lungs, which pains Mr. Vickers stated were not felt in simple tuberculisation of those organs, Dr. Sayer candidly stated that no cause could in the present state of our knowledge, be assigned for their production; but added that in some cases of tubercular phthisis, these neuralgiæ were sometimes felt, and instanced a sister of his own, who died many years ago of phthisis, and who was subject to these pains, and also stated that a young lady, now in the last stage of phthisis, is at present labouring under these anomalous pains.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY, Feb. 13.—Mr. Bransby Cooper, F.R.S., Vice-President, in the Chair.

Case of extensive Carcinoma of the Lungs, with some practical Remarks, by George Burrows, M.D., Physician to St. Bartholomew's Hospital.—The author adverts to two conditions in which carcinoma is found in the lungs, either as a primary or secondary affection. In the latter it gives rise to few pulmonary symptoms, and produces but little change in the pulmonary tissues. Primary cancer of the lungs, on the other hand, is a most serious disease. Very large portions of the lung become infiltrated with the morbid deposit, and this is often combined with mediastinal tumours of a similar character. The symptoms which attend on these formations are most distressing and perplexing. They partly arise from the gradual consolidation of the lungs, and partly from pressure on the respiratory tubes, and blood vessels at the root of the lung. *Case:*—A married woman, aged twenty, was admitted into St. Bartholomew's Hospital, on the 22nd of April, 1843, giving the following history of her complaints. She had been healthy until six months ago, when she was attacked with pain beneath the sternum, cough, and expectoration. She was delivered of her first child about three months since, after which the dyspnœa and cough increased, with some swelling of the cervical glands. From this period her health declined, and a month before admission she was attacked with hemoptysis. On admission her face was pallid and bloated, with rather livid lips; respiration, 40, with much dilatation of the nostrils; pulse, 132, small; decubitus on the back, inclining to the right side. She complained of pain beneath the sternum; distressing paroxysms of cough, leaving her breathless and panting; expectoration scanty, the sputa bloody, resembling red-currant juice; the cervical glands on the right side swollen, hard, and tender, with enlarged veins passing over them; the external jugular vein much distended. Upon auscultation and percussion the left lung appeared to be healthy. On the right side there was a feeble respiratory murmur in the upper third; in the lower two thirds there was a varying amount of bronchial breathing; the respiration prolonged, accompanied with a modification of *sibilus* resembling a chirp. On percussion the sound was extremely dull all over the lower two-thirds of the right lung. The voice was so weak and husky that no vocal phenomena could be discovered. The heart's sounds were natural, and not transmitted beyond the cardiac region. The physical signs in some respects indicated consolidation of the larger part of the right lung, while in others they were those of pleuritic effusion. This latter supposition was supported by the measurement of the chest, which gave an excess of an inch and a half to the right over the left side, as well as by the constant posture of the patient on her right side. The author ventured to form the diagnois of malignant disease of the right lung, partly founding that opinion on the physical signs, which did not correspond with any of the ordinary forms of thoracic disease, and partly on the history of the complaint. A few days after this examination the cervical glands increased much in size, occasioning additional suffering by pressure on the trachea. The face, throat, right arm, and mamma became very anasarcous; the dyspnœa, cough, and peculiar bloody expectoration continued: the posture was almost entirely on the right side, and the physical signs of pleuritic effusion more decided. It now became a question whether paracentesis thoracis ought not to be performed, to relieve the suffocative dyspnœa. The operation was not considered right, as the author still adhered to the opinion of extensive malignant formations in the right lung. Without further change in the symptoms, the woman expired at the end of a fortnight. The body was examined nine hours after death. The heart and left lung were found to be healthy. The right pleura contained four pints of an olive-brown coloured serum; the lung had not collapsed, but stood out projecting into the pleural cavity; the upper lobe was not much altered; the middle and lower lobes felt quite solid. A white lobulated tumour, something like a mass of suet projected from the middle lobe. Towards the root of the lung was another dull white tumour, which had thrust the lung up from the spinal column. The substance of the middle lobe appeared to be continuous with these tumours. The pleura covering the lower lobe was dark coloured, with numerous enlarged blood-vessels ramifying on the surface. Upon making sections of the middle lobe and tumours, their substance was of an uniform dull white colour, and rather soft; in some parts there were a few minute vessels. The surfaces yielded, upon compression, a white creamy fluid in considerable quantity. The superficial parts of the lower lobe were converted into a dark brownish friable substance, studded with streaks and patches of white matter. Portions of the carcinomatous substance had also made their way into the right bronchus and right pulmonary vein. In the upper part of the anterior mediastinum there was another carcinomatous tumour, and upon making a section of the enlarged cervical glands, they presented similar changes. All the abdominal and pelvic viscera were examined, and found to be free from carcinoma. The author then proceeds to give an account of our knowledge of carcinoma in the lungs, referring to the works of Laennec, Andral, Stokes, Sims, and Walshe; and points out the rapidity with which the diagnosis of this disease has improved. The paper is concluded by the following statement:—"that when a patient has long been suffering from a severe affection of the respiratory organs, with physical signs offering close analogies to those of consolidation of the lungs, or of copious pleuritic effusion, and yet presenting anomalies not compatible with either of those morbid conditions, and when the history of the case does not accord with that of tubercular infiltration of the lung, nor of chronic pneumonia, nor pleurisy, malignant disease should be suspected. In addition, if the countenance become bloated, the eyeballs prominent, the throat swollen, with œdema of the arm on the affected side, enlargement of the superficial, cervical and thoracic veins; dysphagia, with enlarged glands or other tumours on the surface of the body, and the cough be accompanied with currant-juice sputa, the diagnosis of malignant disease in the lungs may be considered complete.

Mr. Lloyd narrated a case of internal carcinoma, in which the uterus, rectum, and œsophagus were all diseased. The disease was first discovered in the rectum; a long time afterwards, the patient had difficulty of breathing, with cough, followed by expectoration of a bloody frothy character, which afterwards became very offensive. The patient died, and when the body was examined after death, carcinomatous disease was found in the œsophagus, uterus, and rectum. There were also found here and there in the coats of the rectum, small cells, containing a matter somewhat resembling black-currant jelly. In the lungs there was a large cavity, traversed by blood vessels and bronchial tubes, containing a black matter, like broken-down blood, and small tumours of fungoid disease. Cartilaginous tumours were discovered on the surface of the liver. He considered it was a decided case of melanosis of the lungs. The preparation of those organs was placed in Mr. Langstaff's museum.

Mr. Bransby Cooper, with reference to the observation in the paper, as to the rarity of the existence of malignant disease in the lungs, inquired of Dr. Burrows, if he did not allude to it as a primary, and not a secondary, formation.

Dr. George Burrows stated in reply, that that was precisely his meaning, as cases of secondary malignant disease in the lungs, were very common.

Dr. C. J. B. Williams inquired if the dyspnœa spoken of, were of a spasmodic character?

Dr. George Burrows replied that the breathing was of a very distressing character, like that of asthma; he had not noticed during the stay of the patient in the hospital any spasm in breathing.

Dr. C. J. B. Williams' reason for asking the question was, that he had noticed that spasmodic difficulty of breathing was more connected with malignant disease of the lung than any other affection of that organ, except purely spasmodic asthma, or substernal aneurisms. He had seen altogether seven or eight cases of primary malignant disease, most of which presented that character of spasmodic dyspnœa and extreme breathlessness, which increased as the disease made progress, and which he (Dr. C. J. B. Williams) believed to depend

partly on the pressure of the tumour on the eighth nerves, and partly on a peculiar change in the condition of the blood, which in chronic cases became very ill fitted to perform its proper functions. With regard to the diagnosis of primary malignant disease of the lungs, he thought that tolerably distinct rules might be laid down. It must be borne in mind that malignant disease is accompanied more or less by growth; it is not a simple interstitial deposit, nor is to be considered as effusion into the tubes. It may comprise both. The growth presents peculiar symptoms not met with in other affections; pressure is exerted more or less on the bronchial tubes, by which the difficulty of breathing, to which allusion has been made, is caused,—a difficulty which often becomes spasmodic. In two of the cases seen by Dr. Williams, this difficulty of breathing was referrible to the inferior laryngeal nerve being involved in the disease. The attack of dyspnœa comes on suddenly, and goes off as suddenly, affecting the voice, and resembles in many particulars an attack of laryngismus stridulus. As the disease advances, the tumours obstruct the blood vessels generally, and may induce hœmoptysis. If the patient be troubled with cough, the sputa will be of a bronchitic character, occasionally tinged with blood, or else like black currant jelly. As the tumour increases more in size, pressure will be exerted on the veins of the neck. In five or six of the cases which have fallen under Dr. Williams' notice, the right lung was the part diseased, and the malignant tumour caused more or less obstruction of the vena innominata of that side, with swelling of the neck, more especially of the jugular vein, and sometimes œdema. The existence of the tumour is often palpably evident by the physical signs it presents, and by its pressing the walls of the chest distinctly forwards. In one case it could be felt behind the clavicle. The swelling of the glandulæ concatenatæ, and of the axillary glands will also assist the diagnosis. As the disease spreads, it produces consolidation of the lung, differing from that caused by any other complaint; there is a dulness in percussion, and scarcely any sound can be heard, although in common consolidation the tracheal sounds are louder than usual. There is a complete absence of sound in the lower part of the lungs. In ordinary consolidation, there is an unusual resonance and tubular sound, but here we have only obscure breathing, or a sonorous rhonchus at the root of the lungs, from the growth compressing the large tubes. As the disease goes on, it sometimes causes effusion into the cavity of the pleuræ by compressing the blood-vessels at the root of the lungs. We sometimes remark an anomaly; we may have distinct signs of effusion, while there is consolidation at the upper part of the lungs, and the absence of tubular phenomena at the root, which usually attend simple effusion. He (Dr. Williams) had been called to a case, in which Mr. Avery was in attendance. At the lower part of the chest, there were the usual signs of effusion, at the upper part the state just described existed, and the spasmodic character of the breathing was well marked. He had, therefore, been led to examine the neck, where he had discovered enlarged glands and a tumour, and had consequently diagnosed the existence of malignant disease. In the same case there was an irregularity in the enlargement of the chest, which presented the characters of that from effusion, except that it did not exist at the lower part, which was rather contracted. At the examination of the body afterwards, this was accounted for, by the existence of adhesions of the lungs to the pleura at the part, and the bands being rendered more tense and contracted by the deposit of carcinomatous matter in them. A case came under Dr. Williams' observation which was supposed to be spasmodic asthma, but from the symptoms he was led to believe there was malignant disease. There was also liquid effusion into the pleura—hydrothorax,—and the size of the tumour was not sufficient to account for this. It could not compress the vessels, but afterwards a mass of scirrhous disease was found encircling the descending cava, which thus impeded the circulation. The patient ultimately had general dropsy, and died. The circumstances that have been mentioned may serve to assist the formation of the diagnosis in cases of primary malignant disease, but not when it is of a secondary origin. Secondary malignant disease is occasionally found in the lungs, when it has not been suspected during life, and the reason is obvious; there is not sufficient time for its full development as the patient's strength has been exhausted by the previous disease, and the symptoms are masked by the more prominent disease existing elsewhere in the system.

Mr. T. Wilkinson King inquired if the spasmodic difficulty of breathing was caused by pressure on the trachea, or merely by compression of one of the bronchi?

Dr. C. J. Williams stated in reply, that generally in his cases the right bronchus only was compressed, but in one instance both were enclosed within the diseased growth.

Mr. Lloyd thought it would be interesting to examine the expectoration microscopically in these cases, to see if it corresponded with the general characters of the disease.

Dr. George Burrows thought that the physical signs would indicate the existence of malignant disease; but the peculiar character of the disease would be shown by the constitutional symptoms. He entirely agreed with the observations of Dr. C. J. B. Williams, as to the physical signs by which the diagnosis of malignant disease may be made; but at the same time, the characteristic symptoms should not be neglected.

Dr. C. J. B. Williams did not mean to imply that the diagnosis should be founded on the physical signs only; if there were indications of the cancerous diathesis or other malignant disease elsewhere in the system, he would not reject such evidence; but such appearances might be wanting in primary malignant disease in the lungs in the early part of the case, especially where it occurs in young subjects, as in the present case. The physical signs of malignant disease may be separated from those of other diseases. It is peculiar to malignant diseases, that their growth invades the texture of the lung, and also projects beyond it.

Mr. Bransby Cooper inquired if malignant disease in the lungs is like the same disease in the testicle, where the growth projects from the organ, but does not materially involve its structure, although, by compression, it affects all its functions?

Dr. C. J. B. Williams replied in the negative; the tumour not merely projects from the pulmonary structure, but often invades it, and constitutes a part of it.

Dr. George Burrows observed that his object in bringing this case forward was a practical one: to elicit the detail of similar cases from those under whose observation they had fallen, and to obtain hints in aid of the diagnosis, by which practitioners might be able to guard against the having recourse to that active treatment, which is usually adopted when the nature of the disease is not recognised. He mentioned a case that had occurred at Woolwich, to which a physician in practice at the West End was called in consultation, but who only saw the patient once. There was great obscurity in the case, and doubts were expressed, as to whether it was pleuritic effusion or consolidation. It was at last decided that it was a case of effusion into the pleura, and paracentesis thoracis was performed. Blood only issued, and after a time, the patient died. On examination of the body, there was found malignant disease of the left lung.

Mr. Hewett mentioned two cases that had occurred in St. George's Hospital. One of these, treated by Dr. Seymour, presented the symptoms of common pleurisy; after some time, the intercostal spaces began to swell, and a tumour made its appearance; but there were not any enlarged glands, nor œdema. The patient died, and medullary matter was found in the lower lobe of the lung, in the mediastinum, and in the pleura. The lung was adherent to the pleura, and the matter had made its way through the pleural and intercostal muscles, and formed a tumour beneath the skin. The second case was under the care of the late Dr. Hope. The patient was admitted only three days before death, with symptoms of urgent dyspnœa, like asthma. The lungs were pervaded with small masses of colloid cancer, perfectly transparent, embracing either the bronchial tubes or glands. The lungs were injected, but none of the injection penetrated the colloid matter. The same disease existed at the pylorus, and was spreading to the glands about the aorta. The preparations were shown to Dr. Hodgkin, and to Professor Rocitanski, of Vienna, both of whom acknowledged that they had never before seen a case of colloid cancer of the lungs.

Dr. C. J. B. Williams inquired if the disease of the pylorus was of longer standing than that of the lungs?

Mr. Hewett was not able to answer the question:—the patient was only three days in the hospital.

Mr. Bransby Cooper did not consider that these cases could be regarded as primary malignant disease of the lungs, as in neither did the morbid growth originate in those organs; in the one, it commenced in the mediastinum, and in the other, in the bronchial glands.

Mr. Hewett considered these might be fairly considered as instances of primary malignant disease of the lungs, and appealed to Dr. C. J. B. Williams and to Dr. Burrows for their opinion.

Mr. Wilkinson King remarked that these cases were of exceeding difficulty in their diagnosis, and cited a case of a large fungoid tumour of the lung, in which paracentesis was performed, and he contended that any one might make the same mistake. He thought the most common case was when the tumour formed around the root of the trachea, and involved both lungs, thus producing the spasmodic breathing. He remarked that the occurrence of cancer generally relieved asthmatic breathing; the disease which had formed elsewhere, cured the asthma, the other symptoms of dilated tubes and emphysema remaining the same.

Mr. Hewett re-inquired of Drs. Williams and Burrows, if they were of opinion that encephaloid disease beginning in the mediastinum, or in the bronchial glands at the root of the lungs, was not to be regarded as primary malignant disease of the lungs?

Dr. Burrows observed that his experience was very limited, as he had seen only one other case, besides the one, an account of which had been read that evening. He should certainly regard disease commencing at the root of the lungs, or in the mediastinum as primary disease of those organs; and he thought it generally commenced at the root, and extended thence to the pulmonary structure.

Dr. C. J. Williams fully concurred in the opinion that had been expressed by Dr. Burrows, and had been led to consider in some cases, that the disease had commenced at the root of the lungs, rather than in the parenchyma, from its being of a tougher character at the root.

Mr. Bransby Cooper thought it would prove of importance, to ascertain whether the malignant growth began at the root of the lungs, in the bronchial glands, or in the cartilages of the bronchi.

On the Effects of Water Drinking in the Cure of Gout.—By John Bostock, M. D., F. R. S.

We have lately heard so much not only of the moral, but of the physical effects of water-drinking, as practised, either on the more moderate scale of the disciples of Father Matthew, or in the more profuse ingurgitations of the hydropathists, that I have conceived it may not be altogether uninteresting to the Medico-Chirurgical Society, to hear the account of a few observations, which I have had an opportunity of making upon the effect of these two processes. The first case to which I propose to direct the attention of the society, is that of a gentleman, seventy years of age, who had been from an early period of his life, subject to very frequent attacks of gout, the predisposition to which complaint he inherited from his parents. Connected with this he had been a constant sufferer from stomach affections of various kinds: acidity, flatulence, heart-burn, irregularity of the bowels; in short, from every one of the affections which are enumerated in Cullen's well-known definition of dyspepsia. His mode of life was regular, and moderately active, and his diet what might be styled temperate, although not abstemi-

ous. He had indeed been advised by his medical friends to take wine in moderate quantity: he had occasionally employed ale, porter, and brandy and water, but never in what could be considered an excessive quantity. In this way he had passed above forty years, seldom actually confined by indisposition, but almost always subject to a succession of ailments, which rendered it necessary to have recourse to medicines of various kinds, and more especially to alcalies, which were taken in large quantity, and as the symptoms appeared to indicate, to purgatives or to sedatives, and to a variety of tonics and stimulants. During this period, the renal secretion was seldom in what would be considered as a perfectly healthy state: it was sometimes loaded with deposits, and of high specific gravity; sometimes of low specific gravity, limpid and aqueous; sometimes very copious, at other times scanty, while its chemical constitution was most variable, both as to the nature and the proportion of its saline contents. About four years ago, in consequence of the accession of certain alarming symptoms of a new description, which were supposed to require the antiphlogistic treatment, the patient was ordered by his medical attendants to reduce his system of diet, and more especially to abstain entirely from fermented liquors or distilled spirits of any description. By this restriction, and by other appropriate remedies, the threatened disease was averted, and besides this fortunate result, the patient found his general state of health and his feelings so much improved by the change of diet, that the abstinence from all kinds of liquors has been strictly adhered to up to the present period. The effect has been that he has entirely lost all the dyspeptic symptoms, to which he had been subject for upwards of forty years, and, what I am particularly desirous of pointing out to the society, the renal secretion has been for a long period in a perfectly natural state; it is nearly uniform in its specific gravity, and is totally free from all the morbid deposits which were before seldom absent from it. And there is a circumstance connected with it which I conceive to be particularly deserving of attention; that although of an average specific gravity, and containing the proper proportion of urea and saline ingredients, it is uniformly increased in quantity, so that there has been now for several months, considerably more of these substances discharged from the system than was formerly the case. It would appear, therefore, that the abstraction of the alcohol has produced a more healthy state of the digestive and secreting organs, so that the functions of the kidneys are more actively and effectively performed. As a counterbalance to this improved state of the constitution, the only inconvenience experienced by the patient is the frequent and urgent calls to empty the bladder; these occur during the day, at short intervals; and the night is seldom passed without, at least, two evacuations. To prevent this inconvenience, he has for some time diminished considerably the quantity of water, as well as of liquids of all kinds employed in diet; but it does not at present appear that this diminution has had much effect upon the amount or the quality of the fluid discharged. At the same time that I was making these observations upon the effects of what has been technically termed the temperance system, an opportunity occurred to me of learning the result of a complete process of hydropathy. A gentleman, of nearly the same age as the former, who, like him, inherited the gouty diathesis, and had for many years suffered severely from the complaint, was induced to try the effect of the new practice; and, according to the account which I received from himself, underwent the whole discipline in the most complete style. The quantity of fluid which was swallowed, could I have doubted the veracity of my informant, I should have conceived it impossible to have been received into the stomach; and to this were added the rubbings, sweatings, and the other adjuncts, amongst which, it must be observed, were a regulated diet, bodily exercise, fresh air, and the absence of many of those causes of disease, which are the necessary attendants upon the life of a man who is either devoted to business, or who moves in the higher circles of society. The result, however, was that the patient returned from his campaign, having subdued his old enemy, the gout; and in a better state of health than he had experienced for many years. He still continues to imbibe water in large quantities, and it is not, therefore, surprising, that a large quantity of fluid should be voided. Indeed, while undergoing the complete process of hydropathization, the animal body may be regarded as a simple conduit, much resembling the well known little figure that adorns the corner of one of the streets of Brussels. It appeared to me, as far as I was able to form an opinion, that in this case as in the former, the specific function of the kidney was considerably increased; but I had not the means of ascertaining the fact by an absolute experiment, as in the other instance. Viewing the result of these two cases, and more especially comparing them with each other, we are induced to inquire, what practical inferences can be deduced from them. Now, taking into account all the circumstances, I conceive there can be no doubt that a decided benefit was obtained in each case; that a disease of many years' standing was removed, and which had resisted various means that had been employed previously. We may then inquire, to what particular circumstances are the beneficial results to be more immediately referred; to the abstraction of alcohol, to the imbibition of water, or to any other remedial agents? In the first case, the abstraction of alcohol would appear to be the only circumstance that can be conceived to have produced the effect. The water taken was in moderate quantity, and although other means were employed, which might have had a tendency to improve the general health, they were not such as can be conceived sufficiently powerful to produce so great a change in the state of the constitution. In the second case, I should conceive that although much of the benefit obtained may be ascribed to the abstraction of the alcohol, yet we can scarcely imagine that the prodigious influx of water into the stomach can have been without its influence on the system. Mechanical and unscientific as the idea may appear, I confess I am disposed to attribute a considerable effect to the complete removal of all the offensive matter, which had polluted the vessels, thus thoroughly rinsing them out, and leaving them in a clear state to receive a supply of more healthy fluids. Nor are we to regard the adjuncts, or some of them at least, without their influence, although I must think that many of them were carried to an empirical, and I will say, a ludicrous extent. The annals of medicine, from the earliest periods, contain accounts of the temples of health, which were under the direction of the Æsclepiadæ; the sacred fountains of Greece and Italy, to which Hippocrates and Celsus sent their patients; the miraculous springs dedicated to various saints, male and female, in the middle ages; and the acknowledged cures performed in modern times by waters of which the chief peculiarity consists in their purity, all which may be placed in the same category, and which may serve to explain a part at least of the benefits derived from hydropathy.

The anniversary meeting will be held on Friday, the 1st of March, at 3 p.m.

Ethnological Society.—At a meeting of the Ethnological Society, on Wednesday, two papers engaged the attention of its members until a late hour: "On the ancient Peruvians, by Dr. de Tschudi," and "On the Natives of Senegambia, by Staff Assistant Surgeon Tonnère." The author of the former paper had spent many years in the country, during which time he had carefully investigated the various relics which the former possessors of the soil had left of their architectural talents, whether in the form of villages, temples, or tombs. He described houses of different constructions, all remarkable for the prodigious solidity compared with the size of the chambers. The largest consisted of three stories, of difficult access from each other. The ground floor appeared to have been that chiefly occupied by the family, whilst the uppermost occasionally served as a receptacle for the dead as well as for a store room. In noticing the mummies of the ancient Peruvians, the most remarkable part of the description related to the attitudes of the dead which were not unfrequently those in which they had been engaged during life. The different forms of the Peruvian head, and some anatomical peculiarities attributed by Treddeman and Pentland to a natural development, but now known to be artificially produced, were pointed out in a mode which raised considerable discussion.

Staff Assistant Surgeon Tonnère describes the Foulahs as a fine race, tall, slender, and straight, fine limbed and muscular, with well arched, small and tapering feet, and delicately formed hands. The features are small and even delicate, the lips thin, the nose aquiline, the teeth good, and the chin, which is on a line with the forehead, is high and vertical. The eyes are mild and expressive, the countenance is of a fine oval, and, like the whole person, elongated; which is also heightened by a thin pointed beard five or six inches in length. The hair is silky, abundant, and curling, and platted in numerous small tresses, and descends half-way down the neck. The complexion is of a dark olive or copper colour. The countenance is very engaging, open, and intelligent, and in his whole deportment the Foulah has the dignity and gravity of the Asiatic. The Jollofs are the first link in connecting the Foulah and Negro, and of black races are by far the most handsome. Their colour is a deep black, and their features are small and regular, and in most respects resemble the Foulah. There is already in the Jollof a negro tendency, the lips are rather thick, and the hair, which is crisp, rarely exceeds six inches in length. They are a very intelligent people, and in the arts they have attained to greater perfection than any of their neighbours. They were formerly a great nation, and are still a brave and warlike people; but a great part of their country is now in the hands of the Foulahs and Mandingos.

In the Mandingo there is a stronger tendency to the negro, yet he does not yield in intelligence to either the Foulah or Jollof, and in energy of character is superior. As a natural consequence, it is now the predominant nation of Western Africa. The Mandingo women, like their pagan neighbours, never go veiled; their dress consists of two pangs or pieces of country cloth, one wrapped round the waist, and falling to the feet; the other loosely thrown over the shoulders, and sometimes drawn over the head. The hair is divided into rows of small plaits, and has a pleasing effect. The head is generally encircled by a narrow stripe of cotton. The ears are ornamented with several rings of gold of a twisted shape, and when they can afford it, they have anklets or armlets of the same precious metal. The neck is encircled with beads of coral, sometimes alternating with gold, which has a very good effect. Round the loins are worn several strings of large glass beads, as many sometimes as twenty. They say that it supports their bodies, and acts like the stays of their European sisters. The Mandingo woman is proud of being a mother, and if she gives birth to a boy her joy has no bounds. For this she bears with astonishing fortitude the pangs of labour; nor while it lasts does she utter a single cry. Prostrate on the ground, from which she is only separated by a mat, and resting on her hands and knees, she waits with composure the hour of her delivery, surrounded by a few matrons. The government of the Mandingos is a limited monarchy, sometimes elective, and always remarkable for a republican spirit. A debtor unable to liquidate what he owes can be seized by the creditor, and sold into slavery. If he cannot be found, a countryman is seized upon, and held as a bond. The language of the Mandingos differs completely from those spoken by the Jollofs and Foulahs. It is more harmonious, and well suited for poetry, but it is not a pure language, being mixed up with Arabic.

Medical Society of London, Feb. 19.—Mr. Pilcher in the Chair.—*Contagion.*

Mr. Pilcher commenced the discussion on the subject of contagion, adjourned from the previous meeting, by inquiring of Dr. Thompson his real opinion respecting the contagiousness of certain affections which he (Dr. Thompson) had mentioned in his paper as contagious; he alluded principally to typhus, plague, and yellow fever. Dr. Southwood Smith, an excellent authority

upon these matters, from his extensive experience, was of opinion that typhus fever was not contagious to a great extent; an opinion certainly not shared by a great many practitioners, but he himself (Mr. Pilcher) must confess that he entertained very strong doubts as to its contagious nature, and he looked upon plague and yellow fever in the same light. These two latter maladies he regarded merely as modifications of typhus, the latter being influenced by the peculiar condition of the liver, but otherwise running the same course, and exhibiting similar results. The plague, as it is now and then met with in this country, is certainly not considered contagious, although the typhus fever which accompanies it, is believed so to be. It is a typhoid fever produced by the effluvia resulting from the decomposition of animal and vegetable remains, or of both, and is attended with glandular abscesses or ulceration, the local mischief sometimes running so high as to cause sloughing of the neighbouring parts. All the cases of the so called typhus arise from the depressing influence of marsh miasmata, that is, from the decomposition of animal and vegetable matters. In Lambeth, a few years ago, a whole court was depopulated by it, the fever having been without doubt produced by the decomposition of the matters left on the bank of the Thames by the receding tides. Those inhabitants who were removed to other places while labouring under this disease, did not propagate it among those who then came in contact with them, although all the residents in the place suffered from it. As further evidence of the non-contagious nature of typhus, Mr. Pilcher stated that when a student, he had an attack of typhus from over work, and that none of those who ministered to him, although in constant attendance, suffered in consequence. He also mentioned that there was a house in the Borough, where every inhabitant was sure to get fever. At last this attracted notice, the drains were cleared out, and arched over, and there were not any fresh cases of disease. A village in Wiltshire was rarely free from it, until an offensive ditch had been cleared out, and filled up, and then there was no more typhus. The sick were removed to the pest house, and they did not communicate the disease, either to the healthy attendants, or to the other invalids in the house. These facts might be multiplied over and over again, and he (Mr. Pilcher) would not hesitate to express his belief that typhus fever was not contagious, but was produced, as before stated, by the decomposition of animal and vegetable matters, but of the latter more especially. Plague is a similar malady, accompanied with glandular abscess or sloughing, and in some of these cases the marsh miasma—as in some of those deplorable instances of scarlatina which are occasionally met with, when life is terminated in a few hours—has sufficient sedative power to destroy life almost immediately. Mr. Pilcher also applied the same observations to the cholera, which invaded this country some years ago. He was much engaged in the Borough at that time in attendance upon persons afflicted with that disease, but did not see any case in which contagion could be traced; it was owing to a peculiar condition of the atmosphere. Mr. Pilcher at the termination of his remarks, again asked Dr. T. Thompson if he regarded typhus fever as contagious?

Dr. T. Thompson after expressing his wish to leave the questions that might arise upon the paper he had read in the hands of the society, answered Mr. Pilcher's question in the affirmative, modifying his reply by adding, but not in so high a degree as some affections that had been named.

Mr. Dendy expressed his surprise on learning, by the hints thrown out by Mr. Pilcher, that plague might be considered as recently sporadic in this country. Such a statement was quite novel to him, and he thought that the carbuncle of plague was essentially different from the common abscess of a gland. The question of contagion in typhus he thought need not be gone into, as the evidence was so strong in its favour; its origin from decomposing vegetable and animal matter, he was ready to admit; but he was also of opinion that a similar effluvium might be generated by the body of a person labouring under adynamic fever, it being then placed in a condition very nearly resembling that of the putrid matters already alluded to. Cholera again, he was strong in the belief, was not contagious. There was a complete body of evidence to disprove its being contagious, and he thought it would be a *reductio ad absurdum* so to call it. Persons in a state of great depression and exhaustion were more liable to receive contagion; and he mentioned, in illustration of this remark, a case that had recently occurred in his practice, of a young lady, nineteen years of age, who had nursed some younger ones of the family, suffering from varioloid disease, but who resisted the contagion, until her powers were struck down by influenza. She was afterwards the subject of variola. He believed that if she had not had influenza, she would have escaped. What was the predisposing and exciting cause of cholera? He (Mr. Dendy) had had charge of the parish of Christchurch at the time of the cholera, and he sat up in the hospital with Mr. Hawes, the M.P. for Lambeth, performing the duties of a nurse, inhaling the breath of the patients, exhibiting enemata, &c., and he was quite sure that, if it had been contagious, he should have caught it. In Lambeth, it observed a very peculiar course, invariably following the localities of ditches and marshy places.

Dr. Willshire observed, that as to the origin of typhus fever and of plague, there could not be a doubt, but that it depended on the effluvia from decomposing matters; but its propagation was essentially different. Dr. Marcet, of Guy's Hospital, in order that he might be enabled to make more perfect clinical observations, collected a large number of fever patients in one ward, and the consequence was the nurses and the medical officers were speedily affected. The patients were then dispersed through different wards, and these effects ceased. He believed that all those who had written against the contagion of plague were special pleaders, writing with the view of effecting the removal of the restrictions on commerce, caused by quarantine regulations, and he more especially instanced Clot Bey as an example of this kind of writing. He referred to the history of Malta, in support of the doctrine of contagion; it is free from plague for ten or twelve years at a time; then a vessel with foul bills of health arrives there, and by some shameful neglect, communication is had with the island, the plague is imported, spreads perhaps in two parts of the island, but the government is able to keep it from the other parts, by closing the gates, and strictly maintaining the system of non-intercourse. Again, a man at Malta took a shirt from a ship with foul bills of health; it was discovered, and he was punished for his conduct; he then buried the shirt in the garden, but a wedding taking place afterwards in his family, he dug up the shirt and wore it. He was seized with plague in consequence, which then became epidemic in the island.

Dr. T. Thompson remarked that there were great differences in the degree of contagion of different diseases. He thought there was some reason to believe in the existence of contagion even in cholera under certain circumstances, and he instanced its first occurrence at Brighton, prior to its general outbreak there; in proof thereof, he stated that a Jew went from a part of London, when the disease was prevalent, to Brighton, was there attacked, and died. His landlady, and the laundress who washed his clothes, were both attacked, but no other cases occurred for some time afterwards. These and other instances had led him to the belief that cholera might now and then be propagated by contagion. In confirmation of the origin of typhus fever from decaying matters, he mentioned that at Derby there was a row of houses, some of which were infected with fever, while others always escaped. The reason of this was afterwards found to be that the exhalations from a ditch which ran parallel to these houses at the back, were prevented reaching those houses which were uninfected by a high wall, which did not exist in the other cases. The ditch was full of decomposing matter. The fact, however, while it affirmed the origin of typhus fever, did not militate against its propagation by contagion, of which Dr. Thompson thought there existed conclusive proof in the records of the Fever hospital, six out of eight of the medical officers having been affected with fever, and three having died, while the disease was very rarely met with in the adjoining Small-pox hospital. He could only explain this fact by its propagation by contagion. He inquired the opinion of the society, as to the possibility of the contagion of typhus fever and hooping cough being conveyed by an intermediate person. He believed there was not any doubt respecting scarlatina and measles, and he was anxious to have the opinion of the society respecting the two maladies he had named.

Mr. Alder Fisher narrated the particulars of some cases of plague which had occurred in his practice some years since. There was a lane consisting of several houses, in which there was generally fever, and he had there seen a case of yellow fever, at least one of severe typhus with jaundice, and Dr. Clutterbuck called it yellow fever. Typhus fever was constantly present in the house in which the cases of plague occurred. He was called to see in that house a family recently arrived from the country, which consisted of the father, mother, two or three grown-up sons, and four or five children. All these resided in two rooms. All had fever, accompanied with the external local symptoms characteristic of plague; that is, there were the enlarged and indurated glands, with carbuncles in the thighs, &c., of a dark purple colour, and as large as the palm of the hand. Three or four of these persons died, but the worst case, as regarded the size and malignity of the carbuncles, recovered. He had not the least doubt in his own mind as to these being cases of plague, and he remarked that there were not any evidences of contagion. He did not think typhus fever contagious, and he consequently negatived the opinion as to the danger of contagion by an intermediate person.

Mr. Clarke mentioned that he had heard Mr. Davis, of Hampstead, a gentleman who had had much experience of the plague, having been long in Egypt with the army, give it as his opinion that that disease was not contagious, and that its spread depended on the course of the winds.

Mr. Hooper spoke in favour of the doctrine of the contagious nature of typhus fever. He stated there was a house in a certain court, which was depopulated by fever, and was shut up; after a time it was re-opened, and fever again broke out. He sent the relieving officer to remove a very bad case to the Fever Hospital, and although he did not touch the patient, nor ride in the hackney coach with him, he got the fever and died. The nurse who attended the patient also died. He also mentioned some cases to show that scarlatina was contagious, and concluded by observing that, in his opinion, cholera was not; that it depended on a peculiar condition of the atmosphere.

Conversion of Cinnamic into Hippuric Acid in the Animal Organism.—The conversion of benzoic acid into hippuric acid, in our organism, which has been placed beyond doubt by Ure and Keller, led Erdmann and Marchand to ascertain how cinnamic acid, which in many respects presents so much resemblance to benzoic acid, would act in the same circumstances. Six persons took, before retiring to rest, about five or six grammes of pure cinnamic acid, mixed with simple syrup. The urine first passed on the next morning was evaporated, and hydrochloric acid was added, which immediately determined an abundant precipitate of a white substance, with a slight brownish tinge and in small needles. These crystals were submitted to ebullition with animal charcoal, and the water of the solution, which was at first brown, then became colourless. The urinary odour which they still presented, was removed by treatment with a little chloride of lime, and a new separation of the acid by hydrochloric acid. The acid, which was of snowy whiteness, and crystallised in long prisms, had completely the aspect of hippuric acid. It presented, during fusion, the same reaction as the latter; it gave a distilled liquid of a red colour, which had the odour of oil of bitter almonds, and it sublimed in a crystalline mass, which greatly resembled benzoate of ammonia. To dissipate all doubts, this acid was analysed, after having been dried *in vacuo* over sulphuric acid. It gave per cent. 59·82 carbon, 5·01 hydrogen, and 7·02 nitrogen. Now, this is the composition of hippuric acid. This acid is formed of carbon 60·34, hydrogen 5·03, nitrogen 3·82, oxygen 26·81.

GOSSIP OF THE WEEK.

The following prizes are offered by the Society of Arts:—

Nutmegs.—To the person who shall grow the finest sample of nutmegs, of good and merchantable quality, not less than 20 pounds weight, in any part of her Majesty's dominions in the West Indies, or in any British plantation on the coast of Africa, or of the several islands adjacent thereto, or in the island of Singapore, equal to those imported from the islands of the East Indies; the gold medal. Satisfactory certificates of the place of growth, with an account of the number of trees, their age, nearly the quantity of fruit on each tree, and the manner of culture, together with samples of the nutmegs and of the mace, to be produced to the society. *Olive Oil.*—To the person who shall manufacture and import the finest specimen of oil, not less than ten gallons, the produce of olives grown in any British colony in Africa or Australia; the gold medal. Specimens of the oil, not less than two quarts, together with satisfactory certificates, to be produced to the society. *Cinnamon.*—A premium, similar to the preceding, is offered for the growth of cinnamon. *Black Pepper.*—To the person who shall raise, in any of the British West India colonies, and shall import the largest quantity, not less than 4 cwt., of good and marketable black pepper; the gold medal. Conditions the same as for nutmegs. *Madder*—To the person who shall cultivate in Canada, or any other British colony, and import into this country not less than half a ton of good marketable quality; the gold Ceres medal. Samples, of not less than 10 lb. weight, to be produced to the society, together with the certificates that the entire quantity has been imported, and of equal quality with the sample produced. *Cinchona.*—To the person who shall communicate to the society the best account of one or more of the species of cinchona, the bark of which is used in medicine, accompanied by specimens of the tree in leaf, flower, and seed, and not less than 10 lbs of the bark; the gold medal. *Rhubarb.*—To the person who shall produce, in any British colony or possession, the greatest quantity of rhubarb now in the market; the gold medal. Certificates of the extent of land and number of plants, with some account of species or variety cultivated, the average produce of each plant, and samples of the rhubarb, to be forwarded to the society.

A committee has been appointed to receive subscriptions in behalf of the family of the late Mr. Loudon, the botanist, whose impoverished condition was caused, not by his own improvidence, but by the enormous expense attending the production of his magnificent work, the *Arboretum Britannicum*. It cost ten thousand pounds to complete it.

In the navy returns for the ensuing year is included a sum of 20,165*l.* for medicines and medical stores.

The Marquis of Northampton held his first scientific soirée, as president of the Royal Society, on Saturday evening last. His lordship being indisposed, Viscount Alford and Mr. C. S. Dickens did the honours.

At a recent meeting of the directors of the poor of Marylebone, Mr. W. Eyre moved the appointment of an additional medical officer, on the plea that the mortality in the workhouse was too great, and could only be attributed to the neglect of the medical attendants. The motion was agreed to. The proposal looks very like a job; but it is hard that the medical officers should be charged with neglect, and not afford an opportunity for another medical man being saddled on the parish.

The tusk of a fossil elephant, or horn of some other antediluvian animal has been found by some workmen in a field near Barnstaple, about fifteen or sixteen feet below the surface; unfortunately before its character was recognised, it was broken in pieces by the pick-axes of the workmen, and carried away piecemeal. About twenty pounds weight of the fragments have been collected. The tusk was found lying on the lower gravel bed, with a superincumbent statum of four or five feet of the blue clay, above which is about six feet of the yellow plastic clay, with several feet of coarse gravel and soil above. The tusk must have been of large dimensions, about eighteen inches in circumference, and from four to seven feet in length. It has the shape, grain, and markings of ivory; but the colour and consistence are those of horn, and it retains a considerable degree of elasticity.

The Oxford burial committee, it is now confidently anticipated, will be enabled to provide three burial-grounds on different sides of the city, the rights and privileges of the parishioners as connected with the present churchyards being reserved. The estimated expense is between 6,000*l.* and 7,000*l.*

Galvanism—A person advertising in the "Times" his method of using galvanism, states that the way in which he applies the galvanic fluid is quite free from all unpleasant sensations; in fact, *it is rather pleasureable than otherwise, and many ladies are exceedingly fond of it.* A very attractive advertisement, doubtless; but scarcely suited, we should think, for the columns of the Thunderer.

TO CORRESPONDENTS.

Pater-familias *writes "The appearance and reappearance of Mr. Wakley on the stage of Medical Reform, are equally full of meaning. As the first was consentaneous with the birth of his Journal, the second will be consentaneous with its extinction. It is Mr. Wakley's death-struggle; the last effort to get up a breath for the flapped and torn sails of his* Lancet; *an effort which is so desperate, that it even sacrifices the Profession's present movement, and for what? Nothing. The* Lancet *will be in worse discredit." We think so. The recent attempt to pack a meeting of* Lancet *supporters was, in truth, an egregious failure and sad omen. The* Lancet alone *announced that the meeting was to be open; we had said nothing on it. Mr. Wakley's agents had pressed in all that they could; yet, when Mr. Wakley entered, the hissing was almost as much as the more noisy cheering. Mr. Healey was warmly cheered when he announced the "peculiar" behaviour of Mr. Wakley; and Mr. Wakley's speech was delivered under no interruptions, simply because he gave up the "One Faculty Scheme," which he denounced as a treacherous device (poor British Medical Association!) and adopted plainly the course of policy the first great meeting had recognised as the just one. A vote of thanks to Mr. Wakley was not attempted. If there be a great public meeting of the Profession, Mr. Wakley will find his presence a perilous adventure for his credit.*

Dr. Golding Bird's *letter will appear next week. It arrived too late for this number.*

The conclusion of the article "Classification of Mental Diseases," and other notices from the German Journals, will appear next week.

Beta.—*We agree in much that our Correspondent writes: but though we deserve it as a punishment, we must decline any irreligious controversy.*

Our fair Correspondent A. A. B. *is thanked—but we are obliged to decline her clever communication on the Midwifery clause of the new Charter.*

Dr. King is surely mistaken. The last we received appeared Jan. 1.—*There is a perfect certainty, provided only that we receive them. We owe our acknowledgments.*

K. C. *is utterly beyond our comprehension.*

Other Correspondents next week.

ADVERTISEMENTS.

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Physical signs—continued.

We now go on to the treatment of phthisis. Now a person ignorant of the disease comes to the conclusion that phthisis, if it be cured at all, is to be cured by a specific remedy; and accordingly he sets about searching on the right, and on the left, high and low, for this specific remedy. He comes to the chemical laboratory, and talks of iodine and its compounds, of alkalies and acids, and tries these in succession on the patients that come under his care. But he does not limit his experiments to the laboratory: he resorts to some herbalist to provide him with roots and vegetables,—everything is tried in the vegetable and animal kingdom, that can be thought of. And what is the result? Why, if there be any truth in the statements of the pathologist, he must necessarily fail. For the disease is not one depending on a specific poison, or a specific cause, invariably acting in the same manner; and therefore, puts a specific remedy out of the question. The result is as you might anticipate; that after all the specific means are tried, he comes to the conclusion, that phthisis is unexceptionably incurable; and not only does it not in any degree decrease by any of these particular measures, but it is sometimes hastened to a fatal termination by them: it is accelerated, but never retarded by specific remedies. Now, one important point to be attended to is this: that this disease, as every other malady, ought to be treated as much as possible on rational principles. We are more and more losing sight of, and ceasing to understand, what specific remedies mean. The remedies supposed formerly to be specifics, have now, by the extension of therapeutic knowledge, become a branch of the general principles of treatment. Now, the treatment of phthisis is to be guided, in a great measure, by the decrease of those elements of which it consists. Phthisis is not a simple disease; it does not consist merely of the existence of tubercles as a separate thing; but tubercle is one of the elements. Tubercles are formed of different varieties: but the elements that enter into the active progress and destructive agency of phthisis are various, and may be divided very conveniently into two heads:—those that act locally, increasing and prolonging the local disease to the greatest extent—in the lungs more particularly; and those that act generally, injuring the whole constitution, and chiefly the nutritive process—the process of nutrition. Now then, one of the great evils which you meet with in phthisis is the combination of opposing elements; so that we cannot fulfil some indications which the state of the constitution points out to us, without in the same degree opposing other indications also present. There is, in the greater number of cases, a constitutional state of weakness and degradation; but there is, at the same time, a state of local irritation present: irritation and congestion, or, as I have defined it, tuberculous irritation or obstruction, which leads to congestion, and to other effects. Now, it is owing to these two being combined together in such a manner, that our efforts are frequently frustrated, even in the less extensive cases that come under our notice. Still, it is by truly studying the nature of these elements, that the best success can be obtained. The treatment, in a general view, therefore, should be said to consist of the general tonic plan. We can improve the constitutional health and strength generally, whilst, for the local disease, the plan should be the opposite—using, in some instances, antiphlogistic and derivative measures. The combination, therefore, of general tonics and local derivatives, and counter-irritants, where there is a tendency to localised irritation or obstruction, constitutes the general system of treatment which is most successful. We will speak now of the treatment more in detail—first of all, with regard to the stages. Although, often, these are not separated by any absolute line of demarcation, but pass gradually one into another, and may co-exist in the same subject; yet, when I speak of the treatment of the first stage, of the second stage, and of the third stage, it is rather in reference to the predominance of the symptoms of these various stages, than that these individual stages really exist to the exclusion of the others. The first stage is usually one in which irritation exists more than at subsequent periods. The irritation and obstruction caused by the consolidations of the lungs are some of the most prominent features of the case: and here we find a difference between such cases as begin locally and those that affect the whole constitution. In this latter case, there is great constitutional weakness, indicating to us that it forms an essential part of the disease. But it is where the affection is more local, that the application of remedial measures in the first stage is most effectual. In the first stage, the patients often are not very weak. They have a considerable amount of blood in the system, and the irritation and obstructions existing in the lungs, give rise to congestion and inflammation, the existence of which constitutes some of the chief symptoms of this early stage. We have observed that there is bronchitis existing very early in the disease, and there is likewise pulmonary congestion existing to a great degree; the blood vessels are pretty full, and the consolidations lead to obstruction of the vessels and congestion of the lungs—not of the lungs only, but of other parts too. Sometimes we find pneumonia and hæmoptysis connected with this congested state of the lungs. In such cases, moderate antiphlogistic treatment is advisable. In some subjects depletion or blood-letting should be employed; and if inflammation exist, general depletion may be necessary. In the greater number of cases, local depletion is most applicable, especially in cases that do not depend on permanent obstruction: hence cupping and leeching, repeated at various intervals, perhaps once a week where the symptoms require it—where the cough, the pain at the chest, the oppression, and the dyspnœa are considerable, should be enforced. Of the kinds of depletion, cupping is the most convenient and effectual; but it is not always readily borne; and leeching under the clavicles, at the top of the sternum or on the side, if there is any spot where the pain particularly exists, may be useful; a few leeches are generally necessar The amount of depletion must be proportioned to the strength of the patient. If there is recent inflammation, or a risk of hæmorrhage occurring, you are to bleed more freely. It may sometimes happen that there is not fulness of pulse enough, not blood enough in the system, to enable the patient to bear depletion well; and the great remedy to be depended on in such cases is counter-irritation in its various forms. Blisters, repeated from time to time, and tartar emetic ointment or croton oil, rubbed in so as to produce eruptions and pustules. If you use the ointment or solution of a good strength, it produces a crop in a few hours, or at any rate in a few days. Croton oil produces a large crop of extensive pustules. At this period, too, sedatives to allay the cough or pain are useful. I speak of hydrocyanic acid, hyoseyamus, and so on; but remember, with regard to these, that they have little power to allay vascular irritation. They may allay palpitation of the heart where it occurs, in some degree; but they have very little power in allaying pain or cough if it depend on congestion or vascular irritation; and therefore they are generally to be used after or together with the measures I have mentioned. There is a class of cases in which they are more useful; that is, in nervous subjects—cases that are called hysterical, where there is a predominance of nervous properties. Hydrocyanic acid is particularly useful in cases where there is a tendency to palpitation and gastric complications. There is often in the early stage of phthisis a tendency to gastric dyspepsia, frequently attended with nervous feelings. In these cases it is often very useful. Then there is another plan that must be considered, as one of those that have attracted attention: that is, the emetic treatment. There are various reports of the efficacy of emetics, repeatedly given in the early stage of phthisis. They appear to be useful in the early stage, where there is but little weakness, and where there is not much active disease. But they are injurious when there is active inflammation, either of the tubes or of the parenchyma of the lungs, or when there is much congestion; in fact, in these cases, these very emetics have brought on an attack of hæmoptysis, with violent efforts of vomiting. Dr. Carswell had a notion that these remedies acted in a great measure mechanically; assuming—as in fact his researches warranted him in assuming, to a certain extent—that the tuberculous matters were deposited on the surface of the bronchi, and that it seemed to be an easy matter to get rid of them, by promoting expectoration by the action of emetics. Hence, he explained the action of emetics to be merely on the air-tubes; but this is a wholly untenable notion, and I do not see how they can act in this way, except in the very early stage of phthisis. We cannot receive this notion in the plurality of instances. If the tubercles did proceed from accumulation in the lungs, there would be continual expectoration taking place. If it were the fact, as Dr. Carswell states it, there ought to be a disgorgement of tuberculous matter in the early stage of phthisis. But, no such thing is to be seen, in the greater number of instances. There are exceptions, where tuberculous matters are expectorated in the early stage, and this warrants the supposition that such things do take place in some cases, but it by no means authorises the conclusion that it is a general fact. The operation of emetics we must consider to be complex. Nauseating remedies, if not carried too far, promote secretion; and thus the effect of this increased secretion must be to remove the congestions which take place, to relieve the irritations connected with the process of induration; and the same thing may be said with regard to relieving the inflammation by vomiting. Expectoration tends to lower the inflammation directly, by evacuating the blood vessels, and indirectly, by bringing air into the air passages, and thus promoting the oxygenation of the blood, by which arterialization takes place,

and congestion is prevented. Emetics act on the lungs and promote the secretions of the liver and the intestines, and tend to disperse the congestions which very commonly exist in the early stage of phthisis. I think I have mentioned that one of the very common complications of the early stage of phthisis, is congestion of other organs, more particularly of the liver. These remedies promote the perspiration of the whole body, and in their immediate action they are alteratives. Their use is, however, limited. I have found them hurtful where acute inflammation exists, or if hæmoptysis occur, or is apt to take place; also, they are hurtful where there is much gastric irritability, and where there is much weakness and exhaustion. In some cases they prove useful, where other remedies do not give relief. The best emetics are sulphate of zinc with ipecacuanha, given in warm camomile tea. Sometimes sulphate of copper is given; but sulphate of zinc is the safest,—from twelve to twenty grains. Are there any other remedies which tend to assist in removing the consolidations? I have recommended mercury as being efficacious in acute inflammations, and in some chronic cases of bronchitis, hæmoptysis, and pneumonia. It has been found useful in some cases of a positively inflammatory character; at least, of a tuberculous cachectic character, where the expectoration is bronchitic or viscid, and rusty. This is only occasionally the case—in the early stage of phthisis; and it is here that mercurial ointment is useful. But mercury is hurtful where the sputa are purulent, and the constitution shows a decidedly scrofulous tendency; where the colour is diminished, where the pulse becomes weak and frequent, and any of the chief signs of hectic fever have occurred,—night sweats, or any symptoms showing that the constitution is greatly debilitated. Under these circumstances, the influence of mercury is decidedly prejudicial. It seems to have the same bad effect where the yellow tubercle occurs. Its efficacy is on the whole but small; and the use of it should never be attempted, at the risk of constitutional mischief. Dr. Stokes has advocated the early use of mercury in phthisis; in some cases I have tried it; but in very few have I seen any good arising from it, except in those of the inflammatory kind, or in such as are connected with syphilis. Iodine and its compounds are generally preferable; its superiority depends on its influence on the constitution, and not on any local effect. Iodine is most suited to pallid cachectic subjects, where there is no predominance of inflammatory symptoms. It is too exciting to the system, where there is anything like inflammatory action; and you should avoid it where there is any tendency to hæmoptysis. The form of iodine that is most useful, is the iodide of potassium, in small doses with alkalies: in this form it suits the stomach better. Sarsaparilla is an exceedingly good vehicle to give it in, as also is columba. It is useful combined with tincture of henbane, or extract of conium. Iodine with iron is a most useful remedy, strengthening the constitution, and tending to overcome the scrofulous cachexia, in which there is a deficiency of the red particles of the blood. In some cases, it cannot be borne; in others it always does good, provided it does not increase the pain in the chest. It may be often combined with local blood-letting; generally with local derivatives, counter-irritants, and the other remedies I have mentioned. Now, before I go further into these remedies, I may state some of the results of my experience in their regard, particularly in reference to the effect of iodine. Many persons think a good deal of *air* alone; but, as a remedy, it is of very inferior efficacy. I have had opportunities of observing this *do-nothing* treatment. Many persons go to the Isle of Wight, Torquay, and other places, doing nothing but getting the benefit of the air. A comparison has been instituted between those patients who do so, and those who, at the same time, have recourse to medicinal remedies; and the result is so much in favour of the iodide of potassium, that practitioners in those places almost universally employ it. This has been the case with patients who have put themselves under my care. They had begun with the *do-nothing* plan; it succeeded for awhile; but, after all, they came to these remedies, and derived a considerable amount of relief from them. Iodide of potassium disagrees with many patients, and then we must use other tonics. Mineral acids are serviceable in cases of hepatic congestion: the nitric acid and nitro-muriatic acid are useful in the advanced stages of phthisis.

I shall continue this subject in the next lecture.

LECTURES ON THE ANATOMY AND PHYSIOLOGY OF THE EYE,

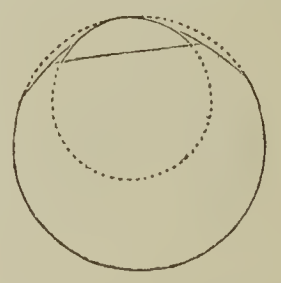
FORMING PART OF THE COURSE OF LECTURES ON ANATOMY AND PHYSIOLOGY, DELIVERED AT CHARING CROSS HOSPITAL.

By T. WHARTON JONES, F. R. S.

Lecture II.—Feb. 19, 1844.

After re-capitulating the leading points brought under consideration on the previous day, the lecturer proceeded to a more particular description of the organ of vision.

Form and size of the eye-ball.—The form of the eye-ball is spheroidal, and we have already stated its diameter, at about an inch. To be more exact, however; its axis from behind forwards, as well as from the one side to the other, is on an average, 19-20ths of an inch. In the female, it may be estimated a slight degree less. Its axis obliquely is less, and this is owing to the eye-ball not being spherical, but of such a form as would be produced by the union of a small segment of a sphere of a radius of 13-40ths, which is situated in front, and a large segment of a sphere of a radius of 19-20ths of an inch, situated behind: the circumference of the segment of the smaller sphere in front, being co-incident with a point in the larger sphere, supposing it prolonged. This is seen in the annexed diagram.



Of the two structures composing the strong outer, or consolidative tunic of the eye-ball, the cornea represents the small segment of the smaller sphere, the sclerotica, the large segment of the larger sphere.

In consequence of the difference in the convexity of the surfaces, and the mode in which they are placed in regard to each other, the sclerotica and cornea deviate strikingly at the place where they join each other, from the general curvature of the spheres or spheroids, of which they are respectively segments. The sclerotica bends inwards, and the cornea outwards, that they may meet each other. An annular depression is thus produced round the cornea.

Such is the form of the eye-ball, and such the measurements of its axes.

Let us now revert, in particular, to the conformation and intimate structure of the consolidative coat of the eye.

If we examine a horizontal section of the eye-ball, we shall find that the sclerotica forms 5-6ths of the circumference; the remaining 1-6th is formed by the cornea. These relative measurements, it is to be observed, differ from what is stated in some works; 4-5ths of the circumference being attributed to the sclerotica, the remaining 5th to the cornea. Such a relative size of cornea as we should thus have, is to be found only in the eyes of the lower animals. I may here mention, also, that according to the description given in certain of the works alluded to, as regards the axes of the eye, the convexity of its surfaces, and the mode in which the segments of the unequal spheres represented by the sclerotica and cornea are placed with regard to each other, the form of the organ would approach that of a conoid, rather than that of a spheroid.

The sclerotica is a strong, resisting, fibrous membrane, composed of an interlacement of longitudinal and transverse fasciculi of fibres of cellular tissue, including both cell and nucleus-fibres. The outer surface of the sclerotica is marked by a rough appearance, caused by the insertion of the muscles of the eye-ball. There are also observable a great number of minute orifices, giving entrance or exit to blood-vessels and nerves. The inner surface is smooth, and is lined by a soft delicate membrane, which, from being tinged of a brown colour by a pigment, is called *membrana fusca*. This membrane will be more minutely noticed in its turn. The sclerotica joins the cornea in front; behind, it is perforated by the optic nerve, the sheath of which is continuous with it: but this nerve does not enter, as we already said, exactly at the centre of the sclerotica but a little to its nasal side.

The thickness of the sclerotica varies somewhat in different parts. Posteriorly, it is one-twentieth of an inch; farther forwards, it diminishes to one-fortieth, and again increases where it is about to join the cornea; and this is, in a great measure, owing to the insertion of the tendons of the recti muscles.

Like other fibrous bodies, the sclerotica receives into its structure but few blood-vessels, although arteries and veins enter and pass through it. No nerves have been traced in distribution through its substance, but it is perforated by them in their transit to the interior parts.

Conformation and Structure of Cornea.—In the horizontal section of the cornea, we find the diameter of its base to be nine-twentieths of an inch; but its vertical diameter is something less than this. Its circumference is accordingly not circular, but of an oval shape in the strict acceptation of the term, with a narrow and broad end. It is, however, not at all so much elongated, as in the longitudinal section of the egg. The smaller end is towards the temporal side. Its thickness may be given at one thirtieth of an inch in mature age. It is thicker in very early life, and becomes thinner and denser in old age. In reference to this point, it is also to be remarked that, whilst in mature age, the surfaces of the cornea are concentric with each other; in early life they are so related to one another, as to give to the cornea the shape of a *meniscus;* whilst, on the contrary, in old age, it tends to assume the form of a *concavo-convex lens.*

There is now to be examined the intimate structure of the cornea. Into the composition of the cornea there enter three different tissues. These are the proper substance of the cornea, on the anterior surface of which is an investment of epithelium, and on the posterior surface, the delicate layer known by the name of membrane of Descemet.

1. *The proper Surface of the Cornea.*—If we move a cornea gently between the fingers, we can perceive that there is a sliding of one surface upon another. The inference which has been drawn from this and other circumstances, is, that its substance is composed of different layers. Besides, in disease, when the cornea ulcerates, for example, one layer would appear to give way after another; and we are able, by a dissection, coarse to be sure, to separate layers from each other. Furthermore, if a thin section parallel to the surface of the cornea, be examined under the microscope, it presents something of the appearance which the slice of an onion close to its surface does.

When we farther make a vertical section, we can see, under the microscope, the seeming layers, and interposed between them, short nucleus-fibres. The structure has the appearance of thin lamellæ. But if we understand by a structure composed of layers, one which can be separated by maceration, the proper substance of the cornea does not, when so treated, answer to such a definition; for, absorbing the fluid, it swells like a sponge. The ordinary idea, then, must, by this coarse mode of demonstration, be pronounced incorrect; that the alleged microscopic lamellæ in the proper surface of the cornea, do not form separate and distinct series, is shown by the circumstance, that they present an interchange of the fibres of which they are composed. As to the nature of the fibrous substance, some are cell, and others nucleus fibres.

2. *The Epithelium Investment.* — There is ob-

served, after death, upon the external surface of the cornea, a dim slimy appearance, the film, as it is termed, which has been supposed by some, to be owing to an oozing out and inspissation of the aqueous humour; but is, in reality, this investment, the epithelium, which has become softened and dim by decomposition.

When this layer is acted upon by alcohol, acids or boiling water, it becomes opaline and coagulated, thus differing from the proper surface of the cornea. The epithelium coat, thus altered, may be peeled off, showing that it is no part of the cornea proper.

It has been a much disputed question whether or not the conjunctiva is continued over the cornea. The fact of the matter is, that the epithelium of the conjunctiva *is* continuous with that of the cornea; but the cellulo-vascular basis of the conjunctiva is *not* continued over the cornea, stopping at its margin, and the fibres of the one structure interlacing with those of the other. The epithelium is of the pavement, or tesselated kind; the undermost cells, or those next the proper substance of the cornea, being, in the early stages of development, merely globular, such as are seen in the *rete Malpighianum* of the skin for example.

3. The next layer to be mentioned is, *the membrane of Descemet*. It invests the posterior surface of the proper surface of the cornea, and is of the same nature as the delicate transparent, structureless, membranes, which I have often already had occasion to describe to you. It has been compared to a thin layer of cartilage, but the microscope shows that there is no resemblance whatever between the one structure and the other, except as regards the intercellular parts of cartilage. The separate existence of the membrane of Descemet is demonstrated by its admitting of being peeled off from the posterior surface of the cornea. When thus peeled off, it curls up spontaneously into a roll.

On the free surface of this membrane, there is a single, extremely fine layer of tesselated epithelium, having somewhat the appearance, which, we shall find, the colourless part of the membrane of the pigment presents,—the colourless part which lies over the *tapetum lucidum*; a peculiar structure, found for example in the cat tribe, and which gives the remarkable glaring appearance so well seen in that animal, particularly in the dark. Though I denied that the proper substance of the cornea is composed of separate and distinct lamellæ, the cornea considered as a whole, you see, may be said to be composed of lamellæ; the epithelium, the proper substance, and the membrane of Descemet; as to the last, it is itself composed of two layers, but for the sake of convenience in grouping, in my general enunciation of the component structures of the cornea, I thought it sufficient to include both under one name—the membrane of Descemet. I leave undescribed for the present the farther disposition of this membrane, as this is a point which cannot well be entered upon, until we are acquainted with the situation and connexions of the iris.

We have now to demonstrate the *mode of junction* between the sclerotica and the cornea. The sclerotica, in some cases, overlaps the cornea, in the manner of a squamous suture; but in general it slightly underlaps it also, and then the junction may be compared to the fitting in of a watch-glass into its frame. But it must be remembered that these similitudes are not exact; for, the fibres of the two structures interlace or are spliced into each other, and cannot be separated, even after maceration, without violence, and laceration of fibres. This laceration of fibres involves the substance of the sclerotica only; for, in consequence of the difference in their chemical composition, the sclerotica is more readily softened by maceration, than is the cornea.

As to the form of the interlacing fibres it has been alleged by Valentin, that these membranes, at their interlacement, form loops. I am not prepared to say that this allegation is well founded.

In the human eye, there is a groove on the inner surface of the sclerotica, close to the margin of the cornea all round. In this there is situated a venous sinus, called the *sinus circularis iridis*, which is of a size to admit the introduction of a hair. Reference will be made to the farther connexions of this sinus in our next lecture.

The cornea though it is vascular during development, is in its mature and healthy state non-vascular. When vessels are observed in the cornea in its mature state, they are, as I formerly mentioned to you, when discussing the subject of inflammation, new formations developed in the lymph effused into the substance of the cornea from the vessels of the adjoining parts of the conjunctiva and sclerotica; though the cornea is non-vascular it is provided with nerves, as was first shown by Schlemm of Berlin, and since found by Valentin, Pappenheim and others.

Lastly, in regard to the chemical composition of the sclerotica and cornea, you will, from knowing that the sclerotica is composed of the cellular fibre, have inferred that it will yield colla by boiling.

The cornea, to which we have not hitherto examined any similar structure, yields chondrine by boiling.

ON PERCUSSION IN THE DIAGNOSIS OF HERNIA.

By M. PIORRY, M.D. Professor of the Practice of Physic at the Faculty of Paris, Physician at the Hospital de la Pitie, Member of the Academy of Medicine, Paris, &c. &c.

[This chapter, forming part of a "Treatise on the Practice of Medicine," now appears, from the kindness of the author, for the first time in print.]

The study of the transpositions of the digestive canal (*angibromie dystopia*) though it appears at first to be foreign to our subject, still is of the greatest importance to the practical physician. A great many may be classed among the monstrosities. Some of them commence in the embryo, and cause no disturbance in the general health; for instance, M. Esquirol remarked that the colon transversalis offered, in some insane persons, a direction and an affinity with the other organs, different from what is observed in the generality of cases. In abdominal tumours, the precise position of which we would wish to ascertain in certain diseases in which an operation is necessary, &c., it is of great importance to know in what part of the abdomen the stomach and intestines are to be found. Now this can be done but by plessimetry as follows:—

Mode to be followed, in order to show the precise spot occupied by the different organs in the abdominal cavity.—Plessimetry. It must not be forgotten that in the normal state, beneath the liver and spleen, in the epigastrium, is the stomach; somewhat lower and nearer to the umbilicus, is the colon transversalis; situated horizontally on each side, the colon ascendens and descendens; in the right fossa iliaca is the cœcum; in the left fossa iliaca, the sigmoid flexure; and in the centre, the small intestines. Besides this, the ileum descends often into the pelvis, and is to be found *posteriorly and laterally*, and the rectum in the centre of the pelvis posteriorly to the anus. The stomach and cœcum transmit with the plessimeter a clear elastic sound: the colon is not quite so sonorous; and, finally, the small intestine is still less, and offers greater firmness to the touch. When food, solid or liquid, is contained in the digestive organs, the sound is dull; and if a gas is mixed with the liquids contained in the angibromic cavity, the hydraulic sound is heard. (Vide *Traités de la Percussion mediate et de diagnostic.*) It is, therefore, possible from the nature of the sound, the peculiar sensation felt in the different parts of the abdomen by the touch, and the differences which each of these parts present after the introduction of solid food, or liquids (by the stomach or rectum) to recognise positively and clearly the abnormal seat of the stomach and large intestine in the abdomen, and consequently the exact position occupied by the small intestines. I have thus been able to diagnosticate (proved by the *post mortem* examination) that the colon was situated before the stomach; that the latter was placed lower than in the natural state; that the cœcum was greatly developed, and extended upwards; that the colon was not in its usual place, &e.

Hernia (*hernies ou ectopies angibromiques.*) There are certain parts of the history of the *dystopia* of the *angibroma*, which are worthy of attention; *i. e.*, the mode to be followed in order to establish the diagnosis of hernia (a mode though already described in my treatises on *percussion mediate, et de diagnostic*, still it is not generally known) and to distinguish certain symptoms of hernia which may be supposed to belong to other angibrômias. Moreover it will be useful and interesting to point out certain transpositions, which the viscera offer while contained in the abdomen. The parts of the digestive canal (*angibroma*), situated below the cardia are chiefly exposed to hernia, and on this subject the work published by M. Malgaigne, may be consulted with advantage. This learned and intelligent author has described these disorders in a masterly manner, and with the sagacity and skill he employs in his writings. M. Verdier has also published a treatise on hernia full of important practical observations, and which may be consulted with benefit after having attentively studied the works of Boyer, Hunter, MM. Marjolin, Cloquet, &c., on the subject. And here may I not be permitted to express my astonishment, that whilst authors, who have written on hernia, describe with care every anatomical peculiarity, however valueless they may be, they neglect to record a means of diagnosis of the highest importance, revealed to us by *plessimetry?* This is probably owing to the fact that few surgeons read medical works, even when the authors of these last are cognizant with, and treat of, external disorders. M. Vidal de Cassis did not omit signalising this method, but as numerous *plessimetric* facts relative to hernia are still but little known, I consider it useful to announce the following propositions.

Plessimetric Facts relative to the Diagnosis of Hernia.—1° Whenever the stomach or intestine, full of gas, is contained in a hernia, on percussion a clear sound is obtained accompanied by an elastic sensation. *Evidently the plessimeter is here very useful*, as percussion with the finger furnishes but a negative result. 2° *Plessimetry, if the tumour occupies the abdominal parietes, must not be performed from before backwards*, in order to avoid mingling the sounds proceeding from parts situated beneath the hernia with those obtained from the viscera contained in the sac. To escape this source of error, *the tumour must be held on one side by an assistant, the plessimeter placed on the opposite side*, and the percussion performed laterally, and not in a direction corresponding with the viscera placed beneath. 3° If the hernia is full of solid substances or contains no gas, a dull sound will be obtained, and a certain degree of resistance to the finger. 4° If gases and liquids exist at the same time in the viscera contained in the hernial sac, the sound will be dull in the lower parts of the tumour, and hollow in the upper, and in shifting the position of the patient the sounds will likewise change their place; the height of the liquid portion is indicated by the cessation of the dull sound. 5° In some cases when the hernia contains liquids and gases, percussion produces the hydraeric noise. These signs are to be met with in all herniæ, no matter what portion of the digestive canal (angibrôma) is contained in the sac, but certain *plessimetric* signs can indicate which is the precise part affected. Thus, when the stomach exists in the hernia, the sound which was clear and hollow before the patient takes any solid or liquid food, becomes dull immediately after. It was by the aid of this method that Dr. Fabre, whilst he was *interne* at the hospital *St. Antoine*, diagnosticated the presence of the stomach in an oscheocele. If the extremity of the large intestine is protruded, the same phenomena may be obtained by injecting a liquid into the rectum. If it be the colon tranversalis or cœcum, the injection, unless considerable, or by pressure on the abdomen carried as far up as these parts, produces no change whatever in the sounds. If the small intestine, the hernia will give some time after the ingestion of food a dull sound, which ceases as soon as the substances have passed on into the large intestine, and this dulness will take place sooner or later, according as the parts contained in the hernia are nearer or further from the pylorus. At the same time, the matity, which exists when food is taken, is far more limited in the part still in the abdomen, than in the normal state. When a part of the omentum forms the swelling, the sound is always dull. When the hernia is formed partly by the intestines and partly by the omentum, there will be a dull sound constantly in certain parts, and a dull or hollow sound in others. These variations are owing to the presence alternatively of gaseous or solid substances

in the intestines. When the liver, the spleen, the kidneys exist in the hernia, the sound is constantly dull, and the resistance on pressure highly developed. When the bladder is in the hernial sac, the sound is dull, while that organ contains a liquid, becomes hollow as soon as it is emptied of its contents. In cases in which the intestine is obstructed (*engouée*) or full of solid substances, the hernia, which in general offers a hollow sound, produces a dull one; this fact is of importance on account of the discussions which have lately taken place on this subject. It is certain that hernia may offer all the symptoms of strangulation, and contain chiefly gases, which proves that in these cases at least, the accidents are not caused by the presence of fæces; again, the symptoms of *engouement* sometimes declare themselves when *plessimetry* shows that the tumour is full of solid substances. The following observation is a proof of the assertion. An English nobleman had been affected for several years with a tumour in the scrotum of the size of the head of a fœtus, which was supposed to be hydrocele, and for which the customary operation was proposed. Fortunately for himself, the patient gave a decided negative; and some time after vomiting, singultus and other symptoms of *engouement* came on. Called in, I examined attentively the tumour; it was enormous; hard; not transparent; *had never been reduced,* and gave by percussion a dull sound. By performing *plessimetry* superficially, I found that there existed in a space about an inch or an inch and a half in diameter, considerable sonoreity and elasticity, owing to the presence of a gas, which could proceed but from the intestine. It became evident that it was hernia, not hydrocele, and during an hour taxis was performed with perseverance. A portion of the intestine, and especially a great quantity of solid substances were reduced, these last being replaced immediately by gases, as indicated by the sound obtained on percussion. As yet the tumour was far from being completely reduced, for the sac was enormous, and the skin of the scrotum formed an immense receptaculum, into which the hernia was received after passing through the inguinal ring greatly enlarged. In order to replace the hands of several assistants which were needed in order to embrace the whole circumference of the tumour, I ordered a suspensory bandage to be made so as to permit its being laced tighter every day. The hernia, by this means, after a few days diminished considerably, and was finally completely reduced.

It is, therefore, evident that *plessimetry* is of great importance in the diagnosis of hernia, as through its medium the parts contained in the sac may be precisely ascertained, and error (which may cause operations productive of serious, if not fatal consequences, to be performed) will thus be avoided. Though it is not precisely the place to compare the different scrotal or abdominal tumours with hernia *(dystopies angiobromiques)* still it may not be uninteresting to state that the sonoreity in these tumours, and the noises heard by the stethoscope in the different spontaneous or forced movements in the parts, may be very useful in pointing out the presence of organs containing gases in the swelling, or at least the existence of elastic fluids in the circumambient cellular tissue. The following curious case occurred at the Hotel Dieu in one of my wards. A patient entered, affected with an inflammatory tumour of the scrotum, near the perinæum, which presented with the *plessimeter* a remarkable degree of sonorousness. A scrupulous examination of the parts showed that it was not a hernia, for the inguinal and crural rings, and the foramen ovale, were in their normal condition. From whence then did these gases originate? As yet I had only met with them in cavities communicating with the lungs, digestive organs or the atmosphere. I therefore questioned the patient attentively on what he had experienced previous to the appearance of the tumour, and I learnt that an abscess of the parts near the anus had occurred. I therefore concluded that a fistula in ano existed, and that it was in the rectum that the gas was generated. M. Samson, called in, combated this opinion, on account of the presence of the perineal aponeurosis, which is sufficiently strong to render the fact highly improbable; but as I then said, might it not have been pierced by the abscess? The next day the accidents had increased, the sonoreity reached as high up as the groin, and was accompanied by lividity of the skin. M. Samson then made several larger incisions; the cellular tissue was distended with gas; the dermis even as high up as the loins was sphacelated; and after death, the *post mortem* examination showed that a perforation of the rectum was the cause of the accidents.

But *plessimetry* is not only useful in the diagnosis of the anatomy of a hernia, but it also enables us to appreciate with exactitude, the effect produced in these disorders after the administration of a purgative, as instead of a dull sound, a hollow one is obtained when the bowels have been acted upon. Again, when a similar result is obtained after performing taxis for some time, we may conclude that if the viscera cannot be reduced, at least their contents have been wholly, or partially; and after the operation for incarcerated hernia, if the symptoms of strangulation persist, it may be possible to discover, by means of plessimetry, the precise spot where the matter accumulates from the dull sound it gives, which sound, as soon as they pass freely downwards, ceases completely.

If to these facts are added the signs given by *plessimetry*, by which the presence of a liquid, founded on its change of position, or of level, in a hernial sac, is indicated, or those which are heard when the intestine and sac, sphacelated and perforated, produce emphysema, *(aerethonia)* and a sound more or less sonorous, &c.; it is astonishing that the eminent surgeons, who have written on hernia, should have neglected entirely this mode of diagnosis, as useful in external as in internal diseases.

Finally, a hernia phrenica may present in the thorax a sonorous sound, similar to that met with in other herniæ, followed by different ones, as soon as the patient has taken any solid or liquid food, the which may become a means of diagnosticating its existence. It must not, however, be forgotten, that certain changes of position *(angibromic dystopia)* may be produced by the development of gas in the digestive organs, which last appear to be contained rather in the thorax than in the abdomen.

Though the study of the symptoms produced by hernia are more the domain of surgery than of medicine; still the practical physician ought always to have them present before his mind, otherwise he will be constantly apt to commit the most serious errors. They differ little from those caused by other *angibromias* (diseases of the digestive organs), and are especially analogous to those presented by *stenosies* of these organs. It is true that we do not observe in cases of simple change of position any very remarkable phenomena, the only ones being impaired digestion, eructations and vomiting in some cases. Hernia of the stomach, through a laceration of the linea alba, is said to be a frequent cause of these symptoms; but it is only when the obtruded parts become strangulated, or when the circulation is impeded, that serious symptoms declare themselves. Nausea, constant vomitings, sometimes of substances resembling chyme, or fæces, but above all, a *singultus* more or less intense, accompanied by *pains in the abdomen and local phlegmasia*, which last generally indicate the anatomical cause of the disorder. In some cases, the local symptoms are so slight, that it is only by the general symptoms that the disease can be recognised; consequently, when they exist, the inguinal and crural rings, the umbilicus, the foramen ovale, &c., must be carefully examined; it is here that plessimetry is useful, and may lead by the sound obtained to the discovery of a deep-seated hernia.

Musk.—Dr. Gobel states, as his conviction, that the decidedly different properties of the Chinese (Tonquin) musk from the Russian (Kabardine) are produced in China, by a peculiar treatment of the musk-pod, which is as yet unknown, and that the Chinese musk is a natural product, which has been partially altered by art. M. Pfeffer, of St. Petersburg, found in a drachm of Chinese musk, eleven grains of native cinnabar, which had been mixed with it.

CLINICAL LECTURES OF DR. SCHONLEIN.

At the Charité Hospital in Berlin.

Prepared from the German by H. C. Mix, Esq., Graduate of Kœnigsberg.

First Case.—Typhus abdominalis. Objections to Emetics. Good Effect of Calomel. Sinking after the 14th day of the Disease. Coma, Death. Sectio.

Received, in the hospital, the 2nd of November, 1841, C. Kaempfir, nineteen years of age; states that he has been unwell for four weeks; feeling of lassitude, feet too weak to bear the body, frequent giddiness, sleep uneasy, oppressive pains in the regions of the forehead. Eight or nine days ago he states that he experienced violent attacks of shivering, followed since by continual heat. This statement is of importance, for, up to this period we must assume that the disease was in the first stage, thus arriving now at the second heptomadal period. We now find three series of symptoms in the patient—1st, Nervous symptoms, cerebral disturbance, giddiness, weakness on sitting up, sleeplessness. 2nd, Irritability of mucous membrane, abdomen soft, not painful, even in the umbilical region, upon the application of strong pressure; three watery evacuations within the last four hours; tongue white. 3rd, Symptoms of reaction. The fever decidedly exhibited the symptoms of remission, the remission being in the morning, exacerbation in the evening. The pulse, which last night was 108, to-day is 84 per minute. The skin is dry, hot in the evening. The urine is cloudy, having a mucous sediment.

These three series of symptoms will place the diagnosis undoubtedly in the class of abdominal typhus, in the commencement of the second heptomadal period.

Experiments have recently been made to check this stage or process of the disease, or, when this is no longer possible, at least to moderate its progress. Opposed to this view there is another; according to which, when the shivering fit and all the symptoms of the disease have once manifested themselves, the latter must necessarily run their course through all stages. The more ancient physicians, as for instance, Heldenbrandt, Stoll, Richter, have attempted to check the progress of the disease by emetics, which they were the more induced to do, as in the first stage, gastric symptoms are generally prevalent. Against this course I must pronounce my decided opinion, since I have never observed any advantage from it, even when I have only made use of ipecacuanha. Far from effecting any favourable turn, or anything like a subsidence of the disease, I have observed it to become more malignant, especially when I gave tartrate of antimony together with the ipecacuanha. The analogy of this disease with the acute exanthemata cannot be mistaken. The eruption in the latter diseases, for instance, seems to be most violent at those parts, where an external excitement of the skin has been created (thus, for instance, the eruption, when a venesection was necessary, seemed to be strongest about the wound in the arm), and the excitement which the emetic produces upon the intestinal mucous surface, also seems to act more intensely upon the exanthema. Simple saline purgatives, owing to this reason, also act disadvantageously in this disease. These rational reasons therefore, as well as my own experience, induce me to reject the use of emetics for the purpose of stopping typhoid disease. The use of calomel, a suggestion of a more recent period, seems to me more suitable for this purpose. The merit of having first used this in typhus is due to Dr. Autenreith, who, in 1806 and 1807, administered it in small doses in order to produce the peculiar green stools. An objection to this might at once, and naturally, be made, namely, "How can calomel be supposed to be favourable, when the application of the more gentle neutral salts is rejected?" Intestinal evacuations are certainly produced by calomel, but not such as are effected after the excitement of the intestinal mucous surfaces; we have further also seen that calomel is only then of service, if it effects evacuations of a peculiar nature, which, as was hitherto believed, contained the constituents of the bile; according to more recent researches, however, changed to hæmatin. The difference between

the effects of calomel and those of the neutral salts in this disease, exhibits itself still more distinctly by the circumstance that the diarrhœa increases during the use of the neutral salts, and the stools become more watery; whilst more pappy stools are produced by calomel, which, on the continuance of this remedy, become more and more rare, so much so as even to compel one to resort to evacuants (clysters). The next question is, "at what period of the disease, and to what moment of the individual case of the disease ought calomel to be given?" All observations agree in this, that its application ought only to be limited to the first heptomadal period, and to the first day of the second heptomadal period; and that its success is the more favourable, the sooner it is given; the appearance of considerable action on the mucous surface of the intestines, and of nervous symptoms (as, for instance, great pains in the abdomen, dry tongue, frequent pulse), forms the boundary of its application. This remedy has proved to be injurious when used at a later period; the best period for its application is during the first four days of the disease.

The gentle symptoms in the case before us seem to justify the resolution of trying this new method of checking the disease. The opinions respecting the doses of calomel to be given, are still divided; some give from three to four grs. every two or three hours, until the intended evacuations take place. Another method consists, originating from Tübingen, in administering a full dose of ℈j, suspending it the next day, and giving again a dose of ℈j the following day, until the evacuations become gradually less frequent. The first method has often been tried: let us now see the result of the second. The use of calomel easily produces acid in the stomach, and we will, therefore, add eight grains of carbonate of magnesia.

3rd Nov.—Calomel ℈j was yestesday at two o'clock administered to the patient; three characteristic dark green, but still watery stools, followed during the day; vomiting likewise at first; no tormina. The exacerbation was very moderate; pulse 96 per minute; some hours of calm sleep ensued upon the following night. This morning the pulse was only 80 per minute; the skin still turgescent, and is more dry. The urine forms a mucous sediment. We will now to-day employ acetate of ammonia in order more to act upon the skin, but to-morrow morning we shall again administer a scruple of calomel to the patient.

4th Nov.—There was no evacuation yesterday; the exacerbation was still more moderate than the day before (pulse 84). A more calm sleep followed in consequence. The patient feels himself better to-day. This morning at five o'clock he has again taken ℈j calomel; until now, however, six hours later, no evacuations have taken place. Two circumstances are to be considered during the use of the calomel. 1st. The vomiting, which frequently follows in consequence; this may be met by ordering a draught of an aromatic water. 2nd. The salivation, so readily caused by calomel. This effect I am far from considering as a favourable, or a necessary one, for the cure, as is the opinion of some; but I view it as a most deteriorating and unfavourable one. It is not always, however, in the power of the physician to avoid it; but it seems that this disadvantageous effect more rarely takes place when the calomel does not immediately come into contact with the mouth, for which reason we would recommend to take the medicine enveloped in capsules. The use of calomel ought, however, to be suspended when the mouth gets affected, and a solution of iodine must be applied early. The present state of the patient is the following:—Abdomen soft and free from pain; tongue humid; fever moderate as yesterday; the pulse still powerful.

5th Nov.—Last night the pulse was only 75 per minute; this morning the same number. The disease being now in the eleventh or twelfth day of its course, and therefore near its critical day, a resting day is again allowed. The principal organ by which the crisis in this disease takes place, is the skin. It therefore is our task to prepare it for this. We administer this day consequently a warm bath, and diaphoretic draughts.

6th Nov.—The patient complains of a greater degree of lassitude, sleepiness, and exhibits a greater state of coma. The pulse is 76 per minute. Repetition of warm water applied to the body.

7th Nov.—A tolerably abundant perspiration lasting for several hours took place, upon which the skin felt softer and velvet-like to the touch. The night of the patient was quiet, without, however, a critical calm sleep, but more coma like; the head, however, did not become hot. This nervous state still continued to-day. With regard to the symptoms of the mucous surface of the intestines, the tongue is still strongly covered, but humid; thirst trifling; abdomen soft; exhibiting, however, in the umbilical region the characteristic rattling noise, and slight susceptibility on pressure. The fever as moderate as yesterday. To further the diaphoresis, we will heighten the dose of liquor ammoniæ acetatis ℥vj, which was given yesterday, to ℥j, and add ʒj tinct. valerianæ, and also apply warm water to the skin. In case of the coma increasing in the evening, mustard poultices to be applied to the calves of the legs. The patient having been costive yesterday, must receive an opening clyster.

9th Nov.—The fourteenth day is now passed at all events, whether the patient entered the hospital on the eighth or ninth day of his disease, without critical symptoms exhibiting themselves; on the contrary, we observe a much stronger appearance of the nervous symptoms, and cannot now entertain any hope for the crisis of the disease before the twenty-first day. The nervous symptoms now exhibit a state of disease which P. Frank has designated by the name of *nervosa stupida*. Let us now proceed to a more particular analysis of the individual phenomena.

1st. The nervous symptoms. The patient lies in a state of stupor, motionless on his back; by incitements he can certainly be raised, but after the exhaustion of their effects, he relapses into his old state.

2nd. Irritability of mucous membranes. Abdomen soft, but very susceptible on the right of the linea alba; since the day before yesterday only one feculent evacuation. The tongue dry in the centre, humid on the edges.

3rd. General reaction. Pulse strong, its frequency again increased to 88 per minute.

The nervous symptoms are now particularly to be considered in the further treatment. Cold fomentations about the head were already made yesterday. We must continue with them to-day, and in the event of the congestions of the brain becoming stronger this evening, they must be met by local removal of blood. Besides, we order a clyster of acetate of lead and starch,* and internally inf. rad. valerianæ with liquor ammoniæ acetatis.

10th Nov.—Instead of observing an improvement in the patient since the fourteenth day, a manifest sinking has taken place, inasmuch as the nervous symptoms do not only more distinctly manifest themselves, but also an increase of the fever. On account of violent congestion of the head, we applied leeches to it, and a natural discharge of blood from the nose facilitated the removal of blood thus caused, without, however, procuring the least ease to the patient. The following night was spent in slight delirium. Last night the pulse was 110 per minute; this morning there is only a slight remission. Coma still continues, the checks are flushed, head still hot. The patient can easily be roused from the coma, but his language remains faltering. Other nervous symptoms, as grinding of teeth, automatical movement of muscles, exhibited themselves. The abdomen is painful when touched; a fæculent evacuation took place. The pulse is small; skin as before; urine exhibiting a slight sediment. The question now is, "are the cerebral congestions consensual, proceeding from the ulcerated mucous surface of the abdomen? or are they the consequences of the fever? or are they idiopathical?" It would be difficult to decide the question. At all events we must now pay special attention to the fever, which has assumed the decided torpid character, and we shall therefore order the inf. cort. chinæ., with addition of oil and gum. To meet the abdominal symptoms we shall repeat the injections of acetate of lead, but with addition of some opium; against the cerebral symptoms we shall continue cold fomentations. We must also not neglect the decubitus which is now commencing.

11th Nov.—The nervous symptoms became still more striking last night; towards 7 o'clock p.m. a paralysis of the brain had taken place, against which we again attempted the application of cold water, but without success. Last night already, the pupils were found to be insusceptible to light, and the right pupil was dilated; the patient could no longer be roused from his coma. Paralysis of the lungs followed soon after, and this morning a fatal result took place.

14th Nov.—The patient died on the morning of the 17th or 18th of his disease, fears having been entertained three days before the catastrophe that affection of the head would take place. Against this, cold fomentations, &c., had been used.

The post mortem examination of the body gave the following results:—

Small tubercles of the size of a little pea, filled with a yellow, cascine-like material, were found in the diaphragm, as also in the peritoneal coat of the small intestine, the nature of which plainly manifested a scrophulous origin. Small ulcers exhibited themselves in the lower part of the small intestine to about one-third upwards from the cœcum, the largest of which had the size of a small pea, and which evidently were in the act of healing; some ulcers, but of a rather larger size, also in the act of healing, were found at the commencement of the large intestine, at a short distance from the intestinal valve. The intestine was much less affected than is generally found in this disease. The Peyer's glands were only moderately swollen. Some miliary tubercles were likewise seen on the pleura pulmonalis. The convolutions of the brain were found to be very flat after the skull had been removed, and a yellowish, gelatinous lymph exhibited itself in the sulci below the pia mater, and in a still larger quantity in the basis of the skull. On the dissection of the brain, which was rich in blood, the lateral ventricles were found to be much dilated, especially the left, and filled with a clear, watery fluid, by which the fornix was expanded and softened. Tubercles of the size of a bean were also found in both hemispheres of the cerebrum. The anatomical results, therefore, may be comprised in the following:—

1. Typhoid affection of the mucous surface of intestines.

2. The cause of death in the brain, namely, exudation of lymph on its surface, and effusion of water in its ventricles, and that especially in the left lateral ventricles, owing to which the right pupil appeared enlarged on the evening previous to death.

3. Formation of tubercles, which, however, were apparently not recent. The typhoid eruption upon the mucous surface of the intestines appears to me of particular interest, since it certainly bears out the correctness of our treatment. At the commencement of the second heptomadal period we had given calomel, upon which nothing appeared to justify us in apprehending danger from the intestine; the fever indeed, subsequent to it, decreased very much, as also the diarrhœa, and everything seemed to augur a favourable issue of

(*) These are the clysters which Dr. Lehvenlim so frequently causes to be applied in typhus abdominalis, especially when strong diarrhœas are existing. The clyster is prepared from a decoction of starch, to which 10-12 drops of acetum saturni are added; the addition of some drops of tincture of opium is also advisable. It must be observed in the application of these clysters, that the quantity of them should not be too large (3-6 ℥), that they should not be too warm, and that the fluid should be forced up as high as possible. The longer the patient keeps the clyster, the better; it must otherwise be repeated, and the quantity of the added acetum saturni, according to circumstances, be increased.

the disease. Dissection proved only a slight affection of the intestines, the ulcers upon them small in number and size, isolated, and already in the act of healing. The fatal result, therefore, the cause of which we had found in the brain, instead of speaking against the use of calomel in typhus abdominalis, is corroborative of its beneficial effects. No one at least, we should suppose, would attribute the symptoms of the brain to the use of calomel, as this very remedy has hitherto been used against them. We may safely assert, therefore, that calomel, if it does not prevent the intestinal eruption, at least moderates it very much.

EXTRA-UTERINE FŒTATION.—Dr. Wilson, of Inverness, gives the following account of the autopsy of the abdomen of a woman, who had carried an extra uterine fœtus for nearly thirty-seven years. On laying open the abdominal cavity, by an incision carried from the umbilicus to the pubis, and thence outwards to the anterior superior process of the left ilium, and dissecting back this flap which embraced the space occupied by the tumour, he came upon a thin sac of apparently condensed cellular tissue, immediately under the peritoneal lining of the anterior wall of the abdomen, and found the fœtus in it. It lay in an oblique direction, the head stretching towards the umbilicus, the lower extremities extending into the iliac fossa. It seemed to be very slightly, if at all, attached to the walls of the containing sac, except at one point on its anterior surface, where a strong connexion existed by means of a band, resembling in substance that of the enclosing cyst, and at this point alone did the sac appear to be particularly attached to the surrounding parts, by a continuation of the same connecting medium stretching to the anterior abdominal wall. The fœtal extremity of this band or cord was distinctly vascular. The fœtus was an irregular flattened quadrilateral figure, about nine inches in length, weighing three pounds. The surface corresponding with the right side of the head formed its posterior surface as it lay in the abdomen, and was quite smooth; that corresponding to the left was irregular, and here one leg and foot could be easily distinguished, lying across the upper part of the thorax. The trunk and extremities appeared to be all compressed into one mass, closely connected above to the base of the skull, and formed altogether an osseous shell, in most parts remarkably hard; but above were two points like cartilage, in which latter, on a few small openings being made, the interior was found filled with a cream-coloured cheesy-looking matter of the consistence of lard. No examination of the parts, in the neighbourhood of the situation occupied by the tumour, was permitted.

TREATMENT OF ORCHITIS.—Mr. Curling says, a quarter of a grain of tartar emetic may be exhibited every three or four hours, and the dose, if necessary, increased until nausea is produced. This is one of the most valuable remedies that can be employed in acute orchitis; and when patients are desirous of avoiding the trouble, mess, and exposure consequent upon the application of leeches, the exhibition of tartar emetic will generally render local depletion unnecessary; whilst its depressing influence being only temporary, the patient quickly regains his health and strength. He has seen most acute orchitis arrested and subdued in thirty hours, by keeping up constant nausea by means of this remedy. When there is much pain or constitutional derangement, two or three grains of calomel, combined with eight or ten grains of Dover's powder, or with small doses of morphia, may be given at bed-time. In consecutive orchitis, in which the tunica vaginalis is so generally affected, considerable benefit is derived from mercury; and experience fully confirms what reason would lead us to expect from its remarkable efficacy in inflammation of the other serous membranes. The value, indeed, of mercury, in the treatment of this form of orchitis, scarcely appears to be fully appreciated by the profession. In acute cases, after the bowels have been freely acted on, and the pulse has been lowered by tartar emetic, he usually prescribes mercury, and continues it until the gums become slightly affected. He is confident that by this treatment the duration of this form of the disease is often materially abridged; and, what is of some importance, it is succeeded by much less induration and thickening of the epididymis than when the exhibition of mercury has been deferred to a later period. In treating cases of orchitis in private practice, it is generally desirable to avoid blood letting, especially local; but in cases of a severe or obstinate character, depletion sometimes becomes necessary. Bleeding from the arm is only required when the inflammation and symptomatic fever are unusually acute. In a robust person, one full depletion at the onset of the attack in many instances considerably abridges its duration, and renders local abstraction of blood afterwards unnecessary. This is a practice which might be resorted to more frequently than it usually is, especially in treating the working classes, to whom time and the expense of leeches are objects of consideration.

PARISIAN INTELLIGENCE.

(FROM OUR OWN CORRESPONDENT.)

Paris, Feb. 22, 1844.

Necrosis of the os pubis, by Professor Velpeau.—Louis Losiere, florist, ætat. 37, general health good; voice broken; facies expressive of suffering; for the last six months was affected with catarrhus; without hæmoptysis or pains in the thorax; ausculation and percussion seem to indicate the existence of tubercles at the apex of the right lung. It is not, however, for this affection that he came to the hospital, but on account of an abundant suppuration, seated at the upper and internal part of the thigh; questioned as to its origin, he related that three weeks before, a small tumour had appeared; it was not accompanied by a swollen state of the neighbouring parts or the least pain; that it gradually grew softer, and finally burst, allowing pus to escape; and that since then the suppuration had persisted. Having thus obtained all the information possible from the patient, let us now endeavour to establish the exact diagnosis of so obscure an affection, which may have been caused by a lesion of the intestine, the bladder, the prostate, the urethra, the testicle, the bones of the pelvis, or the organs contained in its cavity; finally, might it not be an idiopathic abscess? Let us examine each of these causes; 1° *an idiopathic abscess* never takes place without being accompanied by some of the characteristic symptoms; viz., pain, redness, tumefaction, and heat: now these did not appear, therefore, it cannot be an idiopathic abscess. 2° *lesion of the urinary organs;* this is not probable, because the patient has never suffered in these parts, or been affected with gonorrhœa or dysuria. 3° *lesion of the rectum;* not probable, because no symptoms have been observed, such as diarrhœa, &c., indicating a disease in these parts; besides which, in such cases the inflammatory symptoms run very high. 4° *lesions of the parts contained in the pelvis;* but there is no symptom present by which we may be led to such a conclusion; they must therefore be eliminated, unless we admit the existence of tubercles in the omentum, which seldom, if ever, take place without being preceded by intestinal phlegmasia; besides which a tumour would be found in the abdomen; now this is not the case. 5° *lesions of the vertebral column;* but there is no pathological symptom in this part, no pain.—From this consideration, and notwithstanding the presence of some negative signs, I am led to diagnosticate a lesion of the bones of the pelvis near the symphysis pubis, because a probe penetrates through the fistula, into a large cavity, about four inches in depth; and because, on one side and a little above the penis, a slight tumefaction, not painful, is to be felt. These two signs appear to me sufficiently conclusive to indicate the existence of a caries or necrosis of the os pubis; consequently, a large incision was made, and on examination, necrosis of the ramus of the os pubis was discovered, which, in all probability, extended to the symphysis. The opening was next filled with lint, and we must now wait until the eliminatory process has detached the diseased portion of the bone.

This case is remarkable from the rapidity with which it developed itself, and by the slight pain which accompanied it; at the same time it is very dangerous, not only from its seat, but likewise from its nature, the more so as it affects an individual predisposed to tubercles.

On Fibrous Tumours of the Mammæ.—Speech delivered by M. Amussat at the sitting of the Academy of Medicine, occurring on the 13th Feb. 1844. From Professor Cruveilhier's answer to Professor Roux, it is evident that he persists in his opinion, and makes no concession whatever. This discussion is highly important, and is worthy of serious examination, not only for the advancement of science but likewise for the good of mankind; for it is a question of practical surgery as well as one of pathological anatomy, and therefore all surgeons have a right to give their opinion.

Our learned colleague in his memoir emits two fundamental propositions which touch each other, and are closely linked together. 1° That fibrous tumours of the mammæ are extremely frequent. 2° That clinical observation has proved to him that a great number of cases published as extirpations of scirrhus were in reality fibrous tumours; yet in support of this opinion, Professor Cruveilhier quotes at the end of his memoir only one case which in my opinion is far from being satisfactory. These two propositions are deserving of serious attention; they are the consequences the one of the other, and tend to cause a perplexity and perturbation among practitioners, for they upbraid surgeons as having performed operations, if not dangerous, at least useless. 1° *Fibrous tumours of the mammæ are extremely frequent.*—Notwithstanding the high authority of Professor Cruveilhier on such subjects, this proposition is inadmissible, for in my opinion this organic production is uncommon, *very* uncommon. Doubtless he has had repeated opportunities of observing these tumours in the breast, and that it is on these facts that he formed his conviction; but it would have been far more satisfactory had he shown on what grounds he established his statistics, and laid before the Academy what he considered as a true fibrous tumour, in order that these anatomical characters might be known to all. This is more to be desired as the museum, formed by the generosity of Dupuytren contains numerous examples of fibrous tumours of the uterus, and on the contrary very few of the mammæ. During the space of four years in which I was *interne* at the *salpetrière*, I had repeated opportunities of seeing fibrous, and even osseous tumours of the uterus, but very few of the mammæ; and it was the collection I then made of the former that became the origin of my work on the possibility of their extirpation while still in the uterus. Professor Cruveilhier was himself several years physician at the same hospital, and in his memoir he speaks of the numerous cases of fibrous tumours of the uterus observed there, but he does not say that he saw a great many in the mammæ. It may, therefore, be concluded from the researches of the learned Professor himself, that they are *not* extremely frequent; and if we admit that they never degenerate, ought we not to meet with them in old women? now this is not the case, for they are rarely seen at the Salpetrière.* I therefore consider myself justified in

* This hospital, erected under Louis XIV., under the name of *Hopital general*, is destined to receive, 1° poor women, aged 70, and above, and those affected with cancerous diseases or blindness. 2° Those suffering from alienatio mentis, idiotia, epilepsia, hysteria. The number of beds destined to receive the former, are 500 of which 400 form the infirmary. The receptions vary according to the vacancies; the deaths are one in five, and are chiefly caused by the following diseases—apoplexia; bronchitis, complicated by an accumulation of mucus in the bronchi, producing asphyxia; pneumonia; January, February and March are the most fatal months. The number of patients in the second class is from 1000 to 1200; the cures with-

saying that until he has proved the analogy which he supposes to exist between fibrous tumours of the uterus, and those of the mammæ, as well as their frequency, he ought not to assert that surgeons have committed, and daily commit, errors. It is well known to all observers, that almost all the tumours of the breast commence by being mobile, isolated, not painful, &c.: now, what happens to these tumours, whose characters resemble those assigned by Professor Cruveilhier to fibrous tumours? They become cancerous, and when extirpated too late, almost always relapse. The diagnosis is therefore very difficult, if not impossible, and this has been sufficiently proved by the several orators who have been heard since the opening of this important discussion. As a proof, I will lay before the Academy a cancer of the breast which I removed a fortnight ago, and which offered for four years all the pathognomonic symptoms assigned by Professor C. to fibrous tumours of the mammæ. 2°. In this proposition it is asserted that surgeons commit errors daily in extirpating fibrous tumours for scirrhus. Sincerely do I wish that this reproach was true, for then we should have fewer relapses to deplore; but, unfortunately this is not the case, for before performing this operation, I invariably, and in this I am not singular, take the advice of the most competent judges on this subject, in order that every means their experience may suggest should be previously employed; for it is a source of infinite satisfaction to a surgeon to be enabled to obtain a cure without having recourse to an operation, as when I substituted lithotripsy for cystotomy; prolonged taxis for the operation for hernia, &c. The alternative in which we find ourselves placed is not easily overcome. Professor C. says, when it is a fibrous tumour the operation is needless; whilst other authors state that a cancer ought never to be extirpated; consequently, we must remain inactive when in presence of all the tumours of the mammæ, the more so as Professor C. indicates no mode of treatment. In my opinion, when all other means have failed, the operation is the only means of saving a victim devoted sooner or later to death from the development of a cancer. From what precedes, it becomes evident that this second proposition (the consequence of the first) is not better founded than the first; for he quotes but one case very unsatisfactory, whilst the numerous facts observed unfortunately every day, prove how erroneous this opinion is, since the relapses are proved to be very frequent after the operation for cancer. It may, therefore, be concluded that fibrous tumours of the mammæ are not so frequent as Professor Cruveilhier asserts; that the errors committed by operators are not so common as affirmed by our colleague, and that the operation ought to be performed, as there is no danger in extirpating a fibrous tumour, whilst, if allowed to remain, it may become cancerous, and produce serious, if not fatal accidents. If, following the example given by Laennec, he had announced a new discovery; if he had proved that the tumours of the mammæ were capable of becoming atrophied, or disappearing spontaneously, we would have considered ourselves benefited by his researches in pathological anatomy, and we might, the fact being proved, avoid operating in some cases. Laennec published several observations in support of his opinion; whilst Professor Cruveilhier furnishes nothing to prove the exactitude of his conclusions, but contents himself by stating that we are often mistaken in our diagnosis of tumours of the breast. While on this subject I cannot refrain from relating the following extraordinary case of spontaneous cure of phthisis. Whilst examining the heart and blood-vessels of Poulmann, executed on the 6th inst., for murder, I discovered at the apex of both lungs a sort of puckering, produced by the disappearance of the tubercles, which had previously existed in these parts. This man was endowed with great physical force, and of a certainty, no one on looking at him would have ever imagined that he was phthisical. This observation is one of the most remarkable hitherto recorded in favour of the doctrine of Laennec. To return: the question raised by Professor Cruveilhier is important, very important, from the manner in which he placed it. It has, with justice, created a rumour among surgeons, and he cannot wonder at it, as on reading his memoir over again, he will see that as surgeons, we were accused without sufficient proofs; for he gives no precise symptom by which the diagnosis of fibrous tumours of the breast, and of scirrhus of that organ, may be accurately established, and because he generalised his propositions far too much. What will be the result of the memoir of Professor Cruveilhier? Females, suffering from scirrhus, will naturally conclude that they are affected with a fibrous tumour, and therefore refuse to have an operation performed, which unfortunately is delayed in the generality of cases, much too long. Relapses will be more frequent, according as the extirpation of the disease is performed at an advanced stage. In cases where the patient fears, or refuses to permit the removal with the bistoury, the Vienna caustic, solidified by Dr. Filhos, may be employed with advantage. This caustic has been extremely useful in some cases, and may sometimes be substituted, and even preferred to the bistoury. For instance, in relapses it may be employed to destroy the fungous flesh, the cancerous tubercles disseminated here and there, and situated sometimes at a considerable depth. Recently, conjointly with M.M. Recamier and Filhos, I had a most remarkable case, and I succeeded in conquering difficulties which would have been insurmountable with the bistoury. Doubtless this discussion will be of great utility to practical surgeons; but by far the greater part of the profession will retain only the new idea announced in the memoir, and by adopting, propagating, and perhaps exaggerating, it will, by their advice, become the cause of serious accidents; they will admit this opinion the more readily, as we are accused of being too fond of cutting and slashing; but this reproach, addressed somewhat inconsiderately by physicians, and even certain members of the Academy, cannot attaint those surgeons who have fixed ideas, and who only operate when all other means have failed. It is only in doubtful cases, susceptible of becoming cancerous, that the operation ought not to be postponed; for even in admitting that they are of a benign nature, if removed when small, the danger is much less than when the extirpation becomes necessary from the uneasiness caused by the presence of the swelling, whether it be a wen, a cyst, a fibrous tumour, &c.

To resume. I consider that Professor Cruveilhier has not proved what he wished to establish, *i. e.*, that fibrous tumours of the mammæ are extremely frequent, and that surgeons commit daily errors of diagnosis. Facts and arguments in favour of his opinion are completely wanting, while on the contrary, facts and arguments are not wanting against it. It may, therefore, be asserted that *fibrous tumours are the exception, scirrhous the rule.* MM. Ribes, Recamier, and the most competent judges, consulted by me on this subject, as well as every surgeon, differ in opinion with Professor C.; all think that fibrous tumours are uncommon, very uncommon, and on the contrary, scirrhous very frequent. As far as concerns myself, I raise my voice against the serious and unmerited reproach made by Professor C., and admitting even that it was merited, still I think that in all cases the sooner the operation is performed the better, and consequently surgeons are fully justified in acting as they have hitherto done. I will add that more than ever I am convinced of the necessity of the operation, and that at an early stage of the disease, and in wens, cysts, or any other tumour which cannot be cured but by an operation. Lately I have performed three operations, which before this discussion I would have hesitated to do; and that because the operation was less dangerous and less painful when the tumour was small, than when it had become much larger. Besides which we are not sufficiently acquainted with the causes which determine the degenerescence of these tumours, to be able to affirm that such and such tumours, though they present symptoms of a benign nature, may not degenerate and become a source of infection for the whole body. Finally, that Professor C., was too hasty in forming his conclusions from some private, and perhaps I may add, erroneous facts. Now, if his ideas were generally received they would become the source of serious accidents; the more so because patients affected with tumours of the mammæ are already but too much disposed to delay having them removed. In their mind there was hitherto much doubt as to its nature, and they would readily adopt an opinion which removed this doubt, and conclude, that being affected with a fibrous tumour, they may, without danger, allow it to remain. On the contrary, if once the danger of such a proceeding was sufficiently proved to them, be assured that they will submit to the operation with courage and fortitude; for in this I am of the opinion expressed by Professor Roux, and could, if necessary, mention several examples. As to the relapses after the operation, though of far greater importance than the subject of the present discussion, I will say nothing more than, for the advancement of science and the benefit of mankind, I wish that it could be discussed directly after the present memoir.

Now I lay before the Academy a case of pathological anatomy which is important on account of the actual discussion. It is a tumour of the breast, a scirrhus, or rather a cancer, which I removed fifteen days ago, and which on the recommendation of M. Pigné, *conservateur* of the Dupuytren museum, I kept in an aqueous solution of creosote; and, as you may perceive, it is as supple and of the same colour as on the day it was removed. *Case.*—Mrs. P., aged 62, strong constitution, mother of two children, had experienced much sorrow. Five years ago, while standing on a chair she fell down and struck the right side of the thorax, and ever since she perceived that the part was the seat of a small tumour, which two years after had acquired the size of a walnut, not painful, mobile, not adherent to the mammary gland, and perfectly circumscribed. During this period nothing whatever was done. In the following year it increased still more, and was accompanied with slight lancinating pains, and diminution of strength; so much so that the patient, fearful of the result, consulted Dr. Filhos, who recognized immediately the disease, and advised her to have it removed. M. Recamier, and myself, after examining the patient, coincided in opinion, with Dr. Filhos. The tumour, of considerable size was situated just below the axilla, extending as far as the mamma to which it did not adhere; in its centre were small inequalities of a violet colour and as if on the eve of ulceration; skin shining; veins greatly dilated; œdema of the surrounding parts; its length was five inches, its breadth four inches and three quarters. The operation was easily performed; no consecutive accidents; the arteries divided were twisted; no hemorrhage; the wound, ten inches in length, was united by a suture; the cicatrisation is to-day nearly completed; and the patient is in a fair way of being shortly quite well. The tumour when removed was found to be separated from the mammæ, and formed of a scirrhous tissue, *mammelonné*, impregnated with blood, soft in some parts, and hard in others. On pressure, and when scraped, a thick reddish ichor is obtained; examined with a microscope by Dr. Blondel, it was found to offer all the characters of cancer or scirrhus when softened. The mamma and cellular tissue surrounding it were infiltrated with serosity, but were free from disease, though before its removal they appeared to form part of the tumour. The foregoing lines which form but an analysis of this interesting observation show, notwithstanding, how difficult it is to establish an exact diagnosis between benign and malignant tumours of the breast; and that we have extirpated a scirrhus degenerated into cancer, and which sooner or later would have produced a cancerous diathesis, for the patient had already begun to feel its effects. It likewise proves that in doubtful cases the operation cannot be performed too soon, and that perhaps here it was delayed so long that a relapse may be feared; which would not have been the case had it been done at an earlier period. Finally, another important remark may be made, viz.: that during four years this tumour offered all the characters assigned by Professor Cruveilhier to fibrous tumours; mobile, circumscribed, not adherent to the mamma, not painful; and *yet it became cancerous!* Now with such a fact as this (to which many

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out relapses, about one-third; poor of Paris received gratis, those of the other departments on the payment of the sum of 12*l.* per annum.—G. de B.

more might be added) are we not justified in saying; *until a fibrous tumour can be recognised with certainty from a scirrhous, when ordinary means, such as compression, &c., fail, the sooner the operation is performed the better.*

Academy of Sciences. Sitting of the 19th Feb. Baron Ch. Dupin in the chair.—The Academy proceeded to elect a corresponding member in the section of rural economy in the stead of the late M. Mathieu, of Dombasle. M. Vilmorin, of Barres, near Noyon sur-Vernesson (Loiret) was named.—The following books received: Astronomical Observations made at the Radcliffe Observatory, Oxford, year 1841, by Manuel J. Johnson, M.C.A., vol. 2, published by order of the Radcliffe trustees, and offered by them; Memoirs of the Chemical Society, London, for 1841, 1842, and 1842-43, vol. 1, presented by the Chemical Society.

Professor Dumas read three reports. 1° On a memoir of M. Jacquelain; *on the compounds resulting from the action of anhydrous sulphuric acid and ammonia on each other.* The researches of M. Jacquelain refer to the phenomena signalised by Davy, and afterwards studied by Mr. H. Rose. The former showed that oxacids combine simply with oxygenated bases, so that KO and SO_3 give rise to KO, SO^3; and that the hydro-bases united in the same way with the hydracids, so that $A^2 H_3$ and H Ch., give rise to the ammoniacal compound $A_2 H^3$ H Ch. If an hydracid is placed in contact with an oxigenated base, the result is different, for water and a binary metallic compound is obtained; KO and H Ch. produce K Ch. and HO. Finally, if the reaction is between an oxacid and a hydro-base, water and a compound, not a salt, is obtained. As to the action of sulphuric acid on ammonia, the researches of M. Regnault prove that the composition of the *sulphamide* $\frac{AZ^2 H_4}{S O_2}$ is analogous to that of the oxamide $\frac{AZ_2 H_4}{C O}$.—M. Jacquelain produced, by the action of anhydrous sulphuric acid on ammonia, a crystallised substance and a barytic compound. By analysis, he found the formula of the former to be $4SO^3 + 3Az\ ^2H_6$, and of the latter $3SO + 2Ba O + Az^2 H^6$.—2° On a memoir of M. Cahours, *on the volatile oil of the gualtheria procumbens.* The researches undertaken of late years on the oils of bitter almonds, of cinnamon, &c., show that these substances possess marked characters; it is therefore not astonishing that researches on the properties belonging to an oil of this class have led M. Cahours to discover facts, important from their number and their perspicuity. The oil employed was that obtained from the flowers of the *gualtheria procumbens*, brought in great quantities to Europe from the United States, and employed by perfumers. This oil is identical to the ether obtained by mixing salicilic acid with the spirit obtained from the distillation of wood. These two substances, united to an equivalent of potass, form a bibasic compound; one of the bases furnished by the ether, the other by the potass; salicilic acid is therefore analogous to phosphoric acid, and as this last is capable of forming salts with two equivalents of bases, these qualities also exist in the ether produced by the action of salicilic acid on alcohol. But as chlorine, brome, and nitrous acid gas may replace one or several equivalents of hydrogen in salicilic acid, it became interesting to know if by these combinations salicilic acid did not lose the characters just described. This M. Cahours, by numerous and decisive experiments, has proved not to be the case; and as it contains five equivalents of oxygen, it is natural to suppose that the same properties would be met with in the organic acids which contain likewise five equivalents of oxygen. This, the author purposes developing at a future period. "The memoir of M. Cahours," says the reporter in conclusion, "opens a new field to the researches of organic chemistry, and proves how premature were the conclusions drawn from the researches made on substances which contain only three equivalents of oxygen. It will lead chemists to study more attentively the acids whose formulas do not follow the general rule, but differ from those presented by the generality of the known organic acids.—3° On a memoir of M. Chevandier, relative to *the decomposition of different kinds of wood and the annual produce of two acres of forests.* A certain quantity of wood having been placed in a hot-house, subjected for six weeks to a temperature of from 99½° to 122° F., and from time to time turned over, it became so dry that different samples exposed to a heat of 379° F. did not lose in weight more than half per cent. From his researches the author is led to conclude—1st. The carbon contained in the wood covering two acres of ground is about 3,600 pounds, and a prism of air, whose basis covered the same space (admitting that the quantity of carbonic acid in the atmosphere is $\frac{6}{10000}$ in weight), contains about 33,800 lb. of carbon; so that if a forest was obliged to exist at the expense of the air which covers it, it would in nine years destroy all the carbon it contains. Again, experience has shown that each adult person returns about 10½ ounces of carbon daily, and that two acres of forest will absorb the carbon furnished by forty men. The vegetation of forests will not appear to be so energetic, when we reflect that the quantity of carbon absorbed during 100 years, produced a layer of coal, only 0·630 of an inch in thickness on the earth, admitting that the whole of the carbon is contained in the coal. It would be interesting and important to repeat these experiments in the Brazils or some other parts of America, where the forests are favoured with vivid light, constant heat and the moisture developed by tropical vegetation. It is perhaps only there that we could form a correct idea of the mode of development of the vegetation in the old world. 2° That the average weight of the wood produced by two acres, and dried at 379° F. is about 7,300 lb per annum. 3° That the quantity of hydrogen contained in the wood covering two acres amounts to about 52 lb., which is as much as to say that 300 lbs. of water annually are decomposed in order to obtain the hydrogen. 4° That the quantity of nitrogen amounts to 68 lb. per annum; and as this substance is obtained from azotised substances analogous to fibrine or albumine, it is clear that every two acres of forest decompose at least 400 lb. of these compounds. The wood, however, contains only six or eight per cent. of its weight; and this explains why so many insects live in the wood, and how it is not attacked by them as soon as these substances are rendered deleterious. 5° That the cinders, produced by two acres of forest, amount to 100 lb. per annum.

M. Malgaigne addressed a letter, showing the danger attendant on the operations of tenotomy and myotomy, in deviation of the spine and other deformities.

Professor Sedillot, of Strasburgh, addressed the details of an operation performed by him in a case of cancer of the tongue. "After drawing the first left incisor tooth, I divided vertically the lower lip, and the integuments of the neck, as low down as the os hyoides; the maxillare inferius was next sawn through, and separated from the internal parts on the left side; finally, the diseased portion of the tongue (occupying only the left side) was removed."

Academy of Medicine—Sitting of the 20th Feb.—M. Ferrus in the Chair.—M. Devilliers informed the Academy that the *Conseil Municipal* of the City of Paris had voted the sum necessary for the purchase of a portion of land for the remains of Bichat.—M. Roehoux proposed an extraordinary sitting; should the discussion on the memoir of Professor Cruveilhier continue beyond to-day's sitting, for though very interesting, still he did not think it right to postpone all other affairs on that account.—M. Brusquet replied—that is impossible, on account of the inconvenience which it would cause to the Faculty of Medicine, in depriving it of its library twice instead of once.

M. Segalas read a report, at the request of the Minister of Agriculture and Commerce, on two memoirs and an instrument (*lithéréteur*) destined to remove gravel and fragments of stone after lithotrity, from the bladder; presented by Dr. Cornay of Rochefort. A trial performed before the commission was unsuccessful, the instrument having torn the mucous membrane of the urethra in several places. Since then, Dr. Cornay addressed a letter, stating that he had tried his instrument on the dead body, and on a living subject at the hospital *Beaujon*; and on the latter occasion, M. Segalas quotes the following phrase of a letter addressed to him by M. Saugier, surgeon of that hospital. "Dr. Cornay applied before me his instrument in two cases, in which lithotrity had been performed without giving rise to any extraordinary pain, or hæmaturia. In both, only a few small fragments were extracted; the pain caused was excessive, and in one bloody urine escaped; consequently, I do not consider this instrument useful." The commission coincides in opinion with M. Saugier, and concludes that in the generality of cases, the instrument is superfluous, or may be injurious in a fungous or irritable state of the bladder; and proposes to reply to the Minister—1°, that the first memoir of M. Cornay is full of errors, concerning the methods usually employed to remove the fragments produced by lithotrity; 2°, that the second memoir is relative only to the description of his experiments with his *lithéréteur*; 3°, that this instrument is very complicated, with difficulty manœuvred, and productive of considerable pain; and may be replaced by a firm elastic sound, and the syringe employed in these cases. At the same time, the commission proposes returning thanks to M. Cornay for his communications. *Professor Blandin.* The conclusions of the commission seem to me rather harsh. Unacquainted with the instrument, my opinion can be formed only by what I have just heard. I do not think that it is always as easy as M. Segalas supposes, to extract fragments of calculi from the bladder after the operation of lithotrity; especially when paralysis exists; therefore, any instrument that tends to this end ought to be favoured. But the trials here were unsuccessful; this is far from being proved; the lacerations of the mucous membrane of the urethra in one case might have been caused by the existence of a stricture, &c.; and in the other, nine fragments out of twelve were removed (this surely cannot be considered as wholly unsuccessful); finally, as to the operation on the living subject, the accidents may be owing to the irritation produced previously by the lithotrity.—*M. Segalas.* Were it necessary, I could mention numerous cases in which with a gum elastic sound, and the ordinary syringe, I succeeded in causing fragments of calculi to be expulsed from paralysed bladders; in two, one of which took place before M. Baron, the other before M. Macquart, large fragments were thus extracted.—*M. Amussat* considered the conclusions too severe; the ardour for invention ought not to be damped. In ordinary cases the bladder suffices; and when this fails, he has often succeeded in extracting the fragments with a spoon of his invention.—*M. Segalas* states that he has, in some cases, employed this spoon successfully.—*M. Gimelli.* I assisted as member of the commission at the experiment performed at the *Ecole pratique*; the result being unsuccessful, on separating, we engaged Dr. Cornay to persevere, and if he succeeded that we at his request would meet anew; what did he do? performed operations at Beaujon, and then obtained the minister to ask for a report. On this account, I persist in stating that the conclusions are not too harsh. —*M. Petit*, corresponding member, states that Dr. Cornay's instrument is not an invention, for a similar one existed at M. Charrien's several years previous.—*Professor Roux* asked, whether in cases of paralysis of the bladder, cystotomy was not preferable to lithotrity, and if the irritation caused by the latter is not advantageous? *M. Segalas*: Were I to judge from my own experience, I would say that paralysis is not accounted an indication against lithotrity, for the presence of the instrument in the bladder is less painful than when that is not the case. In some patients on whom I performed lithotrity, the contractility of the bladder was restored, in others, it remained *in statu quo.* Would this have been otherwise had cystotomy been performed? I know not.—*Professor A. Berard*, asks, why Dr. Cornay took so unusual a mode of proceeding, in order to obtain a report? this, in his opinion, justifies the commission for giving so severe a conclusion.—*M. Lisfranc*: The trials made on the dead body are far from being conclusive, and as to that on the living subject, it was done immediately after litho-

trity; now in such cases, the irritation of the parts is excessive; in this respect, I may say *experto credite Roberto.* All instruments introduced produce great pain; in order, therefore, to prove the inutility of the *lithéréteur*, it must be employed a day or two after lithotrity. As to whether lithotrity is more advantageous than cystotomy in cases of paralysis, I think it is. Reasoning from analogy, it may be admitted the more so, as the presence of a small gum-elastic sound suffices in some cases to cure the paralysis. Now if this is the case with a sound, what must it be when the calculus is broken into several irregular fragments. It is certain that the contractility of this organ is increased by the operation; so that if it was estimated before at 5, it is afterwards by 50, 60, 80, and even 100. Consequently, I propose adding to the conclusions of the commission that the experiments performed, are not sufficient to enable the Academy to form a decisive judgment as to the utility of the instrument. After some further remarks from *MM. Oudet, Segalas, Blandin, Dubois (d'Amiens), A. Berard, Gerdy,* and *Begin,* the conclusions thus modified were adopted.

M. Caventou read a memoir on indigenous opium. *(Vide Medical Times*, vol. ix. p. 91.*)*

GARLAND DE BEAUMONT, D.M.P., B.L., & S.,
Honorary Physician to the Spanish Embassy.

PHARMACEUTICAL VARIETIES.

[*From the Chemical Gazette.*]

On Crystallisation and Liquid Cedar Oil (Cedrene). By P. H. Walter.—The crystalline portion of the true cedar oil may be readily purified by frequent recrystallisation from alcohol; it should be of a brilliant white, without the slightest tint of green. It was melted and submitted to analysis with oxide of copper and chlorate of potash, with the following results:—

	Found.	Atoms.		Calculated.
Carbon....	81·0	32 =	2400	81·3
Hydrogen..	11·8	28 =	350	11·8
Oxygen ..		2 =	200	6·9
			2950	

The specific gravity of the vapour was found to be 8·4; according to the theory it is 8·27. It is not possible to obtain the liquid portion of the cedar oil or the cedrene perfectly pure by distilling it several times over phosphoric acid; it is necessary to have recourse to potassium, over which the oil is distilled until the metal no longer becomes coated with a red pellicle, and the cedrene passes over colourless. Submitted to analysis it afforded the following results:—

	Found.	Atoms.		Calculated.
Carbon....	87·99	32 =	2400	88·05
Hydrogen..	11·95	26 =	325	11·95
	99·94		2725	100·00

The density of the vapour, calculated according to this formula, $\frac{30{\cdot}55}{4} = 7{\cdot}64$, the experiment afforded 7·9. The author has also examined natural cedrene, and distilled it several times over potassium, until the latter was no longer covered with a pellicle, but retained its lustre. In this manner it is obtained colourless, and with the same characters and the same boiling-point (480° Fahr.) as the artificial cedrene. Submitted to analysis it afforded 87·8 C and 12·01 H; they are, therefore, perfectly identical.—*Ann. de Chim. et de Phys.*, vol. viii. p. 354.

On the Resins of Benzoin and the products of their decomposition. By M. Kopp. The author has analysed benzoin according to the methods of Unverdorben and Stoltze, and has arrived essentially at the same results, with only this exception, that a small quantity of a fourth reddish resin was deposited in the course of some time from the æthereal solution of the alpha resin. The following are the quantitative results:—

	I.	II.
Benzoic acid.....	14·0	14·5
Alpha resin	52·0	48·0
Beta resin.....	25·0	28·0
Gamma resin	3·0	3·5
Fourth resin.....	0·8	0·5
Impurities.....	5·2	5·5

When benzoin resin is submitted to dry distillation, olefiant gas is disengaged, and there remains in the retort a carbonaceous residue, while a butter-like substance condenses in the recipients, which may be separated imperfectly by pressing between blotting-paper, more completely by hot water, but best by dilute alkalies, into a substance soluble in alkali, and an oil which is not dissolved by them. The first substance is *benzoic acid:* the oil is *phenol*, since it affords with nitric acid, carbazotic acid, colours fir-wood blue with muriatic acid, boils at 392°, coagulates albumen, and is $C^{12}\ H^{6}\ O^{2}$ Four equivalents of resin = $C^{80}\ H^{14}\ O^{4}$ afford 3 equivalents of benzoic acid = $C^{12}\ H^{38}\ O^{12}$, 1 equivalent of phenol = $C^{12}\ H^{6}\ O^{2}$, 8C, 2HO and 18HC. On treating the resins with nitric acid, they are violently acted upon with evolution of nitrous vapours, and in the recipient condenses hydruret of benzoyle, prussic acid, and some benzoic acid. On extracting the residue with boiling water a solution is obtained, which deposits on cooling a new yellow acid, benzoresinic acid. The mother-ley still contains much of this acid along with cabarzotic acid.* The mixture is saturated with carbonate of potash, and placed aside to crystallise; the carbazotic salt first separates, and then the benzoresinic acid is precipitated from the concentrated mother-leys by an acid. Benzoresinic acid is an amorphous yellowish-white powder, of a pungent taste: it melts at 248°; at a higher temperature it volatilises, being partially decomposed, and with formation of shining white laminæ; it is inflammable, and burns with a red smoky flame. It dissolves very readily in alcohol and æther; the solution turns blue litmus-paper red; it is dissolved without change by sulphuric, muriatic, and nitric acids, and is reprecipitated by water. The alkaline salts are yellow and not crystalline; the potash salt, however, may be obtained in crystalline laminæ. The solution of the potash salts give sulphur, yellow precipitates with salts of lead, brownish-yellow with salts of silver, bright green with copper, pure yellow with alumina, yellowish-white with persalts of iron, and yellowish-green with protosalts. Benzoin affords with chromic acid, benzoic acid, and hydruret of benzoyle; and with dried alkalies at an elevated temperature, an oil analogous to benzon. —*L'Institut*, No. 517.

On the Oil of Thuja. By E. Schweizer.—Oil of Thuja occurs in the common Lignum Vitæ, *Thuja occidentalis.* It is a mixture of at least two distinct oxygeniferous oils; a hydrocarbon does not exist in it. Recently prepared it is perfectly colourless, but it soon acquires a yellowish colour. It has the peculiar smell of Thuja, and an acrid taste; is lighter than water, and but sparingly soluble in it, but it is readily dissolved by alcohol and æther. The oil freed from water by chloride of calcium from two different preparations exhibited the following composition:—

	I.	II.
Carbon	77·99	77·25
Hydrogen	10·73	11·11
Oxygen	11·28	11·64

On submitting the oil to distillation, it begins to boil at 374° Fahr.; the greater portion goes over between 380° and 387°, the thermometer rising very slowly; the product is colourless; from 387° the boiling point ascends more rapidly to 403°; what passes over now has a yellowish colour; there finally remains a small red-coloured residue. The portions collected at different temperatures exhibited the following composition:—

	At 380°.	380°-387°.	387°-403°.
Carbon	71·00	70·55	76·13
Hydrogen ..	10·61	10·76	10·67
Oxygen	18·39	18·69	13·20

Hydrate of potash instantly colours the oil of Thuja blackish-brown; on distilling the mixture a portion of the oil passes over unchanged, the remainder is converted by the potash into a resinous mass. When that which has passed over is distilled repeatedly over fresh hydrate of potash, the distillate nevertheless always possesses the properties of the Thuja oil, but its quantity constantly diminishes. Oil of Thuja, rectified in this manner five times over hydrate of potash, contained C 78·87, H 10·98, O 10·15. On treating the blackish-brown residue in the retort with water, a resinous mass separates, which is insoluble in the alkaline liquid, but dissolves readily in pure water. It is a combination of potash with an acid resin, which in its pure state melts easily, has a reddish-brown colour, is soluble in alcohol, and consists of two portions, one of which is precipitated by an alcoholic solution of acetate of lead without any addition of ammonia, while the other is only precipitated on the addition of this agent. The alkaline solution, separated from the resinous compound, is rendered milky on saturating the alkali with an acid, and a small quantity of an oil separates, which from its properties is evidently *carvacrol.* Iodine is dissolved in considerable quantity in oil of Thuja. On being heated in a retort a very violent action ensues, the liquid continues to boil after removal from the fire, very little hydriodic acid is given off, and an oil distils over, the odour of which is perfectly distinct from the oil employed. When the reaction has ceased, and it is heated further, a thick dark-coloured oil passes over; at last iodine vapours appear, and a black mass remains behind. If the easily volatile product is submitted to frequent distillation over iodine, and then in order to purify, it is distilled over burnt lime, and finally over potassium, a carboretted hydrogen *Thujon* is obtained. This is colourless, and possesses an odour resembling oil of turpentine, and an acrid taste; it is lighter than water, and boils between 329° and 347° Fahr. The composition of Thujon could not be accurately ascertained, from want of sufficient substance to purify it completely. When the thick oil is treated with a solution of potash, the greater portion of it is dissolved. What remains undissolved is distilled several times over burnt lime to remove any iodine. A peculiar oil, of thickish consistence, yellowish colour, faint odour, and mild taste, is obtained; it is lighter than water, and burns with a very sooty flame. From its always being produced only in small quantity, the composition could not be accurately determined. From one analysis it appeared to be a carburetted hydrogen, having much resemblance to colophene, which M. Claus obtained by acting on camphor with iodine. Carvacrol separates on saturating the alkaline solution with an acid in considerable

* The author obtained the carbazotate of lead in beautiful yellow needles with 1 equivalent of water, which detonated violently by exposure to heat, by mixing concentrated solutions of acetate of lead and carbazotate of potash.

quantity; by distilling it several times over burnt lime it was obtained pure, with its peculiar properties. The black mass, which remains behind in the distillation, consists of a dark reddish-brown resin, which is very soluble in æther, scarcely soluble in alcohol, of an acid nature, and contains no iodine, and of a carbonaceous body, insoluble in alcohol and in æther. Oil of Thuja behaves, therefore, towards iodine precisely as camphor, according to the researches of M. Claus; the products of both reactions correspond, not only in their mode of formation, but also in their properties. Oil of Thuja is not much altered on being submitted to distillation with phosphoric acid. Sulphuric acid converts it instantly into a resin. Potassium oxidises in it without any disengagement of hydrogen, and converts it into a resinous mass.—*Journ. fur Prakt. Chem.*, xxx. p. 376.

Employment of Electricity in cases of poisoning with Strychnine.—M. Duclos has instituted a remarkable series of experiments on rabbits, dogs and guinea-pigs. He poisoned these animals with strychnine and brucine, and then electrified them; and found that, on application of the negative electricity excited by means of an electrical machine, the symptoms of poisoning subsided, and the animals were saved; the positive electricity, on the contrary, increased the muscular contraction produced by the poison, and hastened death. Animals which had been poisoned with arsenious acid could not only not be saved by electrifying them, but were, on the contrary, killed sooner, whether positive or negative electricity was employed.—Buchner's *Rep. fur die Pharm.*, vol. xxxii.

Pilulæ Ferruginosæ Valletii.—Pure sulphate of the protoxide of iron, perfectly free from peroxide and pure carbonate of soda, are dissolved separately in syrup that has been boiled, and the solutions mixed in a well-stoppered bottle, which is entirely filled by the liquid. The precipitate of protocarbonate of iron which forms is washed with boiled syrup until perfectly pure, separated from the liquid by means of a linen strainer which has been impregnated with syrup, conveyed immediately into warm honey, and the mixture evaporated to a certain weight in the water-bath. The proportions are selected so that the somewhat soft pill-mass obtained shall consist one-half of pure protocarbonate of iron. The sugar and honey preserve the preparation against any change arising from higher oxidation; the mass dissolves readily in the most dilute acids with effervescence, and the solution exhibits on testing but a very small amount of oxide. 10 grs. of the pill-mass gave on analysis 3·4 grs. of peroxide of iron, which corresponds to 5 grs. of the protocarbonate. The best form for the exhibition of this new preparation is perhaps—

Mass. pilular. ferruginos. Vallett., ʒj.
Pulveris cujuslibet, q. s. (gr. x.-xv.)
M. F. Pilul., No. 30

Each pill contains 1 gr. of procarbonate of iron.

1 gr. of the protocarbonate of iron, or Vallet's pills, corresponds with respect to its amount of metallic iron to—

1 6-10 gr. Ferrum oxydat. fuscum.
2½ gr. Ferri sulphas. cryst.
13 drops Tinct. Ferri muriatici.

The following recipe is proposed for the liquid form:—

℞ Massæ pilul. ferrug. Vallet., ʒss.
Solve in Aq. destill., ʒj. Et adde
Syrup. (cujuslibet), ʒiiss.
Ut fiat tinctus. To be well shaken.

One teaspoonful contains one grain of the protocarbonate of iron.

Arch. des Pharm. for December.

QUESTION IN HYPNOTISM

To the Editor of "The Medical Times."

Sir,—As Dr. Braid is a correspondent—and a most valuable one of the Medical Times, he may perhaps find leisure, and be pleased to afford through your pages, some observations on one or two points to which I should wish to call his attention,—and which I could not reasonably expect him to notice, were an anonymous writer to address him by letter. The first, is whether he had had any experience of the effects of Hypnotism on a fatuous person. If, as I presume, it would sharpen the intellects, it might be regarded as a good argument against the materialist and his doctrine of *cerebration*. In the fatuous person, there is, it is admitted on all hands, some mal-conformation of the brain, in consequence of which, according to the materialists, he cannot *cerebrate* like those whose brain is in a healthy and normal condition. What then will be said, if in the hypnotic state, his mind exhibits a lucidity which would thus appear to be independent of organic structure in the brain?

Secondly, what is the effect of nitrous oxide gas on persons in the hypnotic state? Has Dr. Braid tried any experiments with this gas, or would it be dangerous, in his opinion, to administer it to them?

Your notice of these queries in any way you may think proper, will much oblige

A Subscriber.

Dr. CLAY'S PLAN OF MEDICAL REFORM.

To the Editor of "The Medical Times."

Sir,—Having read some of Dr. Clay's former papers with much pleasure and some profit, I was the more inclined to read what I may term his proposed bill of Medical Pains and Penalties, published in your paper of February 3rd. In the numbers received since, I have looked for some observations upon what Dr. Clay has, with some labour, compiled and presented as his views as to what is required in medical reform; but not seeing any remarks, as an old practitioner, I offer a few, which, by your inserting them, may induce others to address you upon the subject.

Dr. Clay's bill, as a whole, reminds me of the play of Hamlet advertised to be performed with the principal character left out. I agree with his introduction, particularly where he says, at the close of his last paragraph, "that the professionals should place themselves in a position to speak and act (as they ought) unanimously, and thus secure to themselves those results which they would gladly enjoy; but from which their divisions will ever debar them:" to which I would add, from which they "*must ever debar them,*" for circumstances will ever alter cases.

What Dr. Clay proposes, his practice ought to make known to him is impossible. The public, as paymasters, will always choose him who is most likely, according to the fancy of the *employer*, to answer the purpose for which they employ a doctor. Patients will not be regulated in their choice of a medical confidant by any act of parliament; and the practitioner's necessity or confidence will ever be found a sufficient incentive to undertake any department of the *curative trade*, where the desire of the patient and his remuneration are concerned; therefore, to talk of departments in medical practice, is proposing what cannot be done; nor should it, for, in sickness, every medical man must know that the wishes and confidence of a patient are the most powerful agents, in many cases, which the medical practitioner can possess.

Where Dr. Clay might have been expected to have given some useful suggestion, he has left that blank, which I consider as leaving out the part of Hamlet. Upon the *necessary curriculum of Medical and Surgical Education*, as *it* should be improved and enforced, he might have thrown some light; but he has not, though he must know that the present system is wretched in the extreme, as the many sad blockheads who have been licensed to practise upon their fellow-creatures, most painfully and awfully testify.

Dr. Clay should, to have rendered the clauses of his bill of *Pains and Penalties* complete, have made it punishable for persons to prescribe for themselves, have forbid the publication of medical works, or, at all events, made a crime of their being read by any but medical practitioners, *duly licensed*. He should have inserted a clause for the suppression of "Buchan's Domestic Medicine," and all similar popular works. Such a clause would be about as efficacious as forbidding druggists and apothecaries to sell medicines to persons who demand them without physicians' prescriptions. What is to become of the poor who will take physic, but who cannot employ or pay a physician? The poor prescribe, and will continue to prescribe to one another, whatever any act of parliament may say to the contrary; and apothecaries will give advice for the sale of their own wares, just like all other traders; for they must and will live, no matter who suffers; and medical men do not always prescribe what is right, any more than druggists or apothecaries.

Dr. Clay, by his residence in Manchester, should have acquired more correct notions of *free trade principles*, and thereby, have been more considerate towards *foreign diploma'd practitioners*; and by his observation upon the tastes of his countrymen and women, he should have foreseen that FOREIGN, being added to an M.D., would be an inducement, rather than a draw-back to such a practitioner, for the English are great admirers of *all that is foreign*, and those who have studied in foreign hospitals are considered the most accomplished. There is too much of the public-house sign about this suggestion.

Foreign and British Spirits, must occur to whoever has read Dr. Clay's extraordinary propositions.

I would ask Dr. Clay why he has in the 21st clause, left cupping, leeching, and exhibiting enemas to the application of unprofessional hands? Are they of so little consequence, and are they too dirty for the gentlemanly trade of a surgeon to apply? Whilst, in the section before, he proposes to secure to the profession, obstetrics, vaccination, venesection and tooth-drawing, *under severe penalties*; is it the trade price for these operations which forms the exception? for surely it cannot be that more talent or attention is required for the one than the other.

The imprisonment of women who happen to be called upon in hurried cases of midwifery, unless supplied by physicians and surgeon's certificates, must create a laugh, when Dr. Clay's provisions upon this head meet the eye of any extensive practitioner, for there is no doing without the women.

If Dr. Clay's bill, or anything like it, should become law, we should have a medical machinery something like the poor law commissioners and their subordinates, adding *a host of informers*; and to work it out to perfection, a new class of justices would be required; whilst the quacks would have to change the names of their nostrums, or the druggists and apothecaries, who now get more by selling quack medicines than by dispensing physi-

cians' prescriptions would be ruined. No! no! Dr. Clay's bill of *pains* and *penalties* will not do. We must legislate for the profession in matters which we have power over, and which we understand, leaving to Sir James Graham and the public to legislate for that department which depends upon them, and which they best understand. The art of medicine has become too much a trade to be corrected by a bill of pains and penalties, or for the legislature to pass one.

If Dr. Clay, or any other more able medical legislator, would propose such an honest or strict mode of examination, as would prevent incompetent persons from becoming sanctioned to practise upon the public as *professional quacks*;—if some mode could be devised which would prevent any *numscull* from being let loose upon the public, with alphabetical additions to his name, unless, when deserved, A.S.S. could be added, then the profession would become what it ought to be; and, if some medical law could be made, and enforced, to oblige medical men, who claim to be superior, becoming *Justices of the Peace*, *Aldermen* and *Mayors*, which is the case in many of our provincial towns, then the public might be warned not to employ quacks, who generally get on by attending to their business—which, surely, such medical men cannot do who mix themselves up in public and political matters; they become in the eyes of the public as merely *influential*, and render the medical, like the clerical trade, suspected of not being very essential; otherwise, those having care of bodies and souls, would not have time to figure in town councils and on the justice bench.

Another great point might be urged and, if attained, great good would be secured to those admitted members of the *medical corporate bodies*. Let the fees for admitting members and all fines be thrown into a fund to provide for decayed members of the profes sion and their families; thus a man, once admitted to the honoured state of a medical practitioner, could never become a burden to society, or a disgrace to a profession for which he had properly studied, and in which he may have honourably, but not fortunately, laboured. The eminent men who might, by the votes of such a well-educated and selected body of practitioners, become examiners, councillors, or any other name bestowed upon them, giving their *attendance* for that purpose, *gratis*, by a rotation which would render the labour light; that would do more good, and they would be more honourably employed, than by acting as political partisans on the *Justice* bench, or serving for *aldermen and mayors*.

Sir, should any of these latter suggestions be thought of use, I hope you will press them. Many of our most talented men die in poverty, leaving their families in a state worse than if the parent had been a mechanic; but, if the fees for admitting members to the profession were founded to provide for those who through any species of adversity, might require aid, and to assist families who might, by accidents incidental to our profession, be deprived of parental support, the new bill would, indeed, secure advantages most devoutly to be wished for.

Having submitted my thoughts upon this important matter, and leaving them to your discretion, I remain, Your obedient servant,

A Foreign and British M.D.,
nearly 40 years a practitioner,
and near 70 years of age.

So excuse errors, but take the hints of an old M.D., who knows more of the world than Dr. Clay does of medical policy.

WARTS AND HORNS.

To the Editor of "The Medical Times."

Sir,—I am induced by two articles in your Journal, to send the following remarks:—

First.—Irritating substances should never be applied to warts. I have found them effectually removed by a strong decoction of galls, which hardens their surface, and constricts the laxed skin round the bottom of the wart, and a few days, or about a week will show the result. On this principle, schoolboys apply ink.

Secondly.—I hope that the very interesting memoir on the growth of horn upon the human body, will be published. The ingenious author will find an elaborate article on the same subject, in "Thomæ Bartholini de Unicornu observationes novæ, secundâ editione auctiores et emendatiores, edita a filio Casparo Bartholino, Amsterdamie, 1678."

B.

ON THE EFFICACY OF THE "SULPHATE OF STRYCHNIA" IN NEURALGIA.

To the Editor of the "Medical Times."

Sir.—The favourable result of a remedy which has been most successful in my practice in neuralgic affections, induces me to offer you a few cases for publication in your valuable journal; as I am convinced from the many opportunities which I have had of using it, that with due care in the investigation of a correct diagnosis, in those cases in which it is admissible, its therapeutic action will be found most effectual.

I remain yours, &c.,
John Waters, M.D., M.R.C.S. (E.)
62, Torrington Square.

In the beginning of November, 1842, Mrs. H———, the wife of a surgeon, residing near London, began to complain of pain in the jaw on the right side of the face, which she supposed was some rheumatic affection; and as the pain was not of a severe nature, she did not complain, more than in occasionally adverting to its continuance; it steadily increased during this month, spreading backwards to the ear, and upwards to the eye on the same side, which made her husband fear it was the commencement of neuralgia in these parts. In December the pain was acute, and began to manifest itself in decided paroxysms, leaving no doubt of its nature. The disulphate of quinine was now administered in large doses; carbonate of iron and the arsenical preparations were tried and persevered in without success; the first and second remedies as long as there was any hope of good being derived; the last, till it caused so much gastric irritation and spasmodic suffering, that it was abandoned. The skin over the affected part was repeatedly blistered and stimulated, the bowels were closely attended to, a nourishing diet was observed, and confinement to the house; this state of things continued three months, with only two intermissions of about one week each time. About the commencement of January, paroxysmal attacks of dyspnœa, accompanied with intense thoracic pain made their appearance; these attacks came on generally every other night, from nine till twelve o'clock, and were only checked and alleviated by opium; and the form which was found to agree best, was Battley's sedative solution. This thoracic pain, sometimes came on gradually, and did not reach its acme for half an hour or an hour; at the same time its seizure was sudden, and its height attained immediately: along with this apparently intermittent state, there was a constant aching of the jaw, ear, and temple of the right side of the face, but as compared with the paroxysmal attack it was supportable; these appeared to be wearing the patient's health and strength away, and the frequent exhibition of the opiate destroyed the appetite on the day following its use; the general health was now so attainted from constant and acute sufferings, debility so increased, nervous irritability so great, that having heard from some friend of my success in cures of a similar nature, her husband decided on consulting me by letter, on the 11th. Feb. 1843, having minutely described her case and the exact state of her suffering. I then prescribed a nourishing diet, the use of wine, and when the weather admitted, to take carriage exercise, together with the regular exhibition of aloetic aperients in rather large doses during three or four nights in succession, and on the fifth day, she was to commence taking the following pills and draught at bed-time:

℞ Strychninæ puræ g. j.
Iodureti ferri
Extract. conii. ää. gr. xxxvj.
in pilula xij. divid. capiat. j. bis in die.

℞ Acetatis morphiæ gr. ½
Liq. ammoniæ acetatis ʒj.
Syrupi croci ʒj.
ft. haustus horâ decubitûs sumendus.

This treatment was continued till the 24th., when the strychnia was increased a quarter grain more in the twelve pills; the morphia produced the same unpleasant effects as formerly, so was discontinued after a few nights. The facial and temporal pain still continues, and there have been three attacks of dyspnœa as severe as formerly; they came on periodically on alternate nights about two in the morning: during the intermission, respiration is natural, no pain, and on auscultation nothing can be elicited. The ioduret of iron was now discontinued, in consequence of the salt taste it produced. 28th Feb. ordered the following pills:

℞ Strychninæ sulphatis gr. j½
Disulphatis quininæ
Extract. cicutæ ää gr. xxxij.
ft. massa et in pilulas No. xij. æquales
divid. capiat unam ter in die.

March 12th.—The report I received was: the character of the pain is somewhat altered, it was more of a jerking spasmodic pain, about the jaws especially; there are some intermissions of actual pain, say, for two or three minutes, whereas before, the suffering was always present: there has been no paroxysm of dyspnœa since the night of the 5th, but on the night of the 6th it was expected, and the opiate was administered, which was supposed to prevent it. The strychnia begins to exert its physiological character in the system, causing sharp twitchings in various parts of the body, and it was observed that the character of the pain was considerably altered from the steady continuous torment, to a jumping lancinating pain in the jaw and ear. The twitching now became so severe, that the pills are taken but twice in the day. 26th. Up to this time there has been no acute paroxysm; but an attack of influenza coming on, the strychnia was discontinued, and on the second day there was a return of the *dyspnœa*, (which *had left her* since the *5th inst.*) and the *former kind of pain*. April 1st.—Resumed treatment: pain altered in character, and no more paroxysmal attacks. The pills are now taken twice in the day: and at noon, six grains of disulphate of quinine in one glass of wine. April 8th.—pain much less, strength improved, had a carious tooth extracted; ordered an occa-

sional aloetic pill to be taken if required. Continue the pills. 10th.—Was much excited by the visit of a friend, who had sustained a severe shock by the loss of a relative; this was followed by a severe paroxysm of pain and difficulty of breathing, but which was quelled by the opiate. 15th.—Quinine omitted; strychnia three times in the day; the pain is now considerably lessened, and it was remarked, from the first dose of strychnia, that there was great and manifest alteration in the character, and longer remissions from pain. 18th. April.—Occasional twitchings, but not severe, better in all respects: not the slightest appearance of dyspnœa, or thoracic pain, health improved, countenance losing the dreadfully distressed appearance presented by severe and long continued suffering. 28th.—Almost free from pain, sleeps well, and is able to take exercise; pills still continued twice in the day. May 9th.—Perfectly free from pain during the last six days, medicines omitted; on the night of the twelfth, a sudden return of all the severe painful symptoms, from having picked the right ear, but was again arrested in some few days by the use of strychnia.

The remedy was continued some little time longer, only one pill being taken in the day. The patient at the present time is quite free from pain, is able to walk a long distance, and to use her own words, "only remembers her great sufferings" and present happiness.

Case 2.

A young lady, aged 22, of a nervous temperament, and delicate appearance, had been suffering for eight months from pains of a lancinating nature in the left breast, which would come on suddenly, and having (as she herself described it) transfixed the breast, would then leave her, sometimes for half an hour at a time; at other times would come on about every five minutes; and when the pain attained "at once" its intensity, instead of gradually increasing, she was forced to scream aloud;—had never received a blow, nor can ascribe any cause for this attack;—menstruation was regular, and she remarked during that period, that the nature of the pain was altered in intensity and duration, for she would sometimes be free from pain during the period of an hour, and the attack then would be of short duration; the appetite was much impaired, and there was an expression of constant pain in the countenance: on examining the breast, the left mamma seemed more round and dense than the right, which latter was very perceptible on touching it; at the same time I remarked that the mere exposure, or the approach of the hand, brought on an attack of the paroxysmal pain, but on being seized, she said that it did not increase the pain; the pain would sometimes shoot into the axilla of the affected side, but there were no enlarged glands to be found in that region; the heat of surface was natural; from these *ensemble* of symptoms I viewed the case as one of neuralgia. She had consulted several medical men, who diligently pursued the ordinary treatment in such cases, but with little or no advantage; for at the time that I saw her, she describes her sufferings as more severe than at any period since the invasion of pain; she had taken arsenic, mercury, belladonna, camphor, iron, quinine, opium, &c. veratria, and morphine ointments topically applied. Viewing the case as one of pure neuralgia, unaccompanied with any symptom of spinal or cerebral derangement, I decided on trying the strychnia. Having first well acted on the alimentary canal, and regulated the secretions, I prescribed a bitter tonic infusion, to be taken for a few days, and on the second of July, 1842, ordered the following:

℞ Strychninæ sulphatis gr. j.
Di-sulphatis quininæ gr. xxxvj.
Extracti belladonnæ gr. vj.
Misce optimè et ft. massa. in pl. xij. æquales distrib. capiat j. ter in die.

A nutritious diet, with the use of either wine or beer. Visited her on the 7th, when she complained of occasional twitching, and which she said she particularly felt in the affected breast; pain rather increased in intensity, being rather of a sudden seizure, and darting, with an occasional stinging feel, as if the surface had been struck with nettles: to continue the treatment. Saw her again on the 20th, when the twitching became so severe, as to be alarming; so much so, that the former suffering was forgotten in this new feature; but on having well-acted on the bowels, along with small and repeated doses of morphiæ sulphatis, to allay the general irritability and produce rest, this troublesome visitant ceased in a great measure the next day. To take a pill twice in the day. 29th, the paroxysms much less severe, and the remissions of longer duration: can bear the hand to press the gland; no longer feels that shrinking on exposure; general health much improved; has completely lost the cough which she had contracted previous to this illness. To continue the treatment, with the administration of an occasional aperient, except the twitching should again become troublesome. 9th of August.—Pain nearly ceased, and quite of a passing nature; wished her to leave town for a short time. Had a slight return of pains whilst at Brighton, but on taking the strychnia, they left her; and when I last saw her, which was in the month of November, there had not been the slightest return of this painful disorder.

(To be concluded in our next.)

NOTE FROM MR. WEATHERS.

To the Editor of "The Medical Times."

Sir,—I had occasion this morning to give evidence on an inquest before Mr. Wakley. On the termination of the inquiry, the coroner stated that he was sorry to see my name registered at the Stamp-office as one of the proprietors of the *Medical Times*, and that I should only have to thank myself if I became ruined by my connexion with it. On my acquiescing in the latter opinion, he rejoined that I must not blame him for attempting to clear his character, but that the attacks on him had become so severe, that he was taking steps to commence *two actions at law* at once, and that he should be very much surprised if he did not ruin the proprietors. On my saying that I could not find fault with him for attempting to clear his character, he wound up with a warm speech against the leading articles of the *Medical Times*, in which the certain ruin of the proprietors was promised very freely.

Now, Sir, I do not write this to say how little *I*, as one of the proprietors, fear any legal investigation into the character and tendency of your able observations, especially those which discuss the claims of Mr. Wakley to the confidence of the profession; but to call public attention to the fact, that a member of parliament, a coroner of Middlesex, and one who, as a surgeon, ought to be a gentleman, can write in the *Lancet* (see last number), that the *Medical Times* is the "property of a lawyer (if it be worth a farthing!)," and know at the time, as he proved to me, that at least I, a general practitioner, am also concerned in the proprietorship. Such a statement needs no comment from me; your readers will sufficiently understand the *animus* of its author.—I am, Sir, your's obediently,

George Weathers, Member of the Royal College of Surgeons, London, and Licentiate of Apothecaries' Hall.

February 24, 1844.

TO CORRESPONDENTS.

Alpha, *in the excess of his charity, remembers the men of the British Medical Association—asks if they have done their spiriting gently, or shuffled off their mortal coil, that they are so inert? and implores us, if they are in the land of the living," to touch them with our magical wand, and rouse them from their lethargy." Alas, the case of Mr. Wakley's "Organised Medical Societies" is one not to give our correspondent much encouragement. We ask his pardon, but—*

"The swallow twittering from the straw-built shed,
No more shall rouse them from their lowly bed."

Communications have been received from Argus, Mr. Hallam, Dr. Robinson, Mr. Sproule, Mr. Lenay, Dr. Gore, Mr. Murphy, &c.

Jus (Cleveland) *writes with great bitterness of Mr. Wakley's attempt to create disunion—suggests that he should be sent to Coventry as a rather* interested *gentleman—implores from him the favour of continuous silence—and suggests that the* respectable *parties engaged at the present moment will draw out a bill, or do some real service, which will entitle them to ask for* funds, *without which nothing can be done.*

Quæsitor *remarks on the folly of a Committee acting under the influence, and through the votes, of strangers, introduced by Mr. Wakley's special desire to the meeting at the Crown and Anchor. The strangers were more equally divided than our correspondent supposes; but though we are anxious that all the Committee does should be done before the public, we agree with our correspondent, that a Committee is worse than useless when its* deliberations *and* votes *are interfered with by any collected clique sent for the purpose. Mr. Wakley's three friends, Rugg, Simpson, and the Dr. O'Toole of the Crown and Anchor, Dr. Lynch, had promised their patron the privilege of packing the meeting; and a suggestion which a friend of ours wisely threw out, that the Committee should protect itself by adjourning the meeting to the next evening, was not adopted.*

Rusticus, *who informs us that the best account of the case of a sailor, who swallowed clasp knives, is to be found in Guy's Hospital Museum, where portions of the knife blade, &c., are preserved, submits this question to Mr. Guthrie:—"Mr. Guthrie, in a lecture reported in your excellent* Journal, *recommends puncturing the cornea in interstitial abscess; but it is not quite clear, whether or not he would recommend an incision through the cornea to evacuate pus in the anterior chamber. I beg permission to ask him to solve this query, as also what form of instrument he finds most convenient for making a* perpendicular *incision through the cornea?"*

"A warm friend" *informs us that Mr. Wakley offered his fifty pounds, if the Committee would deform itself into his creature, and return the other subscriptions to the independent members. We had heard of this circumstance, as also his offer of £10 per month to one of the Committee. We look at such plebeian devices with great complacency. They help us materially in our policy, and furnish the contrast we wish to the fearless course of independence and plain-dealing we maintain with the Profession.*

A. H. P.—*Our experience, we regret to say, does not enable us to name the part of America or the Canadas most eligible for the settlement of a medical practitioner.*

Dr. Backhouse *is thanked for his suggestion. We shall very shortly, we expect, avail ourselves of it.*

A Subscriber *submits to Sir James Graham that the tax on the horse and servant of a young country practitioner, with very limited practice, is a hardship requiring a remedy in his new bill. The horse is as necessary to the country doctor as to the curate—the duties of each the highest imposed by charity and religion—and the exception of one should be extended to the other. The suggestion is certainly not an unimportant one: the adoption of a few practical ameliorations like this would do much to make a very imperfect bill popular.*

Mr. Sellon.—*The irregularity complained of was attended to immediately on the return to town of Mr. Carfrae, who will see that it does not recur.*

Mr. Sproule *calls our attention to the numerous deaths of children occurring about Dromore by fire. He attributes the calamity to the use of cotton and linen clothing instead of woollens. We confess we should like to see some general plan adopted of making children's clothes incombustible. We need not say that chemistry possesses the power, although imprudent economy refuses to avail itself of its services.*

Porus *may see Mr. "Skerrilus" Rugg's letter, as well as his friends' revision of the document declared "not correct," by asking for them from Mr. Carfrae, or his assistant, Mr. Cape, at the office.*

We must decline the insertion of Mr. G. H.'s *letter, though we highly approve of its general character. It sets out on a presumption we can in no way sanction. It is the duty of those responsibly managing the* Medical Times, *neither to affirm nor to deny any attributions of Editors to it, coming* from, *or referring* to any *quarter. We accept the general offer; but in the pressure at present on our columns, beg him to be as concise as may be consistent with clearness, and the omission of nothing really important. We always think favourably of short letters: they imply to us that they have been thought over.*

M.D.—*In the present state of law, regular qualification, as a Surgeon or Physician, does not distinguish a party from another who is without it, but acts as Surgeon or Physician, where death follows by accident. This was decided in the case of Van Butchell; and more recently, in the cases of Webb and Spilling.*

X. Y.—*The increase is most remarkable weekly. Mr. Wakley feels it so acutely, that he has said, we understand, that he would "pawn his shirt" rather than see his journal extinguished. We are sorry that he has made the resolve; but it will be his own fault if he persist in it, and find himself shirtless.*

A Committee Man.—*We should have thought that the worthy character was by this time understood. That* he *says a thing is the strongest primâ facie evidence of its falsehood. From his own self-estimate, down to his self-description on his door, all is falsity.*

A Subscriber.—*The lowest price at which the publisher can sell The* Medical Times *in hundreds or units, is the usual public one. The size of our paper, with its stamp and printing considered,* "A Subscriber" *will see that no reduction can well be made, even in the special circumstances he names.*

J. B.—*The only body that can relieve our Correspondent and his district from the interloper, is the Society of Apothecaries. If any clear case of malpraxis be authenticated to us, we should not hesitate to publish it.*

"Privatus," *as he suspects, has been utterly misinformed. Mr. Wakley, and his friend Rugg, distinctly called the room the sub-committee room, and as for any secrecy on the revision, the well-bred "Doctor" was only fearful that the bitterness of his* exposé *of Mr. Wakley should be attributed to anybody but to himself. We are sorry, for the sake of the good cause, to have been obliged to lay open* some *of these transactions, and would certainly have thrown a veil over the folly of the principal performers, much as it hurt us, if in three instances, at least, folly and treachery had not been concurrent. But enough, and more than enough, of such matter.*

The indulgence of some of our correspondents is again asked. Much is now standing in type that we are compelled to postpone or omit.

A Union Surgeon *thus writes:—"A question for Mr. Guthrie's consideration, has recently occurred to me, relating to vaccination, viz., Has the union-made casual officer the power of discriminating between the poor and the rich, in the exercise of his vocation as vaccinator to the Union. Am I to vaccinate the children of the rich for a shilling a-head, and those of private patients, who are screws enough to send their children to be vaccinated on behalf of the Union, instead of paying the customary fee?—this is a point open to abuse. Would you be so good as to put it into a train for being rectified?"*

Latest Intelligence. — We understand, with feelings of astonishment and indignation, that Mr. Wakley is to move the House of Commons, on an early day, that the *Medical Times* be burnt by the common hangman, and is to proffer *his* services for the occasion. Our only hope, alas! is in the good sense of the house, and in an amendment to be proposed by Colonel Sibthorp that, "the debate be adjourned till the fate of the *Lancet* and its new '*great man*,' Docther O'Toole, be finally heard of."

THE MEDICAL TIMES.

Saturday, March 2, 1844.

TO OUR READERS.

Our new volume will commence with the beginning of April. With the first number we shall introduce to our readers an extremely valuable and interesting course of lectures on clinical surgery, by Sir Benjamin Brodie. Other articles of great value and originality are in preparation for us by some of the most eminent hands on the continent and at home. The peculiar feature of the *Medical Times*—*its complete abstract of everything worthy mention in all the Foreign and British Medical Journals*—will be preserved in all its prominency, and as the number and value of our original communications weekly advance increased claims on our space, we have determined to maintain the fulness and integrity of the pericospic department of the *Medical Times*, by the occasional addition of twenty-four columns to our already extensive size. It has been strongly suggested to us that the non-paging of the last leaf has not met, as we anticipated, the difficulty frequently alleged on the score of binding; and we have, therefore, come to the conclusion of making a handsome title-page, and giving a full separable cover without any change of price or diminution of matter. Our readers will thus have yearly for little more than a guinea a handsome work of two volumes, containing the newest and most valuable scientific information, and extending to more than 1,200 pages, 4,000 columns, or 40 octavo volumes!

We offer these improvements—and they will not be our last—as one proof more to the profession, that our labour for them has something more than a merely mercantile object. Our great design has been to change the whole face of Medical Journalism—and the vicissitudes and fears of what may happen in which we have whelmed some of our contemporaries, and the warm, universal, and even startling support we have had showered upon us by our brethren, is the great attesting proof that we have not laboured in vain. Our friends may rely on it that as our augmenting services have always been a labour of love rather than a yielding to a deplored necessity, so *our* labours will never decrease with the increase of appeals to our gratitude.

"If plagues or earthquakes break not Heaven's design,
Why then a Borgia or a Catiline?" Essay on Man.

And so Mr. Wakley threatens the ruin of the *Medical Times!* With himself and the once all-conquering *Lancet*, pirouetting through an endless series of doleful transformations in homage to the crushing power we wield over them, this vain man, this demented Clodius of the medical community, talks of our ruin! He might as well talk of achieving a good character, or becoming an honest man!

Let him try his "two actions," as surely as we now proudly defy him. What care we for them, save to invite—to court them? What we have written of his dishonoured character *stands*, and while our regret is that our feebleness or his worthlessness will prevent its standing for ever, we have no other anxiety than that all we have thought of him should go broadly forth to the world. We will ask no better credentials to the Profession's gratitude, or people's respect.

During the two years we have had the *Medical Times*, we have done our share of good to science and scientific men. We have not slackly encouraged the advent and diffusion of improvement. We have lent a willing aid to give up wrongful folly to ridicule or odium. We have severed the requisitions of common sense and justice from the vagaries of speculative silliness. We have broken up for ever the impolicies which made medical amelioration and "radical reform," synonymous; and, finally, have created an era in medical journalism which, dissolving to atoms old systems of private profit, and giving science wider accessibility, and far more elevated range, must end in accomplishing our great aim—laying journals at the feet of justice and the profession, rather than justice and the profession at the feet of journals.

For this—for all this, we have received high credit, more credit than we can gracefully claim—but if any one were asked our *great* merit—the pre-eminent desert which has made us all we are—who would hesitate to fix on the industry, and merciless honesty with which we have laid bare and placed under the offended nose of the profession the ripe rottenness of heart of the public servant that had so long eaten its bread and betrayed it? We have done the fearless thing. We have made despicably, pitiably powerless, the great enemy of private respectability and public professional well-being. That—even that—and the very comrade of the slanderer's dinner-table owns it—is the brightest point in our no-way dim escutcheon. Let then Mr. Wakley talk of meeting us in a court of justice. The great end and aim of our labours, as it is the ever-during practical acknowledgment of our loyalty to our profession, is to drag him there. Our midnight thoughts have brooded on no happier *denouement*.

We know there are some amiable men who would spare the impostor, because of the rude good he once did: others who would pass him, unscorned, because fallen beyond contempt, as beyond hope. But what is it, we ask the first, that he has done that validly appeals to injured justice for a moment's mercy? What were the contemptible things he achieved, to the good his vulgar policy obstructed or lost? Whatever they were, they take their charm from exaggeration: and sink to worthlessness, when the "*manner*" is remembered which degraded the labour. His very friends when they forget their contempt of him, can say no more than that he was a clumsy over-paid scavenger. And is it because we hired him, and used him (in great measure vainly) to remove dunghills, so gross that they gave no charm of discovery that now we shall formally thank him for obliging himself? nay, quietly nurse his propensities to presumptuous mischief, by letting him take rank as equal or superior? We may overlook his murderous attacks on scientific men—we may pardon his weekly writing about his "ninnies," his "blockheads," his "knaves," his "corruptionists," his "tyrants," his "mercenary old hags of Rhubarb Hall"—et hoc genus omne—such were dirty, but not inappropriate labours—but we must be excused if we fail to thank him for such excellencies,

when presenting himself to us in his new character of Member of Parliament!

It was in Parliament to which so much of our profession's aid had helped him, that this Thersites was to prove a very Ulysses. Credit his sincerity, was failure ever more ludicrous? Credit his dishonesty, was success ever more certain? Who that ever thought him something, as he shone at times in his *Journal's* borrowed lights, has failed to acknowledge the humbling disenchantment— who that ever fancied that he once had done good for the profession, has felt not his gratitude arrested—on seeing him in that arena, where the thoughts—action—bearing—honesty—of a gentleman, are so ill-dispensed with? Wakley, the hero of St. Giles', became the craven, tongueless bully of St. Stephen's. While his dignity sitting on him like a well-cut coat on a sturdy beggar, hampered him into ridiculous action or miserable immobility—the light of the clearer atmosphere revealed with horrid truth his blurred shallowness;—and cant, bluster and blackguardism ceased to look but what they were!

A Medical Witness Act was passed—but the Bill was a surgeon's, Mr. Baker. An Anatomy Bill was carried—but it was Mr. Warburton's. Two Medical Reform Bills have been introduced—they belonged to other members. A Health of Town's Bill was brought forward—but it was Mr. Mackinnon's. A Medical Reform Bill is promised—but it is Sir James Graham's. An obnoxious Charter has been granted to the London College—it came without a remonstrance from Mr. Wakley. Has he, then, done nothing? Candour owns that he has achieved much; he has done much for that portion of the profession comprised in 35, Bedford-square. He has defeated, thanks to Sir James Graham, a Bill which was to secure coronatorial efficiency for Middlesex, by giving it four additional coroners. He has passed a Bill which allows him to make his sub-editor, clerk, and reporting partner, Mr. Mills, a non-medical deputy-coroner. He has helped a friend or two to Government offices, and has recently had the happy surprise of finding his brother—a very decent china-ware-man—advanced (by the Charter-giving Sir James) to a place of two thousand a-year. We admit it, frankly; Mr Wakley has not been idle: he offers us a generous hope: he who has so cleverly feathered his own nest, will surely warm ours, should he ever turn to it his leisure thoughts!

At present, however, his pecuniary attentions are marvellously cool. At some expense, and no little trouble, we gave him the triumph of a Coronership. Yet what Middlesex Coroner has least medical evidence? Mr. Wakley! Which most freely dispenses with the only guarantee of coronatorial usefulness — *post mortem* examinations? Mr. Wakley! The overwhelming reasons, of course, are, first economy of county rates (though by some mystery the *medical* Coroner's receipts are far higher than other coroners') and secondly, his own medical infallibility, (though at Hornsey and one or two other places he was strangely found declaring, that men dying of poison, had sunk by "natural deaths."*) We pass by his squabbles with reporters; we omit his clever exclusion of reporters to give his clerk and brother coroner a profitable monopoly of eulogistic reports, and hasten in his favour to one important act which explains a hundred backslidings, and gives them the very hue of virtue. His confidential friend, Mr. Deputy Coroner Mills, thus expresses for him at an inquest, his *warm* and concentrated acknowledgments to us. "It is too frequently a practice amongst the profession, for a surgeon to take away and destroy the evidence of death, in order to ensure himself being called as a witness, that he might obtain the fee, and it must be checked!" (*Times*, Dec. 4.) Excellent, plain-spoken Mr. Mills; he is worth his wages, merely, as Mr. Wakley's perambulatory commentator!

With facts recent and palpable like these before us, we trust that no reader will degrade our war with such a person, by laying it to motives private or personal; or think us vindictive because while waging it, we remember there is a duty of retribution as well as of pardon, of warning as well as of amnesty, Heaven knows that a supremacy of contempt would displace hate if it existed, and the only warrant of our policy with us, as it can be our only justification with others, is the *co-existence* of a noonday nuisance. Ours is a public pursuit of a public enemy. We look on Mr. Wakley as the St. John Long of Medical Reform—the Attila of Medical Science—in all respects, the Profession's bane, its huge and noisy calamity. We think that power to *him*, and honour, respectability and happiness to *it* are impossible; and therefore, we wage with him the war of Cato against Carthage. The past might be forgiven if it stood alone, but it offers prophecies for the future, and our resistance is warmed by evils that may be. We have seen him the untiring apostle of vulgarity and demoralisation to youths whom he should have encouraged to gentleness and goodness; we have distinctly traced the degradation of our honourable fraternity before the legislature and the public to the vile opinion of us he created. We have noted that the independence of British scientific men—independence, the parent and nurse of genius—he did his best, with assassin engines, to crush—crushing with it the heart of many a noble citizen: we have marked him degrading honourable science by scraping the kennels for his Marshall Halls and Lynchs, and out of the base elements of immoral sycophancy, building up his "GREAT MEN" of the profession. He shall do so no more. His race is run. There is now no more lawlessness, or impunity for him. He must grow better, or live quiet. Always his duty, it is to-day his absorbing *interest*. He has now what he never had—a master, scourge in hand, and we feel no squeamishness in the weapon's use. We hold his fate, standing on a vantage ground that makes his writhing struggles but a wasteful exhibition of impotence. His plotting movements are no more hidden to us than respected. Coroner, Member of Parliament, or Journalist, we go with him as his shadow, ceaselessly as noiselessly haunting, circumventing, and preceding him! He has not a machination for which we have not a record—a bad act for which we have not a witness; and in the *Medical Times* he has a tribunal ever open to his conviction, a guillotine ever ready for his execution.

* See *Medical Times* Nos. 179-180. In the *Lancet* of that time, he charges a surgeon with the diabolical crime of inserting poison after death; and asserts that the same thing had been done to him twice or thrice before. He scurrilously threatened a prosecution, which of course never followed.

(FROM A CORRESPONDENT.)

We again revert to the meeting in the Strand, where Mr. Wakley came out under the special patronage of the flowery little orator of Erin, whose mind had pent within it the highest flights of fierce and towering eloquence, and who burned to display to his admiring auditors his mighty powers and vast superiority over the humbler mortals who surrounded him. He spoke of his friend's diploma from "*Edenburr*," "*an*" of the "*representive*" principle, and ably descanted upon "*everythin*" likely to captivate or strike terror into the hearts of the many who would dare to question the purity of his motives, or the soundness of his judgment. Who can be unaware that we allude to the profoundly thoughtful and reflective little gentleman in the scarlet undervest and white cravat—the sole concoctor of eighteen paragraphs of an address, the last, not least, of which disinterestedly announces that the seventeen predecessors were verily prepared by the little composer himself "on a very short notice." What a pity, that after all the labour bestowed in collecting so many gems from far and near, that this very address met with such an untimely end! Alas, how fleeting are all human events!—how sweetness is wasted on the desert air—that the fragrant and beautiful seventeen paragraphs (not forgetting the little one at the bottom) should be consigned to such a fate, as to be considered by the *cognoscenti* of the Committee unfit for publication! The address touched not upon the insult which was offered by the Council of the College to the Member of the Royal College of Surgeons of England; it touched not upon the contemplated abolition of the Apothecaries' Act (the only one which now protects the general practitioner in the exercise of his profession); but it touched upon matters extraneous to these momentous questions, and so it was justly condemned by the intelligent and influential Members of the Committee. It would ill become men having any pretension to respectability, to allow such a thing to emanate under their authority, and we trust that the new arrangement which was consented to will produce one in every way fit for dissemination among the Members of the Legislature as well as those of our profession.

Mr. Wakley was not well received, for there were a great many hisses, and a few cheers proceeding from a little party, brought there for the occasion—a point of prudence we should expect, when we remember his long experience in tactics of a wily kind. It was not likely that he could have the confidence of the profession, for he was never known to do anything, except to fill his pockets out of the contention of justice against extortion and oppression. His political career is too well known, to be doubted upon those points; for when he promised poor little Mr. Rogers and his party, who started him for Finsbury, that he would strike off their fetters, and enable them to roam into the domains of their betters, where they might help themselves to the good things which had been for so many ages withheld from them, he as well knew that his promises were false, or at least meant to be false, as that it answered his purpose to make them. Those confiding creatures believed Mr. Thomas, and their friend rapidly grew into the dignity of a Metropolitan M.P., mounted a very broad-brimmed hat, and inflated with a due amount of presumption from his unexpected success, entered the House of Commons as an *independent* Member of the Legislature his honourable friend, Mr. Rogers, the tobacconist, finding him his parliamentary qualification. What Finsbury and the Tobacconist got by his election, we have yet some other day to learn, but there is less ignorance as to what Mr. Wakley has got. Two thousand pounds per annum for his brother is no bad catch; and presuming that he sleeps with one eye open, like a Bristol man, we shall doubt

the gratitude of Mr. Chinaman, if the bigger half of the sum do not annually find its way into the breeches pockets of the Parliamentary brother.

The game is now up for another speculation, and if the rapid descent to dog cheapness and annihilation of the *Lancet*, does not make Mr. Wakley early discover very many perfections in Sir James Graham, let nobody again place any credit in our vaticinations. The cessation of shilling numbers is no bad omen for the profession, if it be to Mr. Wakley's exchequer. It is a great instalment of Medical Reform accomplished indubitably by the *Medical Times*. We observed with pleasure that the learned member when he addressed the meeting, proved that he had made the acquisition of several polite parliamentary phrases. He addressed the little man in *scarlet livery*, who had just entered his *service*, as his most *honourable* friend, and he did not look *very* ironical; and overwhelmed every one who had the happiness to converse with him, with his extreme, his overflowing, his superabundant affabilities and attention. Such a man to come among us, and in such a way, is a new era in our prospects, and if we would forget how much the *Medical Times* contributed to the pleasing improvement, the man who brought such an accession to our camps, deserves, in addition to Mr. Wakley's stipend, the highest congratulations for his services. So much did the honourable member appear a new man, that the light of other days faded before his modern improvements. Thus how impossible was it not to admire his parliamentary anecdotes—showing the way in which some of the members' grandmothers were physicked with quack medicines, and how we should apply to those very members for an enactment to regulate us in the future treatment of our own or other people's grandmothers! Such facts show—who would believe it?—that there is one member (Mr. Duncombe), if not two, with whom the honourable member has a speaking acquaintance! Dr. Jordan Lynch and Mister Simpson, to whom, truth, like the goddess Isis, by no chance ever unveiled herself, having by a side wind, and by stealing a march on observers, appointed a *fresh Sub-Committee* of *stanch* men, like Mr. Rugg, we may now repose in quiet, and assured hope of the profession's blissful resurrection, for we are in the clean and respectable hands of Mr. Wakley, Doctor Jordan Lynch, Mister Simpson and Co., the Co. being the elegant epistolary writer, Mr. Rugg.

Is it to be tolerated for one moment that these persons shall have our affairs at their disposal? The remedy is, that the majority of the Committee exercise their power for purgation or *resign*. Respectable men cannot identify themselves with low trickery and ambitious grasping. Let them act therefore immediately. A statement of accounts should be demanded, and the public should know upon what authority the money subscribed has been expended. Laws should be made to rule the operations of the Committee, full minutes recorded of its transactions, and the power and influence of the insulted Members of the Royal College of Surgeons of England—men of unsullied characters—should be brought to our assistance. We pass over parts which the Committee might wisely give Dr. Lynch, Mister Simpson, and Mr. Rugg, which would at once make them more acceptable to the Apothecaries' Company, and not one iota less qualified for medical practice, to end with an expression of hope, that the path we have marked will be taken—that everything in future will move on in an straightforward manner, and that a better feeling and riper judgment will come to our aid to reconcile our different opinions, and insure greater honesty of action. The gentlemen who have paid up their money, have a right to expect every explanation upon the different questions of finance; and until this be done, we should advise those gentlemen who have not yet paid to wait until they can be assured that their money shall tend to help our course efficiently, rather than to serve as a daily holocaust of self-adulation and vanity, to men who only seek an empty notoriety.

MEETING OF MEDICAL COMMITTEE.

Mr. Cooper in the chair.

Present Mr. M'Cann, Mr. Dermott, Mr. Knaggs, Mr. Harvey, Mr. Hunter, Mr. Weathers, Mr. Simpson, Dr. Lynch, Mr. Rugg, Mr. Wakley, Mr. Wakley, jun., &c.

The minutes of the last meeting were read; a discussion ensued as to the propriety of the secretary signing the previous minutes, which he declined on some plea of the liability it imposed. The secretary then stated his intention of resigning his post at the next aggregate meeting.

Dr. Lynch stated, that according to previous proposition, the sub-committee met on Monday, when suggestions were received from Mr. Cooper and others, and incorporated He had received letters from the country, from various gentlemen, approving of the principles, but *written privately*.

Mr. Dermott protested against the functions of the sub-committee being extended beyond the preparation of the address. He disapproved of their having fixed on the day for the public meeting. They had no authorisation.

Mr. Wakley suggested that there was no motion before the chair, when

Mr. Simpson moved and Mr. Hunter seconded, that Dr. Lynch's manifesto be received.

It was stated that the meeting was to be held on Tuesday, March 26th.

Mr. Wakley suggested Monday, the 25th. This was moved by Mr. Hunter and seconded by Mr. Simpson, and adopted.

Mr. Dermott stated that a mistake had been made in the *Medical Times*, as to his subscription. He had paid but 1*l*., and would not pay the other 4*l*. till he saw how the thing worked, and knew whether a good bill should be drawn or not as specified. He did not want to hand over his money to Webster and Co., of the British Association. He wished to know how the funds stood.

Dr. Lynch stated the amount in hand as 8*l*. 10s., 2*l*. 10s. to be paid for some specimen addresses already printed.

Mr. Simpson stated the amount, with promises, about 15*l*.

Mr. Dermott moved that a report of audited accounts be reported to the committee next week.

The motion was seconded by Mr. Weathers, and carried.

An extra 1*l*. was handed in by several of the committee to increase the funds for printing the address.

Mr. M'Cann stated his willingness to support the principles and measures of the committee. He would subscribe his 1*l*., but would take no active part.

The number of copies to be printed was mooted, 25*l*. would be required for 10,000.

It was carried, on the motion of Mr. Hunter, seconded by Mr. Simpson, that 10,000 copies should be struck off at once, and the type left standing. Copies to be sent to physicians, surgeons, and apothecaries, indiscriminately.

Some laughter was produced by Mr. Simpson asking Mr. Wakley for a list of the *Lancet's* subscribers, to aid the distribution of some of the "manifestoes." Mr. Wakley gave a good reason for declining.

Mr. Cooper, Mr. Harvey, Mr. Hunter, Dr. Lynch, Mr. Rugg, Mr. Wakley, and Mr. Dermott, were made a sub-committee to superintend the circulation of the manifesto, and to engage a paid secretary at a salary not exceeding two guineas a-week.

Dr. Lynch suggested a plan of enrolment at 5s. a member. They might take a club-house, &c. As "master of ceremonies," he would call on Mr. Wakley to explain more fully.

Mr. Wakley thought the formation of a club a good plan, but premature. The principal object was to call the meeting. If the plan of enrolment was adopted, the sooner it was done the better. As there was much poverty in the profession, 5s. would deter many. He thought the 1s. enough, with the assistance of the other funds which would arise. No balloting to be allowed. He advocated the same principles as held out by him at a former meeting.

It was subsequently determined to proceed at once to the consideration of the enrolment which was proposed to be made at a nominal fee, and that a secretary should attend from 11 to 5 at the Crown and Anchor, Strand, to enrol the names of all legally qualified physicians, surgeons, and apothecaries of the United Kingdom, at 1s. each, as members of a "Medical Protection Assembly."

MR. HEALEY AND MR. WAKLEY.

To the Editor of "The Medical Times."

SIR,—I perceive by the last number of the *Lancet*, that the very humble individual who addresses you is grown to a person of some consequence in the eyes of its honourable editor. Out of its contemptibly few notices to correspondents, no less than three—I may say four—have personal reference to "Healey." I have, like others, often received a compliment, but flattery so large as this I am quite unprepared for. Abernethy, Wardrop, Elliotson, and men really great, were never so industriously honoured in any one number, by the immaculate Mr. Wakley, As the *Lancet* is now comparatively unread, perhaps you will so far favour my vanity as to allow me to transfer to your columns the homage a member of Parliament offers to my importance. First *scientific* notice:—"*Sense*. The ground of objection no longer exists. Healey will not again gain admission as a member of the committee." The *suggestio falsi* here is quite delectable. The "honourable" writer knowing that I had spontaneously resigned my place in the committee (a place that was never sought by me), insinuates that I either was, or was to be, *excluded* as "a member of the committee." I know that he had proposed *privately* my expulsion, and that when I faced him on Wednesday evening, he and his one or two partisans were afraid to moot the matter. On a par with this is a falsehood circulated by Mr. Wakley's *honest* friends, that I was contumeliously denied admission to the sub-committee-room *after* the meeting on Wednesday night. So far was this from the case, that, *immediately* after the meeting, I communicated to the secretary that I then resigned as a member of the committee; and when invited by him to enter the room and communicate the circumstance to those present, I declined even so trifling a ceremony. Indeed, during the whole evening, I can conscientiously say that I received no instance of discourtesy except from Mr. Wakley and his friend, Mr. "Skerrilus" Rugg.

Second scientific Notice.—"Inquirer. The attacks on the interests of the profession in that infamous journal are now *explained*. That pretended *medical* journal is the property—or at least it would be if it were worth a farthing—of a *lawyer*." This is a remarkably gentlemanly paragraph. To say nothing of the small indecency of this mention of "a lawyer" from a medical coroner — who employs a non-medical coroner, "a lawyer," whose main apparent qualification for the deputyship is his readiness to go halves (I mean, better halves) with poor reporters, how very truthful is the assertion that "the *Medical Times* attacks the interests of the profession?" If such be the value of Mr. Wakley's words, I should like to know vastly the market-price of his oaths! There is another charming falsehood in the assertion that "the *Medical Times* is the property of a lawyer," and Mr. Wakley (respectable character!) knew the falsehood when he wrote it. He had examined the register at Somerset House days before, and found there a General Practitioner's name entered as one of the proprietors!

Nay, on Saturday last, he gave to Mr. Weathers additional but unrequired evidence of this fact.

Third scientific Notice.—"Mr. Richards (Lambeth). The date of the occurrence referred to was January, 1834. The exposure and denouncement of Healey are complete." Of course the honourable, Iago-like intent of these well-poised sentences is to infer that "Healey" did something very disgraceful in 1834. Now, Sir, as you have the means of knowing, and as several of my friends—some in the church, some in your own profession, and some at the bar—can testify, I was quietly engaged in my studies at college in 1834! The low blackguardism of this pretty tit-bit of scandal is, therefore, just what one might expect from some distressed pick-pocket out at elbows. Were I sheriff of London I should hold the writer, on this evidence alone, too discreditable for promotion even as Jack Ketch. He would be sure to take an advantage of his charge!—drawing the bolt before his time, or some such thing. Much has been recently said against the sly attacks on character of Mr. Gregory in the *Satirist*; but he can plead, it has been said, what Mr. Wakley cannot, that he believed much that he said, and never was vile enough to direct his slander against gentlemen whose only offence was their very humble aid to a successful rival journal.

Just to place Mr. Wakley's good taste in pretty apposition to his singular "hatred of lying, slandering, and evil speaking," I conclude with a nobler notice, which is indebted also to the *Medical Times* for its existence:—"The bold and manly letter of Mr. H. H. Rugg reached us too late for insertion!" Is this a copy of the elegant letter I quoted so largely last week?

I am, Sir, yours faithfully.

T. Piers Healey.

8, King's Bench-walk, Temple, Feb. 24.

NOTES FROM MR. HARVEY AND DR. WILSON.

To the Editor of "The Medical Times."

Sir,—I read with some regret in your *Journal* of the 17th inst. Mr. Healey's observations upon a conversation I held with him, and upon which, I fear, there is some misunderstanding. So far as I can recollect, I wished Mr. Healey to understand, that neither I, nor any Member of the Committee who were present at the meeting, held on the 7th inst., at the Crown and Anchor, had any connexion with the publication of the leading article which appeared in your *Journal* of the 10th inst. But the report, which was given in your *Journal* of that meeting, I believe to be substantially correct.

I am, Sir, yours obediently,

Wm. HARVEY.

42, Great Queen-street.

[We are extremely happy to give Mr. Harvey's letter publicity. We expected no less from so respectable a practitioner. The explanation is so satisfactory, that Mr. Healey has desired us to retract for him any offensive remark that may have originated through the misunderstanding.—Ed.]

Wednesday, February 28th, 1844.

Sir,—In reply to yours of the 28th, I beg to state that I consider the words "not correct", applicable to your report as a report of the actual conversation which passed between Mr. Wakley and the gentlemen who waited on him.

I am, Sir, your obedient servant,

J. Wilson.

T. P. Healey, Esq.

[This is also very satisfactory. Mr. Healey's report referred only to what Dr. Lynch said, and as the report's accuracy has been so fully attested, the *onus probandi* now lies on other shoulders. Did Dr. Lynch mean in saying "Not correct," that he had not given a faithful account of what occurred? That now is the only question. We feel, with pleasure, that these letters justify our disassociating the acts of the respectable writers from those of Messrs. Rugg, Simpson, and Lynch.—Ed.]

NOTE FROM DR. GOLDING BIRD.

To the Editor of "The Medical Times."

Sir,—Will you do me the favour of inserting the following explanation of the remarks I made on the subject of croup in a late debate at the London Medical Society, the report of which in your journal has elicited a note from Dr. Copland.

In noticing the opinion of this distinguished and excellent physician on the pathology of croup and croupy respiration, I stated, in the remarks I made at the society, that Dr. Copland regarded laringismus stridulus as a mere modification of croup, and not that he had confounded those affections together.

In expressing my dissent from what I regarded as Dr. Copland's views, I was particularly alluding to the excellent article on croup in his laborious dictionary of medicine. In this essay Dr. Copland makes three *modifications* of croup:—

1. Acute inflammatory croup.

2. Croup, with predominance of bronchial symptoms.

3. Croup, with predominance of spasmodic and nervous symptoms (laringismus stridulus).

The latter affection, here regarded as a modification of croup, I ventured to regard as totally distinct both in its pathology and the indications required for its treatment.

I trouble you with these remarks in justice to myself, and with every feeling of the highest respect for the excellent physician, to whose talent and indefatigable assiduity the profession must remain deeply indebted,

I am, Sir, yours, &c.,

Golding Bird.

Myddelton-square, Feb. 22, 1844.

HOSPITAL REPORTS.

Chronic Laryngitis.—Elizabeth Warner, age 23, was admitted October 12, 1843, into Mary's Ward, St. Bartholomew's Hospital, under Dr. Roupell, with hoarseness, cough, and dyspnœa, with frequent chills, succeeded by heat of the surface of the body repeatedly during the day; she complains of slight pain in the chest on coughing, is quite unable to lie down in bed, as the recumbent posture produces a sense of suffocation, expectorates a great deal, and has spit blood occasionally. Skin hot and dry; tongue clean; pulse 132; bowels costive; countenance pale. She stated she had never enjoyed good health, and that 2 months before her admission, she got wet in her feet, when the present attack came on.—To have hydrarg. chlorid. gr. ij. pulv. opii 1-6 gr. quartâ q. horâ, and enema saponis statim, with milk and arrow-root for diet.

16.—Gums slightly affected by the mercury; bowels open; has less cough, and feels altogether easier; to take the pill every night and morning.

18th.—Breathing easier; less cough and oppression at the chest;—continue the pill, and to have broth diet.

24th.—Better; has less cough—voice clearer—bowels rather relaxed.

25th.—Gradually improving; the gums are sore, and she complains of her teeth feeling loose; bowels much purged. Omit the hydrarg. chlorid. cum opio, and to have pulv. ipecac. comp. gr. v. ter die.

30.—Much improved, mouth better; bowels still much relaxed—continue pulv. ipecac. comp. and to have half meat diet.

31st.—Much better; voice clearer; dyspnœa is now completely relieved, and she can now lie down in bed; appetite rather better; pulse 82; tongue clean; she now sleeps well; bowels quiet.

Nov. 1st.—Still improving; to take the following draught:—

℞ Acid. nitric. dil. m. xij.
Essent. sarzæ ʒss.
Aquæ distill. ʒi. m.
fiat haustus bis in die sumend.

6th.—Not so well this morning; complains of headache, and a return of the cold chills; mouth sore again; tongue clean; bowels open; pulse 75; has slight return of cough. Omit the draught, and to have pulv. ipecac. co. gr. viij. h. s.

8th.—Much the same—to take pulv. ipecac. comp. gr. viij ter die with an alum gargle to wash the mouth.

10th.—Mouth much better; bowels purged; to have mist. cretæ. ʒiss. ter die.

13th.—Bowels still much relaxed.

℞ Mist. cretæ. comp. ʒiss.
Tr. catechu ʒi.
Tr. opii. m. vj misce.
fiat haustus ter die sumendus.

14th.—Diarrhœa still continues, to have Tr. opii m. xx. statim, and enem. opii, cum amylo. at bed-time.

15th.—Rather better; diarrhœa less.

℞ Confect. aromat. ʒss.
Aq. cinnam. ʒiss. fiat.
haustus bis die sumend.

21st.—Much better; the diarrhœa has entirely ceased. She is allowed to sit up; to have meat diet.

22nd.—Complains much of debility.

℞ Aq. menth. virid.
Aq. distillat a. a. ʒvss.
Acid. sulph. dil. m. x.
Syrup rhœad. ʒss. misce.
fiat haustus ter die sumendus.

25th.—The bowels will not bear acids; the diarrhœa has returned. Omit the acid draught, and to take the aromatic which was prescribed on the 15th.

29th.—Diarrhœa better; continue the draught.

Dec. 1st.—Much improved; diarrhœa ceased; voice nearly natural.

Dec. 2nd.—Discharged cured.

Bronchitis.—John Ray, age 27, an excavator, of middle height, strong conformation of body and dark complexion, was admitted into Luke's Ward, St. Bartholomew's Hospital, under Dr. Roupell, Dec. 14th, 1843. The countenance was pale and anxious; the breathing difficult and heaving. He complained of pain and a sense of tightness across the chest, pain in the back and knees, with cough and difficulty of breathing. The skin was cool; tongue clean; pulse 68 and sharp; the bowels were open and urine natural; he expectorates a thick ropy mucus. He stated that six weeks ago he found his breathing short on any great exertion—a week before his admission he was suddenly attacked while working, with heat of the surface of the body, which was followed by copious perspiration and faintness, which continued all night till morning, his breathing being difficult and wheezy; but he continued at work till the Monday night, when he was obliged to give up. A few days before admission he had profuse bleeding from the nose which was brought on by coughing violently; he was ordered a warm bath at night, hyd. c. cret. gr. iv. h. s., and hst. sennæ co. ʒiss. cras mane sumendus.

Dec. 15th.—Feels himself better; pain in the back and knees gone, but the pain in chest continues; there was dulness on percussion at the lower part of the base of the left scapula, with crepitation over the base of both lungs; he was ordered to be cupped to ʒviij from between the shoulders, and to have milk diet.

16th.—Rather better; cough less troublesome; respiration easier.

17th.—Complains of pain in the chest; expectoration dark and viscid, to have hirudines xij to the chest, and haust. sennæ co. statim.

18th.—Found his breathing relieved by the leeches; he complains of perspirations and a feeling of faintness; to have the following draught:—

℞ Tr. camphor. co. ʒi.
Liquor: ammon. acet.
Mist. camphor: aa ʒvj. m.
fiat haustus ter die sumendus.

19th.—Passed a restless night, the cough being very troublesome; pulse 66 and full; inspirations 13 in the minute; continue the draught.

21st.—Much better; continue the draught.

28th.—Has been going on favourably up to this date; he complains this morning of pain in the right hypochondrium; the bowels are costive; to have Hst. sennæ co. statim.

Jan. 5th.—Cough rather better; to omit the draught, and take pil. scillæ co. gr. v. ter die.

8th.—Much the same; complains of perspiring

profusely at night, the perspiration being very offensive; to have half meat diet:

℞. Quinæ disulph. gr. i.
Infus. rosæ co. ℥iss.
fiat haustus ter die sumend.

11th.—Hardly so well; passed a restless night; cough very troublesome; expectoration a little tinged with blood. Continue the draught, and to return to milk diet.

13th.—Again feels himself better; continue.

15th.—Going on favourably, has very little cough;—continue the draught, and to have full diet.

18th.—Discharged cured.

Rubeola accompanied with Hooping Cough.

William Martin, æt. 3, a fine well-formed child, of fair complexion, was admitted with its mother into Mary's Ward, St. Bartholomew's Hospital, under Dr. Roupell, Dec. 16th, 1843. The countenance was highly flushed; the skin hot and dry, with a scarlet rash over the entire surface of the body, which appeared in patches; he had frequent cough, which was hooping; the respiration appeared very difficult and panting; in the paroxysms of cough he threw up a very little phlegm, but with great difficulty; the pulse was quick, bowels open. The mother stated that three weeks ago she first found him to fall off in appetite, and to be short of breath, being at the same time very restless at night; three days after being first attacked, she observed him to roll his head about while asleep, and he would sometimes wake up suddenly, screaming violently; he continued restless and unwell for two or three days, when an emetic was given him, which appeared to afford him a little relief. A fortnight before admission he was attacked with a husky cough, throwing up a great deal of thick mucus; the eruption first appeared on the day before he came in; his cough, likewise, for the first time, was observed to be hooping on the day of admission; he was ordered Hirudines ij. to the chest, and the following mixture:

℞. Vin. ipecac. ℥i.
Tr. hyoscyam. mL.
Liquor. ammon. acet. ℥iv.
Aq. distillatæ ℥vj. misce.
Cujus capiat cochl. min. ter in die.

Dec. 17th.—The leeches appeared to relieve his breathing; the leech bites bled copiously. Hyd. chlorid. gr. ij. horâ somni; continue the mixture.

18th.—Appears a trifle better this morning; cough continues the same; skin hot and dry, respiration difficult and humid; bowels open once to-day; continue the medicine.

19h.—Appears rather better; skin not so hot; pulse quieter: he lies now most of the time asleep, but is easily roused; bowels not open since yesterday; he was ordered emp. lyttæ to the throat; a teaspoonful of castor oil every two hours till the bowels are opened, and the following— ℞ Acid. hydrocyan. dil. m. ij.
Vin. ipecac. ℥ss.
Syrup. simplex, ℥ss.
Liq. ammon. ac. ℥ij.
Aq. distill. q. s. ut fiat.
Mist. c. capiat cochl. min. ter die.

20th.—Much better; bowels opened 3 times by the oil; breathing easier; cough less; fever diminished—continue the last medicine, and have some beef tea.

29th.—Has been going on favourably up to to-day, but this morning is not so well; he passed a very restless night; the breathing is now quick and laboured; the tongue is clean; skin cool; bowels open;—to have hirudines ij. to the chest, with hst. ammon. ac. ℥i. pulv. ipecac. co. gr. j. ter in die.

30th.—Breathing rather easier this morning; altogether appears better; upon auscultation, extensive crepitation was heard over the base of the left lung;—to have two leeches to the base of the left scapula; continue the medicine.

31st.—Appears rather better; continue.

Jan. 3rd.—Hardly so well; breathing more hurried;—repeat the leeches, the following powder.

℞ Hyd. c. cret. gr. iij.
Pulv. antimon. gr. ij.
Pulv. ipecac. gr. i. misce
ft. pulv. ter in die sumend.

8 o'clock, p.m.—Appears relieved by the leeches; pulse small and weak; cough easier.

4th.—Passed a better night; bowels very open; take the powder only at night.

5th.—Continues much the same as yesterday.

6th.—Better; has less cough, and respiration is easier; not so restless as he was;—continue the powder at night.

8th.—Very much better.

9th—Not quite so well this morning; breathing rather more hurried.

℞ Syrup. papav. ℥i.
Vin. ipecac. ℥ss.
Haust. ammon. ac. ℥i. m.
capiat cochl. min. ter in die.

11th.—Going on favourably.

19th.—Has been going on well up to to-day; this morning he appears flushed and feverish.

℞ Hydrarg. chlorid. gr. iij.
Pulv. rhei. gr. v. misce.
fiat pulv. statim sumend.

20th.—Better; bowels opened 3 times by the powder; skin cool; pulse feeble.

℞ Pil. galb. comp. gr. iv. ft. pil. ter die sumend.

23rd.—He left the hospital to-day, with only a little cough remaining, excepting which he appeared quite well.

TRANSACTIONS OF LEARNED SOCIETIES.

Medical Society of London, Feb. 26.—Mr. Pilcher in the Chair.—*Case of Absence of the Rectum; Origin and Nature of Hooping-Cough; Efficacy of Anti-spasmodics, and of Alum.*

Mr. Pilcher mentioned the particulars of a case, in which there was a deficiency of the rectum, notwithstanding which the child lived eighteen days. The anus was partly open, and Dr. Wright of Westminster, in whose practice the case occurred, enlarged it with a lancet, and then introduced his finger, but could not find any rectum. He then brought the child to Mr. Pilcher, who also passed in his finger, but could not detect the existence of the rectum. Some cellular membrane was broken down during the examination, and an effusion of blood was the consequence. The examination was repeated several times, but the end of the gut could not be felt so confidently, as to warrant an operation. The child died, and when the body was opened, the rectum was ascertained to be deficient, the sigmoid flexure of the colon terminating in a cul-de-sac, and lying on the right side in the iliac fossa, it having displaced the cœcum. The bladder, uterus, and vagina were naturally formed, but the place of the rectum was filled by some condensed cellular membrane. This case, which is not a common variety of malformation, Mr. Pilcher was of opinion, threw additional light on developmental anatomy. In the ordinary cases of malformation, there is a chance of saving the patient's life by an operation, which he, Mr. Pilcher, had done in two cases out of the four which had fallen under his notice. The operation of pushing a trocar into the distended pouch of the gut, simple as it may appear, is not always so in reality, as it is very easy to miss it, and he believed that the operation failed in a greater number of cases. He might, perhaps, have been induced to perform that operation in this case, had the parents been anxious for it, but he would have preferred opening the sigmoid flexure in the abdomen, and pushing in the trocar from above downwards.

Mr. Hutchinson stated that he had a similar specimen in his possession. The case had occurred about four years ago, and the child lived five-and-twenty days. The late Mr. Tyrrell had seen the case, and had introduced a large bistoury, with which he reached the bowel, and some meconium was discharged. The aperture thus made was kept open by pledgets for a time, but as they caused great pain, and no hopes of ultimate recovery could be afforded, the parents would not persist in their use.

Mr. Pilcher remarked that the cases were not alike, inasmuch as in Mr. Hutchinson's case the rectum formed a *cul-de-sac*, whereas in his own there was not any rectum at all, the sigmoid flexure of the colon terminating in a *cul-de-sac*. In the one case there was an imperfect rectum; in the other there was not any rectum at all. He thought the narration of instances of malformation very interesting, and wished the members of the Society to bring forward every case that fell under their notice.

Mr. Hird asked, whether in those cases that were operated on by Mr. Pilcher, and which terminated successfully, the children obtained any control over the lower extremity of the intestine, as with the ordinary sphincter?

Mr. Pilcher in reply, said that this was a very important question, but it was one which at present he was unable to answer. The cases had occurred in the practice of other medical men, and he had only been called in to operate: they were, consequently, no longer under his notice. He would, however, institute an inquiry regarding a case which he had operated on a few years ago in the Borough, and communicate the result to the Society. He thought the formation of a sphincter was very doubtful.

Mr. Hird thought that Amussat's operation of opening either the sigmoid flexure, the descending, or even the ascending portion of the colon, and attaching the incised gut to the integuments, a preferable operation to that usually practised. After a time, when it has terminated successfully, the patient acquires a degree of control over the evacuations, something like a sphincter muscle being produced. He performed this operation a year or two ago by opening the descending portion of the colon, in a woman who had disease of the rectum, but the case unfortunately terminated fatally.

Mr. Crisp remarked that the great difficulty in these cases was to know where the obstruction existed. He had a case some years since where the obstruction was situated in the ascending portion of the colon; the bowel being there constricted to the extent of half an inch. Of course the child died, but he thought that if the operation suggested by Mr. Pilcher had been performed, and the abdomen opened, the stricture might have been easily found, an artificial anus formed, and thus life preserved. It may, perhaps, be said, that life would be scarcely worth endurance with the disgusting annoyance of an artificial anus, but it must be remembered, that it is the duty of the surgeon to do his utmost to preserve life under any circumstances. He inquired of Mr. Pilcher if he had ever known the operation he had recommended performed for the relief of this malformation?

Mr. Pilcher had not heard of a case where the abdomen had been opened in consequence of malformation. The operation had, however, been performed for the removal of stricture.

Mr. Hird remarked that Amussat's operation had been performed both for stricture and for malformation, and had been successful in the relief of both diseases.

Dr. Hughes Willshire then read a paper on some points of pathology and therapeutics, in the course of which he pointed out the connexion that exists between disease of the heart and pericarditis, more especially in young persons, and rheumatism, even in cases where no other evidences of a rheumatic diathesis are to be discovered. He mentioned the cases of a brother and sister, who were both under his care; the girl, who was about twenty years of age, and had never menstruated, was tall and thin, and of a fair complexion. She was decidedly strumous. He attended her for phthisis, which was unaccompanied by rheumatism or heart disease. The brother, a boy about nine years of age, who was also of a strumous diathesis, was suffering from disease of the heart, accompanied by slight articular pains. He believed that in both these cases the same primary morbific cause was at work, and he also mentioned Dr. Holland's opinion, published in his "Medical Notes and Reflections," that gout was connected with scrophula. He afterwards alluded to the two varieties of rheumatism, the plethoric and dyserasic, their causes and treatment, and then described the translation of this malady to the upper part of the spinal chord and its membranes, which he considered in some instances gives rise to *paralysis agitans*, of which he narrated one or two examples. He also regarded some of the slighter tremulous affections, which when they occur in females are called *hysterical*, and when in males are said to

depend on cerebral congestion, as having their origin in this rheumatic metastasis to the cervical spine. A boy, fourteen years of age, who had twice been the subject of rheumatism, attended with cardiac symptoms, was suddenly seized with pain and stiffness in the neck, and tremors of the upper extremities, the complaint being relieved by cupping, and the exhibition of colchicum, &c. Ramollissement of the spinal cord from gout had been previously described by Dr. Graves. Cases of nephritis, according to Dr. Willshire, are occasionally of a rheumatic origin, and then present symptoms of a less acute character than when the inflammation arises from other causes. Dr. Willshire has seen this form of nephritis twice occur without any previous attack of rheumatism. Another point of pathology, to which allusion was made by Dr. Willshire, was the connexion between hooping-cough and diarrhœa. The connexion between hooping-cough and infantile remittent fever had been pointed out by previous writers, and Dr. Willshire is of opinion, that it is not uncommon during the existence of hooping-cough, for diarrhœa to come on very suddenly, and either alternate with that disease, or run its course concurrently with it; both complaints being removed at the same time. The primary cause, or essential nature of pertussis was ascribed by Dr. Willshire to irritation of the medulla oblongata, especially at the root of the eighth pair of nerves, and the cause of the diarrhœa just mentioned was the translation of the irritation to the corpora quadrigemina, which according to a late writer, Budge in Müller's Archiv., is the nervous centre, by which the peristaltic action of the intestines is influenced. The corpora striata were stated, on the same authority, to exercise a similar influence over the stomach, the irritable condition of that organ in hydrencephalus being explained accordingly, by the effusion of serum into the ventricles causing undue pressure on those bodies. The connexion of influenza and hooping-cough was afterwards alluded to, and then a distinction was drawn between three kinds of diarrhœa; the first being described as originating in muco-enteritis, the second on the ingestion of improper food, and on acidity of the primæ viæ, and the third on irritation of the brain. The use of sedatives and astringents, particularly of opium, in the treatment of the last named form of the disease, and the opinions expressed by some writers, against the exhibition of opium to young children, especially those published by Dr. Beck in the *New York Medical Journal* (republished in the *Medical Times*), were combated, and evidence was adduced from various sources, to show that the danger that was apprehended from its administration, was not really so great as was supposed. Dr. Willshire, however, recommended caution in its use. Some remarks on the exhibition of emetics to children, concluded the paper.

Mr. Pilcher observed that as so many subjects were embraced in Dr. Willshire's paper, he (Dr. Willshire) would probably be kind enough to select or name the one, which he would wish to form the subject of discussion.

Dr. Willshire said he should like to inquire the opinion of the Society, as to the cause of primary uncomplicated hooping-cough. He attributed it to irritation of the medulla oblongata, and of the pneumo-gastric nerves; and he thought that in some cases also the irritation might be propagated to the membranes at the base of the brain.

Mr. Hird inquired how Dr. Willshire had arrived at this conclusion? Had death occurred in a case of simple pertussis, uncomplicated with bronchitis, &c.; and, if so, by what means could he distinguish irritation of the eighth pair of nerves, or of that portion of the medulla oblongata, which appears to govern that part?

Dr. Willshire had not seen the brain examined in a case of uncomplicated hooping-cough, but he had seen it after a fatal attack of bronchitis, &c., and had observed irritation at the base of the brain. He believed it was the primary affection, the pneumonia or bronchitis being a secondary disease; and he was of opinion that the same state of the brain would be found, if it were possible to examine that organ in an uncomplicated case.

Mr. Hird could not quite understand what was meant by Dr. Willshire's saying he saw irritation at the base of the brain.

Dr. Willshire, in explanation, said he meant congestion of the brain and of its membranes, the evidences of irritation.

Dr. Clutterbuck said he would offer a few observations of a practical, not theoretical, nature. Dr. Willshire had assumed,—and he could regard it in no other light than an assumption,—that the origin of hooping-cough was to be looked for at the base of the brain. His opinion had not been proved to be correct, and he (Dr. Clutterbuck) thought it almost impossible to do so, and therefore there could not be any advantage in pursuing the inquiry. With respect to the evidences of the complication of cerebral disease with hooping-cough, they were amply sufficient, but then the complaint was a secondary, and not a primary one. He did not know anything that could lead to the belief, that the brain was previously affected, before the larynx, which is the real seat of pertussis. In ordinary cases it runs its course, without presenting symptoms of any other disease than of that of the windpipe; and when hooping-cough has terminated fatally, he has over and over again seen inflammation of that part. It is a very common thing for other organs to become diseased during the existence of hooping-cough, and for the diseases thus secondarily excited, to prove fatal. Very unequivocal symptoms of pulmonic inflammation sometimes arise, and are among the most prolific causes of death. Another complaint, which also proves fatal, is an affection of the brain, which occurs late in the disease, and presents all the characters of acute hydrencephalus; in fact, of inflammation of that organ and its membranes, as a secondary affection to the hooping-cough. All these do not tend to throw any light on Dr. Willshire's hypothesis,—that the cerebral complication is the primary malady; but, on the contrary, show that it is simply a secondary affection. The only way in which we could come to a conclusion as to the origin of the disease, is from the symptoms in simple cases, which are all referable to the windpipe. The inflammation of that part is of a specific character, because its cause is specific. The younger the patient is, the more is the brain disposed to be affected, and the more frequent is the occurrence of hydrencephalus in hooping-cough. This is to be learned by experience. The opinion put forth by Dr. Willshire as to the origin of hooping cough, is a thing to be talked about, but it does not admit of proof. Dr. Clutterbuck concluded by remarking that not much had been added to our knowledge of the disease, nor to our means of treatment. He had become very sceptical as to the utility of medicines in hooping-cough; it is still one of the opprobria medicinæ.

Dr. T. Thompson was disposed to acquiesce in the opinion that uncomplicated hooping-cough was essentially a nervous affection, on account of the remarkable effects produced by medicines which are known to exert a decided influence on the nervous system, such as opiate embrocations on the spine, &c. Roche's embrocation, which he believed to act principally from the opium it contained, is often sufficient alone to moderate the violence of the disease, and with the assistance of a regulated temperature, will sometimes suffice to effect a cure. As internal remedies, opium, belladonna, lobelia inflata, artificial musk, and prussic acid, all of which exert an influence on the nervous system in a peculiar way, and relieve the cough. They act certainly on the nervous system, but they cannot be said to act on any particular part of the brain, and he believed that those remedies, which are said to act on a particular part of the nervous system, generally modify the whole. One remedy, however, had been found efficacious, the action of which probably had relation to Dr. Willshire's opinion respecting the connexion of certain affections of the intestinal tube, with the condition of hooping-cough, and that remedy was alum. He had seen its effects very remarkable and prompt in some very severe cases of hooping-cough, complicated with bronchial affection, in which it had relieved the hoop, the cough remaining unmitigated. Alum produces a remarkable effect on the intestinal canal; it is almost a specific in painters' colic, and almost a specific in uncomplicated hooping-cough. In a case that he had recently seen, the alum suspended the hooping for a day; its use was then omitted for a time, and the hoop returned. Where the disease is complicated with a bronchial affection, alum will remove it, if the bronchitis be first cured.

Mr. Dendy could not agree with Dr. Willshire in his opinion respecting the cerebral origin of hooping-cough; the affection of the brain, he thought was a secondary, and not a primary complaint. From the symptoms he could not come to any other conclusion. It is an infectious disease, and arises from a poison—from malaria; it affects the larynx, by which is secreted a peculiar glairy mucus, the collection of which, and the efforts at its expectoration, cause the hoop. The carbonate of soda, which forms the basis of a patent medicine for the cure of hooping-cough, relieves the complaint by its chemical action, neutralising the acidity of the mucus by its alcaline properties, and rendering it more limpid, so that it is more readily expectorated. He (Mr. Dendy) never saw a case of hooping-cough unconnected with some bronchial affection: the disease is seated in those parts, and then there must be great irritation. The irritation or congestion at the base of the brain is the effect, not the cause of the hooping-cough.

Mr. Headland remarked that hooping-cough was a spasm as distinct as that of tetanus or of any other kind of spasmodic disease; and he expressed his surprise that Dr. Clutterbuck should have spoken of the affection of the brain, which occurs in all cases of severe pertussis, as of an inflammatory character. It is really an instance of venous congestion, produced by the spasm causing constriction of the jugular veins, and preventing a due return of blood from the head. He was also exceedingly incredulous as to the existence of inflammation of the larynx in hooping-cough, and he considered that the redness of that part mentioned by Dr. Clutterbuck was due rather to the shaking of the larynx by the violent cough, than to the presence of inflammation, of which there were not any symptoms.

Dr. Clutterbuck explained that he was in error in mentioning the larynx; he intended to allude to the trachea. The mucus thrown out in this disease was a sort of product of inflammation, and he founded his belief in the existence of inflammatory action, on two or three post mortem examinations which he had seen, when the mucous membrane was highly reddened, and he regarded that as indicative of inflammation.

Dr. Willshire made some brief observations in reply to the different speakers, and the meeting adjourned.

Rupture of the Aorta. — Mr. Ryan examined by order of the coroner, the body of a woman, who had died suddenly, and found the following appearances: viscera of abdomen healthy; scalp, coverings and substance of brain congested; about three drachms of serum in left ventricle: on removing the sternum found adhesions: the lungs did not collapse, were easily broken down, and now the cause of death was quite apparent, the pericardium being completely filled with blood in a fluid state, excepting about a three drachm clot at the bottom. Having removed seven or eight ounces, a rupture was found at the junction of the aorta with the ventricle towards right side, and a thin layer of coagulated blood between the internal and external serous membranes. The rupture was somewhat oblique, and from the inside he was enabled to pass the handle of the scalpel into the pericardium. There was considerable hypertrophy of the heart, which was not much loaded with fat. No ossific deposits nor obstruction to the circulation in the aorta. Previously to her death, the woman had been subject to occasional difficulty of breathing and giddiness.

Origin of Congenital Distortions.—Dr. Little says, according to his views of the pathology of congenital distortions, that they originate, for the most part, if not wholly, from disturbance of the nervous system of the fœtus, in whatever manner this disturbance may be induced.

PERISCOPE OF THE WEEK.

The Application of Compression in Orchitis.—The parts are to be shaved, and some *emplastrum plumbi* must be cut into strips, about three quarters of an inch in width, and eight or nine inches in length. The opposite testis and side of the scrotum being drawn away from the diseased one, so as to render the integuments of the latter quite tense, the first strap is to be placed circularly round the cord, just above the testis, as tightly as the patient can bear it. The second strap is to be placed in an opposite direction, from behind forwards, at the side of the testis near the septum. The third strap is to be applied below the first, so as partly to overlap it; and the fourth in like manner, internal to the second; and so on in succession, until the straps meet, and the whole of the testis is covered and evenly compressed. A few additional straps may afterwards be applied where most needed, to afford support, and keep the others in place; the parts are afterwards to be supported in a suspensory bandage. The strapping generally requires to be re-applied in the course of twenty-four hours. When the patient rises after its application, he feels completely relieved from the aching pain and sense of weight; and patients who have remained in bed in consequence of the pain, have immediately been able to get up and walk about.

Disease of the Ileum.—Dr. Maclagan, staff-assistant surgeon, North America, narrates the following interesting case:—Private William Gillespie, 74th regiment, aged 19, admitted into the detachment hospital, Isle aux Noix, Nov. 7th, 1842. He is a spare delicate-looking young man, who has suffered from syphilis, and was in hospital in May last for a secondary cutaneous eruption and nodes; both of which affections were removed by a short mercurial course. His present symptoms are loss of appetite and vomiting, which first came on a few days ago. He is considerably emaciated, and has lost strength lately. He has no cough, no severe pain, no epigastric tenderness; bowels pretty regular; tongue red at the edges and down the centre; the urine is scanty, strongly ammoniacal soon after being passed, and deposits an abundant phosphatic sediment; specific gravity of the filtered urine 1030. The deposit consists almost entirely of microscopic crystals of neutral triple phosphate, as represented by Dr. Prout. He was ordered columba and muriatic acid, which was continued for ten days, with the effect of checking the vomiting, and increasing the quantity of urine from sixteen to twenty-four ounces per diem. The latter, however, still remained turbid and ammoniacal, and no improvement of appetite appeared. Otherwise the functions appeared healthy; bowels regular, sleep sound, and, in short, a want of any symptoms which could indicate the cause of his emaciation and debility. Nov. 30. He had two grains of quinine daily, and his diet low, with beef tea extra. Dec. 1. Decidedly improving; appetite good, urine increased in quantity—hardly ammoniacal, and the phosphate much less abundant—specific gravity varied from 1016 to 1024. His appetite continued good, and was frequently voracious, till within a day of his death. Suspecting the existence of mesenteric disease, Dr. Maclagan, determined to try the effect of iodine, which was commenced on the 11th December, to the extent of four grains hydriodate of potass with one grain of iodine per diem, and continued for six weeks, with a few days' intermission in the end of December, when he had slight diarrhœa, which was checked by a dose of Pulv. Rhei. c Magnesia. At the same time, too, he complained of epigastric tenderness, for which the tartar emetic ointment was applied, and pustulation kept up for some weeks. On December 31, he was reported to have good appetite; bowels regular; tongue clean; urine quite natural in appearance and quantity; specific gravity 1012: unchanged by heat, acid, or ammonia. He never, however, gained flesh, and from this time continued to lose ground daily. The tenderness, at first confined to the epigastrium, was soon felt over the whole abdomen, on making firm pressure. *Once* again he had slight tendency to diarrhœa, but usually he required mild laxatives. The stools usually were pale, and sometimes even clay-coloured. The tongue, during the last month of his life, presented a peculiar appearance; it was dry, and of a dull brick-red, with irregular whitish patches on it, not similar on the two sides, and appearing as if part of the tongue had been scraped, which was not the case. Emaciation proceeded rapidly. On the 9th February, vomiting occurred, and continued three days in spite of all means employed. On the 12th, he became nearly insensible, but could be roused, and lay in the same state, merely drinking a little wine when placed in his mouth, till the 15th, when he expired. Treatment in hospital, 101 days. First appearance of disease (loss of appetite, &c.), about five months before death. *Sectio cadaveris*, five hours after death.—Body excessively emaciated. *Thorax*, old pleuritic adhesions on both sides; lungs healthy, crepitating freely; on the anterior margin of the upper left lobe, a small almost cartilaginous granular-looking mass as large as a nutmeg; heart, &c., healthy. *Abdomen*, total want of fat on omentum and around the kidneys; mucous membrane of stomach soft, and thicker than usual; at both orifices of a lively rose colour, and near the pylorus covered with a coat of transparent tenacious mucus. The redness extended into the duodenum as far as the entrance of the ducts. Small intestines healthy, till within three feet of the cœcum, where there was a portion of diseased mucous membrane extending about ten inches. This was succeeded by a healthy portion, and then from twelve inches above the cœcal valve down to the interior of the cœcum itself, the whole presented a diseased appearance, as in the upper portion, and which Dr. Maclagan compared to black-currant jelly. About the cœcal valve part of this presents an almost melanotic appearance. On the peritoneum there were one or two hydatid cysts of various sizes; the largest would hold a hazel nut. Mesenteric glands much enlarged; structure apparently healthy. Liver pale, and, like most of the viscera, nearly bloodless, but its structure appeared healthy. Kidneys healthy. The remarkable point in this case appears to be, the absence of diarrhœa or other symptoms to indicate such extensive disease of the mucous membrane, in so much that the case was believed to be one of chronic peritonitis.

Chloride of Zinc in Toothache.—According to Dr. Stanelli, in the *Annali Universali de Medicina*, the chloride of zinc, liquefied by exposure to the air, possesses the property of relieving the toothache. His mode of application is most simple. By means of a small hair pencil, a small quantity of it is applied to the cavity of the painful tooth, and in the space of a few minutes it appeases the most acute sufferings, without causing any irritation. Before proceeding to the application, it is indispensable carefully to surround the tooth with cotton wadding, and when the chloride has been applied, to fill the cavity well with this cotton. The mouth is finally washed with a little warm water. Dr. Stanelli says that he has obtained uniform success from this means in more than fifty cases, and that he has never observed the progress of the caries rendered more active by it.

Fatal Case of Vomiting and Purging.—This and the three following articles constitute the principal contents of the last number of the *Lancet*. The case is detailed by Mr. Leigh. The patient, a woman 48 years of age, when seen by a medical man, was vomiting everything she took, and complained of pain in the stomach, fluttering at the heart, and faintness. Her pulse was very weak, indeed, scarcely perceptible, and her breathing was catching; her thirst was great, and she drank perpetually, principally, she said, to prevent her heart stopping, for when she vomited, her heart beat better, and her breathing was slightly relieved for a short time. At night her feet got cold, and she seemed collapsing. A blister was applied to the stomach, which, she said, made her breathing more difficult, and she was sorry she had had it on. Various remedies were tried to relieve the sickness but without any benefit: the effervescing draught, laudanum, brandy, and wine, as she was so faint and collapsed. The hands presented the appearance of a person who had been washing—in a degree like what was seen in the cholera of 1832. She was seen by three medical men, but no one suggested bleeding on account of the almost imperceptible pulse, and great faintness and general collapse. In this state she continued till Sunday, the 10th of December, thus being ill upwards of a week. Purging of dark-coloured stools came on the fourth day, and continued involuntary to the last. The matter vomited after the fourth day was coffee-coloured. Dissection showed the stomach inflamed, and the heart enlarged, and the liver somewhat indurated. Lungs healthy, and bowels natural. One individual, after the examination, was seized with vomiting, and his hands broke out in painful sores, which did not readily heal. The others, however, were unaffected, indeed those who did most to the body. A fortnight before the fatal attack the poor woman had a slight one, which confined her to her bed a day or two, and which she declared she never got over, although she lived as usual in the family. Mr. Leigh inquires, what was the cause of death in this case?

Lithotomy.—Two cases of lithotomy are reported from St. Thomas's hospital, both operated on by Mr. Solly. The first was an ordinary case, but in the second, the patient had been operated on elsewhere several times by lithotrity, and the bladder and kidneys were diseased. During the operation there was a good deal of hæmorrhage from the transverse perineal artery, and other smaller branches in the neighbourhood. The man recovered from the immediate effects of the operation, and was discharged the hospital apparently well.

Talipes varus.—Talipes varus may exist in various grades of severity: it may affect one or both feet. In the majority of cases the deformity consists of a threefold alteration of position of the foot in relation to the leg,—elevation of heel, abduction, or inversion of the toes, and a rotation of the foot, analogous to supination in the upper extremity. The patient treads on the outer margin of the foot, principally on the external edge of the metatarsal bone of the little toe; and, if the deformity be unrelieved, it increases as the child grows, the increase being, in part, attributable to the improper manner in which the weight of the body is borne by the extremity. The perpendicular axis of the limb, instead of passing through the arch of the foot and the sole, falls to the outside of the little toe; so that in the act of progression the toes gradually incline more inwardly, whilst the dorsum of the foot tends towards the ground. The preponderating action of the adductor muscles also augments this deformity. Ultimately, the dorsum only is applied to the ground. Occasionally the deformity presents a higher grade, even at the moment of birth, the toes being not merely inverted to a greater degree, but so much elevated by the action of the anterior tibial and extensor proprius pollicis muscles, that the inner margin of the foot is nearly applied to the tibia. Whether the deformity reach the severest grade at birth, or subsequently attain it through the operation of the causes mentioned, it may, during adolescence and adult age, present the most frightful deformity. Locomotion is, in these cases, wholly effected on the dorsum, or, more accurately, on the anterior extremity of the os calcis, and the proper superior surface of the os cuboides. The mode of progression is very unsightly, one foot being lifted over the other, to prevent the toes of one foot striking against those of the opposite member. The parts of the foot applied to the ground suffer much from the friction and pressure to which they are subjected in walking, and a globular callosity forms over the os cuboides and adjacent bones, which often equals in size a small orange. When it attains this magnitude the patient, if young, and therefore less experienced in locomotion, unless assisted by appropriate shoes, experiences difficulty in standing still, although he may be enabled to walk and run quickly. Except when seated his condition becomes one of perpetual motion, the comparatively small extent of surface on which the body rests occasioning difficulty in maintaining its balance in the erect posture, and the sufferer continually moves to avoid falling. It often happens that the highest grade of deformity occasions less difficulty and pain in locomotion than the slighter; in this latter the weight of the body may

be wholly thrown on the little toe. The extent of surface applied to the ground in these cases being small, it becomes inflamed and excoriated; besides which a greater sensation of weakness is experienced, owing to the constant tendency to increase of inversion, whereas in the highest grade, the inversion having attained its maximum, a firmer bearing is obtained. The act of locomotion becomes, with increasing age, more laborious. Dr. Little has known many persons thus affected who have walked twenty or thirty miles in a day, but it usually happens that so great a soreness results from one day's exercise that the individual is compelled to rest for several days afterwards. Occasionally the callosity on the dorsum ulcerates or sloughs, the tarsal bones become exposed, and are affected with necrosis, so that relief has been sought in amputation. This malformation is attended with inferior development of the entire member more striking in the parts below the knee. Sometimes this deficiency is not perceptible at birth, but becomes evident as the age of the individual increases. Its extent at birth, as well as the severity of the deformity, depend upon the earliness of the period of intra-uterine existence at which the deformity arises, the malady or diseased condition of the part being occasioned, according to Dr. Little, by intra-uterine muscular contraction, or spasm, or paralysis; and, he observes that the later the period at which the fœtus becomes affected, the less *arrêt de developpement* will be presented generally by the members, and in proportion to the earliness of the period of infancy and adolescence, at which a deformity arises, the more readily the bones and ligaments yield to the displacing power of the muscles. Dr. Little also mentions that in consequence of the earlier development of the flexor and adductor muscles, than of the extensors and abductors, talipes varus is of greater frequency than talipes valgus. The essential anatomical characters of talipes varus, omitting the non-essential phenomena of osseous vegetation, the appearance of caries, &c., are, the os calcis is drawn upwards; the tibial articular facets of the astralagus and its round head are exposed upon the dorsum of the foot; but the scaphoid, cuboid, cuneiform, and metatarsal bones, are not merely drawn towards the sole, but also inwards and upwards; so that the innermost point of the navicular bone touches the internal malleolus, and has an articular surface formed on it, occasioned by constant friction. The superior or external surface of the os cuboides is somewhat separated from that of the os calcis; whereas the plantar surfaces of these two bones are turned towards each other, leaving a triangular space between them externally. The course of the tendons of the muscles situated upon the front of the leg is consequently much altered. Those of the tibialis anticus, extensor proprius pollicis, and ext. longus digitorum, more particularly the first of these, are deflected so much internally, after passing over the ancle-joint, as to serve by their action to increase the deformity in the living subject. These appearances Dr. Little asserts confirm his opinion that the muscles are the parts primarily affected, as if the bones were simply arrested in their development, or if they had been injured by external causes, and the contraction of the muscles were but secondary, the bones would not bear so precise a relation to the shortening of the respective muscles inserted on them. With respect to the treatment, it is of two kinds, by the application of mechanical extension, and by tenotomy. There are many cases in which the deformity may be nearly or entirely removed for the moment by pressure with the hands; but others exist in which the tension of the contracted muscles is so great, particularly of the gastrocnemii, that although the adduction and rotation of the foot may, as long as the pressure of the hand is continued, be more or less completely overcome, yet the greater part of the elevation of the heel remains. The former afford greater prospect of success by the sole application of mechanical means of cure; but in many of the latter a cure of the deformity will not be obtained without the division of the Achilles or other tendons, although the treatment may be commenced within a few weeks after birth, and be very perseveringly continued throughout the whole period of infancy. Experience alone can enable the surgeon to determine with any degree of certainty whether the cure of talipes in an infant is obtainable by the application of mechanical means: but in the formation of an opinion he will be guided by the extent to which the deformity can be removed by the hand, and the nature of the resistance offered by the muscles. If the active spasmodic state of the muscles still appears to exist, accompanied with considerable structural shortening, notwithstanding the foot may for a moment be reducible to its natural form with the hand, he would not expect a permanent cure by means of instruments. But in every case of talipes, the treatment of which can be commenced previously to the age of six months, the cure should be attempted by the application of mechanical means, provided his efforts be seconded by the parent. Many cases are curable without operation. The most favourable period for the division of tendons in infantile cases of talipes, is about the age of six or eight months, until which time such mechanical apparatus should be used as tend to turn the toes outwardly, reducing the deformity to the condition of talipes equinus; in the latter affection, whether primary or so reduced, depression of the heel may be judiciously attempted, which, if not wholly successful, will at least prevent any increase of the deformity. If, by means of the operation and subsequent application of mechanical instruments, the reduction of the foot to a proper form be effected at the period when the child evinces a disposition to walk, he will rapidly acquire strength and activity. The act of walking will then, to a great extent, guard against the recurrence of the deformity, and the use of any mechanical apparatus may within a short time, be discontinued. But the cure of infantile talipes varus cannot be so completely effected, if, during the earliest months of life, the application of mechanical apparatus, calculated to maintain the toes in a straight line with the leg, by overcoming the twisting inwards and rotation of the foot, be neglected. The development of the internal malleolus and the neighbouring parts having been impeded by the adduction of the foot, or the child having walked, by which the external parts of the tarsus have suffered from attrition, also add to the difficulties. The means for mechanical extension adopted by Dr. Little in infants under six months of age, are as follows: it consists of the application of a smooth and narrow roller-bandage around the foot and leg, from the extremity of the toes to the knee, interposing along the inner margin and sole of the foot, and the posterior and internal part of the leg, a quantity of cotton wadding, to protect those parts from pressure; the limb should then be firmly and evenly bandaged in a tin splint,—his entire attention being first directed to the removal of the inward tendency of the toes, and the reduction of the talipes varus to the condition of the talipes equinus. The limb, when properly secured in this splint, is exposed to pressure in the direction the toes would maintain, if held outwards with the hands in the position of talipes equinus, the inside of the metatarso-phalangeal articulation of the great toe and inside of the superior extremity of the tibia being the fixed points, towards which the bandage presses the ancle and tarsus, tending to overcome the unnatural curve presented by the deformed foot. The back of the splint should be applied to the posterior part of the leg and foot, and the raised part should extend along the inside of the leg and inner margin of the foot. Should the splint have slipped around the leg, it must be immediately reapplied. The whole apparatus should also be removed on every occasion that the bandages become soiled by the infant, and immediately reapplied; for if the foot were permitted to remain a few hours without the restraint of the splint, more advantage would during that period be lost, than had been gained during its application for treble the length of time. These splints are to be changed from time to time, according to the advantage gained in the treatment, and others having the foot-parts bent more upwards substituted. When tenotomy is decided upon, division of the tendo-Achillis, and mechanical elongation of the remaining tissues may be sufficient; but if in cases of average severity, the anterior and posterior tibial are very tense, the fibres of the patient robust and unlikely to yield to mechanical treatment, they may also be cut across. In numerous instances the flexor muscles of the toes and the plantar fascia are conjointly affected, and those within reach, *i. e.*, the flexor longus and abductor pollicis, and the plantar fascia may also be divided. After every section many tissues remain for elongation by mechanical treatment, and the same apparatus is required subsequently as previously to the operation. The operative treatment of severe talipes varus, in youths and adults, may be advantageously divided into two stages. Owing to the slowness of restoration in extreme cases, the treatment often occupying six months, it is proper to divide, in the first instance, the tendons and other structures which adduct the foot, and devote attention to its eversion so as to reduce it to the condition of talipes equinus, and subsequently to sever the tendo-Achillis and depress the heel. The object will be, in the first instance, to reduce a complicated deformity to a more simple form. A common splint, bandaged on the outer side of the limb, often proves the best mechanism for this purpose. The depression of the internal edge of the foot can be better effected by the action of the perpendicular spring than by any other contrivance. By this means the most severe congenital talipes varus, in patients even of thirty years of age, may be entirely removed. The after-development of muscles and acquisition of strength of limb may be facilitated by the general measures previously enumerated.

The Surgeons of Emigrant Vessels.—Mr. Churchill has published a communication to show that the surgeon superintendent of an emigrant vessel, after a twelvemonth's hazardous employment, can only clear about thirty-three pounds. The writer of this knows an instance, where a qualified surgeon was offered the *munificent remuneration* of FOURTEEN POUNDS to act in his professional capacity, on board a ship bound to New South Wales, and home by the Brazils, on a voyage which lasted upwards of two years; and where in addition, he was expected to assist in keeping the ship's books; and some few years back an advertisement appeared in the papers from a surgeon, offering to act as *medical attendant* and VALET to a gentleman. The pay, coupled with treatment as a gentleman, therefore in the emigrant ship, may be considered as not to be sneered at.

Dr. Smethurst, of Ramsgate, has sent us a reply to Mr. Weekes' letter, published in our journal, Feb. 10. As Mr. Weekes is pledged not to notice the matter further, we must take the liberty of condensing the present communication to its essential matter. Dr. Smethurst addresses some severe strictures on Mr. Weekes' investigations; retorts Mr. Weekes' hard words on that gentleman; quotes Sir B. Brodie's opinion, in a a recent number of the *Medical Times*, on mesmeric phenomena; and while admitting that by forgetfulness he did not mention that Mr. Weekes' letter was only partly given—insists that there was no improper reason for the concealment—contends that a letter, we shall refer to, proves that Mr. Weekes wrote more than "one letter alone," and supports the faithfulness of his report by the explicit testimony of Mr. and Mrs. Sadler, of Spencer-square, Ramsgate; Mr. H. D. Jamieson, of the Royal-terrace; and of Mr. Conder, of Highbury College. Mrs. Sadler's letter runs thus:—"In reply to your letter of the 12th inst., I beg to say that I have carefully perused your article in the *Medical Times*, and can certainly detect no inaccuracy in the circumstantial details of the proceedings, although from my knowledge of, and belief in, mesmerism, I am sure many of your conclusions are entirely false. I did, as you say, send you two letters to read, written by Mr. Weekes; one addressed to Mr. Jabez Inwards, a mesmerist, of Bedfordshire, and another to Mr. Henry Scott, of this town; and I distinctly remember in the former one, Mr. Weekes, in describing the wonderful facilities of the boy in question, enumerated among others that of telling coins shut up in a box. I hope this statement will prove decisive."

A SELECT PRACTICAL FORMULARY,

TRANSLATED FROM THE FRENCH OF M. FOY, PRINCIPAL PHARMACIEN OF THE HOSPITAL SAINT LOUIS, AT PARIS.

(Continued from Page 355.)

LINIMENT, ENGLISH STIMULANT: eight parts of scraped medicinal soap, dissolved in thirty-eight parts of spirit of thyme, six parts of essential oil of turpentine, and one part of liquid ammonia afterwards added. *** Used in paralysis, cold tumours, arthrodynia, &c.

LINIMENT, TURPENTINE: eight parts of volatile oil of turpentine, sixteen parts of oil of camomile, one part of liquid laudanum. *** Used in idiopathic or essential arthritic, or nervous diseases.

LINIMENT OF THE SULPHURET OF CARBON (German journals): two parts of sulphuret of carbon, thirty-two parts of camphorated brandy, or sixteen parts of olive oil. *** Used principally in rheumatism and gout.

LINIMENT OF VERATRIA: one part of veratria, sixteen parts of lard, two parts of olive oil.

LINIMENT OF VERATRIA, AND IODURET OF POTASSIUM: twenty-four grains of veratria, half a drachm of ioduret of potassium, eight drachms of lard.

LINIMENT OF VERATRIA AND MERCURY: sixteen parts of strong mercurial ointment, one part of veratria.

LINIMENT, VOLATILE OR RUBEFACIENT: one or two parts of liquid ammonia, eight parts of olive oil, or oil of sweet almonds, mixed and shaken together each time it is used. *** Employed in rheumatic, arthritic, or nervous affections.

LINIMENT, VOLATILE CAMPHORATED: one part of camphor, dissolved in eight parts of the preceding liniment; mixed and shaken together each time it is used. To be employed in the same cases as the preceding.

LIQUOR, ACETIC OF MORPHIA (Dunglisson): sixteen grains of acetate of morphia, dissolved in two drachms of vinegar, and six drachms of distilled water. Mode of exhibition: six to twenty-four drops in the course of the day, as a sedative. *** Porter's liquor is prepared with four parts of crude opium, two parts of nitric acid, twelve parts of boiling water. These two preparations are analogous to the acetic tincture of opium.

LIQUOR, ACETIC OF OPIUM: five parts of crude opium, two parts of concentrated acetic acid, eighteen parts of distilled water. To be filtered after four days' maceration.

LIQUOR, HOFFMANN'S ANODYNE: equal parts of sulphuric ether and rectified alcohol; employed in the same way as sulphuric ether.

LIQUOR, ANTI-HERPETIC: (Italian hospitals): this liquor, prepared with the flowers of sulphur, common oil, alcohol, and hydrochloric acid, is used in frictions, in the dose of one, two, or three ounces on each occasion, in the treatment of dartrous affections. Its strength may be diminished or increased, by a greater or less dilution with an aqueous infusion of elder flowers. Together with the employment of these frictions, the pills of Belloste are administered, and bitter drinks, such as the infusions of fumitory, scabiosæ, &c. The diet is also regulated, and must not consist of salt or acid food.

LIQUOR, ANTI-NEPHRITIC: (Adams): three ounces of poppy heads, boiled for half an hour, in twelve ounces of spring-water, strained, and half an ounce of nitrate of potash added: mode of exhibition, two drachms evening and morning in a glassful of a mucilaginous decoction, in painful affections of the urinary organs, gravel, and vesical catarrhs.

LIQUOR, ANTI-SYPHILITIC: (Chaussier): four grains of the cyanuret of mercury, dissolved in eight ounces of distilled water: mode of exhibition, half a drachm to a drachm daily in an appropriate menstruum.

LIQUOR, ANTI-APHTHOUS: (Swediaur): one part of powdered borax, dissolved in four parts of rose-water, and eight parts of honey of roses, with four parts of tincture of myrrh added: mode of exhibition, the aphthous spots to be touched with a pledget of lint, soaked in this liquor.

LIQUOR, FOWLER'S ARSENICAL: five parts of arsenious acid, five parts of pure carbonate of potash, boiled in a porcelain capsule with five hundred parts of distilled water: when the salts are dissolved, and the solution has become cold, sixteen parts of the compound tincture of bahu are added: mode of exhibition, four to six drops and more progressively, twice a day, in the treatment of obstinate dartrous eruptions, cancer, &c. *** This liquor or solution contains one hundredth part of its weight of arsenious acid. *** The arsenical liquors of Biett and Bishop are prepared, —the former with four grains of the arseniate of ammonia, and four ounces of distilled water; the other with one drachm of the liquid arseniate of potash, one drachm of the liquor potassæ, and twelve ounces of decoction of sarsaparilla.

LIQUOR, PEARSON'S ARSENICAL: see Pearson's Solution.

LIQUOR, BARLOW'S: see Lotion.

LIQUOR, CAUSTIC: (Plenck): eight parts of the deuto-chloruret of mercury, eight parts of the super-sulphate of alum, one part of camphor, one part of the subcarbonate of lead, triturated together with ninety-six parts of rectified alcohol, and ninety-six parts of concentrated vinegar: mode of exhibition, pledgets, soaked in this solution, to be placed on syphilitic excrescences. The solution to be well shaken before it is used.

LIQUOR, SUCCINATED HARTSHORN: see Succinate of Ammonia.

LIQUOR, GOWLAND'S: see Red Water.

LIQUOR, KÆCHLIN'S: sixteen parts of ammoniacal tincture of copper, nearly five parts of hydrochloric acid, eighty parts of distilled water: mode of exhibition, for scrophulous children, from three to eleven years of age, a large coffee-spoonful every day after the principal meal; to be followed by one or two spoonsful of good wine.

LIQUOR, LABARRAQUE'S: see the chloruret of the oxide of sodium.

LIQUOR, LAMPADIUS'S: see the Carburet of Sulphur.

LIQUOR, POLLINI'S: see the Apozema of Pollini.

LIQUOR POTASSÆ: (English hospitals): twelve parts of subcarbonate of potash, eight parts of quick lime, sixty-four parts of boiling distilled water. Lithontriptic, and diuretic; dose, eight to thirty drops in a mucilaginous menstruum.

LIQUOR, IODURETTED: (Lugol): four drachms of distilled water, twelve grains of very pure iodine, twenty-four grains of the ioduret of potassium: mode of exhibition, four drops and more progressively, twice a day, in two spoonsful of sugared water; used in scrophulous affections with ulcers, tubercles, &c.

LIQUOR OPII SEDATIVUS: (Battley): three times the quantity of finely powdered opium, ordered in the London Pharmacopœia for a quart of tincture; add to it two quarts of diluted acetic acid, and at the end of several hours six or eight quarts of rectified spirit of wine: macerate for seven days, filter, and distil it: when the alcohol has entirely passed over, the product that remains in the retort will be the acetum opii sedativum. (M. Foy quotes this formula from the London Medical Gazette.) *** One drop of this solution is equal to three drops of tincture of opium.

LIQUOR, VAN SWIETEN'S: eight grains of the deuto-chloruret of mercury, dissolved in a glass mortar in an ounce and a half of rectified alcohol, and fourteen ounces and a half of distilled water: mode of exhibition, a table-spoonful in a cupful of milk, barley-water, gummy looch, &c.; in the treatment of syphilitic diseases. Previously to its administration, the mouth and stomach must be in a healthy state.

LITHARGE: this oxide of lead is used in the preparation of desiccative plaisters.

LOBELIA SYPHILITICA: the root; a succedaneum of sarsaparilla.

LOOCH, AMMONIACAL: vide AMMONIATED MILK.

LOOCH, ANISEED: half a drachm of aniseed, one ounce of sugar, triturated together in a marble mortar, and then four ounces of common water gradually added, and afterwards strained: mode of exhibition, by spoonsful during the day, in the treatment of flatulence.

LOOCH, ASTRINGENT: (Swediaur) two drachms of catechu, dissolved at a gentle heat in four ounces of cinnamon water, and then added to a mucilage prepared with a drachm and a half of powdered saloop, and two ounces of syrup of wild poppies: mode of exhibition, a table-spoonful to be taken every hour in dysentery, hæmoptysis, &c.

LOOCH, WHITE: (Codex): eighteen blanched sweet almonds, two blanched bitter almonds, half an ounce of oil of sweet almonds, four ounces of water, half an ounce of refined sugar, sixteen grains of powdered gum tragacanth, four drachms of orange-flower water. An emulsion is first made with the almonds, the water, and almost all the sugar; the gum tragacanth, previously triturated with the remainder of the sugar, is to be gradually rubbed down with this, so as to form a rather clear mucilage, the oil then gradually incorporated, and the whole stirred briskly for half an hour, and finally the orange-flower water is to be added: mode of exhibition, a table-spoonful every hour in colds and catarrhs. *** In the white looch of the hospitals, the sugar is replaced by six drachms of simple syrup, the oil of sweet almonds is omitted, and only half a drachm of orange-flower water is used.

LOOCH OF CATECHU AND STARCH: (Edin. Pharm.): one part of catechu, two parts of starch, rubbed down with eight parts of white of egg, previously beaten up with a little water, and eight parts of syrup of tolu: mode of exhibition, by spoonsful in obstinate diarrhœas. Four or five ounces may be given in the course of the twenty-four hours.

LOOCH, GUMMY: two to four parts of powdered gum arabic, rubbed down in a marble mortar with eight parts of syrup of honey, marsh-mallow, capillaire, sugar, and thirty-two parts of hot water, or infusion of pectoral flowers gradually added: mode of exhibition, as the preceding.

LOOCH, OILY: (Codex): half an ounce of oil of sweet almonds, half an ounce of powdered gum arabic, half an ounce of orange-flower water, one ounce of syrup of marsh-mallow, three ounces of common water: a mucilage is first made with the gum and the orange flower-water, the oil then gradually added, after which the common water and the syrup. *** In the oily looch of the hospitals, the syrup of marsh-mallow is replaced by six drachms of simple syrup; four ounces of common water are used, and only half a drachm of orange flower-water.

LOOCH, YELLOW: an emulsion prepared with the yelk of egg, the oil of sweet almonds, the syrup of marsh-mallows, common water, &c. It is rarely employed at present.

LOOCH, LAXATIVE FOR CHILDREN: three parts of white looch, one part of syrup of pale roses: mode of exhibition, one to two ounces the preceding evening, and the same quantity the morning of the day, when its aperient action is required.

LOOCH, PECTORAL: (German hospitals): equal parts of oxymel of squills, syrup of marsh-mallow, and mucilage of gum arabic: mode of exhibition, by spoonsful every two hours in chronic pulmonary catarrhs.

LOOCH, SAPONACEOUS: one part of grated medicinal soap, dissolved at a gentle heat in eight parts of oil of sweet almonds, and two parts of syrup of lemon added when cold: mode of exhibition, by spoonsful, (two or four) in affections of the urinary organs.

LOOCH, TEREBINTHINATE: (Recamier and Martinet): three drachms of essence of turpentine, rubbed down in a glass mortar with the yelks of two eggs, and two ounces of syrup of mint, one ounce of syrup of orange-flower, one ounce of syrup of ether, and half a drachm of tincture of cinnamon, gradually added: mode of exhibition, three table-spoonsful daily, one morning, noon, and evening, in the treatment of neuralgia.

LOOCH, GREEN: an emulsion prepared with the terebinthus pistachia, water, saffron, syrup of violets, &c. It is rarely employed at present.

LOTION, ALCALINE (Parisian hospitals): four ounces of carbonate of potash, a quart of water. Used to wash the head and other parts of the body, when affected with tinea, dartres, &c.

LOTION, ALCOHOLIZED (Swediaur): two parts of lime water, one part of alcohol. Used in obstinate ulcerations, and as an injection in fistulous canals.

LOTION ALUMINOUS AND SULPHUROUS (Gall): two parts of alum, dissolved in thirty-two parts of rose water, and one part of washed sulphur added. Mode of exhibition: one to two ounces in dartrous eruptions and hepatic spots, without irritation of the skin.

LOTION, ALCOHOLO-SAPONACEOUS (Parisian hospitals): see Saponaceous fomentation (Hotel-Dieu).

LOTION, ANTIPSORIC, No. 1 (Hospital St. Louis): one to two parts of sulphuret of potash, dissolved in sixteen parts of pure water.

LOTION, ANTIPSORIC, No. 2 (Hospital St. Louis): one to two parts of hydrochloric acid, sixteen parts of water. *** One ounce of either solution to be added to four ounces of hot water to form a lotion.

LOTION, ANTISEPTIC OR TONIC: sixty parts of decoction of cinchona, two to four parts of camphorated brandy. *** Decoctions, cold infusions, infusions, &c., when required for external use, are generally prepared in the dose of one to two parts of vegetable substances to sixteen of the liquid.

LOTION, ASTRINGENT: one to two parts of sulphate of zinc, the same quantity of the sulphate of alum dissolved in one hundred and twenty parts of distilled plantain water. Used for wounds attended with hæmorrhage, and for ulcers.

LOTION, ASTRINGENT AND ANTI-DARTROUS (Alibert): three parts of alum, one part of hydrochlorate of ammonia, dissolved in sixty parts of rose-water, and one part of Eau de Barèges added. *** Used in certain moist dartrous eruptions.

LOTION, ASTRINGENT: thirty-two parts of decoction of bistort, galls, or oak-bark, eight parts of honey, one part of powdered hydrochlorate of ammonia. Used for hydrocele. Mode of exhibition: the tumour is moistened several times daily with the lotion, and is kept covered with compresses soaked in it.

LOTION, BARLOW'S: four parts of sulphuret of potash, five parts of white soap, four parts of rectified alcohol; the whole is to be rubbed together in a porcelain mortar, and one hundred and twelve parts of lime-water added. Used for porrigo.

LOTION, SEDATIVE: one to two parts of medicinal prussic acid, one hundred and twenty-eight parts of lettuce-water.

LOTION, SEDATIVE: one part of extract of hyoscyamus, twenty-four parts of pure water.

LOTION, DISINFECTANT: see Chloruret of Lime.

LOTION OF WHITE HELLEBORE (Swediaur): twelve parts of white hellebore, infused in twenty parts of boiling water, and strained. Used for porrigo and tinea.

LOTION, VINEGAR (Parisian hospitals): see Astringent Embrocations.

LOTION WITH TANNIN, WITH CINCHONA (Parisian hospitals): see Injection of Tannin, Tonic Injection.

LOTION OF ELDER-FLOWERS (Parisian hospitals); two drachms and a half of elder flowers, a quart of boiling water, infused for an hour and strained. As discutient.

LOTION, SOAP (Parisian hospitals): two ounces of white commercial soap, dissolved in a quart of water. Used in the same cases as the alcaline solutions.

LOTION, EMOLLIENT: a sufficient quantity of decoction of marsh mallow root, or linseed, or of mallow leaves.

LOTION, STIMULANT AND CAUSTIC: (Alibert): two parts of liquid chlorine, one part of pure water: mode of exhibition, as a topical application: made with a pledget of lint to certain obstinate dartrous eruptions.

LOTION AGAINST THE ITCH: (Manry): two drachms of quicksilver dissolved in four ounces of nitric acid, and ten pints of distilled water added: mode of exhibition, half an ounce evening and morning in lotions.

LOTION AGAINST THE ITCH: (Dupuytren): four ounces of sulphuret of potash, dissolved in a pint and a half of pure water, and four drachms of sulphuric acid added: mode of exhibition, used in the treatment of the itch. From half an ounce to an ounce of this lotion, diluted with water, if too stimulating, is used two or three times a day to the parts affected, the patient at the same time must take some simple baths. Alibert modified Dupuytren's lotion in the following manner: in a bottle ticketed No. 1, there are two ounces of sulphuret of potash or soda, dissolved in a quart of water: in another bottle, marked No. 2, there are three ounces of sulphuric acid. When the lotion is to be used, a liqueur glassful of each of these liquors is poured into a tub half full of hot water, and the parts affected are washed evening and morning for half an hour with a piece of fine sponge. This application is very cheap; does not stain the linen, has very little smell and is a very convenient one.

LOTION AGAINST TINEA: (Biett): see Barber's Lotion.

LOTION AGAINST PITYRIASIS VERSICOLOR: (Biett): these lotions are made with a drachm of chlorine or two drachms of liquor potassæ to the pint of distilled water.

LOTION AGAINST CHANCRES: (Gibert): these lotions are made with chloruretted or aluminous water, (one drachm of chlorine or alum to the pint of pure water) with eau blanche, or the following solution: a quart of spring water, eight grains of corrosive sublimate, eight drops of liquid laudanum.

LOTION, GUMMY AND MERCURIAL (Franck): two grains of the deuto-chloruret of mercury, dissolved in twelve ounces of distilled water, to which is to be added half an ounce of powdered gum arabic. Used in the treatment of the itch, syphilitic eruptions, &c.

LOTION, IODURETTED: one to two grains of iodine, rubbed down in a glass mortar with a drachm of rectified alcohol, and a pint of pure water added. Applied to scrophulous sores.

LOTION, IODURO-SULPHUROUS (Dauvergne): a lotion employed in the treatment of herpes crustaceus flavus (dartre crouteuse flavescente), in the dose of from three to six drachms to a tub full of cold or warm water. This lotion is prepared with two drachms of lotion No. 1, and four drachms of lotion No. 2. *** Lotion No. 1, three parts of iodine, six parts of ioduret of potassium, twenty-four parts of distilled water. Lotion No. 2, thirty-two parts of sulphuret of potash, sixty-four parts of distilled water.

LOTION, MERCURIAL (Alibert): see Red Water (Eau Rouge).

(To be continued.)

DRUG PRICE LIST FOR THE PRESENT WEEK.

DRUGS.	PRICE. £ s. d.	£ s. d.	DUTY.
Alkanet Root, bd.....cwt.	0 14 0	to 0 16 0	1s.0d.pc
Aloes, Barbadoes	6 0 0	14 0 0	pr. lb.
Epatica, bd.....	1 10 0	9 0 0	1d BP
Cape, bd.....	1 5 0	1 14 0	2d. F.
Alum, British.....ton	9 5 0	0 0 0	
Roch.....cwt.	1 3 0	0 0 0	2s. cwt.
Ambergris, Grey.....oz.	0 5 0	0 7 6	3d. oz.
Anchovies.....dble. brl.	1 2 0	1 3 0	2d. lb.
Angelica Root...dp.cwt.	1 0 0	1 15 0	4s. cwt.
Annatto, Flag, dp.....lb.	0 0 7	0 0 9	1s. cwt.
Roll .....dp.	0 0 6	0 0 8	1s. cwt.
Antimony, Crude ....cwt.	1 15 0	0 0 0	2s.
Ore, bd....ton.	12 0 0	0 0 0	1s. ton
Regulus, Cps..cwt.	2 15 0	3 3, 0	1s. cwt.
Bowls	0 0 0	0 0 0	1s.BP
Arrow Root.....	0 0 5	0 1 4	BP 1s F. 5s. cwt
Arsenic, White.....	0 0 0	0 0 0	1s.cwt
Red.....	2 7 0	2 10 0	6d.BP
English White..	0 12 0	0 0 0	
Yellow.	0 18 0	0 0 0	
Boracic Acid.....cwt.	1 10 0	1 19 6	6d. cwt
Balsam, Canada.....lb.	0 1 0	0 1 2	1d. lb.
Capavi, bd.....	0 0 11½	0 1 2	4s. cwt
Peru, bd.....	0 5 6	0 6 0	3d. lb.
Tolu. bd.....	0 1 6	0 1 9	2d.
Bark, Peruv. bd. pale..lb.	0 0 6	0 0 10	
Good....	0 2 3	0 2 9	
Mid. do.	0 1 3	0 1 9	
Crown ..	0 0 9	0 3 0	
Yellow, Flat	0 3 0	0 0 0	
Quill....	0 0 0	0 0 0	
Red, Flat...	0 3 6	0 6 0	
Quill....	0 1 6	0 2 0	1s. cwt
Cascarilla, bd. cwt..	1 0 0	2 4 0	
Quercitron.....dp.	0 10 0	0 10 6	
Oak Englisl.,pr.load	15 0 0	19 0 0	BP.1d
Foreign, pr. ton	5 10 0	8 10 0	cwt
New S. W. .....ton	10 0 0	12 0 0	F. 3d.
Berries, Bay.....cwt.	1 5 0	1 6 0	
Juniper, Italian..	0 10 0	0 15 6	
German.	0 10 6	0 13 0	1s. cwt
Turkey, Yellow ..	0 0 0	0 0 0	
Persian, do.....	0 0 0	0 0 0	
Black Lead, E. I.....cwt.	0 6 0	0 6 6	
Malaga.....	0 10 0	0 18 0	BP.5s
German.....	0 9 3	0 18 0	ton
Dust	0 0 0	0 0 0	F. 20s
Borax, or Tincal, bd. cwt.	1 12 0	1 18 0	6d. ton
E. I. Refined, bd.	2 5 0	2 8 0	5s. cwt
English Refined..	2 12 0	2 14 0	
Brimstone, Rgh. bd. ..ton	5 5 0	0 0 0	BP.3d F 6d.c
Roll.....	9 10 0	10 0 0	1s.to2s.c
Camphor, Unrefined, cwt.	15 0 0	0 0 0	
Dutch, bd..cwt.	15 0 0	0 0 0	1s.cwt
Refined.....lb.	0 3 10	0 0 0	10s.
Cantharides, bd.....	0 2 1	0 2 2	3d.
Capers, French.....cwt.	4 0 0	9 10 0	6d. lb
Capotts	0 0 0	0 0 0	3d. BP.
Cardemoms, Malabr. bd. lb	0 3 3	0 3 4	
Long Longs..	0 1 6	0 1 10	2d.
Ceylon.....	0 1 2	0 1 4	
Castor, America.....lb.	0 19 0	1 5 0	2s. cwt
Castor Oil, America....lb.	0 0 5½	0 0 10	1s.3d.
E.I. bd.....	0 0 4½	0 0 9½	cwt
Chillies, E. I. bd.....cwt.	0 0 0	0 0 0	6d. lb
China Root, bd.....cwt.	1 4 6	2 0 0	3d. lb
Cobalt, bd.....lb.	0 0 0	0 0 0	5s. ton
Coculus Indicus, bd. cwt.	0 8 0	0 12 0	7s. 6d.
Colocynth, Turkey ..dp.lb	0 1 6	0 3 0	1d.
Spanish.....	0 1 4	0 1 9	
Colombo Root, bd....cwt.	0 15 0	1 13 0	1s.
Copperas, Gr. on bd. .ton.	3 17 6	0 0 0	£1 ton
Blue.....	1 17 0	2 0 0	10s. BP

DRUGS.	PRICE. £ s. d.	£ s. d.	DUTY.
Cream Tartar, d.p.Fr.cwt.	0 0 0	to 0 0 0	
Venetian	3 1 0	3 4 0	1s. cwt.
Cubebs, bd.....cwt.	2 2 0	2 10 0	1d. lb
Cowries.....	3 0 0	3 5 0	5 p. cent
Dragon's Blood, bd.....	2 10 0	5 0 0	
Reed	6 0 0	16 0 0	1s.
Emery Stone.....	9 10 0	11 0 0	
Essential Oils,			
Cloves, bd...lb.	0 7 0	0 10 0	4s. lb
Caraway, dp. ..	0 8 9	0 9 0	
Lavender	0 7 6	0 0 0	2s. lb
Peppermint, bd	0 7 0	0 7 9	
Spike	0 4 0	0 0 0	
Annlseed, bd...	0 8 0	0 0 0	
Cassia, bd.....	0 13 0	0 15 0	
Cajaputa, bd.oz.	0 0 4	0 0 6	
Cinnamon, bd..	0 2 10	0 4 9	
Mace (expd) bd.	0 0 8	0 10½	
Nutmegs, bd..	0 0 6	0 0 10	
Bergamot, dp.lb	0 11 6	0 11 9	1s. lb.
Lemon.....	0 5 9	0 6 0	
Orange.....	0 4 6	0 5 6	
Rosemary.....	0 1 8	0 2 6	
Thyme.....	0 2 9	0 3 0	
Otto Roses..oz.	0 14 6	0 15 3	
Almonds.....	0 1 7	0 1 11	
Galangal Root, bd. cwt. .	0 10 0	0 11 0	2d. lb
Galls, in sorts.....cwt.	2 4 0	2 15 0	
Green or White..	2 5 0	2 10 0	1s.
Blue	2 18 0	3 4 0	
E. I. Blue.... bd.	2 15 0	2 18 0	
Gentian Root....bd. cwt.	0 18 0	1 4 0	5s. p.ton
Glue, Best Town.....cwt.	2 8 0	2 10 0	
Inferior.....	1 18 0	2 0 0	
Foreign.....	0 0 0	0 0 0	3s.p.cwt
Guinea Grains, bd.....	1 10 0	2 8 0	15s. cwt
Gums,			
Ammoniac, Lp.bd. cwt..	2 0 0	4 10 0	
Drop	3 5 0	9 0 0	
Arabic, E. I. bd.....	1 0 0	3 10 0	
Cape.....	0 10 0	0 16 0	
Turkey, fine ..	8 0 0	9 0 0	
2nds and 3rds.	4 5 0	7 0 0	
Barbary, Brown, bd....	2 15 0	3 0 0	
White.....	0 0 0	0 0 0	
Gedda, bd.....	3 5 0	0 0 0	
Animi, washed, bd.	4 0 0	9 5 0	
scraped.....	6 10 0	9 10 0	
Copal.....	lb. 0 1 0	0 2 6	1s.cwt
Assafœtida, bd.....cwt	1 15 0	5 0 0	
Benjamin, 3rds. bd.....	5 0 0	10 10 0	
1st and 2nds	15 0 0	50 0 0	
Gamboge, bd.....	19 0 0	21 0 0	
Galbanum	3 10 0	4 12 0	
Guiacum	0 0 9	0 2 0	
Myrrh, E. I. bd....cwt.	4 0 0	15 0 0	
Turkey.....	0 0 0	0 0 0	
Mastic.....	lb. 0 3 0	0 4 0	
Olibanum, bd.....cwt.	1 0 0	2 8 0	
Sandrack, bd.....	3 10 0	4 0 0	
Senegal, garbled, bd....	5 0 0	5 10 0	
Tragacanth, Picked....	14 0 0	15 15 0	1s.cwt
Sorts.....	5 0 0	8 10 0	
Lac, Sticklac, Bengal..	1 15 0	2 5 0	
Siam, &c..	0 0 0	0 0 0	
Shellac, Liver, cwt..	1 10 0	1 18 0	1d.cwt
DT.....	1 10 0	1 15 0	
Orange.....	2 10 0	3 5 0	1s.
Block.....	1 7 0	1 12 0	
Seedlac.....cwt.	1 0 0	1 5 0	
Hellebore Root.....cwt.	2 0 0	2 10 0	3s. cwt
Honey, Fine.....	3 10 0	4 10 0½	BP.5s F.10s.

DRUGS	PRICE. £ s. d.	£ s. d.	DUTY.
Iceland Moss.....lb.	0 0	2½ to 0 0	3 5s. ton
Indian Rubber, solid	0 0	3 0 0	8
bottles...	0 0	8 0 1	0 1s.cwt
small.....	0 1	6 0 1	9
Indigo .....bd floras,	lb 0 5	3 0 6	0
Guatim and sobres..	0 4	0 0 5	0
Caracca . cortes..	0 2	0 0 3	9
Bengal fine blue.....	0 5	3 0 5	9
Fine purple & violet	0 5	6 0 5	9
Good ditto.....	0 4	9 0 5	3 Indigo
Middling	0 4	3 0 4	6 per cwt.
Copper Fine.....	0 4	9 0 5	3 F. 2s.
good & middling..	0 3	8 0 4	8 BP.1s.
Ordin. violet & copper	0 2	6 0 3	6
Oude, good and fine..	0 3	6 0 4	3
low & middling.	0 2	3 0 3	3
Madras, good & fine violet & blue	0 3	9 0 5	0
ord. & mid. do..	0 1	11 0 3	6
Java.....		none	
Manilla, good & fine..	0 0	0 0 0	0
ordinary & middling	0 1	0 0 2	0
Ipecacuanha, bd.....lb.	0 1	9 0 2	0 1s. cwt
Isinglass Leaf, 1st sort...	0 10	0 0 12	0
2nd sort	0 9	0 0 10	0
Simovia.....	0 2	6 0 3	0
Siberia Purse.....	0 5	0 0 6	0
Short Staple, 1st....	0 8	0 0 11	6
Long ditto.....	0 10	0 0 11	6
Isinglass, Brazil.....	0 1	0 0 5	2
Jalap, bd.....lb.	0 2	4 0 2	6
Juice of Lemon.....gal.	0 2	0 0 0	0
Liquorice, 1tal. d.p. cwt..	5 5	0 5 10	0
Block.....	3 5	0 0 0	0
Magnesia, English.....	3 5	0 3 10	0
Manna, Flakey, bd....lb.	0 1	2 0 3	6
Sicily, bd.....	0 0	6 0 0	8
Musk, good & fine, bd. oz.	0 17	0 1 6	0
Nux Vomicæ, bd.....cwt.	0 7	0 0 10	0
Olives, Frch. ½ brls. 12 gls.	3 0	0 4 0	0
Spanish, keg 2 galls.	0 9	0 0 10	0
Oplum, Turkey, bd....lb.	0 10	0 0 11	6
Egyptian.....	0 0	0 0 0	0
Orchella, Can.....ton	38 0	0 40	0 0
Cape de Verd ..35	0 0	0 0	0 0
Madeira	0 0	0 0	0 0
Orpiment, E. India, bd...	0 0	0 0	0 0
Orange Flower Water....	0 0	8 0	0 0
Peel.....	cwt 1 16	0 0	0 0
Orris Root, dp.....	cwt 1 10	0 2	15 0
Pellitory Root.....	lb 0 1	0 0	1 0
Pluk Root.....	lb 0 0	8 0	5 0
Pitch, Burgundy.....	cwt 0 10	0 0	10 0
Pumice Stone, sorts...	ton 6 0	0 7	0 0
Quassia	cwt 0 15	0 0	0 0
Quicksilver.....	lb 0 4	6 0	4 8
Rhatania Root.....	lb 0 0	4 0	0 6
Rhubarb, round.....	bd 0 1	0 0	3 8
Flat.....	0 1	6 0	3 9
Dutch, trimd....	0 4	6 0	6 0
Russian.....	0 11	0 0	11 6
Saccharum Saturne, bd.lb	2 4	0 2	6 0
Saffron, Spanish, ...	lb 1 18	0 2	0 0
Sago, common, bd. ...cwt	0 0	0 0	0 0
Pearl.....	0 11	6 1	4 0
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Honduras..bd	0 1	4 0 1	9 1d. lb
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Danish, do.	0 1	6 0 1	7 2d. lb.
Other sorts in proportion			
Snake Root, bd.....lb	0 1	2 0 1	3
Soap, Naples, soft.....	0 1	6 0 1	9 1d.
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Soy, bd .....gallon	0 7	6 0 8	0 20p.cent
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Spermaccti, English....lb	0 1	8 0 0	0 25p.cent
American...	0 1	4 0 1	6
Tamarinds, W. I.....cwt	1 5	0 3 10	0 1d. BP.
E. I. bd.....	0 15	0 1 5	0 9d. F.
Tapioca, bd.....lb	0 0	2½ 0 0	6½ 1s. ewt
Turmeric, ba. Beng. cwt.	0 14	0 1 4	0
Java.....	0 15	0 0 18	0 1d.BP cwt
Java, green	0 10	0 0 11	0 5s. F.
China.....	1 1	0 1 8	0
Terra Japonica .....cwt	0 14	0 0 15	0 5s. ton
Pale, in squares....	0 0	0 0 0	0
De Sienna.....	0 0	0 0 0	0 10s. ton
Valonia Smyrna.....ton	17 10	0 20 0	0 5s.ton
Pickled Morea...15	10	0 23 0	0
Vinellocs, Brazil, bd....lb	0 10	0 0 11	0 165s.lb
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Verdigrease, For. D.P....	0 1	2 0 1	3 1d. lb
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African, b.d.....	7 10	0 8 0	0
White Hambro'....	9 15	0 10 10	0
English.....cwt.	9 10	0 9 15	0
Cape	7 10	0 9 0	0
Weld, English.....load	0 0	0 0 0	0 5s.
Woad .....ton	0 0	0 0 0	0
Wood, Sapan Bimas, bd...	9 10	0 14 0	0
Siam.....	7 0	0 9 0	0

GOSSIP OF THE WEEK.

The following statement we find in *Le Journal de Quebec*:—"The patient, a middle-aged seaman, of a phlegmatic constitution, yielded, in the space of twenty-four hours, about fourteen pints of a pale yellowish and saccharine liquid. Dr. Panchaud, wishing to ascertain the quantity of sugar contained in this extraordinary secretion, submitted it to the process of evaporation, and extracted from one half pint of the liquid two ounces of a fine substantial sugar equal, when refined, to the whitest brought to market."

We have been favoured from Calcutta with a short report of a meeting of the Medical and Physical Society, held at the Asiatic Society's apartments, December 2, 1843.—C. C. Egerton, Esq., Vice-President, took the chair; and Messrs. Steward, Finch, Jackson, Webb, Eveleigh, Blyth, and Hathaway were present. Mr. Bowhill, Assistant-Surgeon, Bengal Service, was proposed as a member. The following cases were read:- 1st, Remarkable case of abscesses in the liver, one opened artificially, two spontaneously, by J. Jackson, Esq., M.D. 2nd, Another case of abscesses in the liver, complicated, with abscess in the brain, by J. Jackson, Esq., M.D. 3rd, Case of abscess in the spleen, spontaneously evacuated—with recovery of the patient, by Allan Webb, Esq. The cases of Dr. Jackson were very remarkable with reference to the morbid appearances observed after death, taken in connexion with the symptoms during life; since, in diseases of the brain and liver, it is rare to find the locality of purulent collections so well indicated by symptoms. Dr. Jackson observes that "both cases had taken place in drunkards, and in the case of hepatic abscess, which was opened, I had reason to believe that the man had been suffering much longer than he stated; I avoided venesection, being almost sure, from the state of perspiration which the man had, that abscess had formed." It would appear that two of the three abscesses had been fairly emptied during life, one artificially, the other naturally, into the duodenum; the third merely required the separation of a portion of membrane, already sloughing, to have evacuated its contents into the stomach; for, it seems probable, that this had not taken place during life. The next case of abscess in the brain, and plurality of abscesses in the liver was exceedingly interesting. The man left the hospital, feeling quite well from the liver affection, the abscesses being encysted; but returned soon after with well-marked symptoms of inflammation in the brain, which was found to have terminated in abscess.

Among recent deaths we regret to announce that of one of our attached subscribers, who, on the 14th ultimo, died suddenly at his residence, Checthamhill:—William Goodlad, Esq., Fellow of the Royal College of Surgeons, and one of the surgeons to the Union hospital, Manchester. The German journals mention the death of Doctor Eder, a distinguished Austrian physician, who had the charge of the military hospitals of Turkey.

Under the title of "THE LANCET'S NEW GREAT MAN," a correspondent sends a statement of accounts as supplied respectively between Dr. O'Toole and Mr. Wakley. We dislike obtruding such matters on our readers' notice; and yet, under present circumstances, have scarcely virtue enough to forbear giving the deserving parties the benefit of the joke.

Dr. O'Toole, Dr.	
To hot supper and personal condescension from Mr. Wakley, M.P.	333
Ditto, sundry dinners with ditto.....	666
To ten pounds per month promised	0
To promise to make Dr. O'Toole a great man, adding, "I never took up a man that I did not make a great one of!"	0
To beginning performance of said promise in the last number of the Lancet, (743,) in an empirical announcement thus:—CURE OF TYPHUS FEVER.—We are informed that Dr. O'Toole, medical officer of the ———, has perfected his plan of treatment of typhus fever by means of solutions of chloride of sodium, the outline of which appeared in our pages in the year 1838. It has been witnessed by hundreds of medical men, and has been attended with extraordinary success!!! We understand that Dr. O'Toole is engaged in writing a short work upon the subject."...	0
	999

Mr. Wakley, Dr.	
By getting my friends "Rugg and Simpson" to go with me to Mr. Wakley.....	111
By getting them to write to Mr. Wakley, that they were not the authors of the leading articles in the Medical Times.	1
By breaking faith with the committee, and asserting that that was not a deputation which I described to them and Mr. Wakley as a deputation	1
By breaking faith with Mr. Wakley, when I published that to the committee which I had promised to him to keep sub rosa	111
By breaking faith with Medical Times when I signed that that was "not correct," which I knew to be correct, and which I myself had revised	333
By asserting publicly that I did not revise the manuscript	0
By introducing Mr. Wakley to the committee, and helping him as well as I could to his crotchets	0
By my attempt and failure to make the committee his creature	0
Discount to Dr. O'Toole in consideration of general loss of character	442
	999

We are happy to learn that the account is balanced.

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The science of statistics has only within a recent period been successfully applied to the duration and Mortality of disease, and hence tables on the probability of these results could not have been formed; and it would evidently have been unsafe and hazardous for any Society to have undertaken the risk of assuring the lives of persons afflicted with any particular malady. The statistical information, however, now collected, and in possession of this office, is of so great an extent as fully to warrant the extension of life assurance to such cases, and in fact to place the application of life assurance on diseased lives on a more secure basis then even that on healthy lives.

It is hoped that while kept clearly in view that this Society, in common with other offices, will assure the lives of healthy persons, it is as yet the only one established to assure the lives of persons labouring under disease; and to this latter feature particular attention is directed.

In the first place, because it opens a larger field for business than all other offices can have unitedly; and in the

Second place, because that branch of assurance must from its own nature be less hazardous, and its principles rest on a more permanent foundation.

These are two highly important facts, and we shall enter into an explanation of each; and first as to the prevalence of disease.

The period of life most important to an assurance office is that between 15—60 years of age, and in the following remarks we refer exclusively to this period of life.

It will be found that the deaths in the metropolis for the two years preceding 1812, were from all causes 39,518; and from consumption alone, 10,688; showing that more than one-third of the total deaths in that period of life takes place from the prevalence of a single disease; and if the same inquiry were instituted with respect to the existence of other diseases, such as asthma, dropsy, diseases of the head, heart, &c., it would be found that more than one-half of the whole population would, on medical examination, be refused admission into an assurance office. If the inquiry be carried to the principal towns in England like facts are elicited—in Birmingham, Liverpool, and Manchester, the deaths from all causes per annum are about 5,023, while those from consumption are 1,988, forming considerably more than one-third of the whole. The same thing will be found to hold good in the large towns in Scotland, in six of which the deaths in a given period, from all causes, amounted to 23,078, those from consumption alone to 6,359, and from six important diseases 9,751; in the latter case forming more than 42 per cent. of the deaths from all causes. On reference to the returns from the city of Glasgow for 1836-40, it will be found that the deaths in that period, from all causes, were 14,107, from consumption 4,087, and a list of five diseases 6,423, being more than 45 per cent. of the deaths from all causes.

The diseases here alluded to are such as exist in general in a chronic form, frequently for many years prior to death, but which, on a strict medical examination, would effectually exclude the persons so affected from the benefits of life assurance; and since it thus appears that a majority of the population is included in this class, the value and importance of the new feature of this society cannot fail to be justly appreciated.

The second point to be explained is the fact that there is much less risk in assuring deceased lives. This is a feature of paramount and vital importance to the interests of this Society, and deserves to be carefully considered.

The real risk incurred in all assurance transactions consists in the chance to which an office is liable of experiencing a different degree of mortality from that expected from the tables on which its calculations are founded. This difference is termed the fluctuation of mortality, and will be found to be much less among diseased lives than over the general population, and among selected lives.

The deaths from consumption in the metropolis per annum are sufficiently near the annual number which takes place in Glasgow, from all causes, to admit of a comparison, and by reducing the matter to figures it is found that while the fluctuation per annum in the latter case is as high as 45 per cent., in the former it is only 9 per cent. or, in other words, the fluctuation of mortality in consumption was only one-fifth of the other; and in Manchester, Liverpool, and Birmingham, even with the disadvantage of smaller numbers, the fluctuation does not exceed 3 per cent., showing a remarkable uniformity in the law which determines the mortality of this disease, and that it is more positive and absolute in its results than that which regulates the general population. Consumption has here been selected, not because it was considered more favourable in its results, but simply on account of the larger numbers affording a more satisfactory proof of the question under consideration; but the same test has been applied to a great number of other diseases, and like results obtained. Among nine diseases in the metropolis, including asthma, dropsy, rheumatism, disease of the liver, of the heart, of the nervous system, &c., the fluctuation was only 7½ per cent., and in five diseases in a different district the fluctuation was about 7 per cent., while among 11 in another locality, and even with small numbers, the fluctuation did not exceed 6.2 per cent.; and taking the principal towns in England, including Manchester, Liverpool, Birmingham, Leeds, Sheffield, &c., the fluctuation over 11 of the more important diseases was 6.4 per cent.

The remarkable uniformity in these results cannot fail to produce a conviction of the positive character of the law of mortality in disease; indeed, there seems to be nothing within the whole range of the doctrine of probabilities so well defined as the mortality of deceased lives. The mortality of the general population has frequently been referred to by writers as an example of the certainty of common events, but the preceding remarks must show with how much greater certainty the mortality of diseased lives can be depended on.

It is perhaps right to state, that, in applying the test of fluctuation to disease, it has not been confined to one place or class of lives, but has been extended to the principal towns in England and Scotland, as well as to many rural districts in England, and included the experience of one or two large societies of select lives. This has afforded an opportunity of judging of the effects of locality and its sanatory condition on the duration of life, and a remarkable fact has thus been developed, viz., that the value of life generally is much greater in the country districts than in large cities; but that of those persons who suffer from disease the value of life is nearly the same. As an example of this—the expectation at the age of 30 in the country districts is 36.7 years; in cities (viz., Glasgow) 27.6 years—difference 33 per cent. nearly; but take the case of persons of that age in whom the consumptive tendency is developed, and who will ultimately die of consumption had their expectation of life in the counties of Essex, Suffolk and Norfolk will be found to be 14.5, in cities (Glasgow) 14.4, and in the metropolis, Manchester, Birmingham, 13.9: difference .017 per cent., (or 1-57 per cent.) It therefore appears that while the difference between country and town life in the former case is about 33 per cent., that in the latter instance (consumption) the difference is almost nothing and the results nearly uniform. The same thing holds good with some other diseases which have been investigated in this manner. This fact, although not generally understood, is only what might have been expected by a careful consideration of the conclusion formerly arrived at—that the fluctuation the of law of mortality in disease is confined within a very narrow limit, and consequently little influenced by external circumstances.

It hence appears that the fluctuation in the mortality of diseased lives is much less than among select lives and the population generally, and therefore the risk of assuring diseased lives must also be less.

To apply this conclusion to the affairs of an assurance office it may be stated, that supposing the number of lives in a society, taking only select lives, was such that the table of mortality would indicate 100 deaths per annum, it would be necessary to have always sufficient funds at immediate command to meet 115 deaths; on the other hand, an office assuring only diseased lives need not provide for more than 109 deaths per annum; that is to say, the risk of assuring diseased lives is to that of average lives as 9 to 45, or only one-fifth. This fact is highly important to the interests of this Society, and establishes beyond doubt the safety and correctness of the principles on which it is founded.

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No. 233. Vol. IX. LONDON, SATURDAY, MARCH 9, 1844. FIVEPENCE. Stamped Edition 6d.

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Received in the hospital on the 6th of May, 1841, Godfrey Krieg, joiner, 19 years of age, a strong man: fell ill fourteen days ago; the symptoms at the commencement of the disease were great lassitude, and slight gastric symptoms. Facts, however, soon displayed themselves during the progress of the malady, which left no doubt respecting its typhoid nature. Cerebral symptoms predominated whilst the mucous surface of the intestines was but little affected. The forms of the disease, known by the name of *cerebral typhus*, are generally less intense. That the cerebral symptoms, against which a general venesection had been performed, have already considerably subsided, is proved by the physiognomy of the patient. But he still experiences a buzzing or tingling of the ears, and giddiness on sitting up. I have often directed attention to the fact, that the sensation of buzzing in the ears, frequently precedes the development of the *parotides*: we, therefore, questioned the patient whether he experienced pain in the region in question at the corner of the lower jaw, and on opening the mouth; he answered in the negative. The abdominal phenomena are moderate; some watery evacuations daily: rumbling, but without pain, in the cœcal region. There is also slight cough, but without pain. The sound elicited by percussion of the thorax is clear, but a dryish rhonchus, inclining to humidity, is to be heard on the left side, which also corresponds with the mucous sputa, tinged with blood, which are brought up by coughing; the general symptoms also correspond. Tolerably uniform secretion of the skin; the urine, however, more highly coloured than the normal urine: pulse strong, 80 per minute in the morning, 90 in the evening. We have here a progressive disease, which goes through a certain course of evolutions, which may be guided, but cannot be cut short. We must, therefore, take into consideration the individual local phenomena for the purpose of preventing their growing excessive. We are approaching the period of the crisis, and therefore must support the tendency for a secretion of the skin which already manifests itself, for which purpose we administer to the patient, a diaphoretic draught, and as the affection of the chest on the left side still exists, we give 2 gr. ammonii muriat., with 1 gr. of camphor every two hours, in order to meet both indications.

May 7th.—A slight exacerbation exhibited itself last evening; but the night was calm, and to-day we find a diminution in the intensity of all the symptoms; head more easy; cough more rare; sputa not mixed with blood; symptoms of the chest pretty much the same. From yesterday there have been only two intestinal evacuations, but of an improved character as to quality; there now is a very remarkable remission of the fever; the skin is open, and soft; pulse strong; tongue humid; a mucous cloudiness in the urine, but no decisive critical change. The convalescent symptoms being the same, and the disease mitigated in consequence of the remedies administered, we shall continue the same.

May 8th.—A moderate epistaxis has taken place to-day; the state of the patient is satisfactory; the reaction takes place, although slowly. The nervous phenomena have considerably decreased; the symptoms of the chest are equally satisfactory, but a humid rattling noise still audible at the root of the left lung. The abdominal symptoms also are favourable; there is a more feculent evacuation; no more rumbling; the general reaction corresponds; strong beatings of the pulse, 84 per minute; skin open; tongue humid. The epistaxis in these cases ought not to be overlooked; it possesses the critical character, but may often become excessive. During the copious discharge of blood, we observe the cerebral symptoms becoming more violent, lassitude increasing, above all, however, an increase of the frequency in the pulse, and the temperature of the skin exhibiting the *calor mordax*. This symptomatic discharge of blood must not be left to itself, as is done in the critical discharge; recourse must be had to more powerful remedies. If cold fomentations on the base of the forehead and nose, and a more upright position, &c., do not check the discharge of blood, the cavity of the nose must be plugged with charpié dipped in aqua thedeni; internally, alum, and excitement of the peripheric nervous system by means of sinapisms, ought to be applied. In this case, however, the discharge of blood—owing to its quantity, length of time, and influence upon the nervous group of symptoms—evidently must be viewed as critical.

May 10th.—The local symptoms are satisfactory, excepting the topical affection of the mucous surface of the respiratory organs, the latter not only actually continuing as before, but exhibiting greater extension and intensity. On the other hand, no change has taken place in the functional symptoms of the lungs. Respiration easy; cough more rare; sputa not bloody, readily dissolving itself. The reaction maintains itself at the same height: pulse, morning 90, evening 100; the skin is rather more constricted; the urine normal, but slightly clouded by mucus. Last night a noticeable symptom has presented itself; a moderate bleeding of the nose. This is of no material consequence for the present, but must be carefully watched, to prevent its too frequent and abundant return. At the present moment I happen to have patients, in whom the discharge of blood took place on the fourth or fifth day of the disease, with an increase of the cerebral symptoms of the pulse, the skin exhibiting *calor mordax*, and the urine becoming quite pale, urina aquosa. The earlier this discharge of blood takes place, and the more it is accompanied by these symptoms, the worse is its tendency. The symptoms of torpor follow soon after; the reverse is the case as they occur later. We shall administer remedies, affecting at the same time the skin and mucous surface of the lungs: sal ammoniac with sulphur. aurat., and rubbing in mercurial ointment.

May 11th.—Yesterday morning we observed an increase of the respiratory affection, whilst the other symptoms, local and reactive, had maintained themselves as before. On this account we changed the treatment. The affection of the chest increased towards evening, both in extension and intensity, and compelled us to cup freely the diseased localities. The blood so removed is remarkable: its quality confirms still more our opinion as to the nature of the disease; it is almost watery coloured, a state, which old physicians, even before Willis and Huxham, designated by the term of blood in a state of dissolution: there is a decrease of fibrin and of albumen, and at the same time a change of the colouring matter. It would be interesting to enter into a microscopical examination of it, as well as a chemical one, in order to ascertain whether the blood globules are not changed as to shape, and decreased in number. Spent a tolerably good night; this morning scarcely complained of any nervous symptom; he complains of no symptom of the chest, but the anomalous noise may still be heard. Percussion gives a clear sound; auscultation presents the rhonchus sibilans on the anterior regions of both lungs, which is also heard towards the back on the right side, but more slightly. The abdomen is rather swollen; no rattling noise; only one evacuation since last night. Fever moderate; skin less hot; the urine exhibiting slight sediment; but no smell of decomposition. This forms a remarkable phenomenon, namely, that the products of secretions, which are otherwise so liable to decomposition, do not yield to it for such a length of time in cases of coexisting decomposed blood, until suddenly when the general dissolution increasing, the urine also becomes alcaline, manifesting the presence of carbonate of ammonia. I must still direct attention to the apparent insignificance of the abdominal symptoms. In this case costiveness had lasted for three days, and a feculent evacuation could only be forced by a clyster. We must not infer, from the absence of functional abdominal symptoms, that the mucous surface of the intestines is intact. This truth is verified even during life, since cadaverous stools frequently take place instead of costiveness. The diarrhœa is by no means pathognomic in this disease, as some physicians have asserted, and this anomaly should be well known. In spite of no costiveness, no rattling noise, no pain in the cœcal region being observed, lesions on the mucous surface of the intestines still exist. For the present, however, we are especially to be guided in the treatment by the symptoms of the chest. The remedies ordered are to be continued, and in the event of the skin becoming hotter, I order application of warm water.

May 12th.—Two phenomena especially attracted our attention yesterday. 1stly, The quality of the blood, and 2ndly, The affection of the chest, on account of which a topical removal of blood was necessary. The blood extracted was remarkable for its easy fluidity; it exhibited a uniform fluid mass. Dr. Gueterbock has analysed this blood microcospically, both with regard to the form and quantity of the blood globules; and this last point is of the greatest importance. That which has formerly only been inferred by induction, has now been proved by these researches. I allude particularly to the diminution of the blood globules in certain diseases, especially in typhoid diseases; and my friend's researches in this instance, have shown that, although the form of the blood globules is unchanged, the quantity has decreased in so remarkable a manner, as to induce the notion, that the blood has been diluted by a quantity of water. This only confirms our opinion of typhus; namely, that it is a disease of the blood, a hematosis, which, however, is materially distinguishable from

inflammation. With this examination of the blood, the chemical should be combined, respecting which, Dr. Simon has given us much information. The appearance of the blood alone causes us to suppose a total absence of fibrin, and a diminution of albumen, and the colouring matter of the blood seems to be changed, as the violet colour of it already indicates. Free ammonia in this instance is probably present in the blood, if not caused by the blood having been kept for some length of time. The presence, however, of ammonia, cannot be doubted during life, since it frequently occurs in the recently discharged urine of certain patients. This observation, although only with certainty authenticated by modern experimentalists, was indeed previously known to the ancients. The appearance of this phenomenon in the urine, is of the greatest importance for the prognosis.

Yesterday's exacerbation was slight; spent a calm night; head slightly disturbed. On sitting up this morning, giddiness, and even a fainting-fit took place; the latter, however, is but the consequence on the decomposition of the blood, and reminds us of a similar phenomenon in chlorotic persons. The complaints as to the chest are diminished; but implicit credence in this respect ought not to be given to the mere statement of the patient, and as little as to his general health, a question which—when put—is generally answered by his saying "all goes well." The "objective" investigation—that by our scientific means—alone can be relied upon. The anomalous rhonchus in this case has, however, really decreased, but it is well known that the symptoms of the chest in this disease are very mutable, as is also the cœcal noise. The better observers have already directed our attention to this fact. At present the fever is very moderate; pulse 82 per minute.

May 14th.—Some favourable changes have exhibited themselves within the last forty-eight hours, but by no means decisive ones. The favourable symptoms must be admitted, only when the individual groups of symptoms are put together, and compared with those that before existed. The head is more free; but some dulness of hearing has taken place, which is so frequent in nervous fevers, but always may be considered rather as a favourable symptom, than the reverse. It is only unfavourable when accompanied at the same time by *proc. mastoideus* towards the corner of the lower jaw, as a prognostic of a development of *parotides*. The more favourable turn that has taken place, still more distinctly exhibits itself in the organs of the chest. Cough more rare, bringing forth globular sputa, without blood; but a rather more dry rhonchus is audible on the right side of the chest, towards the root of the lungs, which, however, now already approximates to the humid. The abdomen is quiet; the febrile symptoms are moderate, experiencing a slight increase in the evening. Pulse as high as 92 per minute. Tongue also humid towards evening; the skin secreting moderately, especially after the application of warm water, which was made yesterday; urine abundant, and a little darker. The circumstance of no discharge of blood having taken place, is highly favourable. Dr. Simon's researches on the blood latterly extracted from my patient, only confirms what I have expressed respecting the change of blood experienced in patients afflicted with typhus.

	Healthy blood contains,	The blood of our patient contains,
Water	791	887·5
Solid constituents	208	112
Fibrin	2·0	None.
Albumen	76	54
Hæmatoglobulin	112	47·25

The degree of fat and extractive material is very slight in the blood of our patient, which therefore, exhibits a considerable increase of water, a total want of fibrin, and considerable decrease of albumen and hæmatoglobulin. I have already on a former occasion directed attention to the decrease of the quantity of albumen; and it appeared to me that a portion of the albumen was removed by the watery evacuation of stool. Since, however, the decrease of albumen also occurs in the blood without simultaneous diarrhœa, as in this case, I must now pronounce my former view as unfounded.

Buzoroni has already pointed to the remarkable decrease of the volume of organic matter in this disease, its rapidity in individuals seized with typhus, and their remarkably speedy emaciation. This mysterious disappearance of matter in so short a time, cannot be accounted for by any deficiency of assimilating power; for this disease of organic material, and intense lassitude, cannot be perceived in inflammations, when much blood has been extracted, and when the patient frequently takes still less nourishment for a longer period of time, than do patients suffering from typhus. A pneumonic patient frequently sits up again in three days, after several pounds of blood have been taken from him within a short period, whilst a typhus patient requires a much longer time, before his strength is at all restored. This certainly originates from the diminution of the solid constituents of the blood in this disease, and especially from the decrease of the blood globules.

I have already observed, that there exists some similarity in the blood of typhoid, with that of chlorotic, patients, but there is also a material difference. The chlorotic blood certainly exhibits increase of water, but not in the same quantity as in typhoid blood; the decrease of the solid constituents, however, does not, in the chlorotic, take place at the expense of fibrin and albumen: for fibrin has its normal proportion; the albumen is even increased, but at the expense of the blood globules*. These researches are the more interesting, as the researches of *Andral* and *Gavaret*, instituted within the most recent period, correspond with them, as also with those of the older ones of *Reid Clanny*. These researches, however, ought not yet to be considered as terminated; it still remains to be investigated how the colouring matter of the blood acts in this disease. Some phenomena exhibit themselves which indicate, beyond a doubt, that changes in the blood take place, which can be chemically traced; as for instance, is shown by the formation of the black pigment on the teeth, and on the papillæ of the tongue, by the imbibition of colouring matter of the blood on the mucous surface of the intestines, and on the internal surface of the arteries, and particularly by the quality of the urine. According to an analysis of Dr. Simon, the colouring matter of the blood was found to be combined with a basic substance in the darkly-coloured urine of a typhus patient. A modification of certain symptoms of typhus seems to be founded upon the change of the quality of the colouring matter of the blood. During a winter epidemic at Zürich, I found the urine exhibiting the appearance of icteric urine, and containing colouring matter of the blood, whilst the urine, in this instance (although such an evident decomposition of the blood has taken place) does not at all differ from the urine of healthy persons; indeed we even find urina spastica in our patient as we shall see, which only usually exists in the stage of convalescence. Here, therefore, seems to be some key to those modifications. Such facts are important and correct; but much is yet wanting, and a wide field is opened for many further researches on the part of chemistry.

May 15th.—An exacerbation in a group of the local symptoms, namely, in the affection of the chest, has again taken place in the patient. Attention has already been directed by me to the phenomenon that variation, rising and falling, takes place in this disease, in the affection of the chest and abdomen, so that its momentary disappearance does not afford us any guarantee against its recurrence within perhaps a few hours. Here you have an instance:—five days ago the affection of the chest had reached such a height that it was necessary to institute a topical removal of the blood upon which a considerable amelioration took place; suddenly, without any traceable external cause, the rhonchus sibilans was again heard yesterday, on account of which a topical removal of blood was again necessary. The blood extracted has a rather better appearance, is not so dark, and contains sediments. The pulse is more favourable and commencing secretion of the skin is also present. *Prescription*—small doses of sal ammoniac.

May 17th.—The respiratory symptoms have again experienced a considerable aggravation, whilst the symptoms belonging to the typhoid form, as regards both the nerves, or those of the mucous surface of the intestines, have decreased simultaneously with the appearance of critical phenomena on the skin, and the enjoyment of a calm sleep; violent cough, hoarse voice, an itching sensation, burning on the chest are experienced, and anomalous sounds are particularly audible at the root of the lung: there is not only rhonchus sibilans, but even dry crepitation. On comparing this case with similar cases of destruction in the lungs, and the larynx, as frequently witnessed after typhus has run its career, we must be apprehensive of the transition of pneumonia into suppuration, and therefore adopt a powerfully antiphlogistic system, which must not be excluded because we have to deal with a typhus fever, for 1stly, the typhus process has already run its career; 2ndly, the blood, which was discharged the last time, exhibited already a quality approximating to the healthy. A topical removal of blood might no longer be sufficient if the rapidity of the development, the extent of the affection, the transition of bronchitis into pneumonia, be taken into consideration. The decisive determination of the question, whether there should be a general removal of blood is difficult; but this difficulty is here removed. I remind you of a case, spoken of in one of my former lectures, when, on account of the violence of the cerebral symptoms, we caused an opening of the jugular vein at the height of the nervous stage, and with the most favourable results. On this occasion, I pronounced my opinion respecting the necessity of the general removal of the blood in typhus fevers. In this instance we shall make a venesection of eight ounces, apply cupping-glasses to chest, and administer nitre with sal ammoniac, a a 3j in ℥v emulsion for internal use.

May 18th.—The nervous and abdominal symptoms have disappeared; no more crepitation is to be heard in the chest; rattling of mucus commences, and the voice is less hoarse; spent a tolerably calm night and slept; violent coughing took place towards morning, which still has a dry, tingling sound; the fever is moderate, the tongue clean and humid, thirst trifling, urine abundant, and with mucus suspended. The blood, removed yesterday, exhibits a clot of the colour of cochineal, with a scarcely perceptible coagulum, but no real buffy coat; the serum, however, is tinged with colouring matter of the blood. The changes that have taken place, have not entirely corresponded with our wishes; none of the necessary critical secretions have as yet exhibited themselves. Prescription:—frictions of grey mercurial ointment, especially between the shoulder blades.

May 19th.—The symptoms, which we considered as critical phenomena for the principal stage of the disease, namely, the secretion of the skin, with a feeling of stinging heat, calm, refreshing sleep (which last night was but seldom interrupted by coughing, and upon which the nervous phenomena, excepting a slight dulness of hearing, have disappeared), are satisfactory, the more so since the fever has also diminished considerably during their progress. Although this series of facts is satisfactory, the phenomena of the respiratory mucous surface still leave much that is wanting. An amelioration has certainly been obtained by the removal of blood, but we are yet far from the point at which we aim. There is no topical crisis yet. The affection is about the same as we left it yesterday; the so-termed functional symptoms, on the other hand, are already moderated; the cough more rare, of a shorter duration, without a metallic sound, although the voice is still not normal. But what we yet want, is the humid rhonchus to a further audible extent; a more humid cough and globular sputa. Prescription:—

* We beg to enumerate analyses of this blood of the chlorotic, according to Dr. Simon, for a comparison, see his "Hand-book of Medical Chemistry," II. p. 207.

	Chlorotical Blood.	Healthy Blood.
Water	871·5	795·3
Solid Constituents	28·5	204·0
Fibrin	2·0	2·1
Albumen	79·8	76·7
Hæmatoglobulin	32·3	109·2

Continuation of the emulsion with sal ammoniac and nitre.

May 21st.—There are now two questions to be answered. 1st. Whether the active phenomena, which we considered as destroying the element of typhus, continue as favourable as before, and whether the remnants of the malady are checked in the same proportion. 2nd. How is the affection of the chest developed from it, which, as we know, may frequently prove destructive as an after disease. The phenomena, respecting the first point, are satisfactory; sleep good; tongue clean and humid; the pulse 80 per minute, experiencing a trifling rise in the evening; the urine deposits a mucous sediment. The real passive phenomena of the disease are destroyed with those active symptoms. The affection of the chest also begins to assume a more advantageous aspect; only a slight rattling of mucus is audible in the front and at the sides; there is still anomalous rattling to be heard behind, especially towards the root of the right lung, but it is becoming humid; the other symptoms of the chest correspond with this: the cough is now more humid, but the mucus which is expectorated is still rather crude; the voice is no longer hoarse.

It is only within the most recent period that this respiratory affection in the progress of typhus, has attracted that attention which it deserves. The want of the objective method of investigation seems to have caused this neglect, especially since the subjective phenomena in these cases seem to be very trifling. The doctrine, that an active treatment will only be crowned with a happy result when applied at the commencement of this affection, holds good here. The statistical researches of Louis with regard to this disease, are particularly deserving of notice. His conclusions are based on numerous facts, and were formed with praiseworthy circumspection. They show clearly how frequently this after-disease occurs, and how rapidly the phthisis which developes itself from it, runs its course. This after-disease is to be apprehended, when excitement in the respiratory organs, chronic catarrh, or when phthisical diathesis, or latent scrophulous affection exist previously to the typhoid disease; although it likewise ought not to be overlooked, that the epidemic as well as endemic constitution influences this after-disease not a little, since almost all typhoid diseases will at one time be accompanied by respiratory affections, whilst they are entirely free from them at other times.

*** The cough gradually disappeared; the strength of the patient gradually increased under a nourishing diet, so that he was able to leave his bed towards the end of the month, and to be dismissed from the hospital as cured, on the 10th of June.

LECTURES ON THE ANATOMY AND PHYSIOLOGY OF THE EYE,

FORMING PART OF THE COURSE OF LECTURES ON ANATOMY AND PHYSIOLOGY, DELIVERED AT CHARING CROSS HOSPITAL.

By T. WHARTON JONES, F.R.S.

Lecture III.—Feb. 20, 1844.

After the recapitulation which the lecturer usually gives at the commencement of each lecture, he proceeded:—

When we remove, as I now do, the sclerotica, we find under it the choroid. In the eye now shown you (that of a sheep) the pigment of the membrana fusca is more plentiful and darker than in man.

The choroid is a vascular membrane, an expanded network of blood-vessels, supported by cellular tissue. These blood-vessels are not destined to the nourishment of that cellular membrane itself, but contribute to the support of the structures adjacent to its surface.

The choroid corresponds to the whole extent of the sclerotica. Behind, the optic nerve makes its way into the interior of the eye, by an aperture in the choroid, which presents a well-defined margin. In front, the choroid stops where the sclerotica joins the cornea. The deficiency left by the stopping of the choroid is filled up by the *iris*. The anterior part of the choroid, to the extent of nearly a quarter of an inch on the temporal, but less on the nasal side, is of a more complex structure than the posterior part, and is known by the name of the *ciliary body*.

The capillary network of the vessels of the choroid is expanded on the inner surface of the membrane. The arteries of the choroid, therefore, which are called *short posterior ciliaries*, and which enter the eye by perforating the sclerotica behind, tend from without inwards to this capillary network. The veins, on the other hand, carrying the blood away from the capillary network, tend from the inner to the outer surface of the choroid. There they are disposed in a vorticose manner, and hence are called *vasa vorticosa*. In the human eye these veins collect in four trunks, which pass out by an equal number of apertures in the sclerotica at regular distances round its circumference, corresponding to the place of junction between its anterior and posterior halves. These venous trunks, in the human eye, do not communicate with each other so as to form a venous sinus all round, which is the case in the eye of the ox and others of the lower animals. This venous sinus, or canal of the choroid in the lower animals, was described some two hundred years ago by the Dutch anatomist Hovius, the rival of Ruysch.

I mention this circumstance in order that I may call your attention to the distinction between this sinus and the sinus circularis iridis, which I have already noticed as having been first pointed out by Schlemm, as this merit has been denied him by certain persons more desirous of detracting from the merits of Schlemm, than of informing themselves with accuracy with regard to the points in question.

In consequence of the disposition of the vessels of the choroid just described, the membrane has been spoken of as consisting of two layers—an inner, formed by the arteries and capillaries; the outer, by the veins. The first, which is the inner layer, is that which was named by Ruysch's son *tunica Ruschiana*.

Any real separation, however, of the choroid at this place by dissection is impossible. And this, you can readily understand, is owing to the interlacement of its vessels, as already described, the arteries passing from without inwards, the veins from within outwards. The anterior part of the choroid, however, or that which we have designated *ciliary body*, admits of being separated into two layers. Between the two, indeed, which possess certain peculiarities of structure immediately to be described, there is interposed a third substance, which being of a white colour, is named *annulus albidus*. As this annulus albidus is that which, in a great degree, gives form and consistence to the ciliary body, I will describe it before the two layers of the choroid, the other components of that body.

The *annulus albidus* is a body of a peculiar texture—a very fine cellular substance. It has the form of a flat circular band, about one-eighth of an inch broad, thick anteriorly, and thin posteriorly.

From the anterior thick part of the annulus albidus, a process, called ciliary ligament, extends, and is attached to the sclerotica at the place of its junction with the cornea.

The outer layer of the choroid extends forwards as far as the ciliary ligament, and in regard to it there is nothing particular to be noticed.

The inner layer, however, presents a number of folds, as if it, being too wide to be contained within the space, were puckered up or plaited like a sleeve.

It is to be remarked, however, that this is a rude, and in fact not a fully accurate comparison; for, the folds regularly constituted, regularly organised, cannot be undone. To recur to my rude comparison, the folds are, as if they were regularly stitched and sewed into their positions.

Of these folds there are about seventy. They are very vascular; in fact, they are plexiform productions, being to the choroid something like what the choroid plexus of the brain is to its vascular membrane the pia mater.

The connexions of the ciliary processes with other parts, I shall, by and bye, have occasion to consider.

The folds, which the ciliary processes represent, commence imperceptibly, and increase very gradually, until they form the well-marked and projecting folds—the anterior part of the ciliary body.

That part of the ciliary body where the folds are but little marked, is named, *pars non-plicata*, or *pars non-fimbriata*; whilst the part composed of the distinctly marked and prominent folds, the ciliary processes properly so called, is named *pars plicata*, or *pars fimbriata*.

I have already stated that the breadth of the ciliary body is nearly one quarter of an inch on the temporal side, but less on the nasal. Of the two portions of the ciliary body, I have just now shown you, namely, the *pars fimbriata*, and *pars non-fimbriata*, the former is a little less than one-tenth of an inch in breadth: the latter somewhat more. I mention this, as it is a point of some surgical importance; because, on a correct knowledge of it, and of the part of the sclerotica, corresponding to these two portions of the ciliary body, depends the choice of the situation in which the needle must be entered in certain operations for the cure of cataract.

The inner surface of the sclerotica, and the outer surface of the choroid, are united by very short and fine filaments of cellular tissue, interspersed with pigment cells. After separation of the choroid from the sclerotica, some portion of this structure remains on the one, and some on the other; but on account of the whiteness of the sclerotica, what remains on it is more particularly noticeable. It is called, as we have seen, *lamina fusca*.

The pigment cells of the lamina fusca are flat, and remarkable for the irregular processes which they present.

In consequence of the looseness of cohesion between the sclerotica and choroid portions of the membrana fusca in the human eye, it has been viewed as a serous membrane, lining the inner surface of the sclerotica, and reflected from it to the choroid—anteriorly, behind the ciliary ligament—posteriorly, around the entrance of the optic nerve; and at every place where a vessel or nerve passes from the sclerotica or choroid, or from the choroid to the sclerotica. I was formerly inclined to this view of the matter, but I am now less satisfied with it, although I would particularly remark to you that I cannot consider the lamina fusca, the sclerotica and choroid portions included, in the light of so much cellular tissue uniting two membranous layers.

The fact of the existence of pigment cells on the surfaces of the lamina fusca, and the circumstance that hydropthalmic collections occur in the space between the sclerotica and choroid, show that the lamina fusca has in it something of the nature of a serous membrane, though in an imperfect degree.

The Iris.—The iris, so far as concerns its situation, may be said to be to the choroid what the cornea is to the sclerotica, as it fills up the deficient space left by the choroid in front, but does not follow the curvature of the cornea—does not follow the same line as the choroid, being an extended plane across. It is perforated by an opening—the pupil, which is situated not exactly in the centre, but a little to the nasal side; and in this respect is wanting in symmetry, as I have had occasion to remark with regard to the other parts of the eye-ball. On close examination we observe that the pupil varies in size. In the middle state the iris appears folded or wrinkled, in the dilated state of the pupil still more wrinkled, in the much contracted state of the pupil it appears stretched. The circumference of the iris is called the ciliary edge, and is attached to the anterior part of the annulus albidus. The boundary of the pupil is free, and is called the pupillary edge of the iris. On the anterior surface which is differently coloured in different persons, there is a streaked appearance produced by numerous whitish fibres radiating from the pupillary margin.

At a short distance, say one thirtieth of an inch, from the margin of the pupil, these striæ appear as if collected into knots all round, from which large streaks radiate to the ciliary margin. The portion of iris between the ciliary margin and the corona of knots, is named the outer or larger ring, and that between the corona of knots and papillary margin, the inner or smaller ring.

The substance of the iris and choroid, though both very vascular, are very different from each

other, and the two structures are continuous only through the annulus albidus.

The iris contains fibres, disposed in two different directions; the one set being radiated and situated in the larger ring; the other, circular and situated in the smaller ring. Under microscopical observation, these fibres do not appear much different from contractile cellular tissue, but they have this contractile property in so high a degree, that they approach nearer to the nature of muscular fibre. It is by the action of these antagonist sets of muscles that the alternate contraction and dilation of the pupil are produced; the radiating fibres, by their contraction, enlarging the pupil, the circular fibres, by their's diminishing it.

In addition to the contractility, the iris possesses elasticity, by which the pupil is restored again to its medium size, after the action of either of the two sets of fibres we have just been describing.

This, at least, (the return of the pupil from the dilated to the middle state,) is shown by an experiment which I first performed some ten years ago, namely, introducing a forceps closed into the pupil of a human eye, laid open under water, and allowing the points of the forceps to separate, and thus stretch thepupil. On withdrawing the forceps now, the pupil is observed slowly to contract again to the middle state.

The iris is rich in blood vessels. They are derived principally from the long ciliaries which are wholly devoted to it. It also derives some from the anterior ciliaries, and a few twigs from the branches of the short posterior ciliaries ramifying in the ciliary processes.

These different vessels form a vascular circle at the ciliary edge of the iris; from which branches proceed towards its pupillary edge, when they form another, but finer, vascular circle, whence capillary loops extend to the pupillary margin.

The long ciliaries perforate the sclerotica behind, and proceed on the outer surface of the choroid towards the iris; one, situated on the temporal, the other, on the nasal side of the eye, in a line corresponding to the equator.

Each of these arteries divides, especially that on the temporal side, at about a quarter of an inch from the ciliary margin of the iris, at an acute angle, into two branches—an upper and a lower.

The upper branches of the two arteries inosculate above, and the lower branches below, in the substance of the annulus albidus, from whence the irramifications proceed, to open into the first vascular circle which I have just described.

The distance from the ciliary margin of the iris on the temporal side, and, of course, from the margin of the cornea, to which the ciliary margin of the iris corresponds, and at which the iridal artery of the temporal side divides, is connected with the question of the place of introduction of the needle in operating for cataract. The needle is commonly recommended to be introduced a little below, or a little above the equator of the eye-ball, to avoid, as is alleged, the long ciliary artery. But, as this vessel divides into two branches, which divaricate behind the place where the needle should be introduced, such a direction would more likely lead to the infliction than to any avoidance of this injury, the apprehension of which leads to the recommendation; and for this reason—that by the introduction of the needle above or below the equator of the eye-ball, the upper or lower of the two branches of the artery in question is apt to be wounded; whereas, the introduction of the needle right in the equator of the eye-ball, will correspond to the space between the two divaricating branches, and accordingly no injury will be inflicted—supposing the injury to be a matter of very great moment, which it is not.

There are veins corresponding in course, to the long ciliary arteries. The veins corresponding to the anterior ciliary arteries, are connected with the sinus circularis iridis.

The iris is also rich in nerves. On examining the outer surface of the choroid, we observe these nerves on their way to the iris. They had entered the eye-ball by perforating the posterior part of the sclerotica. Before entering into the iris, they pass through the substance of the annulus albidus; and, as it is difficult to trace them by ordinary dissection whilst in this substance, Söemmering supposed the annulus albidus to be of the nature of a ganglion. Hence, he named it *annulus gangliformis*. But for this opinion there is no foundation.

The nerves, the course of which to the iris I have now described to you, are named ciliary; their origin I shall afterwards have occasion to describe; it is sufficient for me to remark, in regard to their endowments, that they are principally motor nerves. What nerves and fibres may be traced into the choroid, do not belong to it, but to the walls of its vessels.

In my last lecture I did not trace the membrane of Descemet beyond the circumference of the cornea. I have now to state that it is from thence continued, to a very limited extent, upon the inner surface of the sclerotica, at its junction with the cornea, and thence, upon the ciliary ligament, whence it is reflected on the anterior surface of the iris, at its ciliary circumference, beyond which it does not extend, terminating in an abrupt, well-defined margin.

The only part of the membrane of Descemet which can for a moment be admitted to extend over the anterior surface of the iris, is the epithelium layer; but in regard to this, even, there is considerable doubt.

ROYAL WESTMINSTER OPHTHALMIC HOSPITAL, CHARING-CROSS.

Clinical Lecture, delivered by Mr. Guthrie, Wednesday, February 28, *and Wednesday, March* 6, 1844.

On Congenital Cataract and the operations required for its removal.

Gentlemen,—A fifth, a sixth, and a seventh case have presented themselves for assistance, since my first remarks on this subject. One is in a cousin of the girl Travers, thirteen years of age, and the mother cannot satisfactorily ascertain whether any of the family were blind. This child is two years old; the opacity is only a spot in the centre of the capsule, constituting the true cataracta capsularis centralis. The difference between this case and that of the cousin being, that in one, the spot is small and central, in the other it is larger, white, and above the centre. The other or right eye is but little affected, and I shall recommend that nothing be done for the present and keep it in observation. The sixth case is in an infant, and both eyes were observed to be dull, as soon as they could be seen. The child is now seven weeks old, and the cataracts are unlike. In the right eye the cataract is clearly soft and lenticular, the capsule being implicated; the colour is a blue-white, the lens is of a good size, and lies close against the uvea or back part of the iris. In the left eye, the colour of the cataract is very different, it is of a dead white, the capsule is becoming leathery, or siliquose, the lens is partly affected.

In the seventh case the left eye only is affected; there is only a dark-white parchment-like capsule remaining situated far back from the iris; the boy is seven years old, and I shall cut or remove this piece at once.

Three more cases have appeared this morning, making in all ten cases of congenital cataract at one time, and I call your attention particularly to them.

Congenital cataracts are often accompanied by other defects of the eye. The most common is a sort of rotatory or oscillatory motion of the eye, by which it seems to make a short turn on its axis or to move from side to side; it is constant and not under control, and is observable in cases not complicated by cataract, although more commonly it is an accompaniment of that complaint. It is. as far as I can ascertain, usually congenital, although the evil augments with age; but I am of opinion that it is frequently diminished, and rendered less perceptible by the removal of the cataract, and the recovery of, or obtaining the use of the eye, constituting a very sufficient and important reason for the performance of the operation at an early period. The eyes are often defective in size, and sometimes, although rarely, nothing more than the rudiment of one can be seen; it is hardly necessary to say that an operation should not be thought of, unless the eye appears to be of a natural size, and in other respects sound. I have operated at all ages, from two months upwards, and find that inflammation is less likely to ensue in a child than in an adult, which is another reason for doing the operation at an early period.

The operation of extraction is inadmissible in these cases, and the choice lies between puncturing and dividing or depressing in capsular cases, through the cornea and through the sclerotica. I do both, but more frequently the latter; through the sclerotica by division as it is a more effectual operation. In the adult these operations are done in the way I shall describe, when talking of operations, but as congenital cataracts ought, if possible, to be removed in infants and in children, additional precautions are required in them, which you have seen taken, and which I shall now notice. The infant, or child, should be rolled up in a sheet, like a mummy, the arms being thus fastened to the sides, so that they cannot be raised. The head should then be laid on a tolerably firm pillow, on a table facing the light of one window; one assistant should prevent the body and limbs from moving, and another should keep the head steady; and a third may aid, if the child is strong, provided he does not get in the way of the operator.

The surgeon should stand behind the child's head, when operating on the right eye, and the assistant should keep the head steady, and prevent the chin from being lowered on the chest, which the child naturally tries to do, by passing the left hand under it whilst he grasps the opposite side and back of the head with the right, in doing which another person may assist, if the patient should be a strong unruly boy; for all resist at first until they feel they are mastered, when most of them become very tractable and submissive; and it is of importance that the head should not be lowered upon the chest, as it greatly inconveniences an inexperienced operator. The surgeon should now raise the upper eyelid by a common elevator delicately placed under the lid by his left hand, unless he can manage it with his fore finger; the lower lid may or may not be *slightly* depressed as he finds it most convenient, and the eye may be steadied or fixed by the elevator, or the finger, when it is ready for either of the operations indicated. They are both done with needles cutting more or less far back from the points; but there is an important condition to be observed, and which is not usually attended to by instrument makers, and that is that the needles should be as small as possible consistent with sufficient strength to prevent their breaking, and to enable the artist to give them a good cutting edge. The instrument makers say to me, "Why, sir, you have gradually reduced your needles to the smallest possible size, they will hardly bear resetting two or three times." My reply is, an eye is worth a new needle, I do not care how seldom needles can be reset, provided they do their work well. Those large tools you sell are only fit for the eye of a jack-ass." They cause in fact in many instances, much more inflammation than a small one, all things otherwise being alike. The needle in addition to being small, should be equal in thickness or size throughout all that part which can by any ordinary possibility be introduced into an eye, for if the shaft becomes thick too suddenly it will not go on through the opening made by the point, and the pressure required from the fingers to make it go on, often turns the eye into the angle near the nose, which would greatly annoy a young operator. Whenever I find a needle with this defect I always break and do not pay for it; they therefore do no often appear. The only case in which I puncture, or introduce the needle through the cornea, is I think, or as far as I can recollect at this moment, that in which the lens is quite soft and large, and in young persons rather than in young children, and in infants. In them I usually introduce the needle through the sclerotica, as being a much more efficient proceeding. I have done so in the five different operations you have seen. I shall puncture the cornea in the right eye of the infant, in whom the lens is soft and large, and divide the capsule in the left, through the sclerotica. The pupil must, in all cases, be well dilated by the belladonna, if it can be done preparatory to the operation, and must be kept so afterwards. In some instances it remains so after the sight is restored; it has done so in the left eye of Westcott, but is gradually contracting, and will do

so, I fully expect under the use of the Veratria' the only efficient remedy I know at present which causes a permanent diminution of an enlarged pupil. I use from six to eight grains dissolved in an ounce of spirit, with which the upper eyelid and forehead are painted. It is allowed to dry on these parts, and a little is generally rubbed by the patient's fingers into the eye, and gives him pain, and causes much watering. In many cases where the defect of sight is caused by a dilated pupil only, the effect of this remedy is admirable. In old cases of disorganization, of glaucoma, it will sometimes cause the pupil to contract, and the patient, who could not before read the name of a newspaper, may become able to read it, and extols the remedy to the skies; soon however to find that his improvement does not increase, and that his hopes have been delusive. Veratria causes contraction of the pupil, and is a stimulant, and a very powerful one, to the nervous system, when applied externally; but I am not aware of any other effect it is capable of giving rise to in the eye, except that of causing inflammation when incautiously applied.

The flat needle to be used through the sclerotica should cut backwards from the point to the extent of a line and a half to two lines on each edge. It should be entered in the infant or child at the distance of a line and a half from the junction of the cornea with the sclerotica; and not two lines or more than two lines as in the adult, the eye of the infant being less. When the cataract is entirely capsular, I generally use a needle slightly curved at the point, and as the manner of performing the different operations which may be required is the same in other respect in the child as in the adult, I shall describe them when speaking of their operations generally.

Adamson, the case of interstitial abscess with hypopium, which I thought would fail, will be discharged on Saturday, the defect arising from the spot on the cornea, being of comparatively little consequence. I wish you to recollect that the operation I recommend in these cases is not a puncture. It is a division of the cornea, made (perpendicularly through it) by the best cataract knife you have, beginning immediately below the edge of the interstitial abscess, and extending to a similar point above it, the internal opening in the cornea being as nearly as possible as large as the external one. The whole of the aqueous humour and other matters should be suddenly discharged, when the iris falls or is pressed forward against the cornea. Care must be taken not to injure the capsule of the lens.

Mr. Guthrie then operated in a case of soft cataract, on the child with capsular congenital cataract, and on the left eye of a woman by extraction.

PARISIAN INTELLIGENCE.

(FROM OUR OWN CORRESPONDENT.)

Paris, Feb. 29th, 1844.

Cancer of the Liver.—The following case of cancer and rupture of the liver, with penetration of the cancerous matter into the veins, and coagulation of the blood, occurred in the ward of Dr. Monneret at the Hospital Cochin:—M. ——, ætat. 40, affected with a discase of the stomach, characterised by local pain, difficult digestion, frequent vomiting, and obstipatio. Six weeks ago, on entering the hospital, she offered the following symptoms: skin pale, especially the face, but not of the colour peculiar to cancer; no icterus; strength tolerable; emaciation but little developed; tumour situated in the epigastrium, extending as low as the umbilicus, hard, and painful on pressure; several other smaller ones situated in the abdomen, below the former; no liquid in the peritoneal cavity; persistence of the vomitings, which are formed of black-coloured substances, food, and ultimately, of liquids; obstipatio; each stool preceded by colic. Nothing remarkable occurred for several weeks, the state of the patient continuing the same, when all at once she was seized with pain in the abdomen and died. *Post mortem* examination.—*Abdomen:* peritoneal cavity containing a considerable quantity of blood; *liver*, of normal size, was covered on its upper surface, and especially on that of the left lobe, with a reddish substance formed by the detritus of a cancer; left lobe somewhat hypertrophied; its anterior surface was ruptured, and the opening, large enough to admit the end of the finger, communicated with a cavity formed in its interior. This cavity, of an irregular form, and of the size of the two fists, was full of a greyish red substance, the result of the detritus of the liver, and an encephaloides; right lobe, though apparently sound, contained a large cavity posteriorly full of a similar substance. *Venæ hepaticæ* healthy; principal divisions of the vena portæ full of a greyish, bloody, encephaloid matter; in other parts, it was mixed with clots of blood; the walls of the veins sound, without any unnatural coloration. Somewhat below the pylorus was an opening, by which the duodenum communicated with a large tumour of the size of the head of a child a year old, filled with a substance of a brick-red colour, as firm as concrete fibrine, and of an encephaloid nature. It had its origin, in all probability, in a mesenteric gland, and was lined with a white fibrous membrane, incrusted with cancerous matter. On the small curvature of the stomach were several small tumours, formed by the mesenteric glands, and containing a yellow matter mixed with encephaloides. Stomach full of a blackish substance; mucous membrane sound; pylorus indurated, with hypertrophy of the muscular membrane and sub-mucous cellular tissue; venæ meseraicæ enormously dilated, and filled with black clots mixed with encephaloides; the internal membrane of a livid hue, but not otherwise changed. Both femoral veins contained a firm clot of a greyish colour externally, without any alteration of their walls. Other organs offered nothing remarkable. This observation is interesting—1°, Because the liver may be completely disorganised by the development of a cancer, and yet no external symptom exist; thus, in this case, there was no icterus; no ascites, which not only might have been produced by the affection of the liver, but likewise by the compression exercised by the enlargement of the mesenteric glands on the vena cava inferior. But was this degenerescence of the mesraic glands anterior or posterior to that of the liver? It is impossible to say, but the fact existed, and therefore deserves to be noticed; the more so, as numerous cases are recorded of cancer of various organs complicating or accompanying cancer of the liver. The patient did not even offer the characteristic colour of the skin in confirmed cancer, and as to the disturbance remarked in the digestion, and functions of the intestines, the pressure exercised on the parts by the tumours in the abdomen is sufficient to account for it. This observation is similar to that recorded by Professor Andral (Clinique Medicale, 2nd Edit., vol. iv., p. 467); in both no characteristic symptoms, and death taking place suddenly; the only difference is, that in this the fatal termination may be explained by the rupture of the liver, and the presence of the cancerous matter in the peritonæum. 2°. From the condition of the hepatic peritonæum, which was neither adherent to the surrounding parts, nor inflamed, and which, after gradually growing thinner, burst as it were by erosion. 3°, From the presence of the cancer in the vena portæ and venæ mesaraicæ, with the same characters as that contained in the liver. How did this take place? It was not by the inflammation and destruction of the walls of the veins, for they were in a normal condition, but evidently by absorption. It is to the presence of this substance that the coagulation of the blood in the two femoral veins, and the subsequent œdema of the lower extremities is to be attributed; for the doubt which often exists is, in this case, impossible. Professor Velpeau has published several curious cases of cancerous matter in the blood, and other authors have placed the fact beyond controversy. The absorption of this abnormal production, and its mixing with the blood, may explain the mode in which the cancerous diathesis, and relapses after the operation, are produced.

Arthrodynia (administration of the Sulphas Quininæ. By W. Baudens, chief Surgeon of the Military Hospital, of Val de Grace).—Sutter, a soldier, ætat. 21, weak constitution, and lymphatic temperament, was taken with arthrodynia of the left knee three days previous to his entry, without any known cause; the symptoms observed were, tumefaction; heat; pain on pressure; skin of a natural colour; patella raised by an effusion of liquid in the articulation, which produced an evident fluctuation; slight fever; (lbj of blood was drawn from the arm, diet, purgative the next day; solution of gum as a tisanne.)—Three days after same state, (local venesection by cupping, after which the parts were frictioned with a camphor liniment); this treatment having caused no amelioration xviij gr. of the sulphate of quinine were given in a potion daily, without producing any beneficial effect; on the contrary, five days after, the right tibio-tarsal articulation became swolln, hot, and the seat of sharp pains; and the knee of the same side offered considerable tumefaction, and fluctuation; heat, but not painful. On both articulations the skin had not presented any abnormal colour; as to the left knee it was in the same state as at first; (potion containing gtt. viij of the tinctura colchici; frictions with a liniment containing the acetate of morphia; broth; dissolution of gum arabic as a tisanne). This treatment was persevered in during twelve days, the amelioration being at first marked but afterwards stationary; consequently the colchicum was discontinued, and 8 grs. of the sulphas quininæ preseribed anew, and under the influence of this treatment, the cure was radically obtained.—C—, aged, 30, of a strong constitution and sanguineous temperament, entered the hospital on account of violent pains in the lower extremities, with nightly exacerbations; narcotic frictions, colchicum, and vapour baths having failed, the sulphas quininæ was ordered at the dose of 3ss in the twenty-four hours, which produced considerable relief. After having taken 3j the patient was seized with deafness, susurrus, giddiness, &c., which symptoms yielded to the administration of a mustard pediluvium; the dose was therefore reduced to xviij grs. and given thus for four days longer, and then ceased, the cure being complete.—B—, aged, 31, lymphatic; had suffered from arthrodynia when fifteen years old, which was cured by a quack after six month's treatment. In the beginning of July, 1843, he contracted a gonorrhœa, and some time after while on duty, (he formed part of the municipal guard of Paris,) was seized with pains in both thighs, and shortly after, the right knee became affected. At his entry the following symptoms were observed: right knee swolln, hot, painful, motionless, containing a considerable quantity of liquid; slight fever. The treatment employed was local and general bleeding; temporary blisters; iodurct of potassium at the dose of xviii grs. per diem; frictions with camphorated mercurial ointment; and very slight amelioration was the result of this very complicated treatment, for the knee continued to be as large as before. M. B. plunged a narrow bistoury into the articulation, and allowed about 6½ oz. of a reddish serous fluid to escape. No accident following this operation, and the liquid having accumulated afresh, it was evacuated a second time, but with no better effect; for the state of the patient became such, that amputation appeared the only resource; it was then that the sulphas quininæ was administered at the dose of grs. x. every morning, and continued for a month. The amelioration was now rapid; the patient regained strength; the fever and diarrhœa ceased; the tumefaction of the knee decreased; the intra-articular effusion was absorbed; slight movements could be performed without giving much pain; and the patient left the hospital in a satisfactory condition. As to the gonorrhœa, it ceased when the inflammation of the knee increased, and re-appeared, as this diminished in intensity.

M. Bassières, clinical Professor at the school of Medicine, Toulouse, published in the *Journal de Médecine et de Chirurgie* of that town, seven observations of arthrodynia, in which the sulphas quininæ was administered, at the dose of from 9j to 9iij. In the first it caused vomiting, pain in the epigastrium, and intestinal diarrhœa, and was discontinued;—in the second, vomiting, discontinued;—in the third, it cured;—in the fourth, cephalalgia, deafness, discontinued;—in the fifth, negative result;—in the sixth, it produced beneficial effects;—in the seventh, similar result. "These observations," says the author in conclusion, "are insufficient to decide the question, or to remove the doubts entertained as to the curative powers of the sulphate of quinine in arthrodynia, but may be useful when added to those published by other observers."

On the moment the most opportune for the removal of the first dressing after an operation. By Professor Blandin. In the ward St. Jean, is a man aged 30, lymphatic, of a deteriorated constitution, who entered on account of caries of the bones of the wrist, which resisted every method of treatment employed; and for which, on the 22nd January, amputation was performed. After tying the arteries, somewhat difficult from their having retracted in their sheaths, the lips of the wound were united by a suture, and the first dressing (composed of a piece of linen full of small holes, and covered with ceratum simplex*; on that some lint and long compresses, the whole kept in place by a band) applied. The next day the patient complaining of violent pain in the stump, Professor Blandin removed, (as was his wont, 24 hours after the operation) the dressing. The lips of the wound were of a violet colour, very swollen and under them existed an effusion of sero-sanguinolent liquid, which was evacuated by introducing a probe between them. This gave immediate relief, and subsequently the serosity exhaled escaped freely, and in sufficient quantity to moisten the apparatus. On the 4th day, Professor B. ordered injections of tepid water to be made, in order to remove the liquids secreted in the interior of the wound, and obviate the irritation produced by their presence. This mode of treatment was crowned with success, for 20 days after the operation the wound was nearly cicatrised. If I have modified, said the Professor, the method recommended by our predecessors and teachers in the healing art, it is not without having deeply reflected, and being convinced of its utility. The ancients left the first dressing untouched as long as they possibly could; and this is to be conceived when we reflect that the only means they had to oppose to hæmorrhage, so dangerous even now, were cauterisation and pressure by pledgets introduced into the wound. It was not without a sort of dread that they beheld the moment arrive in which the wound was to be laid bare, and this idea in the present day is still prevalent. When A. Paré, by the ligature of the divided arteries, rendered hæmorrhage less to be feared, he modified the method followed before him, and established the following rule:—The first dressing ought to be removed the fourth day in summer, and the fifth in winter. Those who came after him followed his precepts; and if at a later period, Ledran, J. L. Petit, and Desault, declared that in some cases it ought to be done sooner, still these last could be considered simply as exceptions to the general rule. Open the first recent treatise on surgery you meet with, and you will see that the first dressing ought never to be removed before the third or fourth day, when the suppuration has already commenced. In my opinion this mode of treatment is not judicious. 1° because after an operation, when the wound is considerable, the small vessels are not tied, as they do not bleed on account of the spasmodic contraction of their walls, but this spasm soon ceases, and the heat of the part rendering the circulation more active, gives rise to hæmorrhage: 2° because an effusion of a sero-sanguinolent liquid may take place: 3° because the adhesive inflammation may be so intense as to prevent the union of the lips of the wound: 4° because the lips of the wound may swell considerably, and give rise to pain from the pressure exercised by the apparatus: 5° because erysipelas may develope itself around the wound, especially when this disease reigns epidemically: 6° because a phlegmon may take place. These are the various accidents which may arise, which can only be discovered and combated efficaciously by dressing the wound every day, from the day after the operation. These are the reasons why it is dangerous to postpone looking at the wound until four days have elapsed. On the contrary, in following the method adopted by me, you will avoid the accidents, for if you perceive that there exists an effusion of blood or of serosity, you can allow it to escape; if the bandage from the swoln state of the parts has become too tight, it can be loosened; if the inflammation is too intense, or erysipelas has appeared, proper remedies may be employed; in a word, you can watch the progress of the cure, and prevent aught occurring to retard it. As to the danger of destroying the cicatrix, or of causing great pain, if the dressing is removed or the suppuration has destroyed the adherence formed by the blood in coagulating, it may be avoided by placing on the wound itself a bit of linen covered with a thick layer of simple cerate, every time the part is dressed.

* *Ceratum Simplex* ℞. Olei amygdalæ dulc. ℥iij. Cerat alb. ℥j. Melt and mix in a balneum mariæ. (*Paris Pharmacopœia*).

On the Nature and Treatment of Erysipelas: by the same.—This disorder has been very frequent in the wards of this Professor, on patients who had been operated upon or were affected with wounds, owing probably to the heat and moist temperature which has reigned of late. No. 1, *Salle St. Jean*—is a man, with wound of the eye-brow; erysipelas of the face; tumefaction of the sub-maxillary glands; leeches applied.—No. 21, same ward; a man; incisions of the skin of the knee; erysipelas of almost all the thigh and a part of the leg; tumefaction of the glands of the groin; leeches. No. 25, same ward; a man; ophthalmia; erysipelas of the face; leeches. No. 12, *Salle St. Paul*; female; wound of the cheek and *ala nasi;* erysipelas of the face; leeches. In these cases and many more, which occurred at the same time, the disease began by shiverings; followed by nausea, vomiting, fever, restlessness, tumefaction of the neighbouring lymphatic glands, and before the apparition of the characteristic redness of the disorder, streaks of that colour were to be observed establishing a communication between the wound and those glands. Erysipelas, according to Professor B., is a complex disease, produced by two inflammatory elements. The one cutaneous, the other lymphatic. Of these two elements the latter, or *lymphitis*, exists always before the former, or *cutitis:* again, they differ according to the cause; thus cutitis predominates in erysipelas from internal causes, and lymphitis in erysipelas from external causes. Thus traumatic erysipelas is a lymphatic inflammation, the more dangerous as it is of a vascular nature and offers considerable tendency to propagate itself by this system. The proofs that this is the case, are 1° In the beginning of the disease, and before the redness appears, the ganglions which communicate, by means of the lymphatics, with the part about to be the seat of the disease, become tumefied and painful. 2° Red streaks soon appear, following the direction of the lymphatics. 3° Erysipelas declares itself according to this direction. 4° Consecutive to the erysipelas, and sometimes even before the redness has disappeared, considerable tumefaction of the parts may be observed, owing to the difficult and impeded circulation of the lymph. 5° In certain cases, when the disorder has lasted some time, symptoms of general infection are to be seen, and which, though less intense and developing themselves much slower, are still very analogous to those that take place after phlebitis. Now it is well-known that phlebitis is sometimes consecutive to lymphitis. 6° Finally, the treatment proves the exactitude of the opinion. —*Treatment.* Having, by experience, found how little success attended the various remedies recommended, Prof. B. was led to apply leeches on the lymphatic vessels, and especially on the ganglions; this last being, as it were, the point in which the disease seems to make a halt ere it proceeds any further. This mode, indicated by theory, was proved to be the right one by experience; consequently, as soon as a patient offering a wound, complains of shiverings, anorexia, nausea, thirst, fever, &c., the part must be carefully examined, and if any redness or tumefaction of the neighbouring glands exist, leeches must be applied, varying in number, according to the age, the strength, &c., of the patient. Very often this is sufficient to put a stop to the disease; should it, however, continue to develope itself, the leeches must be applied a second or third time. If the inflammation is chronic, or if called in too late, and symptoms of general infection already exist, antiphlogistics ought not to be employed; but purgatives, and even slight tonics, must be had recourse to. After the application of the leeches, a layer of ceratum simplex must be placed on the erysipelatous surface, rendering it thus more supple and less tense; and, finally, over all an emollient poultice, renewed as often as necessary. The ceratum is preferable to adeps suillæ as being less liable to become rancid; as to mercurial frictions, they had no beneficial effects; on the contrary, they produced salivation, with difficulty overcome, and in some cases the patients fell victims to the accidents caused by the absorption of the mercury rather than to the erysipelas.

Hydatids of the Liver.—The case of this disorder related previously (vide *Medical Times*, No. 226, p. 237), and which seemed to promise success, ended in a very different manner, for the patient was seized with fever, violent local pains, and died. The autopsy proved the tumour to be formed of several separate cysts touching each other; two of them had been emptied through the opening made in the abdominal parietes; the rest were entire and contained a serous liquid mixed with pus, mucus, and hydatids. The operation could not be expected to succeed, as when the cyst is unilocular.

Remedy against Dysenteria.—Dr. Turelutti has published in the *Gior. per servire al prog. delle Pathol. et Therap.* the following remedy for dysenteria, whether sporadic or epidemic. It consists of a decoction of from ℥ij to ℥iij of tamarinds, in lbj. of water; the decoction poured while hot on from grs. xv to ʒj of powdered ipecacuanha. The dose is a tablespoonful every twenty minutes. Under the influence of this remedy, in cases which had resisted the ordinary means: general and local bleeding; opium; albumine; gentle purgatives, and emollients; (and still more if given in the beginning of the disorder), the stools became less frequent or less bloody; the pain diminished; the patient could take liquids without experiencing tenesmus; fever became less intense; urine, abundant; perspiration. "I have seen," says Dr. T., "upwards of 200 cases of epidemic, and 50 of sporadic dysenteria cured in the space of from twenty-four to forty-eight hours: the only patient I lost was one to whom I was called on the 13th day. But as cinchona does not always cure intermittent fever, so tamarinds and ipecacuanha are efficacious only in cases of dysenteria not complicated by another disorder." The doses of the medicine must be more or less frequent so as to keep the patient in a state of permanent nausea. Finally, it must be continued some days after the stools have ceased to be sanguinolent.

On the Antagonism of Phthisis and Intermittent Fever.—Dr. Frechier, of Mausanni (Bouches du Rhone), in a letter published in the *Bulletin de Therapeutique*, records two cases in which these two disorders reigned simultaneously. The first especially is interesting. It is that of a young woman, whose mother died phthisical, but who, previous to her marriage, had constantly enjoyed good health. Two months after her nuptials, she became pregnant, and soon after was taken with intermittent fever and symptoms of phthisis. This last since her delivery has developed itself with extraordinaty rapidity, and in all probability she will shortly fall a victim to this disorder. "To these facts," continues the author, "I could add numerous others, for they are far from being the only ones I have met with in this locality where intermittent fever is epidemic, and where phthisis causes annually several victims. It is, therefore, not to the neutralising power of marsh miasma that the unfrequency of this disease is to be attributed, for the town of Arles, four leagues from this place, and under the influence of miasma, does not offer fewer cases of phthisis, than other towns in a different position."

Academy of Sciences.—The extraordinary annual public meeting took place on the 26th, instead of the ordinary sitting. M. Arago pronounced the panegyric of Bailly.

Academy of Medicine. Sitting of the 27th Feb.—M. Ferras in the chair. M. Guillon addressed a letter in reply to that of M. Mercier, concerning the valves of the neck of the bladder; after repeating his arguments, the writer concludes by quoting a passage from Sœmmering (Traité des Maladies de la Vessie, considérées particulierement chez les vieillards, translated by Hollard twenty years ago,) in order to prove that these valves were known in France previous to the researches of M. Mercier.—M. Brunache addressed a letter in which he relates two cases as a proof of the existence of antagonism between scrophula and

hospital gangrene.—The President informed the Academy of the death of M. Chaumas, of Metz, corresponding member.—Professor A. Berard presented, in the name of M. Nelaton, his work on the *Elémens de Pathologie Chirurgicale*.—M. Henri, at the request of the minister, read three reports; 1° on the mineral waters of Sail (Loire); 2° on those of Paillières (Gard); and 3° on those of Hauterive, near Vichy.—M. Nacquart, on this last, said that if the minister did not ask for the table establishing the comparative qualities of the mineral water of Hauterive and those of Vichy, but simply an analysis, this ought only to be given.—M. Henri said that it was simply with the intention of rendering the report more complete that he made the comparison.—M. Nacquart did not raise a doubt on the intentions of the reporter, but thinks that the Academy ought to avoid giving an opinion on this subject, consequently proposed sending the report back to the commission.—M. Rochoux: Such a decision is contrary to the liberty accorded to reporters. They are responsible for whatever is contained in the report, as the Academy adopts only the conclusions.—M. Londe thinks the comparison of the two sources is useful, and in giving this opinion he will not be suspected of partiality, when he states that he is the inspector of Hauterive. A prospectus, scattered in profusion, asserts that the waters of Hauterive contain six parts of free carbonic acid gas, while those of Vichy contain only one; this error, at least, would be rectified by the table comparing the different substances in each.—M. Begin did not see why the report should be sent back to the commission, the Academy having merely to decide whether the report should be adopted with or without the comparative table.—M. Boullay inquired if the necessary formalities had been performed.—M. Henri replied in the negative; still, as the minister had requested it, the commission thought that the report ought to be made.—M. Londe, as inspector of the source: The bottles were filled, corked, and sealed with my seal; on their arrival in Paris, I found them in a perfect condition. As to the quantity of carbonic acid gas supposed to be contained in these waters, an analysis was not necessary to prove how erroneous the assertion is; for in bottles of artificial Seltzer water corked by mechanical means, though it contains but six parts of free carbonic acid gas (and perhaps not so much), the cork springs out as soon as the string keeping it in place is cut. Now, this never took place with Hauterive water, though the bottles when corked were left for some time in the sun, exposed to a temperature of at least 99½ F.—After a very animated and rather confused discussion, in which MM. Genbourg, Gerdy, and Roux were heard, M. Caventou proposed annulling the report, on account of this formality not having been performed.—This proposition was adopted—26 votes for, 15 against.

The discussion on the fibrous tumours of the mammæ resumed. Professor Cruveilhier, in reply to the different speakers heard in the preceding sittings, says:—"It is not my purpose to answer all the arguments raised against my doctrine, because I consider it impossible. Some assert that fibrous tumours of the breast do not exist; others that they are very rarely seen;—some that they are but the first stage of a scirrhus, and therefore are susceptible of degenerating; others that they never become cancerous. From this diversity of opinions it is evident that my honourable colleagues differ not only with me as to the nature of these tumours, but also among themselves. How, then, can it be expected that we should agree? Professor A. Berard stated that it was impossible to recognise them; and Boyer, the distinguished pupil of Desault, and representative of the School of Surgery, thus expresses himself (*Traité de Maladies Chirurgicales*, vol. 7, p. 242, 4th ed.):—"It would be highly important for the prognosis and treatment, to be able to distinguish, *à priori*, these two kinds of tumours; but unfortunately this is impossible until the disease has reached the stage in which the general and local symptoms remove all doubt as to its cancerous nature. A great number of facts prove the truth of this assertion; for tumours of the breast, supposed to be non-cancerous, have reappeared, whilst those which were thought really of a cancerous nature were radically cured by the operation." As to my accusing surgeons of daily committing errors, such is not the case. I do not accuse them, but the imperfect state of the science in this respect. To resume: as in my opinion it is impossible to solve the question in the present state of medical knowledge, I take the liberty of proposing to the Academy to name a commission, *ad hoc* (of which I solicit the honour of forming part), and to request all corresponding members, and all French or foreign practitioners, to send all the cases of tumours of the breast extirpated, in order to enable them to give a decided opinion on the following questions:—1° Are fibrous tumours susceptible of becoming cancerous? 2° Are the mammæ often the seat of these tumours? 3° If such be the case, what are the symptoms by which they may be distinguished from cancer, encysted tumours, &c. 4° Are there cancers of the breast, which in the beginning are simply a local disease, and if then extirpated do not produce a relapse?"—Professor Roux does not object to this proposition; still he thinks that the orators who have not yet spoken should be heard.—M. Lisfranc: I consider that the discussion ought to be continued, because the question is not one only of pathological anatomy, and it is not on it alone that we depend when we wish to establish a correct diagnosis.—Professor Cruveilhier: To establish the diagnosis in surgery, two orders of facts must be attended to: 1° The anatomico-pathological; 2° The clinical, or that established by the bed-side of the patient. Now, this latter, in the generality of cases, is formed from the former; consequently it is possible, in studying the pathology of these tumours, very frequently, in my opinion, to come to a solution.—Professor Blandin: If this question is sent to be examined by a commission, a considerable time will elapse ere an opinion will be given as to the means of distinguishing these tumours. If Professor C. knows any symptoms by which they may be recognised, he ought to inform us, as thus many operations might not be performed.—M. Lisfranc: Though I admit that surgery owes much to pathological anatomy, still I say, in the present case, the important question to be solved is, Ought these tumours to be removed or not?—Professor C. says *No*—we say *Yes*. Is it possible to distinguish fibrous tumours from cancer? Professor C. says *Yes*—we say *No*. These ought to be decided.—After a few more remarks from Messrs. Roux, Castel, Pras, and Cruveilhier, the discussion of this question was postponed to the next sitting.

GARLAND DE BEAUMONT, D.M.P., B.L., & S., &c.
Honorary Physician to the Spanish Embassy.

THE RECENT MOVEMENT.

To the Editor of "The Medical Times."

SIR,—I think the searching letter from Mr. Healey, which appeared in your last number, must have convinced you, that however well you may have intended towards the profession by originating the late movement, this was too hastily accomplished, and some of the agents were very ill-selected.

Mr. Wakley, it seems, has succeeded in disorganising the committee, and intends to employ the portion he has selected as a substitute for "the organised societies of the profession," from whose exertions he had anticipated a truly imposing movement, but of whose whereabouts he seems to have entertained no clear idea, and whose existence was certainly confined to the capital letters of his own pages. How this important junction was accomplished is involved in some obscurity. But whether effected by the confession (by this sub-sub-committee, this *imperium in imperio*), of the justice of Mr. Wakley's imputations of their unfitness, and then bartering the smart of castigation for the sugar-plum of reconciliation; or by that gentleman's demonstrating to them some unheard-of advantages and mysterious properties of the silent system; or again, whether it was brought about by the sleeping senator himself being roused to a sense of his duties, and of the importance of his visitors, by the eloquent remonstrances and stern reproaches hurled at him by their orator—matters but little.

The profession in any numbers never recognised these gentlemen as their representatives, and can in nowise be compromised by their proceedings. If, at their forthcoming meeting, the suggestions they are to put forward seem practicable and feasible, the importance of carrying them out should, for the sake of unanimity of procedure, without which much will not be done, induce a cheerful co-operation and an oblivion of these preliminary circumstances. Looking, however, at the opinions upon medical reform hitherto broached in the *Lancet*, and the intemperate manner in which they have been enforced, and recollecting the patronage and support extended by its Editor to that visionary body, the British Medical Association, I must confess I shall be greatly surprised in finding anything practicable issue from that quarter.

However this may be it is certainly desirable that the profession should be prepared with some definite demands by the natural period of proffering them, viz., upon the introduction of Sir J. Graham's new bill; for if this opportunity be lost, another so appropriate will not speedily occur. For such demands to be listened to, they must be of a practicable and intelligible character. In making them we have, under any circumstances, much to contend with in the ignorance of the public, the indifference of the legislature, and the great influence of the governing bodies of the various medical corporations; and surely there is no need of adding to these other difficulties springing from the injudicious nature of the proposals themselves. Not only would the project of creating a new medical body, however speciously its advantages may be detailed on paper, be entirely rejected by the legislature, but it would also receive the hearty disapproval of the great mass of the members of the profession themselves. Their object is to amend the bodies which exist, not to create a new one. They see in the present ones, amid much that demands amendment, much also that calls for approval, and all the elements of a vastly increased usefulness; and they naturally inquire, Why should they be subverted, or an attempt made to bring them into disrepute, by the elevation at their expense of a new body, whose superior advantages to the profession and to the public it will be difficult to specify even by anticipation, deprived as it will be, at all events at the commencement of its career, of the aid of almost all persons of note and eminence? I can easily imagine such being used as a stepping-stone to public favour and notoriety, by men who have not attained these by the more ordinary and more laborious route. I feel convinced that the great majority of the members of the various medical bodies will never lend their aid to the advancement of any such visionary scheme, and I hope that even such numbers will not do so as to impair the unanimity of any demonstration that may be made in a more practicable direction.

It seems to me that everything combines to favour our limiting our demands on the legislature to *the introduction of the representative principle into the various existing medical bodies*; so that each person, who is a member of one or more of these, may have a voice in the mode of conducting the affairs of that or those to which he appertains. This obtained, all the legislature can effect for us will have been accomplished. Future improvements in the profession can only result from the wise exercise of the franchise, thus bestowed upon its members, and upon them will rest the responsibility if a much wider field of usefulness to the public is not thus opened up. The co-operation of the various bodies for examination of candidates; the rendering that examination fair and practical; the discouragement of quackery, not by acts of parliament, which would remain inoperative, but by the enlightenment of the public mind as to its evils; the conducting enlarged and comprehensive inquiries on subjects relating to public health, which is surely rather the function of the medical bodies than of the poor law commission; these and a number of other advantages (among which may especially be mentioned the production of a greater harmony between the different ranks of the profession, owing to distinctions which had pre-

viously been gallingly self-conferred, being now cheerfully accorded) too numerous to mention, but which require no stretch of imagination to conceive, would necessarily flow from the governing bodies being elective and temporary instead of close and permanent.

To the adoption of this principle there are fewer obstacles than present themselves to any other plan. The public mind is familiarised with its employment, and alive to its advantages; the legislature has accorded it to other corporate bodies, and recognises its applicability under almost every variety of circumstances; and the resistance made by the present governing bodies to its adoption would be wanting in unanimity, indefeasible except upon selfish grounds (which would impair its efficacy), and I believe would be unavailing at last. As for the great body of the members, we cannot doubt their co-operation. They are tired of being treated as a mere *mob*. They have always done justice to the superior professional attainments of the leading members of their body, and have cheerfully aided in bestowing upon them not only approbation, but rewards of a more substantial character. They will be always willing to accord to them the highest posts of the profession: but then such accordance must be received and not extorted from them; nor can they recognise the right of persons who have thus received their reward, monopolising the privilege of conferring it upon others, and bestowing it upon family connexions, and persons having no claim to participate in their elevation. Let them treat their less fortunate brethren with honourable confidence, and they will have nothing to fear from the contemplated change. Talent, united with honourable conduct, will always be respected and rewarded by an educated class of persons. But if they prefer retaining, by virtue of their constitution, the power which they now possess, they must be content to put up with the consequent obloquy; and must not be surprised at motives being attributed to them, which those who know them best, perhaps, are aware they are not influenced by. A few more experiments, such as the College Charter, in which the great body of the prior members are degraded by the elevation of a few, not necessarily for superior merit, but frequently for much more questionable reasons, will widen and render irreparable a breach, which timely concession to a just demand will speedily heal. I repeat that I am certain the great body of the members of the profession will be contented with nothing less than the electoral power; and I believe their having been deprived of it so long has arisen in a great measure from its demand having been mingled with visionary projects, made by persons in whom they had not confidence, and attempted to be enforced by means and language of which they did not approve.

I am, Sir, yours obediently,

JOHN CHATTO.

Great Coram-street, Feb. 26th.

[While approving strongly of the wise and temperate policy recommended by Mr. Chatto, he must allow us to remind him that Editors, like other people, must work with the instruments at their command. We always knew sufficient of two or three of our men to be very anxious for a very open Committee, and an independent course of action, but we had no better to commence the movement with. A fortnight since we supplicated our friends to come forward, notwithstanding personal objections to this or that Committee-man, and it is the profession's fault, not our's, that better practitioners were not braver in public matters.—ED.]

DR. CLAY'S PESSARY.

To the Editor of "The Medical Times."

DEAR SIR,—In an article in this day's *Medical Times*, I observe that Dr. Clay has again drawn the attention of your readers to the pessary, which he "had the honour to introduce to the profession some time ago." That Dr. Clay believes himself fully entitled to this honour, his very laudable endeavours to make his invention public sufficiently assure me; but that a suggestion of a marvellously similar instrument was made long before his notice appeared in the *Medical Times*, or even previous to his paper "read before the medical section of the British Association when assembled at Manchester," the following extracts form in my opinion satisfactory proof. They are taken from Heming's translation of Boivin and Dugir's Treatise on the Diseases of the Uterus, &c., page 52; and in consideration of your space, I shall forbear making a long continuous quotation, but shall give such detached extracts as will be sufficient for my purpose. "Baukin formed pessaries, consisting of a silver ring, attached to a stem of three branches; . . . . . this ring which is the essential part, is rather small, presents a thick rounded surface, with its central orifice rather larger than that of the ring pessary; it is . . . . supported by a stem generally straight; this stem, however, would answer the purpose better if it were bent, so as to be adapted to the direction of the uterus and vagina, respectively. The weight of the uterus cannot displace this instrument; and as to the *inconvenience* of sitting and the *dread* of *shocks communicated* from *the exterior* part of *the instrument to the uterus, they may be avoided by using a spiral spring for the stem, as suggested by M. Recamier.*"

Yours very respectfully,

L———.

Manchester, Feb. 24th, 1844.

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MEDICAL REFORM.

Before any substantial good can be expected to follow, the whole system of the college must undergo a thorough change; until this takes place, until its affairs are intrusted to a responsible body, elected for limited periods by the members at large, the same restrictions upon the advancement of science, as are produced from the present regulations of the examiners; the same invidious distinctions in our professions; the same courtly intrigue in the medical appointments of the crown; the same monopoly in the elections and appointments to our public hospitals, and medical charities; and, *above all*, the same injurious consequences to the community must continue.

Nor is it to the College of Surgeons only that this regeneration should be extended. The most disgraceful abuses exist in the constitution and government of the College of Physicians, which equally deserve exposure and correction; neither is the Company of Apothecaries altogether exempt from merited condemnation. We are not, however, desirous, even if our time would permit, of dilating upon the construction or regulations of these establishments; it is sufficient for our subject to say, that the same spirit of aggrandisement, the same narrow-minded policy pervades our entire system of medical education. In fact, such are the circumstances connected with *every* branch of this important national science, that unless extensive and efficient changes speedily take place, not only will the character of Great Britain be disgraced, but the rising generation driven to seek in the land of the stranger, those advantages and opportunities of instruction denied them even in the country which gave them birth.

We willingly concede, that many beneficial alterations have of late years taken place in the government of our various medical corporations and hospitals; these, however, have almost wholly resulted from the efforts of the independent portion of the medical press; through which powerful engine, the welfare of the community has been protected, the rights of the student enforced, while medical and surgical knowledge has been disseminated throughout the world.

To evince one instance of the necessity for some protection to the fellows of the college, and of the little interest the council have taken in their prosperity, we may mention the startling fact, that there are, at this time, above 400 individuals, in this metropolis alone, professedly practising the science of surgery, none of whom are members of the college!!!

It may be argued, that the council have not the power of preventing this national evil. If such is the case, if the extent of the college charter does not afford such a just protection to the regularly elected surgeon, why have not the council applied to government long since, for restrictions similar to those which are enjoyed by the Apothecaries' Company, which totally preclude the uneducated following the practice of medicine? It is clear they had only to ask, and they would have received.

Refer to their conduct during the time the efforts of all branches of the profession were united to remove the restrictions upon the study

of anatomy; what share did they take in procuring this great and national benefit?

* * * * * *

We have stated that the whole system of the college must be changed. It has been argued that if the council were to be elected out of the general body of the fellows, anarchy and confusion would follow. This deduction is altogether inconsistent with sound reasoning, and subverted by experience. Do we see any such result in other public institutions? take, for example, the College of Surgeons in Edinburgh. Or, to bring the matter home to ourselves, have any similar consequences ensued from the council of the distinguished society I have the honour of addressing being thus chosen? Assuredly not. Reflection convinces us that the mode of election we have alluded to, is the only one by which character, talent, and education will receive their just reward.

It might be considered somewhat speculative, were we to dilate upon the several divisions of medical education, each of which is supposed to qualify the instructed for some particular department of practice. As, however, no one can with justice, be considered competent to undertake any branch of his profession, unless he possesses a due knowledge of the whole, it may be worthy our notice, how far it would be beneficial to introduce the continental system of education among us.

In Paris, Leipsig, Berlin, Vienna, and other of the continental schools, before any individual can practise either medicine or surgery, he must undergo a rigid examination in each of those sciences; and he is then permitted to follow his profession generally, without regard to those distinctions and divisions in it, which we in this country are in the habit of making, and the observance of which, resting upon the honour of the individual only, is not unfrequently productive of professional jealousy and disagreement. Instances out of number might easily be adduced in corroboration of this fact, were we not desirous of avoiding, as much as possible, any observation which might be considered even to border upon personality.

In the cities and states of which we have been speaking, the education of the medical public may be said to be a national care; and such, in truth, it really is; it is equally the interest and duty of the government that it should be so considered, both for the preservation of human life, and national prosperity.

It is, notwithstanding, a lamentable but true fact, and one which is anything but creditable to the British nation, that its government, with all their powerful resources, with all their commanding influence, has (till very lately) done scarcely any thing in support of scientific improvements.

Examination will prove that nearly all our public establishments, most of those numerous charitable institutions, and immense national improvements, which not only redound to the honour of the age, but confer a lasting benefit upon posterity, have originated either in the philanthropy or speculation of private individuals. With the exception of having presented to the College of Surgeons the splendid museum which belonged to the immortal John Hunter, the government have done nothing for the advancement of medical science; while, on the other hand, sanctioning the acts of those who have been intrusted with the management of the medical and surgical profession, they have assisted in preventing many salutary changes which would otherwise long since have taken place.

Some excuse for this extreme supineness, not to say, culpable negligence, on the part of our rulers, may be found in the protracted war, which for so long a period absorbed the resources of this powerful and highly favoured land. By reason of this great national evil, the ministers of the Crown have had but little leisure to attend to those domestic alterations and improvements, upon which the happiness, comfort, and prosperity of a nation so greatly depend. But a long interval of peace has awakened the minds of our rulers equally with that of the public, and convinced them, after mature reflection, of the absolute necessity for attention to these important considerations.

But the question naturally arises, in what manner are these necessary and beneficial changes to be effected? Certainly not by vulgar abuse of the existing authorities; not by senseless clamour, but by firm, repeated, and respectful remonstrances to the legislature, the members of which must be convinced of their necessity. This they cannot fail to be, provided we lay our grievances before them in a clear and forcible manner; if we prove, that our rights are not protected, that our privileges are not such as members of a liberal profession, we are entitled to expect; and above all, if we show *that the present arbitrary, irresponsible, and exclusive power of the council is subversive of science, and derogatory to the public good;* conviction cannot fail of being brought home to the minds of those who are at the helm of our national affairs, and the most beneficial results *must* speedily follow. Let us, however, be prepared to fight an arduous battle, for we shall have arrayed against us the extreme power of private as well as courtly influence; neither must we forget, that even the government itself is indirectly benefited by a preservation of those restrictions of which we complain. A large source of revenue is derived from the stamps and advertisements of quack medicines; the protection afforded to the sale of which is unknown in any other country but this, and is one among the many national evils resulting from the present limited and inefficient manner of education. It will scarcely be believed that the profit to the Crown from the sale of these only, amounted, during the last year, to nearly fifty thousand pounds.

We have thus laid before you, in as brief a manner as the importance of the subject admits, an exposition of the constitution and government of the College of Surgeons; and, we trust, clearly established our position of the absolute necessity which exists for an effectual reform in its entire construction and management. Let it not be supposed, that, because I have selected this subject for your consideration, I have the most remote desire of reflecting upon the present council, as individuals; there are, among these, many, whose talents I admire, whose ability I respect, and whose friendship I value. The abuses which have been pointed out, have for the most part, emanated from their predecessors; and we would fain hope, that it is only requisite they should be brought to light, to induce the cordial co-operation of the present council with the general Fellows of the College, for the purpose of removing them.

Still less do I desire to be considered as belonging to that class of persons, of whom, unhappily for the quiet and peaceable enjoyment of society, there are already too many; and who, regardless of private rights, vested interests, and national prosperity, would, without compunction or remorse, destroy those stupendous institutions, the pride of our forefathers; and which, while they have been the envy of the world, have raised the British public to the highest degree of honourable distinction.

Nor on the other hand would I arrogate *to* myself the political appellation of the conservative, which in justice belongs to every honest man, every well-wisher of his country; whose love for which he cannot better evince, than in affording his assistance, however feeble it may be, to uphold her invaluable institutions; by removing those imperfections and abuses, which the advancement of science, and the improved condition of the age may point out, such changes as the wary policy of the tactician have rendered necessary.

Salmon's Oration.

Excision of Ovarian Cysts.—In a late communication Mr. Hilton remarks, as regards the operation most recently before the profession and the public—that of removing ovarian tumours, that the propriety of the attempt originates in the pathological facts, that ovarian disease is often a simple cyst; that even when malignant, it continues for a very long time an isolated disease; and that the surrounding structure may remain unimplicated in the same disease for several years, although the ovarian tumour itself may be far advanced. But this is an operation which is very likely to be thrust back again into obscurity, if not by other more legitimate and natural means, certainly by its over zealous advocates, who do not take into due consideration the varieties of ovarian disease, its varying associations with different periods of life, and numerous other contingencies. There are those, who now look upon this as a fixed and settled operation, as an operation justifiable, by having already a proportion of success as great, to the whole number, as other important operations; applying statistics, where they appear to be most inapplicable, namely, to the determining the treatment of the disease. He would remind those who employ the statistical reasoning as their oracle, that it necessitates that every case, unsuccessful, as well as successful, should have been published, which may not be the case. To apply the numerical method to this, or any other operation, it infers that every case shall be known to the person who is to draw the inference: it ought to infer also that all the cases were sufficiently alike to be grouped together. Suppose these, and a number of other considerations, granted, and brought by the numerical enthusiast to determine in his own mind the propriety of an operation, any result at which he may arrive can only apply to that which is past; it cannot, by any fine drawing, or by any distortion, be made to influence any *certainty* as regards the very next case which may present itself. That may be a fatal or successful case, obviously independent of any thing which may have preceded it. Each case must be treated on its own intrinsic merit.

Tumour in the Abdomen.—Dr. Brown narrates the case of a delicate girl, fourteen years of age who had a tumour occupying the epigastric and left hypochondriac regions, extending about three inches below the margin of the ribs. To the touch it felt a fine smooth unyielding substance, with well-defined limits, except at the upper edge, which was covered by the ribs. After the use of enemata, she passed a substance about eight inches in length, and an inch and a half in diameter, composed of thread and worsted closely matted together: the substance was softened, and evidently disturbed from its original form, by the means which had been used to dislodge it. On questioning her, she confessed that for three years or more she had been in the habit of swallowing pieces of thread of different lengths: indeed, her taste appeared to have been as varied as the nature of the commodity she consumed would admit, for she drew largely on a worsted shawl which she occasionally wore. The tumour was not diminished in size after the expulsion of this mass, but the girl became free from pain, and as she did not suffer from any inconvenience from the lump in her body, she soon ceased to pursue the plan of treatment recommended by Dr. Brown.

Extra-uterine Fœtation.—Mr. Wheateroft narrates a case of extra-uterine fœtation, in which prior to death, a tibia and ulna were passed per anum, and upon examination of the bowel he found its upper portion almost filled with bones, some of which were extracted, viz., the other tibia, a femur, a fibula, the two temporal bones, two ribs, a humerus and radius. When the body was examined after death, he found on laying open the abdomen, the integuments opposite the left iliac fossa, inseparably united to the muscular parietes, and almost perforated by ulceration, corresponding with a large sac, occupying nearly the whole of the pelvis, communicating both with the uterus and upper portion of the rectum, filled with fæces and the remaining fœtal bones; the whole of the posterior wall of the uterus was destroyed. The ovaria and Fallopian tubes were so altered from their normal condition by the extensive ulceration as to afford no clue to the original situation of the ovum. The rest of the abdominal viscera were healthy. Mr. Wheatcroft inquires how it was, as there was so free a communication with the uterine cavity, and the os uteri was partially open, that there was not any discharge or appearance of fæces in the vagina?

The New Hospital at Paddington. — Dr. Bennett has written a long letter to urge the election of the medico-chirurgical staff for this hospital by *concours.*

SKETCH OF A CLASSIFICATION OF MENTAL DISEASES, AND SUGGESTIONS ON THEIR MODE OF TREATMENT.

By Dr. VON DREER.

Translated from the German for "The Medical Times," by H. C. Mix, Esq., Graduate of Kœnigsberg University.

(Continued from page 284.)

Concentric insanity is divided into four varieties —1. Insanity of ideas: 2. Of feelings and affections: 3. Of inclinations: 4. Of the will.

Concentric insanity of ideas comprises all kinds of illusions or hallucinations, if the faculty of peraption is so far diseased, as to impede the control of reason. *Insanity of feeling* comprises all those various mental diseases, which *Esquirol* designates by the name of *lipomania*. *Insanity of inclination* comprises the mental diseases, which, by the modern authors, are designated *monomania*. *Insanity of the will*, finally, comprises all those strange and contradictory actions, which are committed without a rational motive, and which are caused by the prevailing physiological influence upon the will of the lunatic.

Having thus terminated my brief sketch of the principal classes of mental diseases, and of the fundamental principles of their subdivisions, I will now make some suggestions as to their mode of treatment.

The physiological phenomena of organic life have a material influence upon the mental faculties of man, and *vice versâ*. The reciprocal influence which exists between the two different fundamental principles of human nature, suggests to us the two great fundamental principles of the treatment of mental diseases, viz., the necessity of a *moral*, and the necessity of a *physical* mode of treatment. I am of opinion, that, without a combination of these two modes of treatment, a cure, in difficult cases, cannot be effected.

The highest principle of a moral mode of treatment may be comprised in the following sentence:—*Act continually, and with all the means at your command, upon the ideas, feelings, inclinations, and upon the determinations of the will of the lunatic, with the view to excite the transcendental free function of his mind in such a manner as to create opposing elements to the state of eccentricity or concentricity, in which the phenomena of the mental faculties are placed.*

In the form of insanity, termed *eccentricity*, all means may be used which have a tendency to create new correct ideas, feelings, inclinations, and a rational conduct; and so to fix the free function of his mind upon these new phenomena, as to produce a gradual cessation of the diseased eccentricity. The truth of this principle has frequently been confirmed in cases when lunaties, afflicted with the first, and sometimes also with the second variety of eccentric insanity (if the latter has not existed too long) have recovered soon after their admission into a well-regulated asylum. Being here placed in a new position, in which the loss of freedom, the new mode of life, the necessity to submit to the regulations of the institution, and to the will of the physician, have a predominating influence upon their minds, continually fettering their attention, and thus restraining eccentricity, the recovery of the normal state of the mind may gradually take place.

The same means may be suitable in the *concentric* insanity, applied in such a manner as to create ideas, inclinations, and peculiar determinations of the will, in opposition to diseased concentricity, or by directing the attention to different objects in such a manner, as constantly to preserve the free function of the mind, and to prevent the patient from brooding over the object of his concentration.

The method, recently and successfully adopted by *Lemet*, corroborates the truth of the above principle. The lunatic becomes rational by the application of a shower or of a cold bath, by being threatened with a punishment; for the impression and mental excitement, produced by these means when properly applied, and combined with suitable persuasion and treatment upon the fundamental element of his insanity, awaken the functions of his mind so effectually as frequently to destroy that insanity.

The happy result of this mode of treatment may be expected with still greater certainty if the lunatic can be induced to acknowledge his insanity, perhaps even to state wherein his mental abnormal state consists. The efficacy of such an avowal, even when extorted from the patient by a certain moral force, very frequently produces an amazing alteration in his mind.

It follows from these two general principles of a moral mode of treatment that an isolation of the separate individuals afflicted with insanity must have a very injurious effect, for nothing can detract them from the object of their eccentricity or concentricity when left to themselves. According to my view, therefore, I cannot suggest any more efficacious rules for lunatic asylums than that of lunatics being kept in company; a strict methodical arrangement of the day, alternating labour with repose and diversion; occupation of the mind selected according to circumstances of insanity; social conversations and meals; and for quiet patients, frequent walks and excursions outside of the asylum. I would also suggest the establishment of a manufactory in such an institution, in which mentally healthy individuals were employed, together with quiet lunatics.

The injurious consequences of restraint might best be removed through the agency of such an intimate contact with rational beings. Restraint certainly forms a necessary part of the treatment of lunatics, but involves the melancholy alternative of depriving the lunatic of the constant influence of rational society; and thus renders it a task of greater difficulty to achieve the necessary supremacy of the free function of the mind over diseased deviations.

Such a moral mode of treatment as here described is finally, however, only possible if a lunatic asylum is so arranged as to give the physician unlimited and uncontrolled power over his patient, and also over the officials of the institution. For the magical power with which the physician may surround the patient, and in which consists the principal support of every psychical treatment, dissolves, if his authority or respect is abridged.

It is, however, not only necessary that the physician should be invested with uncontrolled power, but also that he should always conduct himself in such a manner as to create the esteem of the patients, and to convince them that he combines unlimited power with dignity of character, humanity and justice.

With regard to the *physical* mode of treatment I must first of all repeat, I am not of the opinion of many of the modern physicians that such is superfluous; superfluous because, as they allege, the pathological structural deviations of the organisation in mental diseases, especially in the forms of concentric insanity, cannot be sufficiently traced by anatomy. Who indeed, however, will venture to assert that we are always able to recognise all the pathological deviations of the elementary constituents of our organs? Or should we logically deny the existence of a fact, because our senses are not sufficient to confirm the same?

It is not to be denied that the nature of every mental disease consists in the ascendency of certain physiological phenomena, over the transcendental function of the mind, so as to compel the latter to manifest itself abnormally. This being the case there must be a foundation for it. The theory of the diseased state of physiological phenomena is, however, certainly no other than the theory which is exhibited by the general pathology of diseases. It may be inferred, therefore, that in the same manner, as diseases of organic life originate from the active injurious influence of a principle foreign to the organisation, and from the more or less decided reaction of the vital power, so mental diseases may also be attributed in the evident sense of the word to the ascendency of certain physiological phenomena over the manifestations of the mind.

This ascendency of the physiological phenomena being the effect of a diseased state of the latter, it is evident that there necessarily must be a primary cause of disease, which forms the *direct* foundation of the deviation of the physiological phenomena, and the *indirect* foundation of those deviations of human nature which are termed mental diseases.

Thus the necessity of a *physical* mode of treatment of lunatics must become evident, and the therapeutics of these diseases adopts an erroneous principle when following the modern one of treating mental diseases solely by a moral method.

The reaction of the mental principle against moral deviations must be produced by moral treatment, but pharmaceutical remedies must also be applied to incline the reaction of the organic vital principle in such a manner as to dislodge and destroy the cause of disease in favour of the organisation, and this may be effected, if this cause does not consist in an incurable organic injury.

The psychologist, therefore, should direct his constant attention to the diseased symptoms of organic life, derive from them the physical indications of treatment, and act accordingly. I am further of opinion that the physician ought to take into consideration the constitution of the lunatic, diseases which have preceded the insanity, the peculiar mixture of the elements of organisation, the temperament, &c., in order to institute a proper mode of treatment.

A CASE OF RESTORATION OF A LOST NOSE.

WITH SOME SUGGESTIONS CALCULATED TO RENDER THE RESULTS OF THE RHINOPLASTIC OPERATION MORE SATISFACTORY.

By WILLIAM KEITH, M.D., one of the Surgeons to the Royal Infirmary, Aberdeen.

In every case which I have had an opportunity of examining, at an interval of a few months after a lost nose has been restored, I have been much disappointed with the appearance of the new member. In place of a full, round, prominent organ, plump and vigorous in its aspect and functions, I have only found a skinny, shrivelled appendage, out of all proportion small, in comparison with the other parts of the face, into which it had been engrafted, covering an opening occasioned by the ravages of disease, no doubt disagreeable to look at, but really in itself presenting a perfect eye-sore, scarcely sufficient to compensate one for the amount of sharp suffering which has to be endured in passing through the various stages of the rhinoplastic operation. The best I ever saw was one restored by Mr. Liston, but even it was not above half the size of what nature would have planted on a field of such extent as this man's face presented.

In proceeding to operate in the case,—the history of which I here annex,—I resolved to obviate the above objection, conceiving that the stinted growth and shrivelled state of the new nose was owing to the very inadequate nourishment which it received through the vessels that in osculated in the cicatrix all round, these affording the only channel of communication between the circulating system and the new organ. It occurred to me that a far more vigorous supply of blood could be permanently secured, by allowing the connecting slip between the nose-flap and the forehead to remain undivided: the vessels of this slip sufficing to keep the flap alive until the union of parts and innosculation of vessels takes place, will assuredly form a far more ready inlet for after nourishment than will these feeble newly formed vessels if left to their own unaided powers. Supplied from both sources, I concluded that the nose might have some chance of keeping pace with its neighbours.

It will be seen that there was no difficulty in obviating the very evident objection that a loose slip between the eye-brows would be an ugly appendage,—the skin at the root of the nose and the under surface of the slip, where they were opposed to each other, having been rawed by a strip of cantharides plaister, adhered very readily, and the usual after-contraction in the cicatrix flattened down the slip, till it was little visible.

Donald M'Kenzie, weaver, aged 17, admitted October 1, 1840, has lost his nose completely, from the destructive ravages of lupus. The edges at both sides are rounded and healed, but the process of ulceration is still going on above the centre of the upper lip, where the columna nasi had once been inserted; the tongue is much loaded; the general health is not much complained of. He states that the disease in his nose first began when he was twelve years of age, and that it has never been whole since. He was ordered a

three-grain calomel pill every second night, and a senna draught every alternate morning. The chloride of zinc paste to be applied to the parts at present in a state of ulceration for four hours, and bread poultice subsequently, until the slough shall have been thrown off.

October 12.—Tongue clean; the sore left by the chloride of zinc contracting and skinning over To take five grains of blue pill, and the same of compound rhubarb pill, every second night.

October 25.—The ulceration entirely cicatrized.

October 27.— Pared the edge of the nasal opening; raised a large flap previously marked out, and very much of the shape of the ace of spades, from the forehead, leaving the point attached at the root of the nose, by a thick strip fully one-third of an inch in breadth. Having waited until all bleeding had ceased, the flap was brought down by twisting the connecting strip, and secured by two stitches of the interrupted suture on each side, to the edges of the cheeks. Supporting the alæ by dossils of lint dipped in oil, made the edges of the void left in the forehead to approximate in some degree by the help of one stitch, and covered the whole with warm water dressing and oiled silk. The temperature of the closet to be kept at 72° of Fahr. Thick gruel to drink as his only food.

October 28, 8 A. M.—He has passed a good night; very little oozing from the wounds; temperature of the flap almost natural; colour bluish; pulse 72; tongue clean and moist; bowels slow. 8 P. M.—Complains of general uneasiness; pulse 84, hard; tongue dry.

℞ Chloridi hydrargyri, gr. v; pulveris opii, gr. j; confectionis aromaticæ, q. s. M. fit. pilula statim sumenda.

℞ Misturæ salinæ, ℥x; vini ipecacuanhæ, ʒij; solutionis muriatis morphiæ, ʒss. M. ft. mistura. Capiat cochleare magnum omni hora.

℞ Olei ricini, ʒvj; aquæ cassiæ, ℥j. M. fit. haustus, cras mane sumendus.

October 29, 12 noon.—He slept comfortably, perspired freely, and has had a copious evacuation of his bowels; pulse 80, softer; tongue clean, and more moist; nose still bluish, but warm. 8 P.M. Feels quite easy now; pulse 76, and soft; tongue moist; bowels twice moved since noon; nose quite warm, and nearly of the same colour as the face.

October 30, 12 noon.—He passed the night comfortably; pulse 76; tongue rather dry, but no urgent thirst; bowels moved sparingly this morning; the new nose looking very natural, and preserving its temperature; removed the plugs from the opening into the nose; withdrew all the stitches; found adhesion of the nose perfect throughout; it maintained its firmness and prominence without the aid of a plug; the wound in the forehead much contracted, and filled with effused lymph, almost to the level of the surrounding skin; slight erythema on one cheek. The cheek to be smeared with white oxide of zinc ointment, as the exciting cause seems to be the purulent discharge dropping on it from the wound in the forehead. 8 P.M. Cool and comfortable; pulse 72; bowels have moved twice; the eruption on the face already gone.

October 31.—Was restless last night; pulse 72; skin soft; tongue rather dry; bowels open, but stool dark-coloured. To have a blue and a rhubarb pill at bed-time.

November 1, 10 A.M.—In the early part of the night the right flap of the nose became detached, which circumstance made him nervous, and has hindered him from getting sleep; he feels well however; pulse 60; bowels freely opened; the circulation seems very languid in the nose to-day; it comes out on inquiry that the fire had gone out, and the night being so intensely cold, had so chilled the nose that it has not even yet recovered its heat. Hot water dressing to be diligently applied. Two ounces of wine allowed. 8 P.M. The temperature of the body has been quite natural through the afternoon, as also the colour and temperature of the new nose; pulse 72; rawed the edge of the right ala and corresponding cheek, and took a fresh stitch of them to each other.

November 2, 12 noon.—He has passed a good night; nose warm, and of a healthy colour; pulse 72; bowels open; feels well. Repeat the wine.

November 4.—Going on well; pulse 60; wound on the forehead granulating vigorously. Three ounces of port wine allowed daily.

November 6.—Two-thirds of the whole extent of the new nose firmly adherent to the parts adjacent, so as to bear pulling with impunity, but the right ala still unattached; the opposing edges are, however, suppurating kindly, and beginning to granulate; the granulations on the forehead quite prominent. The wound to be dressed with sulphate of zinc lotion. Wine continued, and full diet allowed.

November 8.—Removed the stitch from the right side of the nose which was inserted on the 1st current, and found that union had taken place.

November 16.—The nose was firmly adherent to the face; and the wound on the forehead was entirely skinned over.

November 19.—Proceeded to establish a columna nasi. Took a slip a quarter of an inch broad from the centre line of the upper lip, and through all its thickness, rawed the lower end, and also the inside of the tip of the new nose, and having turned up the slip into the line of the column, there fixed it by a lady's sewing needle passed through the point of the nose. The upper lip was then treated as is usual in hare-lip; the edges, neatly approximated, were kept *in situ* by two fine needles and the twisted suture. Union took place speedily in both the nose and the lip. The appearance of the mouth being much improved by the upper lip—previously too long—having been shortened, and the column at first looking rather bulky, contracted to a very suitable size as the cicatrized surfaces firmed. A small extent of the twisted slip of the flap between the eyebrows remained detached from the subjacent surface, but a few days' dressing with blistering ointment, brought both surfaces into a granulating state, after which entire union speedily took place. He soon after left the hospital sound and well. I have seen him within these four weeks. The nose is still prominent; it is full and plump, and appears more likely to grow larger than to become smaller. The only annoyance he feels is, from a disposition in the cicatrized edge of each nostril to contract, so as to threaten the closure of both apertures. The twisted slip which I wish in future to see spared, lies flat, and quite incorporated with the skin between the eyebrows.

In conclusion, I would suggest the propriety of performing such operations in summer, when less risk would be incurred from variations of temperature; the frost on the night of the 1st of November proved all but fatal to the nose in the above case. — *London and Edinburgh Monthly Journal.*

ON THE EFFICACY OF "SULPHATE OF STRYCHNIA" IN NEURALGIA.

(Concluded from our last.)

Case 3.

A gentleman, aged 34, of good constitution, but who had received a severe injury of the knee-joint, some two years before I saw him, having been thrown from a gig, had been confined to his bed for some months for this accident; some short time after his recovery, he felt most excruciating pain in the joint, and along the course of the peroneal nerve, and in the ramifications of the anterior tibial, or the dorsum of the foot; so much so, as to render him fearful of walking, and totally prevented him from following his usual avocation, that of an actor. I prescribed the sulphate of strychnia, in the doses which I usually administer it, and gradually increased it to one grain and a quarter, to be divided into twelve pills. Having continued the treatment during one month and some few days, he felt the remission from pain so great, that he was enabled to exercise and to resume his usual duties, and in a short time these pains completely ceased; and having an opportunity (I might almost say a daily one) of seeing him, there has been no return; and a certain degree of stiffness which was in the knee joint has disappeared.

Case 4.

I was consulted last August, by a young lady, who had been suffering from neuralgic pain in the infra-orbital nerve on the right side of the face, and supposing that it was tooth-ache, she had three teeth extracted, without producing any relief; the nature of the pain was so characteristic that I decided on its being a case of neuralgia of that nerve. I prescribed the strychnia as above, but was obliged to diminish the dose, from the excessive twitching it produced, also a feeling of great lassitude and weakness in the lower extremities; but at the expiration of three weeks the pain ceased, and as I have not since seen her, I presume that there has been no return.

Remarks.—Fearful of taking up too much place in your valuable pages, I decline giving you a few more cases that have fallen under my care of a similar nature, and that have yielded to this powerful therapeutic agent, but whose action must be always most closely watched, as it is the most acrid narcotic poison; but in small doses it is the most energetic stimulant of the nervous system. I was first induced to try the sulphate on the recommendation of a chemical friend, who proved it to be a more valuable preparation than the simple alkaloid, from its very great solubility, and that there is less chance of its containing brucia, which he says always is found in strychnia as usually prepared. The cases just detailed afford the strongest evidence of its physiological and therapeutic agency, particularly the first and second cases; for on leaving it off, there was the recurrence of the pain, and on a first invasion, it as speedily excited its salutary influence. The dyspnœa and thoracic pain, in case one, must have been a neuralgic affection of the pneumo-gastric nerve; but which assumed an intermittent character, which was not arrested by either quinine or opium, but which speedily gave way on the exhibition of strychnia. I have in no case seen it produce nausea: slight cephalalgia, twitchings of more or less intensity, restlessness, occasional lassitude, with irregular movements of some part of the body, are its usual effects on the economy. Although the organic alterations which produce neuralgia may not be perfectly known, still this disease has been confounded with others, and thus may lead to its aggravation. It has been confounded with an inflammatory state of the nerve, with rheumatism, with which it has numerous points of resemblance. Neuralgia is a truly nervous pain, which has no symptom that characterises an inflammation; for it frequently reaches its greatest degree of intensity, without any precursory sign, and as suddenly and mysteriously departs, and on examination after death, we do not meet with a single alteration which an inflammatory state usually presents: thus this affection differs from nevritis, which gradually comes on, and is announced by precursory signs, accompanied with the usual phenomena of re-action, and which leaves after it, evident traces of an inflammatory affection; in nevritis, the slightest pressure, even motion, increases the pain; the heat of the part affected is generally increased, there may be a slight tumefaction of the part, and there is generally redness, marking out the course of the affected nerve; these are the functional signs which characterise nevritis. But the organic alterations more clearly establish the difference between the two affections; for we find, according to the period of the disease, in nevritis, redness, more or less intense, of the tissue of the nerves, their coats, or surround

ing cellular tissue; an uniform or unequal swelling, ecchymoses, bloody infiltrations, pus or seroso-purulent fluid, between the nerves, &e., &c. I have seen the pulse of a nerve (sciatie), on dividing the sheath, converted into a mass of purulent matter. Thus it beeomes essential to establish a eorreet diagnosis before any method of treatment should be pursued, particularly the one I have called attention to; for if entered on in a cure of acute or ehronie nevritis, the sequels are but too evident. The pain whieh characterises neuralgia offers the greatest variability; at one time there is a sensation of iee, or burning heat, an insupportable dragging, or a kind of eleetrie commotion, whieh radiates with astonishing rapidity, not only through the affeeted nerve, but through all the organism; these pains do not always produee the same degree of violence, they offer intervals of remission, and are soothed by pressure, they suddenly attain their maximum of intensity; there may be agitation, spasms, involuntary movements, contraetions of the muscles, to which the diseased nerve is distributed. No redness, swelling, a heat is observed in the part corresponding to the affeeted nerve. Cold and heat may equally exasperate it; it is most easily reprodueed; a moral emotion, a sudden movement, sometimes the slightest exeess will renew it. In case No. 2, the mere exposure of the breast to the air was suffieient to produee a paroxysm of the most intense suffering. Neuralgia may attaek any of the nerves, it passes from one to the other with the greatest faeility, but it is generally met in the superfieial nerves. If the disease be not very severe, the general symptoms are not marked; but if the pain be prolonged, the patient seems to be worn out from ineipient suffering, marasmus sets in, and death soon eloses the seene, if the promptest measures be not put into aetion to eombat against this formidable enemy.

JOHN WATERS, M.D.

TO CORRESPONDENTS.

Mr. Richards (Liverpool).—*The paragraph recommending some peculiar practice of some peculiar oculist was a dangerous bit of empiricism. The remedy proposed we well recollect: its utilities have never been shown to us. Our correspondent's friend should be placed in the hands of some respectable practitioner—or an oculist in* legitimate *fame. When regular science fails, the presumption is very strong against the success of ignorance. Besides, it is quite absurd to suppose, considering the endless complicated varieties of eye diseases, that any one really powerful remedy will not, in nine cases in ten, be destructive rather than useful.*

The communication of "A Constant Reader and Country Practitioner" *is most important. Before noticing it further, we shall direct to it considerable attention and study.*

Jus *comments with some asperity (was that not unnecessary?) on M. D.'s letter on Dr. Clay's Medical Reform Bill. He remarks with force on the degradation caused by the Physician's injuring his own pupils—the general practitioners—by his advice gratis, and occasional private bargains with the druggists to whom he forwards his gratis patients and gratis prescriptions. We will hope that such disgraceful bargains are rarer than our correspondent supposes. The good and zealous sentiments of* Jus *on our future policy we cordially reciprocate: at present, however, before a single step be taken, much prudent vigilance is required.*

M.D., *after some preliminary compliments to us, which are too much for our modesty, suggests an Ovation to the* Medical Times *as the St. George of our Profession—"the destroyer of the ruthless parasite who so long preyed on its vitals." He tells us that our progress is week after week a personal triumph to him—for which he thanks God as for a deliverance from Egyptian bondage, and long-looked-for retribution; and proceeds: "attend to no uneducated nonsense about personality; a public character, especially if infamous, cannot be mentioned without personality; and cannot be properly represented without* lethal *personality. Your mention of the accident that happened in Argyle-street to a man (who has long been a moral incendiary in all that respects professional discord, hate, and antagonism), was a gentlemanly and strictly justifiable procedure. You did not charge him with the crime—for like the jury, you acquitted him; but you did what no man can shrink from doing; you argued the injury inflicted on us by the association with us of a man whose reputation is so indifferent, that he cannot have his house burnt, even by the purest accident, without creating a general cry of 'Arson! Arson!' I say, Sir, it* is, *and ever will be, a burning disgrace to us, that we made up and enriched, and honoured such a man, as if our profession had no cleverer character to defend it in Journals—no honester man to represent it in Parliament. You offered, I think generously, to print his own self-defence and explanation. He has declined your proposal. Your next step is to do it for him—print the whole report of the trial, as it is given in the Journals of the time, in the* Gentleman's Magazine, *or* Annual Register. *Two or three columns a week would be extremely interesting, and would make a capital* amende honorable. *For myself, I would pay for its insertion as an advertisement, from mere love of what is right." We shall ponder over the suggestion, waiting the course of events.*

In Mr. Davison's *communication, page 350 for* "an *extreme appearance of singularity," read* "no *extreme, &c." ; and for "the first was wasted," read "the first was* everted."

Medicus *(who favours us with his name), informs us that a young woman labouring under small-pox, was discharged from the "Small-Pox Hospital," and sent twenty miles to her friends in the country (some of whom had not been ever vaccinated) in the following state:—*"Desquamation was going on upon the *upper extremities* and trunk. The *lower extremities* were much swollen, and thickly covered with *pustules*, many of which were not *desiccated*, and she was suffering from *profuse diarrhœa." Our correspondent makes some extremely strong and just observations on the authorities of the institution, who could so aid the spread of contagion, andhazard the life of the young woman.*

Anti-Humbug *inquires whether Dr.* Jordan *Lynch be the Dr. Lynch, who lectured so eloquently in favour of Morison's Pills. We are not aware; but should strongly presume* not, *from the fact of some respectable practitioners being on speaking terms with him before the late peculiar act of betrayal. Another correspondent asks the connexion between him and a bankrupt druggist, celebrated for copaiba balsam. That we do not know; and must add further, for his ease, and our readers' comfort, that though much injured by his falsity, and placed on his traces by several correspondents, we have no thought of entering on the record or analysis of his history, whatever it may be. In answer to a Scotsman, Dr. or Mr. Lynch, for he calls himself both, has long been a denizen of the Old Bailey district. There would, indeed, be no such thing as a law of moral gravitation had he not been.*

M. B.—*We are afraid that we can do nothing about the Lectures noticed. Dr. Williams's Lectures have been publishing from the beginning of* 1842. *Dr. Copland's dictionary is not yet finished: but we believe the worthy Encyclopedist is unremittingly engaged in his herculean task. Of all the works published in parts, this is the one that has the strongest claims (though the most reluctantly conceded) on his readers' patience and indulgence, if a little delay happen.*

S. R. *writes that gentlemen in his neighbourhood* (Brighton) *have received Fellowships who practise pharmacy and midwifery; and affirms that some, their equals or superiors, have been passed by. This is a great, but essential mischief in those discretionary appointments made for district places by* residents in London. *S. R. expresses a strong hope that the* members *of the* College *will unite, and, by some decisive movement, show their sense of the insulting character of this very obnoxious measure. We fervently join in the hope.*

Dr. Neligan's *book has been received: we do not usually announce books received, except when reviewing them.*

Mr. Murphy, Surgeon (Antrim), *speaking on the contagiousness of typhus (a subject lately discussed at the Medical Society), shows that the country practitioner has facilities for judgment on that subject not possessed by the town physician, and gives the following interesting narrative:—*"I was in the winter of 1840-1, practising in an extensive and populous district of country, with the small town of Bally Carry for its centre; and from the beginning of November, 1840, until the end of March following, I attended seventy-nine cases of typhus fever, of which only six or eight occurred in Bally Carry, the remainder having ranged over a district several miles in extent, and occupying a portion of three parishes. No case of typhus had occurred in the district for a great many years previously, and the neighbourhood is remarkably healthy. It lies high, although contiguous to the sea, and has a clear and salubrious atmosphere. The land is all in a high state of cultivation, and thoroughly drained. There are no large hills in the vicinity—no stagnant pools—no marshy ground. The inhabitants, even the lower classes, are generally speaking, plentifully supplied with the necessaries of life; and comfortably clothed and housed. In fact, the district presented none of those deteriorating influences which are known to be so productive of typhus fever. The season was not unusually severe; nor were there any circumstances connected with the individuals attacked, which could at all account for the prevalence of the malady. The first case I was called on to attend was that of a woman who resided about four miles from Bally Carry. The woman was perfectly sensible, and told me that she was sure she had caught the disease about a week before, by calling at a house in Larne (a neighbouring town), where a person was ill of fever; several other members of the family suffered severely. In a short time, a sister of this woman, who lived five miles distant, but who had visited her several times, became affected; then her husband, daughter, and servant: by-and-by, another sister, and a part of her family were attacked. The disease continued to progress; not travelling from one house to that adjacent, but flitting, meteor-like, from one part of the district to another. It is unnecessary, however, that I should occupy your space with a detail of cases; it is sufficient for me to say that in the entire seventy-nine cases, with the exception of two only, I could distinctly trace the progress of the contagion from one family to another, without difficulty or circumlocution; those successively attacked having either "sat up" with some one who had been ill, visited them during their illness, washed the bed-clothes of some of the patients, or assisted on the occasion of a death. The two cases to which I have referred, as being unable to trace the disease to the action of contagion, occurred in two young girls who resided in the vicinity of houses where fever patients were lying; and, in both instances, it was considered by their parents that they had visited the neighbouring pest-houses, but would not, through fear, confess to have done so. One case occurred, which made a very strong impression on my mind. About the beginning of March, when the disease had began to decline, one of my patients died. A farmer, who lived in an isolated part of the district, came to attend the funeral, and sat, for two hours, immediately contiguous to the bed on which the corpse lay. This man, some days after, was attacked with fever; then his wife, and subsequently, three of his children. Two poor families who lived immediately adjoining, some members of which had waited on their neighbours during their illness, also caught the disease, and suffered very severely. This occurred in a part of the district where no case of fever had previously presented itself. I may also remark, that of the seventy-nine cases, sixty were females, which is another argument in favour of the doctrine of contagion, as women, in those cases, are always much more exposed to contagion than men. One thing I will readily grant, viz., that the danger of contagion may be very much lessened, if

not altogether destroyed, by the adoption of proper precautions—such as keeping the patient lying in a large and well-ventilated room, frequent changes of bed-clothes, and exposing the soiled clothes in the open air for a considerable time, previously to washing them. In the very few cases in which I was enabled to carry those precautions into effect, I found that the disease did not spread. I was myself carried through a severe and protracted attack (which I could readily trace to contagion received while attending on a woman who had a severe pneumonic complication, and who was lying in a confined, ill-ventilated apartment), by the skill and attention of my respected and talented friend, Dr. Kirkpatrick, of Larne, without any one in my house catching the disease. Every country practitioner must, however, be aware how difficult it is, even among the middle class, to get the most ordinary precautions observed; indeed, I might say, how impossible it is—as the bed-rooms are so universally small, destitute of fire-places, and unprovided with windows which can be opened."

Mr. Dermott *places under our notice a short letter on "Mr. Wakley's shilling diplomas and Star Chamber proceedings." Mr. Wakley and his snug sub-committee resolved on Monday night, that the committee on Wednesday night should be a* private *one, instead of being open to medical visitors, as before. Important business is announced for the "hole and corner meeting;" but what it is to be, Mr. Dermott cannot guess. When he disputed the right of their excluding the public, and striking off the customary words, "your medical friends will be freely admitted," one gentleman insisted that any member might enforce the exclusion of the public. As Mr. D. remarks, such a plea would lead to some strange chaotic confusion. Some sharp strictures are directed at the empirical character of the enrolment ticket, which Mr. Wakley has appellated "diploma of enrolment!" Mr. Wakley was foolish enough to say, before the sub-committee, "if I chose, I could ruin you!" Mr. Dermott dared him to try! Not satisfied with this counterpart of his folly to Mr. Weathers, the* respectable *member added that Mr. Dermott's writings were "unintelligible," &c. Really, Mr. Wakley should be looked after by his friends. To offer the profession "shilling diplomas!" Is this the adoption of Mr. Rugg's proposition to the British Medical Association? (See* Medical Times, *No.* 190). *To publicly tell a public lecturer, "I could ruin you if I chose!" What man Mr. Wakley wanted to use as a tool, could he not ruin? had he not a basket full of letters against, &c.? Poor man! there is but one person in this kingdom he can ruin—himself!—and that will be doing more for his fortunes than he can do for his character. An article elsewhere will explain the object of the "hole and corner meeting."*

We have on our desk communications from J. J. *on the Spleen*—Dr. Hingston *on Foreign Bodies in the Trachea, &c.—from* Dr. Robinson *on the Theories of Liebig—from* Sigma *on Medical Alterations—from* Chirurgus *on a Surgical Remedy for Hydrophobia—from* Dr. West *on Cases of Tracheotomy—from Mr. Hallum on Intoxication—from a Surgeon (Bungay) on Mesmerism—from Dr. Clay, in answer to M. D. and also from M. M. Flandin and Danger, the Chemists of European celebrity—on poisoning by lead. We hope, next week, to clear off accounts with most of these writers. Our hospital Reports will appear next week.*

A Well-wisher to the Medical Times *is thanked. His information has been very useful. We quite agree that it would be better "to submit to a very great deal, rather than allow your cause to be governed by pot-house orators of lumber troop notoriety, and practitioners of questionable character."*

Querist.—*The review of Dr. Wilson's book is in type, and will appear, we hope, next week.*

Electro-Lithotomy. — *Our esteemed correspondent,* Dr. Gore, *(of* Limerick,*) lays claim to the honour of this discovery, to which we made reference on the* 10*th ult. He thus writes to us:*—"I have been, during the last eighteen months and over, trying experiments, with the view of applying effectively galvanic or galvano-magnetic agency, for the reduction of calculi in the bladder. It is now over eight months since I mentioned the plan by which I intended to propose this means of cure in such cases, to the Rev. Mr. Evans, of Ashill, Lower Kilmalloch, who happened to be present when I was performing some operations with the galvanic apparatus, on Daniel's principles. The reasons which induced me to withhold the publication of the plans which I have arranged for working out this proposal, arose from a desire to add some more experience to the trials which I have already made on the capability of the agency to effect the contemplated object. I write this letter now, because, after entertaining the question so long, and having made so many trials, I do not like to be deprived of the *originality* of the application, in case it succeeds in superseding the use of the knife, or other mechanical means of cure. Some time *previous* to the appearance of the paragraph referred to, Dr. Gelston, a gentleman who occupies a respectable position in Limerick, as any other medical practitioner, was with me when engaged in using the instrument for a different purpose, *at which time* I mentioned to him the nature of the proposal, and the method of its application, which I intended submitting to the "profession generally," Dr. Gelston expressed a very decided opinion in support of my suggestion, and of the mode by which I intended to apply the agency. I will *now*, however, withhold publishing these plans, as I perceive a patent is about being secured for some means of accomplishing the same end by a similar agency, believing, that if such modes of cure be of value to humanity, no restrictions should be placed upon the adoption of them by every qualified practitioner. When this patent is secured, I will *then* submit the details of my plans to the profession, through the medium of your most valuable publication; and I may here observe, that I have completely succeeded in dissolving, without the viscus, several calculi which had been taken therefrom by means of the knife, which operation, I am perfectly confident, can be conducted within the organ as without, especially by the painless and simple mode I have adopted, a mode free from risk to life or comfort. I desire to place these observations *on record*, because I am undoubtedly entitled to having, at least, in this country, *originated* the application of electro-galvanic agency for the solution of urinary calculi, to establish which I have made the references before stated in this note; and if the individual who is about to take out a patent for this method cannot show that he has been engaged with his plans as far back as eighteen months, I then am entitled to undivided claims, in respect to the originality of the matter."

The publisher would be glad to know the address of W. H. Fowler, Esq., surgeon, late of Cambro, Bridlington, Yorkshire. He takes this opportunity of adding, that he is daily in attendance at the office to receive acknowledgments of the favours he has been recently so liberally distributing.

We have received a circular concluding "Please to keep this bill clean till called for," and offering medical advice to persons belonging to a burial society at the rate of a half-penny per week. This department of cheap science is designated the "Family Board of Health," and we are sorry to notice in connection with it, a gentleman once much respected in Paris, "James Eager, M.D.," named in large letters as Honorary Secretary. We know the differences of opinion that may not very illegitimately exist on "Joint Stock Medical Assurance Companies," but in connection with a hand bill of the kind we have named—no word of *gentlemanly* defence can be uttered. Is there not some mistake in the business? And has not Dr. Eager's name been used in vain?

M. S., who doubted our estimate as to the *Medical Times* of one year making 40 octavo volumes, finds that it will make *more* than 40 volumes of the size of the Family Library! Perhaps this will serve as a hint to numbers of our readers to commence as settled subscribers to the work with the new volume in April, when a course of lectures by Sir B. Brodie will be commenced, and among *many other improvements*, the numbers will appear in a separable wrapper. If each subscriber who is satisfied with the efforts of the *Medical Times* to *serve him*, will prove his sense of the *obligation* by enlisting but *one* new reader, our capabilities for further good will be hugely augmented.

An Old Hand writes with great bitterness against Mr. Wakley's plan of attracting general readers by "teaching them how to physic and kill themselves." He refers to the system of invariably using English terms for medicines and their doses. The plan is doubtless unwise, and we may again refer to it. It must in various ways be hurtful to the Medical Practitioner.

A Constant Reader.—We believe that German diplomas may be bought for about 25*l.*; and fear there is no mode of stopping their purchase or use. Another Correspondent suggests, that the more public announcement of the source of diplomas when they are honourable ones, would be the most effective plan. It is all that can be done till the law gives a remedy. Many of the new diplomas are mere forgeries.

We have received a singular letter signed W. Simpson, Hon. Secretary, which we cannot but treat as a *forgery*. The writer says he has been directed "to solicit a favour" from us in reference to an Address to which he refers, as actually existing, nay, as published. We feel so much reluctance to believe that a Secretary can have a *valid* document of that kind in existence, and can have so betrayed his trust, as to have handed it to one journal for exclusive publication, to the prejudice of the very Journal that gave the *late* movement all its vitality, and then "solicit" from that injured party a "favour" that we will, till better informed, believe that Mr. Simpson's name has been surreptitiously used, and that no address or authentic document exists.

THE MEDICAL TIMES AND THE LANCET.

MR. CARFRAE, perceiving that Mr. Churchill persists in affirming, and most erroneously, that the "Lancet" has as large a circulation as any other medical journal, respectfully challenges him to an examination (before two respectable medical publishers as umpires) of the number respectively published by the "Medical Times" and "Lancet" during the present year, and guarantees to prove that the "Medical Times" enjoys double the circulation of the "Lancet."

Medical Times Office, March 6, 1844.

MR. CHURCHILL HAS DECLINED.

The "Medical Times" is published every Saturday, at the "late 'Lancet' office," 49, Essex-street, Strand, 72 Quarto Columns for Fivepence.

THE MEDICAL TIMES.

Saturday, March 9, 1844.

"There be that can pack the cards and yet cannot play well."
Bacon.

Until we really saw poor Dr. Lynch in actual print, positively talking, and coolly too, about that *rather* delicate subject—his recent *honourable* transactions with Mr. Wakley, we had no notion—not the most imperfect—of the droll heights *sometimes* reached by "Irish assurance," and "Irish intrepidity." Really if that learned possessor of a name which even a "Jordan" cannot purge of its ordure, fail to be an enormous scoundrel, he must resist great temptation: for in the course of our experience (not the shortest) we never met a man better provided with the sort of moral constitution, that hugely qualifies for outfacing infamy. Saint Peter's Dome, with its double and treble coat of brass, would show only half bronzed before his *maiden* frontispiece. The wide field of moral aberration must to him—if not in high virtue—cost but a moment to canter over. A tight-built Old Bailey rogue, of felonious aspect, pleading not guilty to an open-day robbery, must be bashfulness itself to him: and verily the representative of Jonathan Wild, in the play of *Jack Sheppard*, will never act with dramatic *vraisemblance*, if he do not give that expressive countenance a painfully close study. A painter might as well essay a Decollation, and have not seen a dead man's head.

And now, in Macbeth's words—

"Approach *thou*, like the *rugged* Russian bear,"

Mr. Healey's unconsciously funny correspondent, Mr. Rugg! We would not lose a

minute's parley with thee for the results of thy next ten years' practice; nay, for what would finish thy English education, or send thee honourably through the Hall of the vigilant friends in Blackfriars—so long expectiug thee in vain! The motley fool of Jacques, was monotony and wisdom in sober robes to thee, thou most uncouth specimen of burley inanity! And thou hast learned *Latin*, too! Milton devised schemes, by which men, clever as himself, might master the Latin tongue in two or three years. Poor dreamer! Thou being the same Mister Rugg, who on the 17th of February last wrote among other elegant innovations "nun" for none, and spoke of "skerrilus" for scurrilous, on the 25th of the said same month, writeth Latin with the accurate fluency of a Cicero! The Latin language acquired in seven days! The man that did so great a feat, should cross the Atlantic (to a penal settlement) in as many hours! He is too great a prodigy of educational capability, to live in a country which cannot, it has been said, bear a revolution every twelvemonth!

But let us not pass the Latin. "Indignante invidia florebit justus!" Capital! "Probitas est verus honos!" Still better. "I am the *fidus achates* of Messrs. Lynch and Simpson." Most excellent! "I will not be Mr. Healey's *fidus achates*." Poor Mr. Healey! Here what a mass of elegant classicality recklessly poured out upon us in the joyous abundance of this young man's new born Roman erudition! *All acquired too in a week!* Verily, Master Rugg's Irish tutor—who turns out to be our Doctor O'Toole—will make his fortune if he shut up his profitless drug shop in Farringdon-street, and expose his pupil's two letters with headings after this fashion:—

Specimen of Mr. Rugg's classicality *before* he went under Doctor O'Toole's tuition.	Specimen of Mister Rugg's classicality *after* being one week under Dr. O'Toole's tuition.

But we must leave both friends — the pure moralist and the accomplished scholar— to the gentlemanly mercies of Mr. Healey, adding only for Master Hodgson Rugg (*Ruggianus Porcifilius*) a small piece of gratuitous assistance of no small service in any future search after the respectable, or iterated attention to his newly acquired language. First, *Achates* is a proper name, and other boys who have mastered the Latin grammar give it an initial capital letter. Secondly, even a *Rugg* should *not* be so soiled that in wiping one's feet on it (as now) the task must prove more offensive than profitable.

EXPULSION OF MR. WEATHERS FROM MR. WAKLEY'S PRIVATE MEDICAL REFORM COMMITTEE.

As we expected, but less tardily, Mr. Wakley has developed, without disguise, his plan of making the Medical Committee a metempsychosis of the British Medical Association—ANOTHER CAT'S PAW OF THE LANCET. We knew enough of the man to know that from the instant he gave his begrudged time, and careful attendance to the Committee, he had smelt that a man or two of those who had so eagerly sought his *honourable patronage*, as Coroner and Journalist could be turned to some use in the hopeless work of propping up his doomed publication. For that end he joined; for that end he took the steps which so fatally compromised the honour, and sacrificed the respectability of his tools and—by consequence throwing hideous discredit on the movement associated with them — condemned it to its inevitable and speedy extinction.

But though thus prepared to see the committee ruined for his low ends and its room turned into a back office of his publishing shop—made a magazine room (*paid* for by others) whence he could ask for succours for his Journal, and missiles against those of his rivals—we did scarcely expect that he would so far disregard common prudence, as well as decency, as prematurely to exhibit the cloven foot. But things appear to have been so desperate, his own eagerness so intense, that on Wednesday last Mr. Wakley, with his son, got round him *his* committee under *very peculiar circumstances*: and after haranguing them with fire and passion, dictated to them the somewhat *outré* measure of the expulsion of MR. WEATHERS, one of the proprietors of the rival Journal, which *was ruining his!*

The fact is somewhat startling; not less so are the peculiar circumstances we have referred to. Our readers know that by a rule, which we were in part the means of getting established, the meetings of the committee were fundamentally ruled to be open to all medical men. The sub-committee met on Monday evening, and without giving any reason for the step to Mr. Dermott (one of their members), quietly resolved that the meeting of the general committee on the next day but one should NOT be open. Acting on this instruction, the secretary took the liberty of changing the hour from eight to half-past seven, removing from the circular the usual invitation—"Your medical friends will be most freely admitted," and the parties addressed were told that they were "to bring the invitation with them;" as their only means of admission, it is to be presumed. Our readers would expect, of course, that from the peculiar nature of the invitation there would be present only members of the committee; but the only committee men present were with Mr. Weathers, Messrs. Lynch, Cooper, Simpson, Rugg, Harvey, Buller, and Walter. The others (for there were others) were—first, Mr. Wakley; secondly, his son; thirdly, his sub-editor; and fourthly, several strange faces, apparently not new acquaintances of Mr. Wakley and his son. Several, we know, were not *members*, but were pressed in by Mr. Wakley's son for the occasion. One or two were young assistants!

Mr. Leeson of Finsbury-square, Mr. G. A. Walker, Mr. Dermott, Mr. Marsden, Dr. Wilson, Dr. Patterson, Dr. Ryan, Mr. Hunter, in short, nearly all the respectable men on the committee were absent, the most having, it is understood, virtually seceded from what, however anxious for the cause of medical amelioration, plain, honest men cannot but consider a personally disgraceful contact.

Mr. Cooper,* a young man, who only three weeks ago, according to the *Times*, passed easy muster before Mr. Wakley on an inquest in which, as parish officer, he had opened, without the required leave, a child who had died under his care, was the man who, by a preconcerted plan, showed his gratitude (for past and future favours) by moving the expelling resolution. Mr. Weathers, on his showing, was one of the proprietors of the *Medical Times*—and as that journal, instead of eulogising the veracity and honesty of Messrs. Simpson and Lynch, but particularly of *his* coroner, Mr. Wakley, had brought them severely in question, he ought to be excluded, unless he would divulge such a secret of newspaper management as the editor's name!

The motion was duly seconded by the SUB-EDITOR OF THE LANCET!!

Mr. Lynch, Mr. Simpson, Mr. Rugg, and Mr. Wakley were the only parties to speak in its favour; and the only points that require mention in their addresses for a foregone conclusion are very few. Mr. Wakley declared solemnly that he had *no personal* feeling in supporting the resolution; that he was *quite* thankful for the invectives of the *Medical Times*, which did him good (a very consolatory consideration to us); and that he had already abandoned the idea of his two actions. He declaimed, however, with terrible and almost insane fiereeness at the attacks made on him in that Journal; raised his brawny arm in menacing vituperation of Mr. Weathers, to whom he addressed a stream of rugged and very excited billingsgate—dwelt much on the degradation which reports of committee proceedings might cause to the members, and candidly owned to a quiet interjection of Mr. Weathers, that his recent notices to correspondents (commented on by Mr. Healey), were "*assassin*" attacks, but were justified on the ground of necessity. Mr. Cooper, whose delicacy on the occasion shines the brighter from his practice in the neighbourhood of Mr. Weathers, and consequent absence of all envy or rivalry, was kind enough to promise that that gentleman should escape the severe penalty of their loss of society if he would betray to Mr. Wakley the name of the editor of the *Medical Times*. Mr. Wakley, who owes so much gratitude to him, has an anxious desire, it appears, to know his benefactor! Dr. Lynch said he supported the resolution with great reluctance, and went so much on the conciliatory tack as to pronounce an eulogium on Mr. Weathers' *professional respectability*.

Mr. Weathers, whom we, from a confidential communication made to us, were able to inform of all that was intended for him, at once determined to give Mr. Wakley an additional chance of new infamy, and manfully to brave the puddle-storm that was moved against him. He assured us, and the public voice will support him, that he should be the more certain of his own good character if he had *such* men's decision against it. Aware of the packed meeting—aware of the probable absence of every man with sufficient independence to beard Mr. Wakley—he stood there and clearly proved to them that the only pretence on which they could support their resolution was, that they would *try* to injure a respectable general practitioner, that they might *try* to injure through him a journal that exposed them and their miserable patron in all their ludicrous deformity; for he distinctly asseverated that he was not the editor, nor answerable in any such capacity for editorial opinions. He showed, therefore, that the only ground on which they could base their puny malice was, that he, a general practitioner, was part proprietor of the journal that had run down Mr. Wakley's; and he publicly told them that association with them (whatever good it might be for the public's knowledge of them) was not an honour which caused in him any very ardent desire to remain among them, and with that sentiment on his lips he left them to their very *manly* and *honourable* deliberations.

* This is the gentleman and parish orator of St. Pancras, who had read and re-read the "report" of Dr. Lynch's statement of the interview, and could "not *charge* his memory as to whether it was correct or not!" The spirit of one good *woman* would set up in manliness a dozen such beings!

We speak but the known truth in saying, that among the *enlisted men* present, a feeling of disgust and horror arose at the *dead set* made on Mr. Weathers on such despicable grounds, by these wretched plotters. The only one, however, who had the courage to utter an indignant veto to Mr. Wakley's noble vengeance was Mr. McCann, who entered the room as Mr. Weathers left it. Unknown to any one connected with the *Medical Times*, his sense of justice yet revolted against so diabolical an act of malice, and being an independent man, he frankly uttered his opinion.

And now with solemn earnestness we put this case before the fair play and honest British feelings of our readers. Mr. Weathers paid (what Mr. Wakley to this instant has not) his liberal subscription. He is part proprietor of a Journal which paid five guineas towards the formation of the committee, a body which that Journal created and supported. He is a general practitioner of the highest respectability; a gentleman of the most finished education; one against whom that scandal, which has been so busy with its Lynchs and Wakleys and Ruggs—never breathed a whisper. Now, if we could suppose with these people that their expulsion of such a man from their dishonouring society was an ignominy instead of an honour—what was the crime of Mr. Weathers to justify so extraordinary a proceeding? Malice can fix nothing else than his connection as proprietor with a Journal which practises the lessons it endeavoured in vain to teach those slaves—and is at once FEARLESS, INDEPENDENT, and TRUTHFUL! The beggarly coroner's object mixed with it of course a sordid, desperate hope that the step might help his ruined Journal, or arrest the success of ours; but the transaction altogether is nothing less than an infamous attempt of a few scurvy and worthless persons—O! cæca nocentum consilia!—to destroy, as they must admit, an estimable man, as a miserable means to even a worse object—BREAKING DOWN THE LIBERTY OF AN INDEPENDENT PRESS.

The same thing has been recently tried in France, and the whole medical world has arisen as one man to vindicate the free right to fearless public discussion.

We will illustrate the transaction by an analogy. The *Lancet* has published no small amount, of what some would think free strictures, others low and vulgar blackguardisms, against the council of the College of Surgeons. Suppose that "corrupt and knavish" body, headed by the illustrious but much abused Abernethy, or that half-assassinated surgeon, Sir Anthony Carlisle, had treated Mr. Wakley, the sole proprietor and editor of the antagonistic Journal, as Mr. Wakley and his *Medical Reform* Committee have treated Mr. Weathers! How vulgarly vigourous, how mouthingly emphatic would have been the declamation against such a "*cowardly*," attack on the freedom of the press! how strong an additional argument of the sordid dishonesty, the "wanton despotism," the shabby precipitate injustice, of the "wicked corruptionists!" Inconsistent, false-hearted brawler!

"Mutato nomine, de te
Fabula narratur!"

A closing word, not on the barbarous shock to right in the transaction itself, but on the manner of its perpetration. Mr. Wakley and his friends privately arranged in secret conclave their whole course of proceeding; made the meeting earlier by half an hour, so that the engaged conspirators, aware of the purpose, should be ready to commence proceedings before the time usually named for business; they collected their few friends far and near—members of the Committee or not; they carefully took measures that any one opposed to them should not bring a witness or friend; they made the meeting a *private*, and a packed committee, they *suddenly*, without a minute's notice, put the accused on his trial before it; and his enemies—Wakley, Wakley's son, Wakley's sub-editor, Wakley's sub-editor's brother, Wakley's bosom friends, Rugg and Lynch—opening together in full cry upon him, admit themselves his mortified foes, while constituting themselves and acting both as accusers and judges! If this were honest or manly, the murder of D'Enghien was a splendid achievement of justice.

Now, we need not say that if Mr. Wakley had the greatest cause of complaint against Mr. Weathers, and if that gentleman's expulsion from the committee were the justest and most rightful of punishments, instead of the most atrocious and wanton of injustices—still the *way* that this shabby member of Parliament — this Coronatorial swell-mob-man—went about it was worthy only of a craven bully and innately dishonourable *man*. The coward *bravo*, stabbing from behind a corner; the assassin who only faces his victim when he has got him to a disadvantage, offers, of all things we know, the closest resemblance to the mean unmanliness characterising this last incident in Mr. Wakley's closing drama. Every English heart must rise in disgust against manœuvres which present us for the noble forbearance which real power always exhibits, and for the honour and uprightness, which we ever ask from an English magistrate and member of Parliament—the artifices, the crafty malice, the miserable vindictiveness of a THUG. The circumstance indeed is of no slight service to us in our system of unmasking Mr. Wakley before the profession. Aware of the scheme of exclusion before its development, we owe Mr. Weathers no small obligation for his bold resolve to put the extensive baseness of the honourable member and his *respectable* friends to free test. It was an important aid to us. Our readers see now the extent of his *brotherly feelings* to a general practitioner: of his *honour* and *manliness* to a rival journalist! Such an act does more to show his forlorn flagitiousness of character, than a hundred of our leading articles. It is a moral suicide.

LETTER FROM MR. HEALEY.

SIR,—Two letters from Messrs. Rugg and Lynch have appeared. A few words will show their value.

To the first charge I brought against Dr. Lynch, viz., that he played Judas Iscariot to a good cause for Mr. Wakley's pieces of silver, he does not attempt an answer. His vanity had so widely spread the knowledge of the "costly" terms offered him, that even his effrontery can venture no denial. To appear in public and have such a charge unanswered, seems to me something passing strange. The doctor is a *bold* man.

The second charge that he signed that to be "not correct," which he had revised and *partly written*, he nibbles at with equivocations and falsehoods—but does not meet. I give you his statement to Mr. Wakley: "I *suspected* that he (Mr. Healey) intended to publish, contrary to the expressed wishes of the Chairman and the Secretary, the *private* conversation that took place in the committee, relative to our interview with you. I called next day *in company with the Secretary* at the office, and was referred to Mr. Healey's place of residence. He read his prepared report, in which offensive *allusions* were introduced which I had never used. We protested against them, and he assured us that *they should* be struck out, and promised us that a copy should be sent to each of the medical publications. The part in italics I *dictated*, as being nearer the truth, as far as my recollection furnished, than what he had indited. On the following day the slanderous attack on your private character appeared. In addition to this *we found* that the objectionable parts in the report were retained, and so artfully *interwoven* as to give an appearance of our concurring with them, and they were evidently intended to place the committee in hostility with you." Now, Sir, I much mistake your acuteness if, on reading this narrative attentively, you are not convinced that it resembles Falstaff's story, of his men in buckram—consisting "of lies gross as a mountain, open, palpable." "The chairman and secretary expressed wishes against the publication of the proceedings of an *open* committee!" To whom? before whom? Not a soul is mentioned! Nay, the secretary saw me taking notes, and handed me his minutes to assist me! The whole committee saw me taking notes! But it was a "*private* conversation." Dr. Lynch was formally asked to report in an *open* committee. He rose formally on his legs: he gave a formal oration, describing in strong terms all Mr. Wakley's misdeeds! And this was the "*private* conversation." But why, if everything was "*private*," and such wishes *were* expressed, why did the honest doctor "*suspect*" so improbable a thing as a report? Why, if he had such a repugnance to a public report of a "private conversation," did he not express it?—not stop my taking notes—not speak out that his speech was a *private oration?* Why did he bring the secretary with him, not to ask the suppression of the report, but to witness the record of his triumphant castigation of Mr. Wakley behind his back? Why did he enter into its revision at all?—why did he "*dictate*" eight or ten lines, containing for Mr. Wakley the "offensive allusions," that Mr. Wakley's silence on the charter was *inexplicable!*—that *his example*, as a medical reformer, was a thing to be anything but followed? The answers are obvious. The issue clearly involves falsehoods: is it I or the learned orator that advances them? He says that some offensive allusions "he never used I promised *should* be struck out." Which were the allusions? He does not pretend to tell us. The most offensive in the report are those he owns to having "dictated!" The only words that were objected to I struck out at the instant. One of these was the word "worthless," which Dr. Lynch positively affirmed at the committee was the term applied by Mr. Wakley to the profession, and for which I substituted the milder word "spiritless." As to saying "I *should*" strike out certain allusions, there happens this additional practical improbability, that I went out of my chambers with the two persons, they knowing that I was immediately proceeding to the printer with the MS., for there was no time to be lost. This offers also an answer to the assertion that I promised to send copies to the other journals. I did no such thing. I had not the time, for it was Thursday morning. I had not the opportunity, for I was already almost too late for our own printer. But I told them if they would write out copies for the other journals *they* might, for that could have been arranged with far less delay. But how strange that this person, who complains that I was reporting a "private conversation," publicly and against the expressed wishes of the secretary and chairman, should, with *the secretary*, be seeking for that report even more extended publicity than I was giving it! "Gross and palpable," indeed, must be the "lies" which thus mutually tell tales on one another.

The damnatory passage in italics which this person "*dictated*," but did not, I suppose, "*write*," (for he has been heard distinctly to deny that manipulation), may, strange to say, be seen at the *Medical Times* office, in his own clear autograph. Irishmen are allowed to speak twice; but once will do for Dr. Lynch, if he be read by contraries. I find that with this secret key, Dr. Lynch tells as many truths as anybody else. As to the retention of the objectionable parts in the report, "*artfully interwoven*," making up a "mean and malicious stratagem"—the answer is very plain. Dr. Lynch

on my reading the last words of the report to him, exclaimed "noble! handsome!" in reference to the more than fair mildness with which I had given it. It then went to, and came from the printer's, perfectly unchanged. For a few days after the publication, the report was "correct," for Dr. Lynch never breathed a syllable against it to any man. It grew worse in time, for five days after its publication, on great pressure from Mr. Wakley, he found it to be "*not correct.*" Sixteen days later, it grows much worse, for he detects in it a "mean and malicious stratagem," an "artful interweaving of offensive allusions." Does this look truthful or honourable? The respectable portion of the committee have settled the question of the correctness of the report, by their signatures.

Even Messrs. Hunter and Walton, if they spoke out, would acknowledge the report to be a "substantially correct, and even mild statement." Mr. Walton, particularly, will perhaps remember *such* words. Neither ever said it was "not correct." On the contrary, whatever either said went directly the other way. I challenge them for their opinion — unnecessary as the other evidence has made it.

Dr. L. says I have paid him compliments. True; and if anybody can spend five minutes with him, and resist the appeals of his importunate vanity for a compliment, he must be less charitable than I. But, Sir, if I have praised his abilities, I have been silent on their use. In the small intercourse I had with him—always on business—he never heard from me that he was either an honest, an honourable, or a respectable man.

My classical friend, Mister Rugg, who I am glad to notice has learnt Latin since I saw him last, complains very bitterly that I invited him to my "*kitchen* chambers" on his way home from Mr. Wakley and the House of Commons—under the hard condition of giving him a supper and paying his cab hire. He says I wanted most "*dishonourably*" to extract from him some information on what occurred between the deputation and Mr. Wakley; is quite sure that I would have published it, and adds that he indignantly declined, forgetting apparently that he left me with a half promise to come. Another of his friends made me a similar promise, and whether better kept or not I am not going to say. Now, the deputation was on public business—"professed" to be public, and Dr. Lynch—to be sure no very good authority—declares that "there was no *private* or sinister motive in it," and that he and his friends asked *several* gentlemen to accompany them who did not go the first time. It was so open indeed in *part* of its business, that the day after the meeting nothing that so transpired was unknown to anybody—not even the clever trick of Mr. Wakley, by which he placed the snaffle in the mouths of two-thirds of his visitors—his writing down their want or possession of legal qualifications. I own therefore freely, to a wish for *even* Mr. Rugg to step into my "kitchen chambers" in his way home, and to give *me*, a member of the committee, a private or public account as he pleased, of what occurred between Mr. Wakley and the other members of the committee. The only objection Mr. Rugg expressed was the expense of his vehicular transmission home—and that I endeavoured to remove by the rather insulting, but well received proffer of paying it myself.

Mister Rugg, I perceive, as if growing proud on the strength of his recent classical acquisitions, thinks the worse of me for having my chambers in an area; and as this circumstance possibly deprived me of the honour of his company to a supper with me—or with my servant—and may lose me yet, peradventure, a few *Noctes Ruggianæ*, he must excuse me mentioning to him that some of my predecessors in these very chambers have been really, very unlike me, eminent men at the bar, and that my very near neighbour and fellow-denizen of area chambers is the author of the "Diary of a Late Physician," "Ten Thousand A-Year," and other works, almost as clever as the distinguished writer's celebrated epistle printed in your columns, and signed "H. H. Rugg."

I pass the charge, that by me Mister Rugg's letter was *infamously, falsely* garbled—*his* orthography (!) [and syntax, I suppose] misrepresented, with the remark that chemistry and calligraphy must have arrived at some extraordinary perfection if Mr. Rugg has performed that *sub-committee miracle*, speaking the truth. His letter is exposed in the office, and if the curious in psychology would learn something on the connexion that exists between bad grammar and weak veracity, they cannot do better than step in and look at the document. I now close this correspondence —I hope finally—for I perceive that Mr. Rugg is losing his temper, and growing decidedly "skerrilus." This is the more shocking in a gentleman so well bred, thoroughly educated, and honourably settled, on whom such favourable opinions are expressed by Mr. Ancell, the wholesale druggist—by the certifying lecturers of St. Thomas's Hospital, and the authorities of Apothecaries' Hall. Recommending him warmly to the kind solicitude of the latter body, and assuring him that if he do not behave better I will never invite him to supper with either myself or even my servant,

I am, yours faithfully,

8, *King's Bench-walk.* T. PIERS HEALEY.

TO THOMAS WAKLEY, ESQ., M.P.

SIR,—As this communication, from the nature of the topics to be discussed, is rather long, I advise you to pocket it as people are wont to do a biscuit, biting and digesting a bit occasionally during your most leisure moments. Its length, too, will also prove a happy excuse for its non-insertion in your journal, and you will perhaps experience some ease at heart to learn that I do not insist upon it.

I must, nevertheless, apprise you (regarding any replies which my vindication may require) that I shall make you act, as you will find ere long, with more fairness than you have been accustomed towards your controversial adversaries. All I demand is a fair stage, and that refuse me at your peril. I will also, as a matter of fairness, caution you against experimentalising upon me with tricks which you have too frequently played off on me, viz., inserting select portions of an article to answer your own purposes—for recollect you have now no longer got the helm—there are others who possess the public ear more than yourself. I shall resolve the communication into three heads.

1st. The foul and insidious attack made upon Mr. Healey, your rival journalist. 2nd. I shall meet Dr. Lynch's observations expressed in his usually gentlemanly style in your *Lancet*, March 2. Lastly, I shall conclude by whetting your own memory, which seems to be on the decline, regarding some points of your public conduct, giving you also some wholesome advice which I hope may prove beneficial to yourself and those to whom you are responsible.

As you occasionally read the *Medical Times*, you may recollect my article which appeared in that publication, Dec. 30, suggesting the necessity of an immediate movement in order that the Profession might digest their views and be prepared to meet Sir James Graham's Bill, when introduced to the House if it proved objectionable. Upon that Dr. Lynch with a few others consulted with Mr. Healey, whom I was requested to join, as I unhesitatingly did, and had the honour of paying down the very first subscription.

You, in common with Mr. Lawrence and very many others, received a notice of the formation of this committee and of the intended public meeting, with invitation to attend; this communication was sent to you at my own suggestion. No apparent notice was taken of this communication; but in your leader of the following Saturday (February 21st), you say, regarding the public meeting, "Although we approve of the spirit of the authors of the movement which was exhibited on Monday evening, we would rather see the originators of such a movement in the rear than in the advanced position," and your BECAUSE is, that the meeting was called too hastily. I must observe, in reply to this, that it was advertised in the public journals for more than a week preceding, and it was declared expedient to have it before the columns of the public press became occupied with Parliamentary debates, in order that due notice should be taken of it; with these judicious considerations it was postponed to the very last day possible. This first meeting, moreover, was professedly only a preparatory one, the first of a series.

The meeting was called too soon, you say! After ten years' delay, humbug, and treachery?—too soon when an obnoxious charter had been already granted to the College of Surgeons of England, another to the College of Dublin, whilst others were ready for the other medical corporations; and when Sir James Graham's *anti*-reform bill is pending over our heads, which will cement and bind together in their increased power the already existing monopolies, and which will rivet the chains of the profession, render us helpless, and leave the field of medical practice completely open to quacks and murderers? Whilst you sneeringly told the self-appointed deputation (at least according to *their* report) that we *hug* our chains, we are blamed by you for commencing the movement to throw them off before it is too late; before Sir James Graham's bill—the bill instigated by the medical monopolists—becomes the law of the land. Oh! for shame, Mr. Wakley!

We commenced the association with a single eye *to the representative system of medical government*, and it bore every appearance until after the expiration of the public meeting that we should have continued to have acted with a singleness of purpose. If this had been the case, these unpleasant occurrences, which we have now to deplore—this disunion—this attempt towards breaking up of our combined exertions in the common cause, would not have transpired.

At this stage of my explanation, allow me to ask your newly appointed mouth-piece and factotum, Dr. Lynch—Does he recollect having made assertions to a party the day after the public meeting of the 21st, to the following effect? Will he deny that he stated how very politely the reporter of the *Lancet* called upon him that same day with a copy of his speech, in order to request that he would look over and correct it as he might deem necessary? That he got out of "little Clarke" the dreadful state of alarm Messrs. Wakley, Webster, and Hall were in, on account of the present movement? That those parties had dined together in order to concert measures to undermine and destroy our Society? That one of the party made use of the following expression—"by G—d it must and shall be crushed." And did not Dr. Lynch make the rejoinder, that he would let them see that he would crush *them* first, as he (!) had done the British Medical Association? That persons were sent for the purpose of upsetting the meeting at the Crown and Anchor, and turning it to ridicule; but that those who "came to scoff, remained to pray?"

Does he not recollect the very flaming account he gave to the same party of his own "splendid" speech; his reciting certain portions of it;—the happy quotations from "Probe," which he said he made use of; how many compliments were paid him at the conclusion, &c.?

Dare he contradict these facts? If he is half as apt at recollecting his own words, as he is those of other authors, and adopting them as his own, he will full well recollect them.

I might observe that the meeting in Bedford-square was mentioned in the committee-room also; and it was moreover stated that a party was sent for the express purpose of upsetting, if possible, the proceedings of the public meeting, and turning them to ridicule.

After this Dr. Lynch and five others wait upon you (at their own instigation, or yours?), and the particulars of the interview are publicly reported by Dr. Lynch to the next Committee meeting.

The report of Dr. L.'s statement in the *Medical Times*, it appears *he himself corrected* at Mr. Healey's chambers in the presence of the Secretary; I have seen the MS. corrected in Dr. Lynch's own hand-writing, and which we are informed can be inspected by any applicant at the *Medical Times* office. Indeed it seems a peculiar indulgence conceded to this vain and foolish trickster (and why I know not), that he shall always correct the report of his own speeches. His dinner digests not unless you let him make his speech, and send a copy of it to the printer. The fact is, his diarrhœa of words occasioned him

to let the cat out of the bag; his vanity will always get himself and coadjutors into a mess.

A sub-committee is afterwards appointed by the general committee (including those of the self-constituted deputation), to draw up a manifesto of grievances, and of our intended operations. This sub-committee, by their own connivance, form a second deputation to you; and upon your seeing one or two new faces present, with an air of assumed authority, you take down their names, addresses, medical degrees, and dates of the latter. Men with half qualifications were thus placed at your mercy, and were obliged to do your bidding. Self-reporting Dr. Lynch, after much demur and difficulty, at length retires (at your anxious instigation?) draws out the certificate which you published, *falsifying his own report* of *his own speech*, and places it, I presume, in your hands; to which certificate four others besides himself append their names, two refusing. Mark the inconsistency! After they return from the first interview, they complain to us, the Committee, how cavalierly you receive them, that you threaten them with "the farce of Simpson and Co.," whilst you had called them egregious fools, or what is tantamount to it, in your leader;—and *they, in return*, do homage to you in the form of a second deputation—sign a most foul and false certificate to help you to injure your rival; whilst you yourself pretend to undergo a sudden conversion, and declare our proceedings to have been very excellent. I caution the general committee to be aware of you; for where the actions are so inconsistent, the results cannot be beneficial.

The false allegations against Mr. Healey referred to a statement made before the committee, and which had claimed a considerable portion of its attention. I maintain, therefore, that before such a certificate was given, the complaint should have been laid before the general committee; and the condemnation, if any were merited, should have issued from them.

Not even the whisper of a charge is heard against Mr. Healey, until the "splendid" *certificate* appears, eight days after the report—when we are coolly informed by those who signed it, that the first interview, reported to be a *full, open* committee, was *private* and *confidential!*

What absurd nonsense to issue from the mouths of professional reformers, and the primitive *anti*-"hole and corner" man! Dr. Lynch, the *report-corrector*, too, is so lack of sense as publicly to call it a "*private conversation.*" Let condemnation, I say, rest upon the Journalist who would support such an infamous doctrine!—If private, how could its privacy have implicated the *accuracy* of its report?—and how could the interview have been a private transaction, when he himself voluntarily made it a leading portion of the business of the general committee, when he corrected the report, and when, moreover, it related to *public* business, and to the *public* welfare? Do you wish to extend the functions of your certificate-signing sub-committee, so as to render the general committee nugatory, and a committee only in name? I assure you I will use my efforts to prevent it; we had enough of the "hole and corner" work in *your* British Medical Association.

At the same time that your printed certificate makes its appearance, Dr. Lynch boasts to various parties that he had been highly complimented by you for his writings; and that he had been offered by you a large sum per month to write for your *Lancet*. I must say, I think you overvalue your prize; nor can I condole with those you take him from, for their loss. The taste of the medical profession for personal scurrility is gone by; and what they seek after now, is sound useful medical information. I, for my part, with many others, invariably turned over his pages as waste paper.

To show you, Sir, that the proprietors of "the *Medical Times*" decidedly set their faces against making "the movement" a mercenary job in connexion with *any* Journal, when it was proposed that the *Medical Times* office should be an exclusive temporary depôt for subscriptions, *I know* that Mr. Healey, as *one* of the sub-editors, in the name of the principal, decidedly objected to it; and *enunciated very clearly the "principle that an association of this kind could never be of any use, unless it was an independent move."* He had previously subscribed for the *Medical Times* five pounds, which were thankfully received, and which subscription proved a stimulus to our operations, and to the getting of other contributions.

Mr. Healey had been also from the very first, by general consent, declared a member of the committee, and was subsequently chosen by the very clique who signed the false certificate, on the first committee meeting after the great meeting, a member of the sub-committee, at the express suggestion of Mr. George Alfred Walker.

As touching the *falseness of Dr. Lynch's certificate* versus *the falseness of Mr. Healey's report*, how stands the evidence? The committee consisted of fourteen besides Mr. Healey; out of these, seven (published in the *Medical Times*) assert, by written testimonials, that the printed report of Dr. Lynch's statement was substantially correct—three claim the privilege of remaining neutral—this leaves remaining those who signed (viz., Dr. Lynch, Mr. W. Simpson, Mr. Harvey, Mr. Rugg, and Dr. Wilson,) and of these Dr. Wilson and Mr. Harvey so modify their statement that they show clearly that the report, for a short abstract, was correct. Mr. Simpson also declared, in my presence, that in signing the certificate, he only meant to certify that the report did not tally with the conversation which transpired between yourself and the deputation; but that he could not say that the report in the *Medical Times* of Dr. Lynch's statement was incorrect. This leaves Drs. Lynch and Rugg alone in their glory.

Who, then, is the liar? The falsehood must rest somewhere. It has been your peculiar trick to cast an accusation, and to prevent, if possible, the accused defending himself. But the committee have thus declared their verdict against the veracity of the certificate as applied to the *self-reporting* doctor's marvellously clever statement.

Dr. Lynch's despicable, *disinterested* manœuvrings are thus unanswerably met by two insurmountable facts—the *verdict of nearly the whole of the committee*, and the *exhibition of his own corrected MS. at the Medical Times Office*. I envy not his position.

Now, in the next place, with regard to the attack made upon me by your self-reporting champion. I admit that you did ask me in the course of promiscuous conversation, "if you had ever injured me," and I in return certainly did say, "I thought you had not." Sir, your having the *disposition* to do it is one thing, the *power* is another. That you have not injured me, I think I may prove by the size of my present class (which nearly equals in number any in London) as well as by the number of those who have been my pupils, more in the aggregate than the present amount of your subscribers to the *Lancet*—and that you have not injured me, I may also prove by my increased connexion with the public press.

That you have *tried, and tried hard*, to injure me heretofore, on more occasions than one is palpable to many as well as to myself. May I recall to your mind, the attack you opened upon me in the public press, November, 1835, challenging me for a reply, which on my sending it you, you had neither the honesty nor the courage to insert, falsely excusing yourself from so doing upon the plea of its being slanderous and lengthy. The validity or non-validity of your excuse, can be proved by referring to the Morning Advertiser and two other papers into which I gained its introduction. My rebut shall there speak for itself.

It was as amusing to the reader, as a contemptable manœuvre could well be (as I stated in the daily press at the time) to compare your document with mine, and to see how you "extracted the charges of general vindictive feeling from my *burked* reply,—and placed them in your leader as charges against me to make them subservient to your own mis-statements and unworthy purposes." Do you recollect stigmatising the protest of my pupils, (published afterwards in the Morning papers) signed by themselves and taken by them to your office, as "a supposed fabrication?" and your politely hinting to them that even if it were not, you would not insert it? By thus burking inquiry and truth, under the mask of defiance and candour, was there justice? should a shadow of dependence be placed upon such a man?

You then thought I was helpless, and that you could crush me: you were miserably mistaken, I gave a touch of my power from which you have smarted. After my vindication appeared in the daily journals, you dropt your process of legal action against me, for what reason I know not.

May I also cursorily allude to your having heretofore (accidentally of course) left my school out of your October catalogue?

I told you in the committee-room in answer to questions from you, Sir, that I had frequently written against you, and that if I did not approve of your conduct I should do so again,—that I was not ashamed of what I had written, nor afraid of any man under the sun; so far from it, that if it would give you ease, I would sit down with you and point out all I had written, and a good cargo you would have to read over.

I know the trap that was laid for me, and I did avoid personal altercation in the committee-room, my object was not to have it: you and I have a more sacred duty placed before us.

I will say but little about your indelicacy of bringing a lady's name into question, before the committee, by making the unaccountable observation, "that you would call upon Mrs. Dermott!" A friend of mine said to me, in reference to it, "Dermott, if I had been you, I would have got up and knocked him down." This is not my plan of proceeding. I would not, of my own accord, damage the operations of the committee, nor the interests of the profession by so doing. Let the matter stand thus.—If you wish to call upon Mrs. D. pray come, the house shall be open—and I, at the same time in return, will claim the privilege of calling upon Mrs. W. There will be at least then an interchange of civilities between the families.

Your "man Friday" says that, "I was compelled to allow that I had, in my early career, been under obligations to you;" this, Sir, is absolutely *false*, and you know it: I made no admission of the sort. You took occasion to state how much you assisted me in getting my certificate recognised, to which I did not think it worth my while to make a reply.

The truth of the matter is this:—the regulation of the college of surgeons was, "*that no teacher could be recognised, as such, unless recommended by some hospital-surgeon.*" Sir Anthony Carlisle had already written a recommendation *for me*, to be received, and in accidentally passing the *Lancet* office, (now the *Medical Times*), I told you that I had sent the said certificate to the college. Then said you put an advertisement into the *Times* newspaper, thanking the Council for the recognition, or words to that effect. The conversation did not occupy five minutes. So much for your vast assistance! This is the only time, to my knowledge, you ever rendered me any—and that is a great deal to croak about in the year 1844!

Do you and your factotum conceive that you will drive me from the committee-room? that I can assure you is most unlikely. I will not trespass upon the time, or the room of the committee, with personal squabbles; and as I told you in the committee-room so I repeat now, that "I would sail in the same boat, in a good cause, with the devil himself, provided I could make him pull properly."

This, however, I will do; I will meet you as a gentleman before witnesses, aloof from the Committee, three of your choosing, and three of mine, constituting a regular "court of honour;" and it shall be determined whether your conduct has been free from injustice, partiality, slander, and vindictiveness. Will you take the offer?

I know not what your *new* factotum means, by saying that he appealed to me for his character: I was not aware he had done so; I am certain of this, I would not stand godfather to it.

My professional duties prevent me from completing this letter at the present moment, but believe me a sincere well-wisher to the cause of Medical Reform. G. D. DERMOTT.

March 4th, 1844. Charlotte-street School of Medicine.

[Mr. Dermott proves himself in this letter as

eminent a moral as he has long been a physical anatomist. The evidence of so honest and plain-dealing a man, one as little connected with us as with the *Lancet*, save by the tie of principle—is terribly scathing for the pair of worthy *friends*—*Arcades ambo*—against whom it is directed.—Ed.]

TRANSACTIONS OF LEARNED SOCIETIES.

Royal Medical and Chirurgical Society, Feb. 27.—Mr. Stanley, President, in the Chair.

An account of certain cases of acute disease in the Throat and Larynx, one of which was cured by Tracheotomy. By James Arthur Wilson, M.D., Physician to St. George's Hospital.

The author commenced by observing that, in the treatment of cynanche, the physician too often neglects the means which surgery affords for the relief of his patient, and that under the routine practice of bleeding, calomel, and tartar-emetic, many have perished by suffocation, whom tracheotomy would have kept alive. In Nov. 1830, he attended a gentleman of middle age, who died of cynanche, after three days' struggle for breath. The disease supervened on erysipelas of the chin, which succeeded an operation for the removal of some small warty tumours from the lower lip. On examination of the body after death, the epiglottis and posterior membrane of the tongue were highly vascular and thickened; the fauces and pharynx had a dull ashen appearance. Their investing mucous membrane was soft and quaggy, from the infiltration of a dirty yellow pus in the subjacent cellular tissue. About the glottis the mucous membrane was disorganised, and beginning to separate by slough. The larynx beneath the chordæ vocales, and the trachea in its entire length, were free from all thickening, undue vascularity, or other evidence of inflammation. About this time a woman died in St. George's hospital, with symptoms of malignant cynanche, in less than twenty-four hours after her admission. In this case the pharynx was thickly covered with lymph, the epiglottis thickened, but in the larynx the inflammation had not extended below the chordæ vocales. Thus in neither of these cases had the organic lesion passed below the level of the glottis: it terminated exactly there, so that an opening made between the thyroid and cricoid cartilages would have afforded instant and entire relief. This reflection to which the author was led by the anatomy of disease, became, he observes, of the greatest practical use to him, thirteen years afterwards, in the treatment of the following case. Mr. W. C., ætat. 27, complained of slight sore throat, on the evening of July 7, 1843. He afterwards attended a crowded assembly, when he danced much, and perspired freely. On his return home, he was unable to sleep from uneasiness of the fauces, and a sense of choking. At 10 a.m. July 8th, he was seen by Mr. Tupper, who ordered leeches and calomel, and, as no relief had been obtained at 2 p.m., twenty-four ounces of blood were taken from the arm. At 7 p.m. the author saw the patient, who was then lying on his back, and breathing with great difficulty. By gesture he complained of pain across the larynx; the respiration was hurried, and there was a stillness of manner, expressive of a dread of all movement. He seemed, moreover, fast lapsing into a state of coma. The operation of tracheotomy was resolved upon, and at 9 p.m. was performed by Mr. Keate. By an incision through the integuments, the trachea was exposed beneath the thyroid gland, and then divided vertically to the extent of about a third of an inch, and through this opening a canula was introduced. Instant relief was obtained, but before two minutes had elapsed, he was attacked with violent spasms of the chest, with a struggle for breath, as if from immediate suffocation. All consciousness directly ceased. The canula was immediately withdrawn, and the orifice in the trachea cleared from blood, and kept widely open. The breathing at length became more natural, and the face resumed the character and tint of life. Not long after this, a large quantity of mucus mixed with blood, was rejected from the mouth, and it was then found that the patient again breathed through the larynx, when the canula was finally withdrawn with caution. The patient gradually recovered his consciousness, and expressed by writing that his breathing was quite easy. He slept at intervals during the night, and was convalescent from this time. Early on the following day, the voice was in some measure recovered, by a low stridulous whisper. The fluids taken by the mouth reappeared on more than one occasion with bubbles of air through the orifice in the trachea. Seven days after the operation, the wound was closed by granulation. The author observes, that nothing is more worthy of remark in this case, than the immediate suspension of all diseased action in the throat and larynx, consequent on the admission of air into the trachea. The strain having been removed from the inflamed structures, they soon recovered their healthy faculty of nutrition to the system at large, every draught of fresh air became at once specific, and the process of cure was complete. He states that in the future, he should in all cases be urgent (when delay was possible) for a sufficient interval of time after the division of the integuments, in which to stanch the blood, before the final breach in the trachea. The instrument generally to be preferred for this purpose is the trocar; and the method of performing the operation has been fully described by Dr. John Wilson, in the twenty-fifth volume of the transactions of this Society, in a paper of high interest, entitled "Cases of Laryngitis relieved by operation." Since making the above communication to the Society, the author was consulted by Mr. Frogley of Hounslow, in a case of laryngitis, in which the life of the patient was saved by the operation of tracheotomy. The case was that of a young lady about twenty years of age, who after suffering some days from influenza, was attacked with symptoms of laryngitis. They were at first relieved by leeches, calomel, &c., but at two o'clock in the morning of February the 7th, Mr. Frogley was called in haste in consequence of an attack of stridulous breathing. The pulse was scarcely perceptible, the countenance ghastly, and the symptoms generally those of a person fast dying from suffocation. Under these circumstances, Mr. Frogley at once proceeded to operate:—A small incision having been made through the skin, immediately above the sternum, the subjacent cellular tissue was separated chiefly by the blunt edge of the knife, and the trachea divided with little or no loss of blood: with some little difficulty the canula was then introduced. Immediately on the first rush of air into the trachea, the patient opened her eyes, and exclaimed, "Oh! now I can breathe." Her complexion soon resumed its natural tint, and her voice its proper intonation. She swallowed with ease, and soon fell asleep, breathing tranquilly through the canula, which was secured by threads and adhesive plaister. The author saw the patient at four p.m. of that day, and found her without complaint, save a little pain from pressure of the tube, and finding that no air escaped through it, he directed its removal. On the 21st February, a fortnight after the operation, the author was informed that "his patient was going on well,—the wound all but healed, and she had not a single bad symptom." About thirty hours after the operation, she coughed up some dense membranous-looking phlegm, after which she did not breathe through the wound.

Dr. James Johnson agreed with the observation that the operation of tracheotomy could scarcely be performed too late, when occlusion of the trachea threatened death. He mentioned the case of a patient who was operated on twenty-six years ago, and had never breathed since, but through the artificial opening. There was, however, one remark at which he was much astonished, that when the opening had been made in the trachea, the patient exclaimed—"Now I can breathe." He did not believe that such a thing was possible, nor could he conceive how the articulation of the voice could be effected.

Dr. James Wilson stated that a former pupil of his, Mr. Emmott, had informed him that the exclamation was made previously to the introduction of the canula, but after the incision of the trachea. The words which he had recorded, had been distinctly reported to him by Mr. Frogley.

Dr. Mayo was of opinion that Dr. Johnson did not mean to imply that the remark had not been made, but that the fact that the observation was made, showed that the operation was not requisite. He thought that in many of the cases, that had been placed on record, where the operation was performed, the internal exhibition of calomel, given so as rapidly to induce ptyalism, would have rendered it unnecessary. He had seen a case in which Mr. Phillips was called to operate; he (Mr. Phillips) advised delay, and recommended the free exhibition of calomel in large doses. Salivation was produced in sixteen hours, and the patient was cured.

Dr. James Johnson explained that he had misunderstood the statement respecting the uttering of the exclamation to which he had alluded. He thought that the remark was made after the introduction of the canula.

Mr. Cæsar Hawkins remarked on the difficulty of deciding on the cases in which the operation should be performed. Of the acute disease to which Dr. Wilson alluded, there were two distinct species, in one of which the patient will always die, do what you will. The inflammation is of an unhealthy character, not merely affecting the mucous membrane, and causing an effusion of serum, but involving the cellular tissue of the neighbouring parts, and even spreading down the mediastinum to the diaphragm, and producing an effusion of serum and pus. In these cases the operation may relieve for a time, perhaps, but the disease will ultimately destroy the patient. In the other form of acute inflammation, the operation offers a great chance of saving the patient's life. Dr. Johnson's case, he supposed, was one of chronic disease, not of the acute kind, such as are described in the communication of Dr. Wilson.

Dr. James Johnson said, the patient whose case he had described, was labouring under the effects of laryngitis of five days' duration. In the last case of the kind which he had seen, Mr. Lawrence operated; there was considerable effusion of serum and pus, and the operation was unsuccessful.

Dr. C. J. B. Williams had seen several cases of this disease during the last twelvemonth, in two of which an operation was performed, but unsuccessfully. The cases occurred during the last spring, when erysipelas was very general in the wards, and several of the nurses were ill of it. Some of these cases recovered, but several died. In the two instances where the operation was performed, partial relief was obtained from it, but no permanent benefit. The air passed freely in and out of the tube, but the patients died suddenly at the end of twelve hours after the operation, without any apparent cause. On examination of the parts there was found, exactly as Mr. Hawkins had described, a diffuse inflammation of the submucous texture, not merely of the larynx, but extending also to the root of the tongue and to the adjacent parts, which were in a sloughy state. All the patients who died of this complaint were affected with albuminuria. The others recovered.

Mr. Stanley drew attention to the fact, that in the first of these cases, fluids that had been taken in at the mouth, reappeared after a time, together with bubbles of air, at the opening in the trachea, and he cited a case that had recently occurred at St. Bartholomew's Hospital, of a woman who had attempted her life, by dividing the trachea, the œsophagus escaping, in which a similar phenomenon was observable. It constitutes an interesting point, as it might in cases of attempted suicide lead to the belief that the pharynx or œsophagus was injured, when it really was not. Mr. Stanley attributed the occurrence to a loss of its usual irritability by the glottis, in consequence of the wound in the trachea.

Mr. Arnott was desirous of asking Dr. Williams with reference to the cases he had narrated, whether as he had mentioned the prevalence of erysipelas at the time, he thought it was connected with the disease, or whether his patients had erysipelatous inflammation elsewhere in the system. If this last surmise should prove correct, was the laryngitis the primary affection? If erysipelas occurred externally in any of the cases of laryngitis, did those patients recover, and what was the treatment adopted?

Dr. C. J. B. Williams said that in the cases he had mentioned, the laryngitis was the primary affection. The patients were not affected with erysipelas, which was, however, very prevalent in the wards, but were attacked with cynanche of a bad kind, at first in the mouth, but spreading rapidly to the larynx. The treatment adopted in the successful cases was the same as that usually employed; leeches freely applied to the larynx, mercury combined with tartarised antimony, pushed so as to affect the mouth, and in fact the usual antiphlogistic treatment of laryngitis, which when there was not any structural disease present, was generally successful.

Dr. A. P. Stuart mentioned that in the year 1838, there was a remarkable epidemic of this disease in the Glasgow Fever Hospital, thirty cases having occurred in the course of three or four months, and he believed that no such epidemic had been known there before or since. The treatment which was adopted was of the antiphlogistic character, consisting of the free application of leeches, and the exhibition of tartarised antimony; but the patients were not able to bear its being pushed to any great extent. The first cases, which were all treated in this manner, died, and the physician, under whose care the cases occurred, then said that it was absolutely requisite that something more should be done, and he proposed the performance of this operation. In the next case that was under treatment, the symptoms showed themselves slightly at two in the afternoon, and increased rapidly in severity, so that at midnight, at a consultation that was held respecting it, the operation was determined on, and performed accordingly by Dr. Andrews. The patient was then apparently moribund; there were scarcely four or five convulsive efforts at respiration in the minute, the skin was covered with a cold clammy perspiration, and everything betokened approaching dissolution. The immediate effects of the operation were very marked, and the patient ultimately recovered. Out of the thirty cases that were under treatment altogether, there were only twelve that recovered. In one case, complicated with cynanche maligna, the fatal termination took place in a quarter of an hour; in others in three or four hours; but in none was it protracted beyond from twenty-four to thirty-six hours, unless the operation had been performed. One case in particular, Dr. Stuart said he should never forget. The patient was a young gentleman, a member of the Royal College of Surgeons in London, who was attending at Glasgow to complete his medical education. He was seized with fever, and not having any friends in the city, was brought to the Fever Hospital. While under treatment there, he had an attack of laryngitis, the symptoms soon assuming such an alarming character, that the physician desired that the surgeon of the hospital should be sent for, to perform tracheotomy. That gentleman, however, thought it advisable to wait, and try the effect of remedies. The complaint making rapid progress, Dr. Stuart and the other clinical clerk remarked to Dr. Young, the physician, that the operation must be done at once, or the patient must die. The surgeon was again called in, but while the medical men were deliberating respecting the performance of the operation, Dr. Stuart entered the room, and said "he is gone." A look of blank astonishment sat upon the surgeon's face, while Dr. Young remarked, "this comes of delay." The operation in these cases seemed to be the only thing that was likely to be of service, with the exception of one case, in which a copious hæmorrhage appeared to relieve the disease. The surgeon had commenced the operation, and had wounded a large venous branch, from which proceeded a copious hæmorrhage, necessitating the suspension of the operation for a quarter of an hour, for fear of the blood passing into the trachea. After the lapse of that time, the patient was found to be very much relieved, and the operation was not concluded. In none of the cases where the body was examined after death, was there found any sero-purulent effusion. The disease seemed to consist in a sudden effusion of serum into the cellular texture around the rima glottidis.

Dr. Kingston inquired in how many cases had the operation been performed, and in how many of these was it successful?

Dr. Stuart could not answer the question with certainty, but he believed that the operation was practised in about twenty cases, and that twelve or rather less, perhaps ten or eleven, were successful.

Dr. Gregory did not know any cases that had been stated to the Society of more interest than those which had just been described. He thought the word *epidemic* as applied to them was rather too strong. He had seen these cases, and he well knew their cause. They occur where the air of the wards of a hospital is in a foul state, or when there are many cases of gangrenous sores or erysipelas, and they spread by contagion. He wished especially to draw Dr. Stuart's attention to that fact, and to ask whether all the cases did not occur in the hospital, in patients previously labouring under some other disease, or whether any were admitted into the wards, suffering at the time from this form of laryngitis.

Mr. Davis remarked on the large mortality that occurs after the operation has been performed, and also mentioned the fact that many cases which are apparently in a dying state, do well without it. He thought that many of the cases which had been operated on, would have recovered without the knife, but, he added, it would be far better to operate, than to let the patient die. He also alluded to the difference of susceptibility in certain constitutions to the influence of mercury, and stated that if salivation could be induced, the patient would not die. He had found the mel hydrargyri, topically applied, stop the disease like magic.

Mr. Arnott corroborated the remarks of Mr. Cæsar Hawkins respecting the cases of laryngitis attended with a purulent effusion, which terminate fatally, although the operation may afford relief. He remarked that the operation may be delayed too late, as well as performed too soon, and he mentioned cases of the larynx being closed by spasm, where this occurred. In one instance in particular, when the body was examined after death, there was not found any disease in the larynx, but there existed a syphilitic ulcer in the upper part of the trachea. He also saw a patient of Dr. Watson's in the hospital, who was in an apparently dying state, on whom he operated, and afforded great relief. The opening he had made closed after a time, and the patient was dismissed. She died suddenly at the end of two months, and when the body was examined, there was found an ulcer of malignant character at the bifurcation of the trachea, which had undoubtedly been the cause of the spasm.

Dr. A. P. Stuart was inclined to coincide in opinion to a certain extent with Dr. Gregory. Typhus was very prevalent at the time; there were two hundred and fifty cases in the hospital at the time, and the wards were excessively crowded, but he must say that they had been equally crowded upon many other occasions, and no such epidemic, as he had perhaps somewhat loosely called it, had occurred. With respect to the mode of operation, the introduction of the trocar and canula had been found to be attended with several inconveniences, the canula requiring to be frequently cleaned out, as it repeatedly got choked up with mucus, and thus reproduced all the symptoms of suffocation. Several plans were tried to remedy this, and the one which seemed to answer best, was the use of a very strong wire, bent so as to keep the two sides about half an inch apart, which was inserted and retained between the lips of the wound. In none of the cases was the operation of tracheotomy performed. Laryngotomy was preferred in every instance, because it was less hazardous, and more easily performed.

Mr. Arnott remarked that the objection to the use of the canula might be remedied by the employment of a double canula, one tube within the other; so that the inner one, when clogged up, might be removed and cleaned, the outer tube keeping the larynx patent the while.

Mr. Solly mentioned the case of a man who had been operated on two years previously, and had worn the canula so long, that it had become eroded, and was broken off. Mr. Travers removed it.

Dr. A. P. Stuart said that he had forgotten to answer Dr. Gregory's question, as to whether any person was brought to the hospital labouring under the disease in question. There had been only one instance, and that patient had been ten days previously an inmate of the institution for typhus fever.

Mr. Prescott Hewett mentioned the particulars of the case of a young woman, who was a patient in St. George's Hospital, when he was house-surgeon there, for syphilitic ulceration of the throat and soft palate, not involving the tonsils. For this she was treated with iodine and sarsaparilla, and was improving, when one night having got out of bed to appease a crying child, she was seized with violent spasm and feeling of suffocation, and fell to the ground. She was immediately conveyed to bed, where Mr. Hewett found her labouring under urgent dyspnœa, and gasping for breath. An opening was made into the windpipe with some relief at the time, but she died shortly after, and when the body was examined after death, there was not found any disease of the larynx or trachea, and the syphilitic ulceration was nearly healed. In one of the cases mentioned by Dr. Stuart, great hæmorrhage was reported to have occurred, which he considered to be very unusual during the operation of laryngotomy, and he inquired why that operation was preferred to tracheotomy. It is a question still open for the consideration of the profession. In the cases which he had observed, he had not seen the disease extend below the lower chordæ vocales, and anatomy explains this fact by the close adhesion of the mucous membrane.

Mr. Stanley observed that, notwithstanding the greater difficulty of the operation, he should prefer tracheotomy, and notwithstanding the results of Dr. Johnson's case, he should perform it in the hope that the natural opening for breathing would be ultimately restored. One advantage in performing tracheotomy would be that the opening would be made below the seat of disease, and thus would not prove an additional source of irritation.

Dr. James Johnson stated that various plans had been tried in his case to open the glottis, but ineffectually. Bougies had been passed in from above and from below, and in no instance could be passed beyond the cricoid cartilage, where the obstruction existed, and it was supposed that that part had been glued together by the inflammatory process. The edge of the external opening had become so callous, that the canula could be left out for hours together, without inconvenience.

Dr. Mayo narrated a case, in which some unpleasant results took place from hæmorrhage, and thought such a result would militate against the operation of tracheotomy.

Mr. Stanley remarked that if the operation were performed in the manner adopted by Mr. Frogley, that danger would be avoided. The skin only should be divided with the knife; the other parts, and especially the large veins beneath being separated by the handle of the scalpel, or the nail until the trachea is exposed.

PERISCOPE OF THE WEEK.

Hyponitrous Ether.—Mr. Alsop states in the Pharmaceutical Journal, that he has prepared hyponitrous ether without heat, by a process similar to that given by Turner; viz., by placing rectified spirit in a bottle, and filling it about one-fourth: then, by means of a funnel with a narrow aperture reaching to the bottom, introducing a small stratum of water beneath it, taking care they do not mix; and again beneath this, a quantity of fuming acid, of 1.38, equal in measure to the spirit employed, so that there are three distinct strata. It is then lightly stoppered, and left in a temperature not higher than 53°. The gradual change taking place in the upper part of the red acid, through the shades of blue, green, and yellow, renders it a most beautiful experiment: and after three or four days, a stratum of ether will be found forming at the top, and increasing until it reaches in measure about half that of the spirit employed. It is

somewhat different article from that obtained by distillation, and is of sp. gr. .900.

Talipes Valgus.—This and the four following articles comprise the principal matter worthy of notice in the last number of the *Lancet*. Talipes valgus consists of a three-fold alteration of the position of the foot; partial bending of the ancle, abduction and a rotation of the foot exist; but the rotation takes place in the opposite direction to that in talipes varus, as in talipes valgus the external edge is removed from the ground. The rotation in a complete case of talipes valgus is so great, that the patient in the act of walking does not touch the ground with any part of the sole of the foot, but treads entirely upon the inside of the instep, and upon the malleolus internus. In short the sole of the foot is directed completely outwards, and a little backwards, and the ancle is held in a state of semiflexion, the anterior half of the foot (the metatarsus and toes) not touching the ground. Dr. Little has hitherto been able to examine anatomically only three specimens of this distortion, and in these, as far as the incomplete development of the osseous structures enabled him to judge, the astragalus was twisted in such a manner that the articular facet, which ought to have been applied against the internal malleolus, did not enter into the composition of the ancle-joint, but was turned downwards; the navicular bone, and calcaneum followed the astragalus, and, together with the internal malleolus, would have touched the ground by their internal surface. The external edge of the os cuboides, and fifth metatarsal bone, and the external surface of calcaneum presented directly upwards; the latter, therefore, was in contact with the external malleolus. The extremity of this process could not be felt. The principal obstacle to restoration of the right position of the foot is offered by the peronei tendons, and those of the long extensors of the toes. The tendo-Achillis is tense, and deflected outwardly through the rotation of the os calcis. If the deformity cannot be cured by mechanical applications, these tendons must be divided, and the same apparatus that is used for club-foot, must be employed afterwards, with this important difference, that, as the object is to induce inversion of the toes, and depression of the outer edge of the foot, the springs should be applied on the inside of the limb.

Talipes quino-Valgus—This deformity, when congenital, precisely resembles in its external appearance, the non-congenital form produced by articular disease, or paralysis of the anterior tibial muscle. It is to be treated in the same way as the talipes valgus. It is not very common.

Talipes Calcaneo-valgus.—In this affection the front part of the foot is elevated and abducted, through the contraction of the peronei and extensor longus digitorum being combined with contraction of the anterior tibial and extensor proprius pollicis muscles. As no contraction of the gastrocnemii occurs in this deformity, the heel is depressed. The extensors of the knees may be conjointly contracted, the movements of the articulation impeded, and the patella imperfectly developed. It offers greater probability of cure by mechanical means than either of the preceding congenital distortions, as the powerful gastrocnemii assist by their action the replacement of the foot; nevertheless, it is sometimes necessary to employ tenotomy, and thus remove the resistence of the peronei and the anterior muscles of the ancle. It will be more often possible to dispense with section of the latter than of the former muscles. The apparatus recommended in talipes valgus is applicable in this distortion. The congenital deformity essentially differs from the coresponding contracture (non-congenital) by the absence of paralysis of the gastrocnemii.

Singular Congenital Deformity of the Upper Extremity.—Dr. Little states, that he has met with a singular congenital deformity of the upper extremity, occurring in the person of a young woman. Her right arm is perfectly symmetrical, the left considerably above the normal size, resembling more the herculean limb of a blacksmith. The left clavicle and scapula correspond with the abnormally large arm and hand. In infancy she was observed to possess the power of raising greater weights with the left than the right, but at the same time it was noticed that she did not possess equal flexibility of the member. Contraction of the flexor and pronator muscles has gradually increased, the movements effected by these muscles being limited. The elbow was rigidly bent about forty-five degrees. But the great peculiarity consisted in a stony hardness as well as hypertrophy of the contracted muscles, viz., the biceps, and the two masses of muscles arising from the condyles —the tension of the pronator preponderated. As the functions of the member were daily becoming more and more limited, he effected tenotomy, by which, with some difficulty, the limb was straightened, and in a few months the functions restored. A *tendency* to recontraction, however, exists; but it is obviated by attention to daily manipulation and use of the member. The stony hardness of the muscles in this case, in some degree resembled the cartilaginous hardness and hypertrophy sometimes observable in congenital wry-neck.

Malignant Disease.—Three cases of malignant disease are reported from the hospital practice of Mr. Fergusson. The first was a man, thirty-nine years of age, a carpenter, who, after having had a fungous growth, the size of a walnut, extirpated from the right great toe, had a painful tumour form in the ham, and gradually increase in size. When admitted, he had great pain in the head, and in the tumour, shooting down into the calf, and he was emaciated, with a countenance expressive of great suffering. The tumour in the ham was as large as the fist, but had no defined circumference. It was elastic at all points, and fluctuation seemed present in its centre. There was no throbbing or pulsation to be distinguished. The skin over the part was slightly shining, and the subcutaneous veins in front of the knee appeared enlarged and tortuous. There was a small swelling nearly over the head of the fibula, apparently in connection with the larger mass, giving the sensation of fluctuation also. The inguinal glands on the affected limb were considerably enlarged and painful when squeezed. The tumour was opened by Mr. Fergusson, but nothing but blood issued. The man died about a month after his admission. On examination of the body after death, most of the fibres of the soleus and gastrocnemii muscles had disappeared, and the posterior tibial nerve which passed over the tumour, was somewhat flattened. The artery and vein, which passed through the anterior part of the mass, were pervious. On clearing away the healthy tissues a large, soft tumour remained lying upon the back of the knee-joint, extending laterally the breadth of the bones, and upwards and downwards for seven or eight inches. The upper boundary was tolerably well defined, but it was difficult to distinguish between the diseased and healthy structures at the lower end. At certain parts the surface bore some resemblance to the convolutions of the brain, and when a section was made, the medullary character of the disease was remarkably distinct Towards the lower part of the mass there was an abscess containing about half an ounce of healthy-looking matter. On some portions of the cut surfaces the resemblance to brain in a state of softening after lesion of blood-vessels was remarkable- The whole growth was evidently very vascular, and must have contained a large quantity of blood during life; the elasticity was such that when it was squeezed, there was great indication of fluctuation. The inguinal glands were next examined, and the medullary characters were equally distinct. The glands along the course of the iliac vessels were in a similar condition, all being more or less enlarged, and several about the size of hazel-nuts were found in the mesentery, also thus affected. There were small deposits at various points in the pancreas, spleen, and kidneys, and likewise in the substance of the liver. The entire substance of each lung was densely studded with medullary masses, varying in size from points scarcely perceptible to the bulk of a nutmeg. The heart seemed free from any such disease, but there were various tumours in the posterior mediastinum. The right lobe of the cerebellum was softened, and studded with small deposits similar to those found in other parts. Two or three small, vascular, softened spots, were found in the substance of the right hemisphere. The second case was that of a printer, fifty-four years of age, and formerly a free drinker of ardent spirits. The disease commenced by a small wart on one side of the glans penis, the removal of which was followed by a foul ulcer, which gradually enlarged in size, in spite of the various applications; and in February last, the diseased organ was amputated close to the scrotum. At that time there was a small round hard tumour in the left groin about the size of a large pea, from which he then suffered neither pain nor inconvenience; but, after the operation, it gradually increased, and became as large as a pullet's egg, with several smaller ones around it. Several small points had also been noticed in the right groin, and on examination there was found marked swelling and hardness of the inguinal glands. The right lower extremity was greatly œdematous. The part was the seat of considerable pain. While in the hospital, the swelling in the left groin burst, and discharged a thin offensive matter, which continued, till death took place. The man was admitted in October, and died the succeeding December, of exhaustion. On the examination of the body, the skin of the right inguinal region having been removed, an extensive solid swelling could be traced downwards as far as the middle of the thigh, and upwards in the course of the iliac vessels. It was difficult to trace these vessels downwards into the thickest and firmest part of the mass, but on doing so it was found that the femoral vessels were enveloped on all sides by a substance of a distinctly cancerous character. The main artery was pervious, but the vein was obliterated; part of it being indiscernible, and portions of it filled with lymph and clotted blood. The separation of the skin on the left groin displayed a large cancerous cavity, and here, too, the main vessels were enveloped in a scirrhous mass. The femoral vein was obstructed on this side also. In the abdomen there were marks of recent peritonitis in the left lumbar region. The liver, spleen, and pancreas, were healthy, but pale. The left kidney small, but healthy; the right somewhat larger than natural; and in one of the calyces there was a scirrhous tumour, which, when opened, was found to contain pus. The bladder was studded with tumours of a similar character. In the chest the pleuræ presented marks of recent inflammation, and the back part of each lung was dark in colour, and much loaded with blood. Various thickened masses could be felt in the substance of each, and sections displayed a variety of scirrhous growths, some of which had ulcers in their centres opening into the bronchial tubes, while others were filled with pus, like the tumour in the kidney. Mr. Fergusson, in the course of some clinical remarks, which he made upon these cases, drew the attention of the students to the characters by which these two varieties of malignant diseases might be distinguished from each other. The first case seemed to him to be one of true medullary sarcoma, and was that form of disease characterised by the absence of fungous growth, and he doubted if, in this instance, any such growth would have shot out from the surface, however long life might have continued. In this respect it differed from true fungus hæmatodes. The respective age of each of these two patients was worthy of notice. In case 1 the patient was thirty-nine years old, while in case 2, fifty-four years had been attained. It was well known that true scirrhus rarely made its appearance before the middle period of life; while, on the other hand, it was equally ascertained that medullary sarcoma was frequently present in younger persons. These circumstances alone were sufficient to excite suspicion, but the physical symptoms were so well marked in the tumours themselves in the two cases under consideration, that there was little room for doubt as to their true nature. Both might be considered examples of secondary forms of disease, for in all probability the fungous growth on the nail of the great toe was the original affection in the first case; and there could be no doubt that the scirrhous state of the groin in the other, was an aggravated form of the disease, for which a portion of the penis had previously been removed. The secondary appearance of scirrhus was usually of a softer character than the primary tumour, but here this had not been the case; but he believed that both in the true scirrhus and medullary sarcoma, as each advanced the masses generally became

softer, and this was more conspicuously so, when the secondary deposits were in distant parts of the body. When he was convinced of the malignancy of the disease in the first, he had not had recourse to amputation because, first, there were reasons, from a stethoscopic examination of the chest to suspect disease of the lungs; next, there was evidently an affection of the inguinal glands, in all probability of the same nature as that in the ham; and then the typhoid state of the system, even supposing no other contra-indication, was sufficient to have deterred him from such a proceeding. Dissection after death had shown how futile amputation would have been, and the appearances on the occasion illustrated, in a most striking manner, the remarkable tendency of this disease to contaminate the internal viscera, a feature in its history which should never be forgotten, when any operation for excision or amputation is contemplated. The second case differed little from the ordinary history of scirrhus in its primary and secondary forms. From the time that the patient had come under their notice, the disease was totally beyond hope of cure, and all that the surgeon could do to mitigate its severity, consisted chiefly in the exhibition of opiates, enjoining the horizontal position, and occasional fomentations to the whole swollen limb. The scirrhous mass on the right side he supposed had so enveloped the vessels as to obliterate the main vein, and when this happened, it, as was well known, usually produced that state of the limb termed phlegmasia dolens, which this one so much resembled. The state of the absorbents had not been particularly remarked in this case, although, from the nature of the affection, it might well be imagined that many of them had been completely clogged up with cancerous matter. The third case was that of a woman, 45 years of age, a cook, who was admitted with medullary sarcoma of the left breast of ten weeks' duration. A short time before her admission, the swelling burst, giving rise to considerable hæmorrhage, and followed by an offensive and sanious discharge. The part was the seat of considerable pain. Ten days after she entered the hospital, the breast was amputated by Mr. Fergusson, but previously to making the usual semi-lunar incisions he passed a grooved needle into the centre of the swelling, and also enlarged the orifice in the skin with a probe-pointed bistoury, so as to explore the deep part of the mamma; he then proceeded with the operation in the usual manner, and when the patient was removed from the theatre, made various sections of the separated part, which exhibited an ill-conditioned strumous-looking abscess, which was surrounded on all sides with medullary substance. The parts on the circumference of the swelling next to the pectoral muscle seemed healthy, and the orifice in the skin was removed with the elliptical portion of that tissue, which was included between the first incisions, and removed with the disease. Erysipelas came on after the operation, and terminated fatally; the post-mortem appearances not presenting any traces of malignant disease. After the operation in this case Mr Fergusson stated that when the patient was placed on the table, he had taken that opportunity, as being the most favourable which he had had, of investigating the nature of the disease. She was somewhat eccentric, and he had his suspicions that her account was not altogether accurate. The rapid growth of the tumour, and the presence of a foul ulcer leading to a cavity within, with other indications, led him to suspect that this might possibly be an abscess with great surrounding swelling; but at the same time the evidences of a malignant growth were more fully developed, and he had therefore taken that view of its nature. As there were no symptoms of disease in the axilla or elsewhere, he had thought an operation justifiable; and although the case was by no means a favourable one for such a step, he thought it his duty to give the patient her option, as he imagined there was no hope from other means. From being at first averse to an operation she had latterly been eager for its performance. She would not permit him to examine the interior of the opening, excepting with a probe, and would scarcely even permit that. It was on this account, therefore, that he had made the preliminary punctures and incisions into the mass, ere he fully determined to remove it; and if he had discovered that the swelling was really no more than that accompanying abscess, he would not have proceeded further. It was his opinion, however, that the substance when exposed by these incisions, presented the characters of malignant disease (medullary sarcoma), and he had hesitated no longer on the subject, but proceeded with the operation.

Granular Disease of the Kidney.—This and six other articles constitute the principal contents of the last number of the *Medical Gazette*. Dr. Heaton narrates the case of a widow, who was under the care of Dr. Thompson, in University College Hospital. Nine weeks previously to her admission to the hospital, she had an apoplectic seizure, which was followed by paralysis of the left leg for two days, and by ascites, with great oppression of the breathing, and a sensation of suffocation. The state of the urine was not noticed. On admission there were indications of great debility, with dyspnœa, dull and oppressed intellect, and aching pain in the loins. The pulse was frequent, small, and sharp, the pulsations being very visible at the wrist. The arms and legs were marked with numerous small, dark-coloured petechiæ, of the nature of purpura. The feet very cold; the legs and thighs highly œdematous, but no dropsy of other parts. Extensive dulness of stroke-sound over the cardiac region; sounds of the heart obscure; each sound is accompanied with a murmur. Respiratory sounds healthy. Urine scanty, of a natural appearance, but depositing albumen copiously on adding the usual tests; sp. gr. 1015. Quinine with cascarilla, and afterwards digitalis with gentian were prescribed for her, but she first sunk into a state of low muttering delirium, then became comatose, and died, a fortnight after she entered the hospital. On examination of the body, a pint of serum escaped from each pleural sac; the lungs were healthy, but contained a great quantity of frothy serum. The heart presented marks of recently effused lymph and the left ventricle was dilated and much hypertrophied. The mitral and aortic valves were also somewhat diseased. In the abdomen the liver and spleen were both healthy. The splenic artery was indurated by a calcareous deposit of white opaque patches, and rings, so as to form an unyielding tortuous tube. The mucous membrane of the stomach presented large patches of dark punctiform redness. The kidneys both presented a very similar appearance. Each was much contracted. When the capsule was removed, the surface underneath was granular or tuberculated, but not very even, the granules being of uniform size. The colour was a deeper red than is usual in this disease; the substance was hard, but brittle. The cortical structure was much diminished, forming only a thin layer around the cones of the tubular structure. The tubuli were quite distinct in the pyramid, and did not appear to be invaded by the morbid deposit. There was a small serous cyst in the cortical structure of the right kidney. Each kidney weighed 2½ ounces. The bladder was much contracted; it contained from three to four ounces of dark coloured urine. The dura mater having been removed from the hemispheres of the brain, the two layers of arachnoid were found to be adherent along each side of the falx major; in some parts by fine fibrous cords, varying in length from half an inch downwards; in other parts closely united. There were no adhesions in other parts, but the arachnoid had a rather milky opalescent appearance. The large veins on the surface were distended with very black blood; but there was also much fine vascularity in the intervening spaces. On removing the brain, a small quantity of serum was found at the base. The substance of the brain was very soft, and in removing it, the lateral part of the right hemisphere gave way, and a considerable quantity of imperfectly clotted blood ran out from the laceration. Farther examination showed that both lateral ventricles were filled with dark blood to the amount of three or four ounces altogether. The cerebral tissue around was completely broken up and disorganised, being reduced to a soft pulpy mass, of the consistence of thick cream, of a pale yellow colour, most extensive on the right side. The optic thalami and corpora striata, were quite destroyed; the septum lucidum was broken up. All the cornua of the lateral ventricles were filled with blood, which likewise penetrated into the third and fourth ventricles, and externally on the surface of the medulla oblongata all the parts of the brain appeared softer than natural, and the cineritious part pale, and of a dirty white colour. There was no bad or gangrenous odour in any part of the brain. All the arteries at the base, and their larger ramifications, were much diseased, being rendered extremely fragile by irregular patches of opaque friable matter deposited in their coats. Dr. Heaton remarks on this case that the softening of the brain is sufficiently intelligible, occurring in connexion with extensive disease of the arteries, incapacitating them for carrying on an effective circulation through that organ. It presented that yellow appearance—without vascularity, and devoid of the fœtid smell of gangrene—frequently met with around large extravasations, and in connexion with disease of the nutrient arteries. It is that sort of softening which Abercrombie supposes analogous to dry gangrene of the leg from disease of the arteries; and quite different from the softening the result of inflammation, and accompanied with the putrid odour of gangrene. The apoplectic fit, and the extensive extravasation which was found in the brain, also receive a ready explanation from the disease of the arteries. Perhaps the vessels were first ruptured, and some extravasation took place at the time of the fit; but we should suppose that the hæmorrhage must have been then of comparatively small amount, and there must have been a gradual oozing of blood since; for so extensive a discharge of blood into the substance of the brain occurring suddenly must have proved immediately fatal. The existence of bands of false membranes of an appreciable length, between membranes in close apposition and incapable of motion, appears to Dr. Heaton to be of exceedingly difficult explanation. He never saw such a case before. He thinks the most probable explanation to be that an inflammatory adhesion had taken place between the two serous surfaces at this point, in infancy, and that a serous effusion had afterwards intervened, and drawn out the lymph into these bands, while the skull was yet sufficiently yielding to allow of this distension without producing fatal compression of the brain. The other points to be noted in this case may be briefly discussed. Previously to the supervention of the comatose symptoms, the case presented the characters of an ordinary uncomplicated case of granular disease of the kidneys. The urine was scanty in this instance. The amount of watery fluid which may pass through the kidneys varies very much in this disease; frequently, in old cases, it is more than natural: in this case, as in many others, it was much below the average quantity; but in all it presents a deficiency of its natural ingredients, and generally, perhaps always, at some stage of the disease, it is marked by the presence of albumen The form of dropsy peculiar to this disease is that of the cellular tissue; where effusion into the serous cavities takes place, it is generally either inflammatory or depends on concomitant disease of other organs. In this patient there was no ascites at any time; a considerable quantity of serum was found in the chest after death; but as an examination had been made during life without any signs of this being discovered, it is probable that this effusion occurred only towards the close of life. So also with regard to the inflammation of the pericardium, which appeared to be quite recent, and had produced none of the usual symptoms of pericarditis during life. The heart was hypertrophied to almost double its natural weight, the left ventricle being the principal seat of the enlargement. The old disease of the valves, and likewise the very diseased state of the arteries, would account for the hypertrophy, which, on the other hand, would itself greatly increase the danger of rupture of the vessels. The kidneys presented the ordinary appearances of a rather advanced stage of granular degeneration, the contraction and atrophy being, however, principally confined to the cortical tissue, the tubular part not being much affected. With regard to their dark colour, Christison remarks, that when

the kidneys are much contracted, the proper brownish tint is often found present; and it is in kidneys where the disease is less advanced, that the pale brownish yellow colour is observed.

The Corpus Luteum.—Mr. Knox says that the corpus luteum appears to him to belong to the embryo, or at least to the ovum; an intrinsic not an extrinsic part; it probably slightly resembles in function the placenta, which it preecdes; it represents the calyx of the ovum (fecundated or not) which has left, or is about to leave, the ovarium; with this important difference, however, that as found in mammals it is a rudimentary structure connected with the transient existence of a mode of growth peculiar to the reptile and the bird; the vitelline and allantoid development, or growth, which in man and in mammals is fleeting, momentary as it were, and rudimentary.

Treatment of Erysipelas by Blisters.—Dr. Mayo has published several cases to illustrate a point at least in the treatment of erysipelatous fever; namely, what he considers the valuable effects of blisters, as superseding the erysipelatous action and substituting a mild and safe form of inflammation. In one case, the disease, otherwise similar, had been successfully treated, when this remedy was applied; and took a fatal turn on another occasion when the remedy was omitted. This remedy is, however, inapplicable as a substitute for abstraction of blood, where youthful energy or plethora, or other circumstances of the case, make such abstraction expedient.

Suppression of Urine.—Dr. J. C. Hall, after alluding to several singular instances of vicarious micturition, if we may so term it, in which the stomach, skin, ear, bowels, &c., seem to have performed the duties of the inactive kidneys; mentions it as his opinion that when complete suppression of urine takes place, the fatal termination takes place earlier than is generally supposed. In Sir H. Halford's case, the man died in two days. Mr. Campbell's patient died in little more than twenty-four hours; he found him feeding his cattle the day he was called to see him—the next he was dead. Dr. Carter says, that death takes place about the second or third day from the commencement of the suppression. In the case recorded by Dr. Hall of J. Lambert, under-gamekeeper to the Earl Spencer, no urine was secreted for forty-two hours (not one drop as was proved by the repeated introduction of the catheter); and he is not aware of any case in which a patient has recovered, when the disease has continued longer than this, and when symptoms denoting an affection of the brain were present. Dr. Elliotson mentions a case attended by the late Sir A. Cooper, and two others by "a friend," in which recovery took place, but the duration of the disease is not mentioned, nor the treatment. In the treatment of this disease, our utmost efforts to rouse the kidneys to renewed action often fail; we must, however, endeavour to relieve both the vessels of the brain, and also of the kidneys (which, in idiopathic suppression of urine, are probably congested), by general bleeding when the patient can bear it, or, when less plethoric, by cupping; the abstraction of blood should be followed by a brisk purgative, the internal exhibition of cantharides and diuretics, the application of a large blister to the loins, and an enema of oil of turpentine and castor oil. In all cases the warm bath is, as Dr. T. Thompson well remarks, useful; it is a disease, of all others, requiring the most prompt and energetic measures: in a case of life and death no time is to be lost.

Ovarian Extirpation.—Mr. Walne has placed on record the particulars of a case of ovarian dropsy, on attempting the removal of which he found such extensive adhesions, as induced him to close the wound he had made, without completing the operation. The patient recovered from the immediate effects of the exploratory incision, and has been tapped three times since, on each occasion upwards of four gallons of fluid, of the consistence of castor oil, very mucilaginous to the touch, and containing a great proportion of albumen, being removed. The unfortunate patient is extremely anxious to be relieved permanently, and is willing to incur the risk of almost any experimental measure, which, however, Mr. Walne very properly hesitates at employing. He remarks upon the case, that the impunity of the proceeding affords a strong confirmation of the correctness of the principles on which these operations are based. As far as one case goes to show it, the mere opening of the peritoneum, at a point rendered remote from the viscera by the interposed bulk of disease, would seem to be a step attended by little risk, and may therefore be resorted to for information in obscure cases, as well as properly adopted to confirm the most assured diagnosis in those that are more clearly marked. When the disease has acquired great magnitude, a circumstance at present very common, the difficulty of ascertaining the presence or absence of adhesions to the peritoneum of the abdominal parietes is such, that mistakes are not unlikely to be made even by the most experienced. Various particulars of the history, &c. of cases assist in forming a probably correct opinion; but this certainly seems hardly attainable without other than ordinary means. In the tentative incision we have a valuable auxiliary, and one which will, he thinks, always enable us to know if very broad and close attachments to the fore part of the peritoneum, where alone such occur, exist. Filamentous and band-like adhesions, elongated by the effect of motion, can be so easily dealt with in the major operation, that the ascertainment of their presence seems a secondary consideration; but somewhat close attachment to the moveable viscera may, however, exist without evidently restraining the mobility of the tumour. Nothing, therefore, supersedes the necessity of carefully studying the minutest anatomical circumstances of a mechanical character, in each case; but the tentative incision, in addition to such study, will be found of great advantage. In making use of it, the eye and the finger are both serviceable. As soon as the incision is completed, the tumour, if not strongly and extensively attached to the parietes of the abdomen, may be made to glide from side to side, and to exhibit, at the opening, a free and ready mobility. The finger introduced ascertains, to a considerable extent, the freedom of the tumour from adhesions at a part where they are very likely to be found, especially when tapping has been previously resorted to; or discovers them, and informs the operator of their character.

GOSSIP OF THE WEEK.

A correspondent in a weekly contemporary declares that an applicant for gratuitous advice at an hospital, confessed to him, that he was at the time in the possession of from 7,000*l.* to 10,000*l.* Facts of this kind are not uncommon, and it becomes really an urgent duty with persons superintending charitable institutions to exert extra vigilance in seeing that the funds of the poor, and the practice of medical men be not thus severely interfered with. If inquiry were made, the general feeling of a surplus body of practitioners would be found to arise much from the diminution of business, caused by mis-applied charity.

A Kidderminster Journal gives another case of child-assassination by the aid of Godfrey's Cordial, that "real blessing to mothers!" Mr. H. T. Johnson, the chemist, declared at the inquest, that on the evening when the cordial was sold, he had sold several other pennyworths, and called it "an article of commerce," and therefore not requiring to be labelled as poisonous, &c. The number of deaths caused by Godfrey's Cordial seems to call for some legislative remedy.

A Bengal medical officer calls attention to the circumstance, that only two medical officers in the East India Company's service, have been created Fellows by the new Charter.

A baker has been recently condemned, at Brussels, to two years' imprisonment, and a fine of 400 francs for adulterating his bread with sulphate of copper. The circumstance that this ingredient could in no explicable way improve the bread, makes this case not a little singular. We have been made aware of baking establishments where large adulterations in this primary necessary of life take place, and have no doubt that a scientific detective police, would lay bare hundreds of impositions in the highest degree injurious to health. But our Government will know nothing of adulterations, save those, which like rhubarb leaves for tobacco, injure the revenue!

M. Gay-Lussac, the eminent chemist, was recently corking a phial for an experiment; the ingredients it contained inflamed on exposure to the air, and violent explosion took place, which very severely wounded himself and his assistant. Both at the last accounts were in a fair way of recovery.

Gold and silver medals have been recently distributed, by Louis Philippe, to the medical officers of Algiers, who most distinguished themselves in encouraging the spread of vaccination in that country.

At Paris, at this moment, there is in course of delivery, the following series of popular lectures:—one on phrenology, two on magnetism, one on homœopathy, one on uromancy, and finally one on "the fallacies of medicine in general!"

A charter has been granted to the Veterinary College, making it a body corporate and politic. The Council, which is to consist of twenty-four members, with its officers of President and Vice-President, is to be elected by the body of members.

About five weeks ago a young man at Deptford suddenly fell down in a fit. Considerable doubts immediately arose as to whether death had taken place or not, and these increased, of course, not a little, as week after week passed without the body presenting any very appreciable symptoms of decomposition. One of our reporters visited the house on Wednesday last, but was unable to get admittance to a view of the body, the father from the number of visits he had been troubled with, having fully resolved to show the body no more on any cause. He was, however, able to ascertain that the statements in the daily papers about perceptible circulation in the extremities, were quite unfounded; and that the medical men, whose names had been used, had had opinions attributed to them, which they wholly disavowed. There is at present no offensive smell; and though there are symptoms of alteration, they are not, we are told, sufficiently decisive to warrant his burial. The coroner's jury, however, which sat, sometime since declared that the youth was dead, and had died from natural causes.

At an inquest held at the Millbank prison, Dr. Baly remarked that the site was several feet above the Thames at high-water mark, was not damp as far as the best drainage could keep it dry, and that the mortality was but three per cent. These statements, if supported, establish that the very prevalent notions as to the unhealthiness of this prison are unfounded.

In Parliament nothing has been done and little said on our profession during the last week. On Monday Sir R. Fergusson referred to the state of the lunatic poor in Ireland, and the treatment of lunatic criminals, and was assured by Lord Elliot that a measure for the management of the criminal insane and the incurably poor insane had been prepared, referred to a committee, and the report of the latter was now under the consideration of all the managers of insane asylums in Ireland. When their opinions had been received something would be done, Lord Ashley has succeeded in getting a committee of inquiry into the whole question of poor-law medical remuneration.

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Ages.	First Year.	Second Year.	Third Year.	Fourth Year.	Fifth Year.	Remainder of Life.
	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
20	0 18 2	0 19 2	1 0 3	1 1 5	1 2 8	1 18 2
30	1 3 9	1 5 2	1 6 8	1 8 4	1 10 0	2 19 5
40	1 11 10	1 13 9	1 15 10	1 18 1	2 0 6	3 8 3
50	2 4 9	2 7 11	1 11 2	2 14 10	2 18 8	4 17 7

Tables of Premiums at all ages, with the names of the President, Vice Presidents, Directors, and Managers, who are all responsible Partners, may be obtained of Messrs. B. and M. Boyd, 4, New Bank Buildings; or of the Actuary, 10, Pall Mall East.

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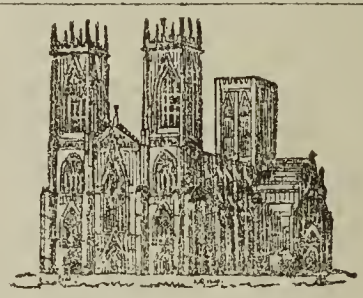
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50	4 1 9	3 13 3
70	10 0 4	9 7 6
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Allsopp	3916	5,583	9,499
Bass	2073	2,723	4,796
Hodgson	307	1,784	2,091

And the prices at which the same were selling by the last accounts are :—

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Allsopp	70 to 77	70	65
Bass	65 . . 67	65	61
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Table Spoons & Forks	16s.6d.	30s. 0d.	35s. 0d.
Dessert ditto	12 6	25 0	30 0
Tea Spoons	5 6	13 6	13 6
Salt ditto	6 0	12 6	12 6
Fish Knives	5 6 ea.	12 6	12 6
Sauce Ladles	3 6 pair	7 6	7 6
Gravy Spoons	3 6 ea.	7 6	7 6

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ON THE PHYSIOLOGY OF HEALTH AND DISEASE.

APPLIED TO VEGETABLES AND ANIMALS, BUT MORE ESPECIALLY TO MAN.

By M. RASPAIL.

Second order—Acaridiæ. [The learned physiologist dilates with great clearness and minuteness on the anatomical and physiological characters of this order of insects. Consulting the interest of our readers, we shall only enter into those parts which are of more practical value.] The *acari* (comprising the genera: *Astoma, Leptus, Caris, Ixodes, Argas, Uropoda, Smaris, Bdella, Giamasus, Erythræus, Trombidion, Hydrachne, Elais, Limnocharis*, of Latreille and Lamarck), are divided into several species: 1° *Acarus foliorum*—2° *Acarus holosericeus*—3° *Acarus reduvius* (the wandering tick or acarus)—4° *Pulex penetrans* (the tick of the Tropics)—5° *Acarus vegetans*—6° *Acarus aquaticus*—7° *Acarus parasiticus*—8° *Acarus siro* (the cheese mite)—9° *Acarus scabiei* (the insect of the itch.) The following are the generic characters of this order:—An insect respiring, like the spider, by two internal branchial pouches, which communicate with the external air, by two openings placed beneath the thoracic portion of the *plastron;* having six symmetrical eyes upon the superior part of the head, which terminates in a rostriform or beak-like hood, beneath which are lodged in a groove two exsertile, triangular mandibles, terminating in a point, and bearing, towards the extremity, a moveable hook inserted upon their dorsal portion; this hook-like process is canaliculated and perforated at the summit, like that of the spider; two quadri-articulated palpæ; eight symmetrical paws provided at the extremity of their variable series of articulations, with a hollow kind of cushion, an organ of progression, but which is sometimes absent from the first pair of feet; a body composed apparently at first of a dorsal shell or bony covering, and of an abdominal shield (divided into three principal portions), but which becomes eventually so greatly reduced in its dimensions as often to be scarcely visible, by reason of the excessive development of the abdomen distended by age and by the excess of nutrition; under so weighty a mass, the paws and palpæ seem to become shortened, and the apparatus of the head and mouth, being hidden by this enormous development, cease to project outwards; an anus, which is the terminal point of the caudal appendix. These insects are parasitic to the cutaneous surface of plants and animals of all classes, including the terrestrial as well as the aquatic species; they undergo no further metamorphosis, after having escaped from their ovum. The ovum is parasitic, like the perfect insect, developing itself by an especial kind of incubation. They differ from the scorpionides by the absence of their tail; from the crustacea, by the position and nature of their branchiæ, and by the number of their eyes; from the araneæ, by the direction and structure of their mandibles, which play, *one against the other*, and in a lateral direction in the spider, *in a groove*—and from behind forwards in the acaridiæ. The acaridiæ are always of a very small size; the *acarus holosericeus* is the giant of the class, and attains upwards of three *millimètres* in length; the acarus of the itch is the dwarf of the race, and never exceeds half a *millimètre* in length.

The acari are essentially morbiparous, by reason of their parasitic nature; for they do not sting merely to avenge or to defend themselves, but also to contribute to their life and development; and since they live but at the expense of other beings, they must cause, by the duration of their development and the multiplication of their progeny, the most various and alarming symptoms in the being that is subject to them. Their species are either herbivorous and parasitic to plants alone, or carnivorous and parasitic to animals; these latter may be either aquatic or terrestrial.

[After minutely describing the characters and morbid effects of several species of this class, M. Raspail comes to the *acarus* or *mite of the itch (acarus scabiei*, Lin. et Fabric.; *sarcoptæ*, Latreill). One would suppose, from the writings of modern authors, that the itch was a disease of recent origin; yet it is certain that, on the coast of the Mediterranean, it has been endemic from time immemorial. The writings of Aristotle, Virgil, Cato, Pliny, &c., bear irrefragable testimony to this fact. Now, although the modern schools have treated as a chimera the existence of an acarus in itch, various writers of undoubted credit could be mentioned, who speak to having met with this insect, although they seem, in most instances, to have confounded it with that found in farina and in cheese. Aristotle, Guiseppe Laurenzio, Scaliger, Ambrose Paré, Mouffet, Hauptmann, Etmuller, Cestoni, Linnæus, De Geer, Wichmann, John Hunter, Pinel, Galès and others, are quoted by our author in support of this assertion. His own researches have likewise led him to the conclusion that such an insect really does exist, and that it may, with certain precautions, be withdrawn from the scabious vesicle upon the point of a needle.* After minutely describing its microscopical characters, and clearly demonstrating that it is an insect *sui generis*, and perfectly distinct from the other species of acari, he proceeds as follows:]—

Morbid effects of the Parasitism of the Acarus of the Itch.—Immediately that the acarus crawls upon the skin, unless the epidermis be hard and callous, we perceive a slight itching, which arises simply from the successive application of the ambulatory processes of the insect upon this organised surface, and from the grazing action of the hairs which it drags in its train. The itching shortly assumes the character of a troublesome pruritus, inducing the individual to scratch himself, as soon as the acarus plunges its rostrum and the terminal points of its mandibles into the epidermis, for the purpose of forming its burrow. We may imagine that this symptom would pass altogether unnoticed, or be merely regarded as a very trifling local action, should there be but a single acarus present. But if these insects are numerous, and the body be almost covered with them, we may conceive what febrile disturbance and what nervous derangement will almost immediately result from their innumerable, small, and envenomed punctures. The acarus burrows beneath the epidermis, there to seek its own existence, as well as for the purpose of laying its eggs secure from all attack. We have seen that the presence of an ovum, in a tissue, quickly gives rise to a new development—an abnormal elaboration. This point will be still better shown by the effect of the ova deposited by insects in the vegetable tissues. Their simple presence in the vegetable cell determines, at this spot, the development of organs of super-fœtation, which have all the appearances and characters of a fruit implanted upon the epidermis, and to which the Latins have given the name of *Gallæ*—gall-nuts; whence, by analogy, the common name *(gale)* itch, which the disease we are now considering has received. And, assuredly, the origin and development of the gall-nuts bear the strongest resemblance to the minute products of the *acarus scabiei!* For, directly that the acarus has laid its egg beneath the epidermis, an elaboration of a new nature is set up; a transudation of a limpid fluid takes place, which, being contained by the now impervious epidermis, becomes rounded into a phlyctænoid vesicle of very small size: an organ of incubation which bursts and empties itself, so soon as the young acarus becomes excluded from the ovum, and which dries and falls off in a crust, when the insect makes its exit to seek elsewhere its nutriment and habitation. The acarus abandons this place of incubation, as soon as it has laid its ovum; no insect, in fact, can live in the medium in which its ova are developed; for in this class of living beings, as in the superior classes, the fœtal nutrition is diametrically opposed to that of the adult. The vesicle of incubation varies in dimensions and in form, according to the nature and elasticity of the invaded tissues, being proportionally larger as the epidermis is more tender and as it lends itself more readily to the afflux of serosity which is thrown out beneath. In women and children, these pustules are larger than in men whose skins are hardened by manual labour. Generally speaking, they are of small dimensions, and of a conoid form; under the microscope, we may discern around each a small furrow, whiter than the rest of the epidermis, and which is of a sinuous character.

Wherever we find a scabious papula developed, we may safely pronounce it as the work of an acarus. Now, without papulæ, the itch cannot be said to exist; the itch, then, is the cutaneous product of the propagation of the acarus. The acarus forms its groove principally by burrowing beneath the hollow of the wrinkles of the skin; and it gives rise subsequently to a papula, by the laying of its egg. Now, suppose that the acarus be arrived at such an age of fecundity that it shall be able to lay several ova in succession, the relative order of the papulæ which will result, will necessarily depend on the arrangement of the folds of the skin and on the muscular movements, which will be liable to change at each instant the direction of these wrinkles. The papulæ produced by these acari will, then, in certain cases, and on particular surfaces, assume the external characters and configuration assigned by nomenclators to *herpes phlyctænoides, herpes circinnatus*, and even *herpes iris*—all diseases of the skin, which commence by an insupportable pruritus, and which terminate in the formation of papulæ, of which each individual one is a scabious pimple. But, if the more tender skins are best suited to the tastes and habits of the insect of the itch, we might conclude that the buccal surfaces, those of the interior of the nose, of the anus and the genital organs, would combine these conditions in a high degree; and that, if the acarus is not more frequently found there, it is due, undoubtedly, to the repugnance which it experiences at the odour of the condiments or of the natural products of these different parts. Now, if it should happen, in consequence of a depletory system of treatment, that the causes of this repugnance should be removed

* This practice is commonly adopted by the old women in some parts of Corsica, Spain, &c.

for a time, there would then be nothing to oppose the entrance of the acarus into these organs, and its gradual propagation throughout the internal cavities; and this invasion would, moreover, be attended by an intolerable pruritus, as well as a papular eruption, which, quickly covering the entire surfaces with abnormal developments, would proportionally asphyxiate the aspiratory faculty of the tissues and their power of elaboration. Symptoms of a more or less aggravated character would be induced; the disease would be driven internally, and would thus require both internal and external remedies. In this manner, we may conceive that external applications alone might repel the itch, forcing, by their odour, the acarus, from the external parts of the body, into the interior of organs which are removed from this influence. The acarus, like all other small insects, is asphyxiated and shrivelled up by alcohol; it is to a great extent dissolved by acids and by alcalis; it is asphyxiated by oils, and even by water and other liquids, which close up its two respiratory orifices; it is destroyed by the smallest quantities of those poisons, which, in larger doses, are capable of killing animals of a greater size; it is likewise destroyed by the emanations (inoffensive to us) of every essential oil or odorous resin; musk, tar, camphor, myrrh, balm, pepper, garlick, ginger, &c.; and it is on this account that, from time immemorial, persons have been accustomed to protect their furs against the ravages of these insects, by keeping them constantly sprinkled over with camphor.* The preceding remarks plainly indicate that we may protect our bodies by the same means which we employ to preserve our clothes, when they are attacked by a similar insect.

The prick of a needle upon the epidermis, especially between the fingers, gives rise to the development of a papule, which, at first sight, has the appearance of a scabious papule, as well in its form and its aspect as in its position; but with a little attention, we may observe the trace of the puncture left by the needle, whilst the true scabious papule offers nothing similar in appearance, the point of the puncture being subcutaneous. The acarus of the itch attacks some animals more particularly than others; still it is not uncommon to find it abandon the original object of its choice, and pass from one species of animal to another. Man, under certain circumstances, may, unknown to himself, contract the itch from the horse while grooming it, or from the sheep when shearing it. Delalande, the naturalist, caught the disease, while stuffing a species of marmot which he had received from New Holland. The human acarus is readily communicated from man to man; still there are some skins for which the acarus seems to have a certain repugnance on account of a greasy humour, whether natural or artificial, with which they are covered; workmen who are employed in the expression or manufacture of oils scarcely ever contract the itch, and strangers who enter into this occupation, being previously affected with the disease, become cured, as it were spontaneously, in a very short time. Persons who habitually carry about them, whether from taste or profession, perfumes and aromatic odours, are less exposed than others to receive the itch by communication. On the other hand, we have already remarked that the acarus withdraws itself from its own product, and that it is incessantly in search of clean places; it seems very probable that, in conformity with this taste, when a human skin has been infected by its ravages, the acarus must experience a reluctance to return thither; a fact which would account for the few relapses which occur in persons who have once been cured of inveterate itch; and it is probably on account of their peculiar odour, that goats are less subject to the itch than sheep.

The great influence exercised by this class of insects over the production of the cutaneous diseases of vegetables, as well as of animals, induces us once more to give a *résumé* of their distinctive characters.

Family of Acaridiæ.—Insects undergoing no metamorphosis, and scarcely visible to the sight, respiring by two stigmata placed at the commencement of the thorax, and which terminate each in a branchial pouch. Armed with a dorsal bony covering and with a ventral shield, between which is placed an abdomen capable of acquiring, in some, by repletion, the most extraordinary dimensions. Having eight paws, inserted into so many notches of this shield, divided generally into five articulations; four, at least, of these paws terminating in a soft kind of cushion, of a moveable and contractile nature, and which enables them to affix themselves to the surfaces upon which they crawl. Their head, or rostrum, appears to be formed of a single piece, and covers over the mandibles; their eyes, several in number, and more or less distinct, are placed towards the base of this organ. The palpæ are in general inserted upon both sides of the base of the head; they are articulated, and blunted, or else terminated like claws or nippers. The mandibles are double, approaching one another so as to form a canaliculated or channelled sucker, and bearing at their summit an external hook or process, which is capable of diverging from its fellow during its action, and which seems to be hollowed out to give passage to the virus. The male generally possesses a different form to the female, and the young are excluded with six paws only. The acaridiæ differ from the arachnides by their mandibles, the canaliculated hook of which is inserted upon the back, whilst in the arachnides it is inserted upon the anterior surface; also by the mode of approximation of the mandibles, which, in the acaridiæ, escape as it were from a sheath, and become applied in the form of a sucker; whilst in the arachnides, they are alternately separated and approximated one towards the other, and do not resolve themselves into this sucker-like arrangement.

[The sixth class of animated morbiparous causes embraces the *Proboscidiæ* or *sucking insects.* These are divided by our author into two groups, with their different genera. *First group:* Insects without metamorphosis.—1° gen. *Aphis* (the grub); 2° gen. *Coccus* (the cochineal); 3° gen. *Thrips;* 4° gen. *Cicadæ;* 5° gen.* *Cimices* (the bug). *Second group:* Insects which become metamorphosed.—(The insects of this group are excluded from the ovum under the form of worms—species of living ova, which subsequently assume the state of the chrysalis, before acquiring those characters which distinguish them in their perfect state). 1° sect. *Apteres.** *Pulex* (the flea); 2° sect. *Dipteres.*—1° gen. *Culices;* 2° gen. *Oestri;* 3° gen. *Flies with carnivorous larvæ;* 4° gen. *Flies with herbivorous larvæ, &c.*]

Under this class are included those insects parasitic to plants or animals, which have but three pairs of paws or feet, and are susceptible, more especially the males, of acquiring four alæ; they have compound eyes, but they take their nutriment only by means of a long canaliculated tube, which they dig into the parenchyma of plants, or into the skin of animals. This tube acts on the principle of a pump; it drains the part invaded of its juices, attracting the liquids towards the vacuum which it creates, and may, by its mechanism, give rise to the formation of a blister, or else to the creation of a new tissue. On the other hand, by forcing the circulatory liquid backwards in its course, its action drives the venous blood into the arterial canals, and will thus, according to the number of parasites present, be characterised by fever of more or less intensity, attended by variations of the pulse, and by paroxyms of heat and cold, according as the insects shall be in the act of aspiring, or as, feasted with blood, they shall cease from their work of disorganisation. If the tube be plunged into the capillaries of the circulatory network, there will be simple extravasation of blood, so soon as the insect shall withdraw it from the wound. But if the tube shall penetrate merely into the cavity of a cell, its plastic action, if I may so express myself, occasioning adulterous connexions between the generating spires, will determine the formation of organs of a new character, and which will be susceptible of becoming indefinitely reproduced, under the influence of the same cause.

Seventh class of animated morbiparous causes.—*Mastoidiæ or insects which grind or crush the tissues.*—We embrace in this class all insects which, at least under their morbiparous form, are armed with two lateral mandibles, by means of which they tear or crush the substance, whether of vegetables or of animals. We should have included the larva of the fly in this division, but that the fly is already morbiparous in its turn. These insects tear the flesh after the manner of sharp nippers; they do not suck or draw up their nutriment, they chew it; they are not content to suck the blood of their prey, they also destroy the tissues by a series of solutions of continuity or lacerations, by means of which they can swallow both flesh and blood at the same time. They produce then wounds, while the former kinds give rise only to pustules, stains, or pimples. The individuals of the one class dig into the flesh; the others cause the dermis to exfoliate or fall off in furfuraceous scales, beneath which they shelter themselves, to continue their work of destruction. We shall divide this immense class into six principal groups: the *pediculares*, the *socictares*, the *locustares*, the *ichneumonidares*, the *lepidopteres*, and the *coleopteres*. The most important of these groups in a pathological point of view (and the only one whose consideration we shall enter into), is that of the *pediculares*.

The *pediculi*, like bugs, undergo no metamorphosis, but are ranked with the insects of this seventh class, from the form of their mandibular apparatus, by means of which they procure their food. They are small insects which attach themselves especially to the hairy parts of animals, affixing their ova to the hairs, at the expense of which their incubation is accomplished, and feeding themselves upon the substance of the skin, which they dig into by means of their jaws. Hence it is that the patient, irritated by the itching, directs his hand to the invaded part, with the object of tearing away the cause of the annoyance, by scratching himself; and that by this remedy, worse than the evil, he enlarges the wound and poisons it, without detaching the aggressor. These wounds, being multiplied, form a crust, beneath which the insects maintain themselves secure from fresh attacks, and continue their work of destruction and indefinite propagation. They seem to have a greater preference for the flesh of young animals; they sometimes infest the child at the breast, while at the same time they respect the nurse; they disappear from the head at the virile age, and frequently show themselves over the whole body, when man relapses into puerility. For the odour and the taste of flesh is greatly modified by age, and these small insects have their tastes and their preferences.

The louse developing itself, immediately on its escape from the ovum, without passing through the metamorphoses habitual to some insects, it follows that it modifies its general forms, by enlarging; so that at their various ages, if observed superficially or separately, these insects might be taken for so many distinct species. Now, there is no doubt but that many classificators have fallen into this error.

Like the acarus, the louse offers inferiorly a species of shield, in the fissures of which are inserted its pairs of feet; but the especial arrangement of this apparatus more closely resembles that of the *coleopteres*, or superior insects, to which, moreover, it is allied by its lateral eyes, by the mode of insertion of its antennæ, by its mandibular apparatus, its labial palpæ, its thorax, the segments and the flattened form of its abdomen, as well as by the tracheal openings placed upon both sides of each segment. The paws of the louse are quadriarticulated and terminated by a bifurcated hook, by means of which it hangs upon the hairs. Its ova are white, elongated, intimately adherent to the hair, or to the feathers in the bird, and opening at the summit, like those of the bug, to facilitate the exclusion. The colour of the body, at first of a milky whiteness, acquires, by age, a dark yellow or reddish tint. The skin of these insects is hard and horny; under th

* *Ambrosiacis, ut moscho, zibetho, holeo odorato, camphorâ, oleo corticis betulæ, vestes et insectorum musea, ab acaris servamus, quæ internè quoque, in expellendis retropulsis hisce exanthematibus, feliciter propinantur.* (Aysander, *Exanth. viv. Amænit. Acad.* vol. 4. page 96).

* We shall give Raspail's description of these in our next.

microscope, it is seen to be composed, like that of the acarus, of an interstitial reticulation, the meshes of which are directed transversely.

PARISIAN INTELLIGENCE.

(FROM OUR OWN CORRESPONDENT.)

Paris, March 7th, 1841.

On pleuro-pneumonia.—Professor Chomel made the following remarks *on the diagnosis and treatment of this disease.* At No. 8, *Salle Sainte Agnes* is a man aged 26, who, though not of a strong constitution, had hitherto enjoyed uninterrupted good health. Eight days previous to his entry he took cold, and was laid up two days, after which he went to his work, and while in a profuse perspiration, exposed himself to a draught. The next day, uneasiness; shivering fit which lasted about three hours; nausea; vomiting; pain in the left side of the chest; bloody sputa; pulse 100-104; blood drawn from the vein covered with a buffy coat from 0·197 to 0·236 inch thick; cephalalgia; sleep uneasy; swimming in the head as soon as he sits up; neither *susurrus* nor *tinnitus aurium*; mouth dry, owing to a peculiar conformation of the velum palati, for whenever the os maxillare superius offers a considerable concavity, so as to form an elevated palatum, the septum narium is higher, and the nostrils narrower than in the normal state; the patient, unable to breathe through these last, is obliged to keep his mouth open, in order to make up for the deficiency. These remarks prove that this symptom does not present the importance it would have, were the parts formed as usual. Anorexia; thirst; constipation; breathing short, twenty-four inspirations per minute; dyspnœa very slight; cough; skin supple, moist. Anteriorly, a rhonchus strong enough to prevent the respiratory murmur being heard, and which, in all probability, was produced in the aspera arteria, because it was equally strong on both sides; and because, when the patient changed his position, or coughed, it disappeared entirely. *Left lung:* upper fifth, respiratory murmur in its normal condition; second fifth, the crepitation characteristic of the first stage of pneumonia, especially when the patient coughs; third and fourth fifths, matity with bronchial respiration and bronchophony; finally, in the inferior fifth, perfect dulness, and no sign indicating that the least air entered the lungs. The same phenomena were observed on examining the sides of the thorax; and in the axilla and posteriorly, the bronchial respiration was heard.

The foregoing symptoms are without doubt those of pneumonia, and in all probability the pleura likewise is affected, which is not to be wondered at, the pulmonary inflammation being very superficial. Whenever you are certain that this is the case, with bloody sputa, and no sounds on auscultating, you may conclude that pleuro-pneumonia exists. There are, however, some cases in which pneumonia alone is present, and still neither the respiratory murmur, nor any rhonchus, nor bronchial respiration is to be heard. To what is this to be attributed? It is because the lungs *are splenizated (splenisé)* instead of being hepatised, which state was formerly supposed to be produced by a pleuritic effusion. But *splenization* of the lungs is very seldom seen except in old and weak subjects, and our patient is young; besides which if such were the case, the general symptoms would be much more intense than those which exist, and there would be *prostratio virium*, dyspnœa, &c. In general, when a dull sound is perceived on percussion, accompanied by slight general symptoms, we may diagnosticate pleuritis, not pneumonia. This is of the highest importance for the diagnosis and prognosis, for pleuritis occupying one half the thorax, is far less dangerous than pneumonia of a similar extent. You may be consulted by patients offering a dulness on one side of the chest, and if so your diagnosis ought to be pleuritis not pneumonia. In the case under consideration, the state of the pulse and the intellect with the other symptoms confirm me in the idea that there is a pleuritic effusion at the lower part of the chest, and not *splenization*, the more so as the bloody sputa show that the pneumonia has not yet reached the stage in which it resembles the spleen. And now what is the prognosis in this case? The patient is only 20, and consequently at an age when inflammations end favourably. Since I began my clinical lectures, I have observed upwards of 50 patients under 20, and only two were fatal, and these were pneumoniæ of both lungs complicating other disorders. Thus you see how important the age is in the prognosis. I only speak of patients from 15 to 20 years old; under this age children are received in particular hospitals, and the result is far different. From 20 to 30 years old the deaths are more frequent, and the danger increases as the patient grows older. Thus in young persons the cure is the rule, death the exception; whilst in old persons, especially after 80, the inverse is the case. Another circumstance is worthy of your attention. Individuals affected for the first time are more seriously so, than they will be on a second attack. In primitive diseases, I mean those which attack a person for the first time, the cure is less frequent, and far less easily obtained; on the contrary, the inflammatory symptoms persist less, in individuals who have had five or six inflammations of the same kind, and they last seldom more than four or five days. Internal phlegmasiæ offer the same peculiarities as erysipelas, of which we spoke at length some time ago, showing the analogy which existed between the two in this respect. (vid. *Medical Times*, Vol. IX. p. 159.) It is therefore of great importance to ascertain whether the patient has or has not been affected previously with the disease under which he labours. In the present case, the pneumonia was not primitive, for some time ago a disorder accompanied by pain in the left side, spitting of blood, &c., had existed, for which he was bled three times, and which in all probability was a pleuro-pneumonia. Consequently the prognostic may be considered as not very dangerous, and in all probability the disease will terminate favourably. What treatment must here be employed? It must not be forgotten that he has been bled twice, and purged. Of all diseases that affect our frame, pleuro-pneumonia is without exception that in which venesection is indicated, for the following reasons: I° from the nature of the inflammation itself, and 2° from the functions of the organs which receive in a given time all the blood contained in the body. Now when an organ is diseased, the first thing to be done towards a cure is to keep it in a state of absolute repose, but this is impossible with the lungs; consequently, all we can do is to give them as little to do as possible, and this is to be obtained by venesection. But how often ought this operation to be performed, and what quantity of blood ought we to take from the patient? No precise rules can be laid down; in general, bleeding is performed as often as the strength of the patient permits. Recovery in persons debilitated by previous disease, or old age, is less certain than in those that are strong, and of a good constitution. I have, in some cases, drawn upwards of ten pounds of blood in four days, bleeding as often as thrice a day; and I remember attending a butcher affected with pericarditis, from whom I took that quantity; the convalescence was very short, and a few days after the patient was able to walk out in the garden. In another case of double pleuro-pneumonia, in a young man aged sixteen, of a weak constitution, ℥viij only of blood, so poor that it did not coagulate, but formed a sort of jelly, analogous to currant jelly, was taken away by bleeding. It was not repeated, and he got well under revulsive treatment,—had I persevered in drawing blood he would in all probability have fallen a victim. Do not suppose that the venesection was useless; no, it enabled me to form my prognosis, and indicated the remedies to be employed. Therefore, I say, *bleed in pneumonia as often as the strength of the patient permits; bleed in pneumonia oftener than in any other disease, but do not imagine that it is possible to lay down any positive rules.*

In the case under consideration, venesection has been performed twice, and I intend ordering it for the third time. The patient is, though not strong, still not weak; the pulse is still strong; the pneumonia in some places has reached the second stage; nothing exists which counter-indicates blood-letting. But as the disease has already lasted five days, I administer at the same time the antimonium tartarizatum, not that I suppose this substance to be an antidote for phlegmasia of the parenchyma pulmonaria. In a work of M. Grisolles, just published, this practitioner seems to think that this antimonial compound is one of the best remedies that can be employed in cases of pneumonia; but in calculating the cases in which it was administered alone, I find the mortality to be one in three. I therefore do not think it prudent to abandon all other remedies for one, which alone is not more advantageous than the others. I ordered the antimon. tartarizat. in a draught containing gum arabic, but no opium. The reason why I do not add this last is, that its presence prevents the emetic acting primitively on the digestive canal; and I have remarked long since, that the disease terminates, if not always, at least very often, fatally, when the primary revulsive effects do not take place. The patients who recovered, all presented vomitings or stools produced by the medicine; I therefore consider these symptoms as very favourable when the emetic has been administered. When the expectoration is not easily performed, the efforts made in vomiting cause a pressure considerably upon the organs affected by the contraction of the diaphragm and abdominal muscles; this compression I consider as useful when the lung is obstructed (*engoué*) as when it is indurated. Besides the antimon. tartarizat. which I employ in similar cases, and in the way just described, I sometimes order purgatives. I have frequently seen a mild purgative useful in producing a slight revulsive effect, and without weakening the patient, facilitate the cure, especially when the pulmonary inflammation is not very intense. Finally, a tepid bath may be given with advantage when the pneumonia begins to decrease, and when the skin is dry, hot, and performs its functions with difficulty. The bath in such cases renders this organ supple, opens the pores, and promotes perspiration. The result is so advantageous, so great, that even in the hospitals where it is often impossible to surround the patient with all the necessary precautions, I have employed, and often successfully, baths in the bilious form of pneumonia. The blood drawn at the third venesection formed a firm clot covered with a buffy coat, which floated in a considerable quantity of serosity. In order to render these means still more efficacious, a blister was applied to the chest, and you may have remarked how beneficial they have been, for auscultation and percussion indicate a considerable diminution in the intensity of the disorder. This amelioration was preceded by seven or eight stools, and as many vomitings, effects produced by the antimon. tartarizat. Thus everything seems to promise a speedy recovery; the pulse alone being at 96, may give rise to a doubt, but this may be owing to the pain caused by the blister; in fact, two days after the pulse was at 72, and the other morbid symptoms had nearly disappeared. The patient is now convalescent.

On Icterus, by Professor Piorry.—At No. 11, *Salle Sainte Raphael*, Hospital *de la pitié*, is a patient affected with icterus, preceded by colics and pain in the right hypochondrium. Examined attentively with the plessimeter, the following lesions were found:—liver increased in size; vesica fellis distended with a considerable quantity of bile, and descended below the border of the liver. The augmentation of the size of the liver was not limited to one lobe, but comprised the whole organ; this fact led Professor P. to conclude that it was consecutive to an inflammation of the ductus choledochus *(a choledocitis)*, and not of the ductus hepaticus; for in this last case there would have been a partial augmentation of the liver along the course of the duct, the seat of the inflammation; besides which the colics, pains, &c., are in favour of this conclusion. This once admitted, the mode of development of the icterus is easily explained; the phlegmasia of the ductus communis choledochus had in all probability produced a diminution of its calibre, and as a natural consequence the distension of the vesica fellis, the increase of size of the liver, and absorption and conveyance of the colouring matter of the bile into all the parts of the body, by means of the circulation, &c. The treatment ordered was tepid baths, emollient poultices, and soothing tisannes to calm the local irritation, and at the same time tartar emetic in large doses to

procure the evacuation of the bile accumulated in the liver and vesica fellis. Three days after the liver was found, with the *plessimeter*, considerably diminished, and the vesica fellis only a quarter of the size it offered, when previously examined; at the same time the pain had nearly disappeared; the yellow tint of the skin hardly perceptible; evidently the disease has yielded, and the patient will soon be convaleseent.

Professor Piorry seized this occasion to present on the diagnosis and nature of icterus the following remarks:—Moral causes are supposed to produce ieterus in most cases, and practitioners imbued with this idea have neglected to study the anatomical lesions which give rise to this disease. The general opinion, not only with our predecessors but also with those who, though contemporary, are unacquainted with the advantages to be derived from plessimetry, is that icterus is produced by a nervous affection, which causes the constituent parts of the bile to pass into the blood. Facts being absent, other arguments were brought forward in support of this doctrine. The flow of tears, says M. Recamier, is increased by a moral cause; the urinary secretion becomes more abundant by the same; when hungry, the sight, smell, and even idea, of savoury food is sufficient to cause the saliva to flow; why therefore may it not be admitted that a moral cause, a peculiar nervous disposition, will have a similar effect on the secretion of bile? This idea, however ingenious it may appear, is erroneous, because it is founded on a false analogy. Tears, urine, and saliva, are exereted, and do not pass into the blood as the bilo in cases of icterus; in the first case, there is augmentation of a secretion, and its escape outwards is in its normal state; whilst in the second, there is obstruction which prevents the passage of the fluid secretion as usual, and consequently it is accumulated, absorbed, and conveyed, by means of the circulation, into every part of the body. Doubtless, in some cases, moral causes may have some influence on the production of icterus, but there are none on record in which they can be considered as the efficient cause. I have questioned a great number of icterie patients, and I became convinced that, in the generality of eases, they had experienced neither grief, anger, pain, nor pleasure; this took place but once in four patients, which is not oftener than what is observed in other disorders. There is now in the same ward another patient, affected with colica pictonum, which will furnish us with a proof of the exactitude of this opinion. This man, questioned as to what he had experieneed previous to his entry, replied, that a few days before the eommeneement of the disease, he had had a violent fit of anger. Now, did we not know that this disease is produced by a specifie cause, viz., saturnine intoxication, would we not have concluded that the moral cause had given rise to it? I do not say that moral causes are without influenee in the production of icterus, but I eannot admit that they are the prineipal causes. I remember a case which occurred in one of my wards which had declared itself after an energetic moral cause; but at the same time, there existed a spasmodic contraction of all the muscular system. The diaphragm, the abdominal museles, had contracted so powerfully, that, without a doubt, they must have exercised considerable pressure on the liver, and may not the icterus have been the result? Therefore, the influence of moral causes may be admitted, but in my opinion, they act in the manner just described, i.e.: that icterus is produced by the pressure exercised by the contractions of the diaphragm and abdominal museles on the liver, the which contractions are produced by fear, anger, pain, &e. As to the supposed spasmodic contractions of the ductus hepaticus, such an opinion is problematical. What proof have we, or on what can we found our opinion, when we assert that such is the case? We must, therefore, be very reserved in affirming that moral causes often produce icterus; and how can it be supposed that I can admit such a fact, when the numerous observations consigned in my *Traité des Alterations du Sang*, and the *post mortem* examinations performed by me at the *Salpetrière*, have convinced me that *in the majority of cases, icterus is produced and kept up by the organic lesions of the liver and its appendages.*

Phosphorescence in Man.—The cases in which this phenomenon presents itself in the higher classes of animals are very rare; and for this reason, the following fact published in the *Echo du Monde Savant*, is deserving of being recorded. M. ——, ætat. 43, of a robust temperament, was affected with psoriasis in the palms of the hands. He committed no excess in his diet, but he made use of a considerable quantity of fatty substances, to which he added lemon-juice as a remedy against his cutaneous disease. One evening after undressing, he threw his shirt on the back of a chair, and was not a little astonished to see a phosphorescent light seeming to proceed from it; at the same time he remarked that his arms and chest were covered with a similar light, which disappeared soon after, but was produced anew on rubbing the parts. This extraordinary state persisted for some days, and has since appeared several times.

Epizootia on Hares.—Upwards of two hundred of these animals having been found dead in the forest of *Compiègne*, one was sent to M. Magendie, who after examination stated in his lectures at the *College de France*, that the epizootia had produeed an alteration of the blood, which gave rise to pulmonary congestion, and death by asphyxia.

Academy of Sciences. Sitting of the 5th March. M. Elie de Beaumont, V.P., in the Chair. *On the component parts of the Sugar Cane.*—M. Bonssingault read a report on a memoir of M. Casaseca. Of all the plants cultivated in the West Indies, the cane is the most interesting, sugar being the prineipal object of the commeree and prosperity of these islands. It is, nevertheless, astonishing that previous to 1839 (in which year M. Peligot published a memoir), no precise and satisfactory analysis of the cane had ever been made. For a considerable length of time the colonial sugar had the monopoly of the market, and the attempts fruitlessly made in the south of Europe, seemed to prove that the tropical sun was necessary to produce sugar. But the political events which agitated Europe in the beginning of this era, showed how erroneous this opinion was, for chemistry proved that sugar could be obtained from the beet-root; and this industry had become so productive, that the colonies began to fear that they would suffer from the competition. M. Peligot by his researches showed that the cane contains two saccharine substances, the one crystallizable, the other a syrup; and that the quantity of sugar obtained by the method actually employed, was from 6 to 15 per cent. (according to M. Codazzi, the average quantity is 7½ per cent. in Venezuela); that the real quantity was from 18 to 19 per cent.; that the cane contained water, sugar, and a small quantity of saline substances; that the quantity of juice which remains (after the cane is ground) in the molasses, is considerable. M. Casaseca repeated at Havannah the experiments of M. Peligot, and he found in two analyses, the composition of the juice to be—

Crystallizable sugar	20·94
Water	78·80
Mineral substances	0·14
Organic substances different from sugar	0·12
	100·00

The small proportion of mineral substances coincides with the result announced by M. Peligot; but if the juice of the Havannah cane is of the same composition as that brought from Otaheite, it is not the same with the entire plant, for the former contains water 65·9; sugar and mineral salts 17·7; woody fibre 16·4; whilst the latter, according to M. Peligot, contains only 10 per cent. of woody fibre. This difference accounts for the difference in the quantity of molasses *(bagasse)* furnished the various kinds of cane. Some experiments made by M. C. gave the following result:—

100 parts of Havannah cane from 55 to 65 parts of molasses.

100 parts of Otaheitean cane gave 43½ parts of molasses.

It was before stated that the cane contained 16 per 100 of woody fibre; but it is probable that the species which produced 65 per cent. of molasses would furnish at least 25 to 30 per cent. of woody fibre. M. C. next examined the proposition made by some persons to adopt the plan followed in the fabrication of beet-root sugar, which consists in drying the cane, then cutting it in pieces, and afterwards macerating it in water. This is impossible, for several plantations grind from 12 to 14 millions of pounds: would not, asks M. C., the desiccation of so much matter be productive of serious accidents from its exposition to the rays of the sun in a country where the air is constantly saturated with moisture? besides which the heat might cause the juice to become acid. Finally, the immense quantity of water necessary for this operation *(maceration)* is sufficient to hinder its being adopted in the island of Cuba; for a plantation whose crops amount from 12 to 14,000 lb. of sugar, would require about 44,000 pints of water; now the greater part have hardly enough for the use of the inhabitants. After having exposed the inconveniences attendant on the desiccation and maceration of the cane, M. C. signalises the advantages to be derived from the adoption of two apparatus invented by two French manufacturers. By means of these apparatus, the water disengaged from the juice while boiling may be collected, and be very useful in the establishment, it being sufficient to aerate it, in order to render it fit to drink. It is therefore evident that notwithstanding the researches of M. Peligot on this subject, the theoretical questions are far from being solved. In conclusion, the reporter said, "that in the memoir of M. Casaseca, are documents worthy of notice, and that the analyses contained therein prove that the author is master of his subject."

Myotomy and Tenotomy.—Dr. Jules Guerin addressed a letter in reply to one from Dr. Malgaigne, where, among other allegations, which it is not necessary to notice, it is stated that I *divide paralysed museles*, and that several patients, received in my wards and operated on by me, *died.* In answer I affirm: 1° that I never divided a paralysed muscle, but like others perform myotomy only on *retracted museles*, and if in some of my patients some muscles were paralysed and others retracted, I only operated on the last, therefore *I do not perform myotomy in cases of paralysis:* 2° as to the patients who are said to have died in my wards, this is not exact; and in order to be more explicit than the author of the letter to which I reply, I will add that since I have performed tenotomy in my private or public practice, I have operated upon upwards of 4,000 patients without losing one.

On the Functions of the Chyliferæ.—By Dr. Chatin.—According to some authors, the chiliferæ absorb the poisons introduced into the digestive organs; whilst others (Hallér, Tiedemann, and Gmelin, Flandin and Magendie) affirm that it takes place by means of the venous system. In order to ascertain the exactitude of these facts, I performed a series of experiments:—1° Eight dogs were poisoned with grs. x of arsenious acid each, mixed with milk. The blood of these animals, incinerated with the nitrate of potass and examined with Marsh's apparatus, gave evident proofs that it contained arsenic. The chyle obtained from the same did not contain the least traces of this metal. In order to obtain more chyle, I followed the precept recommended by M. Magendie, to press the intestines forcibly, and for some time. 2° The experiment was repeated with tartar emetic instead of arsenious acid, killing the dogs an hour after the introduction of the poison, by opening the carotids. The antimony was found in the blood, not in the chyle. 3° Two pounds of blood drawn from a patient who had taken large doses of tartar emetie, contained antimony. These facts seem to prove that poisons are absorbed by the veins, not the chiliferæ.

M. de la Barre, junior, presented a memoir on Caoutchouc (gum elastic) applied to stomatonomy, viz., to rectify the deviations of the teeth.

M. Hossard writes, stating that the apparatus presented by Messrs. Chailly and Godier, is the same as that for which he was patenteed some years ago.

Academy of Medicine. Sitting of the 6th March. M. Ferrus in the Chair.—M. Londet on the *procès verbal* said, the proprietors of Hauterive having distributed prospectuses in which my name appeared, and where it was said that these waters contained five times more free carbonic acid gas

than those of Vichy, it was in order to put a stop to this quackery that I wrote to the Minister, and brought the water up to Paris.—The president informed the Academy of the different commissions to award the prizes. The number of candidates were 29; for the prize of the Academy 6; Civricux 9; Portal 1; Itard 2; Argenteuil 11. —M. Mercier addressed a letter in reply to one from M. Guillon. After refuting his arguments, he requested the President to open a sealed letter presented by him on the 10th Dec. 1839, which contained—1°, The description of an instrument to divide the valves which sometimes exist behind the neck of the bladder. 2°, Description of an instrument to evacuate the remains of a calculus after lithotrity.—The president then proposed voting on the proposition presented by Professor Cruveilhier at the previous sitting, i. e., to adjourn the discussion, and to name a commission. After a rather tumultuous discussion, in which Messrs. Lisfranc, Gueneau de Mussy, Blandin, Nacquart, and Castel were heard, the Academy decided, by an immense majority, that the discussion should continue.—Professor Blandin: Much has been said since I first spoke in this discussion, and yet I do not perceive that the question is about to be solved. Professor Cruveilhier says that it is not astonishing that he should differ in opinion from his opponents, as he starts from a point diametrically opposite to them. He examines the subject in a pathological, whilst we do it in a clinical, point of view; now, which is the most important? Evidently the second; for the principal question is one of diagnosis: moreover, I say it is impossible to decide it by pathological anatomy; the more so, because, sometimes, where we have the tumour before our eyes, we are doubtful as to its precise nature. Professor C. says that there is incompatibility between fibrous tumours and cancer, and therefore he cannot admit that the former become cancerous; —that fibrous tumours are very frequent, whilst on the contrary, I assert that they are very seldom to be met with. M. Laugier says he never saw a fibrous tumour, and I myself have seen very few, if any; surgeons, notwithstanding, are the only persons who are able to decide this question, for we have more frequent opportunities of observing tumours of the breast, and never operate without examining carefully the tumour when extirpated; one of these means of diagnosis is not possessed by our colleague, who can only examine the tumour before the operation, for not being a surgeon the anatomical examination is wanting, consequently he cannot be considered a competent judge in this question. And even in that in which his competence may be admitted, I before said that he did not indicate any characteristic symptom, and I defy him to do so; he stated that fibrous tumours were superficial, mobile, lobular, *enucléable;* but all these are observed in the first stage of cancer, and I gave him a proof in one of the preceding sittings of the Academy, showing him a tumour which I had just removed from the palatum of one of my patients, and which offered all the above-mentioned signs. On examination, he said he thought it was carcinomatous, and with the microscope it was found to be composed of cancerous substance, contained in a fibrous tissue. Now if, after extirpation, doubts exist, even with the learned author of the memoir, what must it be on the living subject? Speaking of their liability to degenerate, after quoting Sir A. Cooper, he states that this eminent surgeon made a mistake when he said that fibrous tumours might degenerate or be absorbed; this I cannot admit, because I consider fibrous tumours susceptible of degenerating, and I do not see why they should not be absorbed if an appropriate treatment is employed previous to their becoming cancerous. He further says, that the length of time that these tumours exist is a proof that they do not degenerate; but examples have been given in which the tumours remained stationary for years, and all at once, without any appreciable cause, increased rapidly, and became cancerous—that while physician at the Salpetriere he never saw a degenerated fibrous tumour of the uterus. This is not astonishing, because in women upwards of sixty, the uterus becomes to a certain degree atrophied, and the tumour undergoes similar changes; but this is not the case in a young woman whose uterus is monthly the seat of increased vascularity, and still more at the time of life in which the catamenia cease to flow. And now, before mentioning several facts to prove that degeneresccnce may take place, permit me to raise my voice against the opinion attributed to surgeons, viz., to consider fibrous tumours as the first stage of scirrhus or cancer; on the contrary, though we assert that fibrous tumours may become cancerous, still, while fibrous, we do not consider them to be cancerous. Professor B. next related several of his cases,—1°, one of a tumour of the uterus, which, when cut, offered streaks of a melanose nature, though before it was removed, it presented all the characters of a fibrous tumour. 2°, one of an enormous tumour of the mammæ which had existed twenty years, and when removed was found to be an encysted encephaloïdes. In all probability this tumour was of a fibrous nature, and had ultimately become cancerous; no relapse, because the cyst was sufficiently strong to prevent the absorption of the cancerous matter. 3°, one of a lady from Orleans, who presented all the signs of a cancer of the uterus, but on examination, I discovered the presence of a pedicle; a ligature was therefore applied, and the tumour when detached proved to be fibrous, which had partly degenerated. In conclusion, until M. Cruveilhier has proved the contrary, I will affirm that the diagnosis is impossible, and that these tumours ought to be removed as early as possible, because there is an epoch in which it ought to be performed, and after which it is too late; the operation is then always followed by relapses. As to whether cancer of the breast is at first local or not, I will say nothing to-day, it being my intention to read shortly a memoir on this subject.—Professor Cruveilhier. In making my proposition, it was not because I did not wish the discussion to continue, but because I considered facts wanting to enable us to form a decided opinion. The observations quoted are far from being conclusive: in the first place, we frequently see dark streaks in organs the seat of chronic inflammation; secondly, the tumour was at no period fibrous, for a fibrous tumour remains a fibrous tumour, as a tubercle a tubercle, and a cancer a cancer; as to its not relapsing, this is not astonishing; encysted tumours never do, those of the testicle being a proof; thirdly, the state of the fibrous tumour of the uterus was not a degenerescence, but simply a sort of suppurative process, similar to what is observed in fibrous tumours of the nostrils. Concerning the diagnosis, all I can say is, if consulted by a patient affected with a tumour, hard, circumscribed, mobile, smooth, not adherent to the mamma, I say it cannot be an induration, nor a diffused cancer, because they are adherent; nor a cyst, because when seized between the fingers and squeezed it has an elastic feel; the only difficulty is to distinguish between a circumscribed cancer and a fibrous tumour; but the former are uncommon, come on at the cessation of catamenia, develope themselves rapidly; whilst the latter are unfrequent, affect young persons, are developed very slowly, and are never multiple.

GARLAND DE BEAUMONT, D.M.P., B.L., & S.,
Honorary Physician to the Spanish Embassy.

Errata. 1°, Foot note, p. 388, instead of "*the number of beds destined to receive the former are* 500, *&c.,*" read, *the* "*number, &c., are* 5,000." 2°, p. 390. col. 3. lines 4 and 13, instead of "*M. Sangier,*" read "*M. Laugier.*"

PECULIAR FLUID OF ASCITES.—Dr. Gardner, at a meeting of the Medico-Chirurgical Society of Edinburgh, mentioned a case of ascites in which he had performed paracentesis; on withdrawing the trocar, no fluid escaped from the canula. He removed some flocculi by a bent probe, but being unable to procure any evacuation in this way, he had applied a syringe, and succeeded in withdrawing by suction about two pounds of fluid, which he exhibited. The matter appeared to consist of numerous transparent flocculi in a clear matter, having the consistence of soft jelly.

HOSPITAL REPORTS.

Typhus Fever.—William Hopkins, æt. 15, a thin, delicate boy, of fair complexion, was admitted into Luke's ward, St. Bartholomew's hospital, under Dr. Roupell, Jan. 29th, 1844. He complained of pain in the head, great thirst, and excessive weakness. The skin was hot and dry; the tongue furred; pulse 120; urine high coloured; bowels relaxed; he was slightly delirious. About a fortnight before he came in he caught a violent cold from getting wet through, which was followed by headache, hot skin, great thirst, sleeplessness, and debility on the morning of admission; he was ordered the effervescing saline draught three times a day, with milk diet and arrowroot.

30th—Continues much the same; rambled a great deal in his talk during the night. Tongue dry and furred; to have a vinegar lotion to the head. Continue the draught.

℞ Hydrarg. c. cret.
Pulv. ipecac. co. aa gr. ij.
fiat pilula ter die sumend.

31st—Much worse this morning. There is now great delirium; the tongue is dry, brown, and furred; pulse quick and tremulous; he has slight cough. On auscultation rhonchus and sibilus were heard at the base of the right lung. To have hirudines vj. to the right infra-scapular region; wine ℥iij. daily. Continue the draught and pill.

Feb. 1st—Much the same as yesterday; the skin is hot and dry; tongue still dry and furred; to take the pill every six hours, and to have the body sponged over with vinegar lotion.

2nd—Appears much the same. Continue the wine and medicines.

3rd—Rather better this morning. Take the pill only three times a-day.

5th—Not so well; was constantly delirious during the night, disturbing the whole ward; to have his head shaved and a cold lotion kept constantly applied to it; tr. opii m. vj. statim, and to be repeated at bed-time. Continue the wine and medicines.

6th—Passed a very restless night; to have hirudines iij. applied behind each ear. Continue the wine with beef tea.

8th—Much better; tongue clean and moist; skin still hot, and dry; to take the hyd. c. cret. et pulv. ipecac. co. only at night.

℞ Vin. antimon. potass. tart. m. x.
Liq. ammon. ac.
Aquæ distillat. aa ℥vi.
ft. haustus ter die sumendus.

9th—Much better; but sibilus is still heard at the base of the right lung. To have emp. cantharid. to the right side.

12th—Going on favourably; to leave off the pill and draught, and to take the effervescing saline draught three times a-day; with wine ℥ij. and beef tea daily.

16th—Has been rapidly improving the last few days; tongue clean and moist; the skin is desquamating over the face and arms.

19th—Still improving; to have a mutton chop and wine ℥iij. daily.

℞ Decoct. cinchon. cordifol.
Infus. Rosæ comp. aa ℥iv.
Acid. sulphur. dil. m. iv.
misce fiat haustus ter die sumend.

26th—Appears quite well; to leave off all medicines, and to have the half meat diet of the hospital.

March 4th—Discharged quite well.

Fever, with great Cerebral Disturbance.—M. B., æt. 25, a box-carrier of Mr. Lawrence's, a short, delicate-looking man, of dark complexion, was admitted into Matthew's Ward, St. Bartholomew's Hospital, under Dr. Roupell, February 15, 1844. On the morning of admission he complained of great pain across the forehead, with thirst and muscular debility. The features appeared sharp; the skin was hot and dry; the tongue furred; pulse strong and full; the urine was high coloured; bowels freely open from medicine which he had previously taken. He had not enjoyed good health for some time past, and for the last five or six months had been complaining of giddiness in the head and general weakness, being obliged to sit down when going round the wards. A month ago

he eaught a violent eold, whieh kept him at home for three days, at the expiration of which time he resumed his work; but he still eomplained of his head and of great weakness on the slightest exertion. Six days before he came in, the pain aeross the forehead beeame worse, aeeompanied with great thirst, hot and dry skin, cold feet, and great debility. He was seen by Mr. Wise, the house-surgeon, who ordered him leeches to the temples and febrifuge medieines, but without relieving his symptoms. Not getting better, he was admitted into the hospital on the morning of the 15th, when he was ordered hyd. e. eret. gr. iiss. ter die; the effervescing saline draught three times a-day, and a eold lotion to the head.

16th—Mueh worse this morning; pain across the forehead greatly inereased; was delirious during the night, constantly exclaiming of his head; the tongue was furred; pulse 84, full and strong. V. S. ad ℥xij.

℞ Hydrarg. chlorid. gr. ij.
Pulv. antim. potass. tart. 1-4th gr.
Pulv. opii 1-6th gr. misce;
fiat pilula quartâ quâque horâ sumenda.

10 o'elock p.m.—Appears better; has slept since the bleeding, and does not complain so much of his head. The blood drawn was slightly cupped, but not buffed.

17th, 11 o'cloek a.m.—Slept till 12 o'cloek last night, since which time has been very delirious and violent, being obliged to be held in bed; is sensible when spoken to; tongue dry and brown; pulse 84 and full: bowels not open since the 15th; to have haust. sennæ comp. ℥iss statim; the head to be shaved and a cold lotion to be kept constantly applied; continue the hydrarg. chlorid. eum opio.

9 o'clock p.m.—Continues much the same; to take Tr. opii m. xx. h. s.

18th—Passed a quiet night owing to the opium, but he is now very delirious; bowels not open; to have ol. eroton m. i. statim; emplast. eantharid. to the nape of the neek, with Tr. opii m. xx. at bed-time, and ice to the head; eontinue the pill.

19th—He slept oeeasionally during the night, but rambled a great deal when awake. Bowels open; pulse 100 and irritable; to have Tr. opii m. xv. statim; continue the pill.

9 o'clock p.m.—Continues restless and delirious. ℞ Tr. opii m xx.

20th—Passed a very restless night, not sleeping at all; does not appear so well this morning; the pulse continues small and irritable; omit the hyd. chlorid. eum opio.

℞ Tr. opii m. xx.
Sp. æther. nit. 3ss.
Liq. ammon. ac.
Mist. camph. aa. 3vj.
Fiat haustus statim sumendus.

To have ℥iv. of wine daily, and ung. hydrarg. fort. 3i. rubbed in every night and morning.

4 o'eloek p.m.—Appears mueh the same; repeat the draught at bed-time.

21st.—Continues mueh the same. To have vin. rubri ℥viij. daily, with beef-tea and arrow-root.

℞ Sp. æther. sulph. co. 3ss.
Tr. opii m. vj.
Liq. ammon. ac.
Aq. distillat. aa. 3vj. m.
Fiat haustus ter die sumendus.

22nd—Passed a better night, and looks more himself this morning. Skin moist; tongue moist and eleaner; bowels eonfined; eontinue the nourishment.

℞. Magnes. sulph. 3i.
Haust. efferves, ℥iss.
ter in die sumendus.

Wine to be given when neeessary; eataplasm. sinapis to the ealves of the legs; eontinue the mereurial inunetion.

23rd—Appears much the same as yesterday; to rub in ung. hydrarg. 3i. omni noete, continue the effervescing draught, and to have Tr. opii m. xx. h. s.

24th—Passed a very restless night, disturbing the whole ward by his eries; there is slight strabismus of both eyes this morning; to be cupped to ℥viij from the temples. As he did not appear to be able to bear the eupping, only six ounces were taken; to rub in unguent. hydrarg. 3i. noete maneque; continue the wine and beef tea.

25th—Passed a restless night, and since seven o'eloek a.m. has become deeidedly worse. Two o'eloek p.m.: he is now evidently sinking; is quite insensible; pupils dilated; pulse 152, and very feeble; he throws his arms about, and picks the bed-elothes; bowels eonfined; has not passed any water since yesterday; the bladder appears distended. A eatheter was introdueed, and about a pint and a half of high-eoloured urine drawn off; to have the following draught direetly:

℞. Sp. æther. sulph. eo. m. xx.
Tr. opii m. v.
Mist. camph. ℥i. fiat haustus.

To be repeated every other hour, with as much brandy and beef tea as can be got down, and a eoloeynth enema.

Seven o'cloek p.m.—He could only be made to take one dose of medicine, and very little brandy eould be got down. Pulse 72, and almost imperceptible; he sunk very quietly, and died about twenty-five minutes to eight. Post mortem: The body was examined eighteen hours after death. Tho abdomen was mueh distended; the veins of the head were mueh congested, but there was no inereased vascularity of the brain or its membranes; the convolutions of the brain appeared flattened; the dura mater was slightly thickened, and partially adherent to the arachnoid at the upper part of the brain; about an ounce of serum were fonnd in each lateral ventriele; the lungs were studded throughout with miliary tubercles; the abdominal viscera were healthy.

THE COLOUR OF THE BLOOD.

BY SCHEERER.

Translated from the German for "The Medical Times," by H. C. Mix, Esq., Graduate of Koenigsberg University.

The author eorroborates the view announeed by Henle, and Nasse, namely, that the differenee of the arterial, and of the venous eolour of the blood depends more on physieal than on ehemieal proportions, by the following experiments:—

1. Fresh blood of an ox, of a lively red colour, when diluted with 2 or 3 quarts of water, immediately assumes—in a direet light—a dark red colour; the bieoneave blood globules lose their form and become spherieal, the husk becomes thinner and more transparent, the eolouring matter vanishes suddenly, and the blood globules gradually beeome so transparent, that they are lost to the eye. The blood at the same time continually becomes darker.

2. The blood globules again become visible, and the blood again assumes a light red colour, but not so mueh so as before, on a eoneentrated solution of a neutral salt being added soon after the dilution of the blood with water.

3. The blood remains as dark as before, and the blood globules do not become visible on oxygen being eaused to pass through the blood diluted with water.

4. The fluid does not assume a bright red colour, nor do the blood globules beeome visible on a coneentrated solution of salt being added to the blood diluted with water, if the latter has stood for some time.

5. The blood diluted with water, whieh does not resume its red eolour by the treatment of solutions of salt and of oxygen, again beeomes light red on milk being mixed with it; the same happens when shook together with oil or finely pulverised chalk.

6. A very bright red solution is obtained on a pieee of blood-cake being rubbed with a eoncentrated solution of salt. The flakes of blood precipitate themselves to the bottom, if the solution is suffered to stand, and there form a strata of a light red colour, whilst the fluid above them has a dark red eolour. On this light red sediment being dissolved in distilled water, it forms a dark red fluid.

7. If blood is left in eontact for some days with eoneentrated solution of salt, it soon assumes a very blaekish colour, developes mueh earbonate of ammonia, and exhibits deeomposed blood globules.

8. The blood globules exhibit themselves as eonsiderably swollen, when observed by the microscope; on earbonie aeid being eondueted into fresh light red blood, they become biconvex, The serum receives a quantity of colouring matter and exhibits itself as coloured.

It follows from these experiments, that addition of distilled water does not cause a desoxydation of eolouring matter, as little oxydation ean be produeed in undiluted blood by salts; further, the colouring matter does not assume a lighter red eolour by oxygen in eonsequenee of an oxydation, for if it did, the blood, diluted with water, would also again become light red when treated with oxygen. If therefore the ehange of colour of the undiluted blood which it experienees by oxygen in its passage through the lungs, as well as beyond the organisation, is not depending on a change in the eolouring of the hæmatin, and if this change of the eolour is produced by two quite different means, sueh as oxygen and salts, in a manner to say the least, very similar, the inferenee may not be unfounded, that these two substances exereise perhaps one and the same physieal effeet upon the husk of the blood globules. The microseope shows, however, that oxygen as well as salts affect the biconeave form of the blood globules, and that they become, on the other hand, more round or at least, biconvex, by dilution with water, or by earbonie aeid. Scheerer is of opinion that in the former ease, more light must be refleeted, and that in eonsequenee the fluid must exhibit itself as more light red; whilst in the latter ease, the light becomes more absorbed, and the fluid therefore darker.

At the same time we may assume, when speaking of the passage of the blood through the lungs, that the lighter red of the blood is induced by several eauses; firstly, by giving off a great quantity of earbonie aeid and water; seeondly, by taking up oxygen whieh eauses the biconeave form; and thirdly, by taking up the milk white chylus of the ductus thoraeieus. The husk of the blood globules might probably also act by different means than through the refleetion of the light, namely, by the colouring matter of the blood, whieh in itself is dark, being surrounded by a white husk, so as to eause it to shine through with a light red colour, similar as a dark red fluid would do in a glass of a milk white colour. The oxygen may also act by eondensation and contraction of the husk, since a more dense and consequently whiter husk would eause the dark red eolouring matter to shine through lighter, and produee a thinner membrane, and in its original perfection. This is principally effected by water.

POISONING BY PRUSSIC ACID, ACCORDING TO RECENT EXPERIMENTS.

By Dr. H. MEGER.

The manner in whieh prussie acid acts upon the system still presents many peeuliarities and mueh eontradiction, although it has now been proved by the experiments of Emmert and Magendie that the former assumption of an immediate effect of the nareotic upon the entire system of the nerves is inadmissible, and that it ean only manifest its effeets when it is previously brought into the system of the blood vessels. The author has instituted, for the purpose of filling up this defieiency, a series of experiments upon rabbits, pigeons, lizards, frogs, and fishes, with newly prepared Ittner's prussic acid; all of whieh prove, 1stly, that prussic aeid has a paralysing effect upon the periphcrie nerves it comes in eontaet with, whieh means, it suppresses sensation and motion, and eauses eongestion and increased seeretion: 2ndly, it only acts when it is reeeived into the system of the vessels; prussie aeid did not act, when the heart and the large vessels were tied on the under side, in spite of the undisturbed communication of the peripherie nerves with their centre, it only asserted its power when eireulation was restored: 3rdly, the killing by prussie acid, although a rapid proeess, is by no means so instantaneous as formerly supposed (generally only after the lapse of one minute and a half:) 4thly, death by prussie aeid oeeurs by paralysis of the heart, arising from the blood almost in a similar manner, as after blowing air into the veins; and that always only after about the expiration of half a minute, which time it requires to get to the heart. It is immaterial whether prussie aeid is applied upon more remote parts, or upon the heart itself. That

this paralysis of the heart takes place as the local effect of the blood, mixed with prussic acid, and that it is not a consequence of the affection of the central parts of the nervous system, is proved by the almost instantaneous paralysis of the heart, by bringing the poison into the lungs, and also by the absence of all the phenomena by which the poisoning of the entire system of the nerves is generally accompanied. Amphibia, to which the function of the heart is somewhat less necessary for vitality, than to warm-blooded animals, are therefore not killed so rapidly by prussic acid as the latter: 5thly, the real poisoning by means of prussic acid, consists in an affection and paralysis of the whole nervous system, after previous excitement, quite analogous to that caused by the other narcotics. (?) The author certainly administered the poison in the necessary dose in order to arrive at the general, and not at the local effect of the prussic acid, but he observed the necessary caution to prevent paralysis of the heart. The symptoms exhibiting themselves, consisted in tetanic phenomena, distention of the system of the veins, watery exsudation (indicating paralysis of the nervous system of the vessels), &c. &c. Although it is generally assumed that the blood does not coagulate after death has taken place through means of prussic acid, the author yet observes, that coagulation did not fail to take place in any of the animals killed by him; on the contrary, it generally occurred very soon after the blood had flown out. The author could never observe any change of the blood cells.

OF THE LETHAL EFFECT OF PRUSSIC ACID, AND OF SUBSTANCES CONTAINING PRUSSIC ACID.

By Dr. C. KURIN.

The fact that the primary influence of the prussic acid is one which decomposes the blood, and that the affection of the spinal marrow and of the par vagum, and the paralysis of the respiratory system, caused by it, is only its secondary effect, cannot be so well corroborated by a rapid death, as by one which takes place more slowly. The author, therefore, mentions the following instance.

A hypochondriac, already advanced in years, took about 1½ ounce aq. laurocerasi, and, on the symptoms of poisoning being apparent, did not deny to have intended his death. Paralysis of the hands, feet, hanging down of the head, which he was incapable of raising, involuntary evacuation of fæces and urine, only exhibited themselves after three hours. The extremities were motionless and cold, but not without feeling, pulse small, voice hoarse, but distinct. Perfect consciousness formed one of the remarkable facts. He joyfully observed his increasing weakness, and calmly expired towards evening of paralysis of the lungs, after all remedies had been tried. The blood, on dissection, was found to be of a peculiar and remarkably dark colour and greasy quality, but no smell of bitter almonds was perceptible.

PURPURA HÆMORRHAGICA.

By JOHN LEARY Esq. Surgeon, Bray.

Mr. Joland, ætat. 50 years, has all his life been subject to asthma and gout; had, three weeks ago, an attack of acute dysentery, for which he was bled, leeched, and salivated.

1843, June 18th—Was on the evening of this day attacked with purpura hæmorrhagica; throughout the night had a large secretion of blood from the mouth and bowels; large hæmorrhagic vesicles on the interior of the mouth; numerous ecchymoses and vibices around the mouth, and on the hands, arms, and body; pulse 90, full; V. S. ad ℥xx; pulse became quicker and softer.

℞. Sulph. magnes. ℥j: tinct. digital. gtt. xxx Acidi sulph. diluti. ʒj: syrupi ℥ss: infus. rosar. q. s. ut. ft. mist. ℥viii; sumat ℥ij 2nd hora.

℞. Aluminis, ʒj: mellis. ʒvj: infus. rosar. Q. S. ut ft. gargarisma ad. ℥viij. sæpe utend.

20th—Eight o'clock a.m.: the bleeding from mouth continued all night; bowels freely opened; pulse 90, full; V.S. ad. ℥xiv, when pulse became soft; just before v.s. his nose commenced bleeding, which continued after v.s., but not so rapidly; the evacuations contained some blood; the spots of purpura are rather on the increase on the body; his countenance looks very haggard:—Rep. garg. aluminis. ℞. Spt. tetebinth: syrupi simplicis aa. ʒiij: mucilag. gum. arab. ℥j: aq. cinnam. Q.S. ut ft. mist. ℥iij: divide in haust. tres sumat. j. 2da hora.—A glass of sweet wort in water as drink to be taken often. Two o'clock p.m.: the nose continued to bleed until twelve o'clock, and there was still oozing of blood from the mouth, but not in such quantities; had one evacuation, containing half a pint of blood; pulse soft; repeat haust. terebinth, &c. Eight o'clock p.m.: no return of epistaxis; hæmorrhage from the mouth still continues, but not so copious; bowels moved, motion containing some florid blood; took but one of his last draughts; complains of much scalding in the rectum; no strangury; add to each of the two remaining draughts twenty-five drops of the acetous tincture of opium; pulse somewhat full; V.S. to ℥xii, when he became faint.

21st June—Eight o'clock a.m.: had a good night, slept well; the blood continued oozing from the mouth throughout the night; had two evacuations, both containing blood, with much scalding pain; tongue somewhat cleaner; hæmorrhagic vesicles of mouth diminishing; skin much maculated; no strangury, but sense of scalding throughout the intestinal tract, particularly about the anus; pulse much more compressible, 100, a little sharpness still existing: the blood taken from the *arm* was much *buffed*, and *completely devoid of serum on all occasions.*

℞ Spt. terebinth. aq. lytharg. acet. aa. ʒj; tinct. opii. acet. ʒss.; mucilag. gummi ℥j syrupi ℥ss.; aquæ q s. ut ft. mist. ℥vi.; sum. ℥i 2da. hora. Vespere: Pulse 120, weak and irregular; secretion of blood from mouth much diminished; edges of tongue cleaning; ecchymoses on the interior of cheeks, palate, and all over gums; coma; appetite good; bowels have not acted since; a little increased secretion of urine.

22nd. Nine o'clock, a. m.—Pulse 100 weak; respirations 22; since nine o'clock last night continued in a state of profound stupor in which he still remains; when spoken to opens his eyes, which close immediately again; mouth open; lips, edges of tongue, and skin exsanguine; subsultus; extremities warm; hæmorrhage from mouth has almost altogether stopped; half glass of wine in jelly every second hour; chicken broth often. Nine o'clock, p.m.—Pulse 90, weak; somewhat less drowsy; brows knit; has made water; subsultus: cmp. vesic. mag. occipito.

23rd. Eight o'clock, a.m.—Pulse 90, rather stronger; blister vesicated; stupor continues; tongue dry; a little oozing of blood from nose; answers questions sullenly, and falls off immediately insensible again; passed water; enema terebinthinæ; calomel gr. xii. in bolos quatuor: st. j. tertiâ horâ; blister to be dressed with mercurial ointment, also the ointment to be rubbed into the axillæ. Vespere, nine o'clock: did not get the enema till three o'clock; consciousness much more complete; answers questions correctly; bowels acted twice, and fully after enema; motions contained grumous blood; passed half a pint of water; bleeding from gums up to three o'clock; little or none since that, and any that did come was from the nose; pupils which were contracted are now naturally dilated; pulse 76; soft skin; natural heat; disposed to be moist; had two of his calomel boluses; blistered surface discharging freely. ℞ Pulv. jacobi gr. viij. in ch. iv. st. j. secundâ horâ; omit calomel; give him buttermilk.

24th. Nine o'clock, a.m.—Has had a good night; no hæmorrhage; pulse 80, soft; skin moist; intellect quite restored; bowels open once; motion consisting of grumous blood; tongue cleaning. Rep. pulv. jacobi ut heri. Nine o'clock, p.m.—much better this evening; was sitting up in bed taking his tea; has had no hæmorrhage whatever; this day bowels did not act; secretion of urine increased; skin moist; pulse 80, soft; tongue which throughout his illness was perfectly *black*, is much improved, having assumed its natural colour.

25th. Nine o'clock, a.m.—Continues to improve in every respect; mercurial fœtor of breath, the gums being a little sore.

27th.—Continues to improve; has been out to-day; appetite good; petechiæ rapidly disappearing. He rapidly recovered. Dr. Darby attended this gentleman in conjunction with me.

PERISCOPE OF THE WEEK.

Granular Disease of the Kidney—Ovarian Cysts.—This and the three following articles constitute the principal contents of the last number of the *Medical Gazette*. Dr. Heaton narrates the case of an unmarried woman, forty-eight years of age, a cook, of temperate habits, who was admitted into University College Hospital under Dr. Thomson, for ascites, unattended with anasarca, following injury to the loins from a fall. She had been previously a patient in the Middlesex Hospital for the same complaint. She was thence discharged cured. At the time of her admission, the abdomen was much distended, and presented distinct fluctuation; but there was no œdema of the legs or other parts. She had not much pain, except an uneasy sensation of bearing down, and pain shooting down the thighs, and slight tenderness of the abdomen. The tongue was furred; appetite poor; bowels costive; stools pale. She was free from cough or dyspnœa; sometimes had attacks of palpitation, not violent, nor very frequent; no physical signs of disease connected with the lungs or heart; pulse of moderate frequency; feeble, rather sharp; urine very scanty, not amounting to more than half a pint in the twenty-four hours; clear, but high coloured. Elaterium with chalybeates and bitters were prescribed with some advantage. The distention of the abdomen diminished, and it was then ascertained that there was a large tumour in the iliac, extending into the hypogastric region; it was distinctly felt to have a lobulated form, and to possess considerable firmness, and was painful when pressed. The relief that had been experienced was not permanent. The effusion into the abdomen increased, as also the debility, and the patient gradually sunk. There were not any indications of anasarca at any time. The secretion of urine was suppressed previously to death. On examining the body after death, there were found effused into the cavity of the chest, both serum and recent lymph, the latter of a bad character, being soft, semi-opaque, and apparently incapable of perfect organisation; in some parts granulated; in others spread evenly over the surface. The lungs were not much diseased; a few miliary granulations were scattered through each in small groups. Near the apex of the right lung was a small dense mass, around which the surface was puckered and irregular. In different parts, lying superficially under the serous membrane, were small masses of cretaceous matter, rather smaller than a pea. The heart was rather pale and flabby, but appeared free from disease. When the contents of the abdomen were fully exposed, the intestines were observed to be pushed upwards, and to the right side, by a large tumour occupying the left iliac region, extending inwards to the median line, and upwards of an inch above the umbilicus. It was free anteriorly and laterally; posteriorly, it was attached to the uterus, rectum, small intestines, and posterior walls of the abdo-

men. The tumour was larger than a man's head; when separated, it weighed seven pounds three ounces. It was evidently a multilocular cystic degeneration of the left ovary, consisting of innumerable cysts of every variety of size, from that of a large orange down to that of a mustard-seed. The larger ones had thickened opaque walls, in which were formed numerous smaller cysts; they contained a curdy-grey fluid of a very bad smell, amongst which were films of an opaque white substance, having a somewhat iridescent lustre, and presenting much the appearance of boiled fish skin. The smaller cysts were semi-transparent, and contained a clear serum. The intestines had a dark, greenish colour, but without much appearance of vascularity. The peritoneum was thickened, opaque, and studded with granulations: the liver small and pale. The right kidney was small; it had a faded, yellowish grey colour, and felt very soft and flabby. In removing the capsule, the cortical structure was so soft and adherent as to tear off with it in irregular patches. The surface was irregular and coarsely granulated. On laying it open, the same colour and diminution of cohesion were found to pervade both the cortical and tubular parts. The apices of the papillæ had more redness, and appeared less diseased, than the rest of the tubular structure. No red points, nor other traces of vascularity, were perceptible. This kidney weighed $3\frac{1}{2}$ oz. The left kidney was also granulated; it was larger, and still softer than the right, so that it was impossible to separate the capsule without removing a large portion of the cortical structure along with it. It was much elongated, and had a more irregular surface than the right kidney, but its internal surface was very similar. It weighed $4\frac{1}{4}$ oz. The uterus was of the natural size when not impregnated. It did not appear itself diseased; but there was a morbid structure formed in the cellular tissue between this and the rectum, consisting of irregular masses of a cartilaginous hardness, semi-transparent, and of a greyish colour. Amongst these masses was a small cyst of the size of a filbert, containing a brown matter of a smooth, pasty consistence, and having a faint, feculent odour. It had no communication with the rectum, which, as well as the cyst, seemed quite entire. Dr. Heaton is of opinion that the diseased condition of the kidneys originated from the blow on the loins two years previously, and remarks on the absence of effusion into the cellular tissue, which he regards as one of the symptoms the most frequently present, of those not essential to the disease. As the condition of peritoneum explains the presence of ascites, Dr. Heaton thinks it probable that the effusion might not be, in any degree, due to the co-existing disease of the kidneys, and that this was one of those more uncommon instances where those organs proceed to an advanced stage of degeneration, without producing the symptom of dropsy—cases which, though rare, do sometimes present themselves. Allowing the ascites to be independent of the disease of the kidneys, it seems not impossible that it acted derivatively, and served to prevent the dropsy of the extremities. The appearance of the kidneys differed considerably from that described in most of Dr. Heaton's cases; this difference consisting principally in the great softness and fragility of their substance; whereas, induration, though frequently combined with friability, is the more usual condition where the kidney has assumed a distinctly granular appearance, and already undergone some contraction. The disease appeared to invade extensively the tubular as well as the cortical structure, and no doubt the function of the kidneys must have been much interfered with. For the last two days of the patient's existence, no urine was excreted from the bladder, and the discharge had been very scanty for some time. There was, however, none of the oppression of the faculties, and gradually invading coma, which usually presents itself, where suppression of urine accompanies the fatal event.

Erysipelas treated with Acetate of Lead and Opium.—Dr. Smith narrates a case of erysipelas phlegmonodes, occurring in a boy four years and a half old, in which he had recourse to the external application of acetate of lead and opium, the boy ultimately recovering. The internal treatment consisted principally of alteratives, salines, and purgatives. From the details of the case, which are given at great length by Dr. Smith, we are led to believe that the plan of repeated punctures, recommended by Mr. Hutchinson and others, would have proved more efficacious. Dr. Smith, however, is of a different opinion, for he says that he knows of no local application to be compared with the acetate of lead and opium in arresting the inflammatory action and tendency to gangrene in this formidable affection. The livid base of the phlyctenæ, under the use of absorbent powders, &c. &c., often terminates in gangrenous ulceration, which not unfrequently extends to the cellular tissue, forming caverns containing unhealthy pus and dead sloughs. In this case he feared this result; but up to this time the boy is progressing favourably, and has to-day, for the first time since the attack, opened his right eye; showing that the levator palpebræ and orbicularis palpebrarum are preserved from "suppuration and sloughing, and consequent disfiguration." The plan of making numerous punctures would have prevented all risk of the termination in gangrenous ulceration, &c. At least we have not seen such results, and many cases of erysipelas have fallen under our notice. The concluding paragraph of Mr. Smith's communication is to the following effect. A poultice made of bread-crumb, containing a drachm of the acetate of lead, and two scruples of opium, is also peculiarly efficacious in allaying the swellings of phymosis and paraphymosis, common consequents of chancre and gonorrhœa, often known to cause gangrene and sloughing under the application of other remedies. In a case of prolapsus ani, of several years' standing, in which, on admission, the tumour appeared nearly the size of a man's clenched hand, and from the degree of strangulation had a dark red gangrenous appearance, an attempt was made to reduce it by Mr. Symes, assistant-surgeon, and Dr. M'Kenzie, who happened to be in the medical wards at the time, but to no purpose. As the patient was admitted in the evening, and was entered on Dr. Smith's list, he prescribed a poultice containing Acet. Plumbi, 3ij., Pulv. Opii, 3ss., which was kept applied till the usual hour of visit next day (12 o'clock), when the same gentlemen who had tried to replace the gut the previous day, effected its reduction with comparative ease. The case occurred in the wards of the Royal Infirmary, Edinburgh.

Poisoning by Dover's Powder.—Mr. Griffiths mentions the case of a child, seven weeks old, which died in twenty hours, with all the symptoms of poisoning by opium, in consequence of ten grains of Dover's powder having been exhibited by mistake. The brain, on examination after death, presented the appearances of apoplexy, but no indications of opium could be detected in the stomach or its fluids by chemical analysis.

Treatment of Burns.—Mr. Peppercorne has cured two cases of severe burn of the hand, by the application of a single layer of lint, soaked in a saturated solution of the carbonate of soda. He conceives that, besides acting as a direct sedative upon the nervous structure of the skin, it may possibly relieve pain by neutralising the acidulous quality of the perspiration, as it passes off through the irritated skin.

Ovarian Section.—Another case of ovarian extirpation is recorded by Mr. Walne, in the columns of the *Medical Gazette*, which terminated fatally on the ninth day. The symptoms, prior to the operation, indicated the existence of cysts, one of which had apparently burst some time before into the abdomen, and its contents been taken up by the peritoneal absorbents. She had been frequently tapped, and large quantities of fluid drawn off. Dr. Blundell and Mr. Walne were both of opinion that the case was not one fitted for the operation, but it was performed at the earnest request of the patient. An incision of two inches, in the integuments, &c., in the linea alba, below the umbilicus, was made down to the peritoneum, which was then punctured with the scalpel, and an opening made in it large enough to admit a finger. Ascitic fluid flowed abundantly. A finger was then passed into the cavity of the abdomen, to ascertain with certainty the condition of matters, and he found an ovarian tumour freely moving in a vast collection of ascitic fluid. As the abdominal parietes became somewhat less tense, the situation of its fundus could be estimated; and before they should become too flaccid, Mr. Walne requested Dr. Blundell to pass a finger into the opening, confirm his judgment as to the state of the ovarian tumour, and stop the flow of fluid till he should have completed the division of the external textures to the required extent for effecting its easy extraction. About fifteen inches of the much attenuated and stretched skin was thus divided. Then the fluid being permitted again to flow was chiefly discharged, and the section of the inner textures completed also, in the manner of the former operations. The tumour came readily forward. The pedicle, formed by the left broad ligament of the uterus, was pierced by an armed needle and tied in halves, and then divided between the ligatures and the tumour. When the latter had been removed, the next object was to ascertain the character of the hard body which occupied the pelvis. If it had proved a diseased ovary, he would have removed it; as it was found, on drawing it up from its situation, to be an indolent fibrous tumour of the uterus, though of great size, it was permitted to remain, and did not sink again into the pelvis, where, indeed, it had already been productive of serious inconvenience from its bulk, nearly that of a full-grown fœtus. The other ovary was found to be healthy. It now only remained to close the wound carefully, which was done with eighteen stitches, lint on each side of it, plaister crossing but not touching the wound, and a bandage. Five gallons of ascitic fluid had been collected, and a tumour removed of 14 lb. weight, nearly five of which were solid matter, the rest a gelatinous semi-fluid, of various degrees of tenacity, and contained in cysts of various sizes. Here and there, also, a moderate sized cheesy nodule, was visible or prominent upon its surface; and at the lower end of the flattened ovate body, an appearance denoting the rupture of a former cyst was very evident. Through the remains of a straight rent the principal cyst protruded, in a rounded form, partly overlapped by the edges of the rent, which edges were separated in turn by the bulging cyst. For a few days she was apparently doing well, but there was not any restorative action in the system; unhealthy inflammation set in, and on the ninth day, as before said, she died. The appearances after death showed that adhesion had taken place in the upper part of the peritoneum, but at the lower part for nearly three inches just where, whether the minor or the major operation be performed, the peritoneum is equally divided, its wounded edges in two regularly curved lines, half an inch at least asunder at their greatest distance, had been mechanically kept from uniting by the presence of the tumour which nestled between them. Here attempts at adhesion had been made in vain. Suppuration had been substituted. The fore-part of the tumour itself was injected; matter and muchl ymph lay upon its surface; its right side was most red from recent inflammation; its left exhibiting more pus, lying beside the ligatures, and the collection of some spoonsful accumulated near the tied broad ligament, enclosed, however, by adhesive deposit which preserved it from diffusion within the peritoneum. This membrane itself, chiefly on the right and very partially, had also been the seat of recent inflammation; some thin films of plastic deposit lay upon its surface, and, towards the right hypochondrium, as broad as the palm of a man's hand, it was reddened by injected vessels. At the middle and left side of the abdomen scarcely any trace of the kind was observable. A small quantity of a reddish serum, quite clear, was found in its cavity, doubtless of the same character as that which had escaped before it was opened. The viscera generally were healthy; the intestines distended with air and of a dark marbled greyish purple hue, except where the redness was observable. The uterus was elongated and flabby, its back and fundus occupied by the large fibrous tumour of the ordinary character of that structure, and the front wall by a smaller tumour of the same description, about the size of a French walnut. In conclusion, Mr. Walne observes, that so far from seeing in the foregoing history any circumstance calculated to discourage him in the per-

formance of operations for the removal of diseased ovaria, he draws from its consideration additional assurance of their safety and of their value; safety when timely performed, value in preventing the occurrence of such complicated accumulation of misery, and in preserving lives which the diseases they combat would otherwise destroy. He trusts many practitioners will, upon the perusal of the narrative, readily acquiesce in his estimate of the matter, when he declares that nothing has yet occurred in his practice to shake his confidence in such resources of our art.

Bright's Disease.—Dr. Percy has published a case of granular disease of the kidneys, occurring in an intemperate man, presenting the usual symptoms during life, and the ordinary appearances after death. Hydragogue cathartics, such as elaterium, jalap, and gamboge, were prescribed, with temporary benefit. The diuretic treatment was also tried, with the same result. During the progress of the disease, symptoms of congestive apoplexy supervened, and required active treatment by cupping and venesection. Dr. Percy after death analysed a portion of the brain, and also of the blood, but could not detect any indications of the presence of urea. The urine presented the characters common to that exertion in Bright's disease. The average specific gravity was only moderately low, being 1016·6; the extremes, so far as Dr. Percy's observations extended, being 1037 and 1008. He did not accurately ascertain the average quantity of urine passed; but he is satisfied that generally it was not in that respect below the standard of health. The urea was not evacuated in the natural proportion. In the analysis given it amounted only to 7·68 parts in the thousand; whereas, in health, it amounts to at least double that quantity. The proportion of earthy phosphate was much less than in healthy urine, in which it exists generally in the proportion of 1 to 1000. In the last urine passed, only a trace of chlorine, in combination with a fixed base, was detected. Whether it existed in larger quantity in the urine before evaporation and incineration, he did not ascertain.

Poisoning by the Bichromate of Potash.—Mr. Wilson mentions the case of an old man, who destroyed himself with the bichromate of potash, in which the history and post mortem appearances would seem to indicate that the salts of chromic acid do not act upon the body merely as irritants, but that they have some more direct effect upon the nervous system, for the fatal event cannot be attributed to the gastritis, which was neither general nor very severe, and which could scarcely have caused death in so short a time; that is, supposing the poison to have been taken the night before. Again, there was neither vomiting nor purging, but, on the contrary, the poisonous solution seems to have remained quite at rest in the stomach, and thence propagated its influence, of whatever kind, which proves that it has rather a sedative effect than an irritant, the latter being usually attended with vomiting and diarrhœa.

Milky Urine.—Dr. Ogier Ward mentions the case of a boy, upon whom he was in attendance for scarlatina, which ran its usual course, and proceeded to desquamation; when, after exposure to cold, the fever returned, the face became swelled, the abdomen enlarged and painful, with ascites, and dulness over the region of the liver, which protruded considerably from under the ribs. There was also cough and orthopnœa, but the state of the lungs could not be correctly ascertained. The urine, when examined the next day, was of sp. gr. 1014. Under the microscope it exhibited nucleated globules and amorphous particles, both of various dimensions; but Dr. Ward was more particularly struck by the appearance of numerous bodies, evidently possessing the same composition though of different forms and sizes. The most perfect resembled a single *cheval de frize*, or calthrops of six spikes, the nucleus or central boss of which was translucent, the spikes being sword-shaped and transparent, which he cannot better compare than to splinters of glass stuck into a ball of gum-arabic or mastic. None had more than six spikes, and some had only one; nor did the spikes appear to transfix the nucleus, but rather projected from it in various directions. There were no nuclei without spiculæ, nor any spiculæ unattached to nuclei. Nitric acid produced no change whatever upon any of the bodies, but liq. potassæ immediately dissolved the nucleated globules, the spiculæ with their nuclei, and some also of the amorphous particles. As the urine dried on the glass, the solid matters assumed a filmy appearance, interrupted by crystals of a circular and sword-shaped figure. Sometimes one or more of the arms of the sword-shaped figures were longer than the rest, and some of the circular figures were divided into four, five, or six portions. A few days afterwards he procured some more urine, when some improvement had taken place in the symptoms; but he was not able to examine it for two days, by which time it had become very alkaline, and had deposited much lithic acid, red sand, in the form of mulberry-shaped grains under the microscope. Neither nucleated globules nor calthrops were discoverable in this specimen, but there were quantities of amorphous particles, and numerous oily globules floating on the surface. A third quantity of urine contained quadrangular, pentagonal, and hexagonal crystals, with bevelled or sloping sides and edges. After this, the patient discharged blood from the nose, bowels, and bladder. The urine was loaded with colouring matter of the blood, and was only 1016 sp. gr. Its sediment exhibited lithic acid and amorphous particles, but no oily globules. The boy gradually recovered from the attack, the ascites being got rid of last. From the effects of the re-agents employed, Dr. Ward concludes that the various forms of crystallisation were constituted by modifications of lithic acid and muriate of ammonia, particularly as the sword-shaped crystals bear considerable resemblance to the arborisations of the latter salt; but it is difficult to ascribe an origin to the oily globules. A putrid specimen of the bloody urine, which he examined, gave to view, when dried on the glass, vast quantities of epithelial scales and amorphous particles, but very slight, if any, indications of oily matter. He is the more induced to believe the sword-shaped crystals to be muriate of ammonia, from observing that dried saliva not only exhibits the beautiful arborisations of this salt, as figured by Raspail (plate 6, fig. 12, Chemie Organique), but also imperfect sword-shaped crystals.

Compression and Concussion.—Mr. Lyon, in a paper published in the *London and Edinburgh Medical Journal*, observes that when the symptoms of concussion or compression, as given by writers, exist pure and unmixed, they probably enable us to recognise those states with tolerable certainty; but they are very often commingled in various degrees, and thereby counteract and obscure each other. If the one prevail over the other, the symptoms of the greater are of course the more intense; if, on the contrary, the two conditions co-exist in nearly equal degrees, the effects of the one may nearly counterbalance the consequences of the other; and the slow pulse, laborious respiration, and dilated pupil of compression, are respectively modified by the often quick pulse and breathing, and generally contracted pupil of concussion, so that we have a train of symptoms contra-indicating each other, or causing a state with characteristics so equivocal, as not to be trusted to for correct diagnosis.

Compound Fracture of the Cranium—Fracture of the Clavicle, Sternum, and Ribs.—Mr. Lyon mentions the case of a man, forty years of age, who was admitted into the Glasgow Infirmary under his care, having recently fallen from the roof of a house, a height of twenty feet, and having alighted upon his head and the upper part of the back. He complained chiefly of pain in the back and right shoulder, but nothing abnormal could be detected in those parts. On the right side of the head, between the parietal prominence and sagittal suture, there was a triangular lacerated wound, about an inch and a half in length, leading to a stellated and depressed fracture. The patient, after a time, becoming soporose, it was determined at a consultation to elevate the depressed portion of bone, and accordingly the external and internal tables were removed by the elevator, leaving a nearly circular opening in the skull, about the size of half-a-crown. The dura mater was uninjured. Erysipelas of the scalp set in in a few days, and the patient soon died. On examination of the body, the scalp was found œdematous and ecchymosed, and the pericranium much thickened; the dura mater and brain healthy, with the exception of a portion of the former, from above which the bone had been removed, where lymph was effused. The sternum had sustained a comminuted fracture, about two inches from its superior extremity; the clavicle was shattered near its attachment to the scapula; and the four superior ribs of the right side were also fractured near their centres. Mr. Lyon assigns as his reason for removing the broken pieces of bone in this case, that where a portion of the cranium is thrown deeply down, and comminuted into many fragments, and where the fracture is at the same time compound, the fragments are not dead from the first, but they soon die, and, acting as foreign bodies, and often pricking or lacerating the meninges or brain, they are almost certain to induce inflammation and suppuration, and are therefore advised, by the first authorities in surgery, to be immediately removed. The depressed portion was in ten or twelve fragments, in this case; they were deprived of periosteum, and were merely held together by pressure on each other; their vitality was therefore destroyed, and their removal indispensable to the safety of the patient. When the fragments retain connexion by the periosteum, or with the vessels of the dura mater, they should be, if possible, elevated without separation, when sometimes they will reunite, and thus the danger is avoided or diminished, by there either not being an opening, or a very small one in the cranium. In such instances as the one related, it will not be often necessary to make an additional opening by the trephine, the elevator being almost always available; but we doubt if the great dread of employing the trephine is altogether well founded. It is true, few patients recover who have been trephined; but when we see cases, where openings have been rudely made in the skull, as by the head impinging on the angle of a stone, by the stroke from the end of a quarrier's jumper, the fall of a piece of coal, or the kick of a horse, and the brain wounded, and occasionally portions of it discharged; and when, after such injuries, we see the patients recover, we are led to question, whether the mortality following the employment of the indubitably dangerous, though comparatively gentle instrument, the trephine, be justly referable to that instrument; and while we do not overlook the danger of an opening in addition to the first injury, and would not recommend the skull to be perforated, excepting for the most urgent reasons, would remark, that the instrument is seldom used, excepting in the most severe cases; and that, if apertures can, with frequent impunity, be made in the skull by such modes of violence as has been mentioned, the deaths after trephining arise less from the additional injury by the instrument, than the effects of the conditions for which it is employed. In his subsequent remarks on this case, alluding to the injuries about the chest, Mr. Lyon contradicts himself seriously, as the commencing and concluding passages of the following paragraph will show. Severe as the other injuries were which this patient had suffered, they were not necessarily fatal, and therefore did not forbid the propriety of interference, even though the trephine had been required. It is, however, always proper, in cases arising from violence, and in which operations are required, to examine carefully that there are no other injuries present besides the one we are about to operate for, which will render it unavailing. In this instance, there was a risk of being misled, as the cerebral symptoms, from the injury done to the head, were primarily the most intense—the patient scarcely complaining of the serious pectoral lesions; and it was not until considerable time after removal of the depression, that the pectoral symptoms, till then masked by others, began to appear. The cerebral symptoms, which had been increasing, were immediately diminished by the elevation of the depression; but time was not afforded for the remote consequences of the fracture of the cranium to show themselves, the patient evidently dying from the injuries done to the bones of the chest and their contained organs. Besides in his account of the case, he states at the

very outset, that the patient complained chiefly of the pain in the back and shoulder, and yet we find him remarking that there was a risk of being misled, as the cerebral symptoms, from the injury done to the head, were primarily the most intense —the patient scarcely complaining of the serious pectoral lesions. Such contradictions betray a hastiness of composition which detracts somewhat from the value of Mr. Lyon's otherwise very practical and most important paper.

Depression of the Cranium in Children. —Mr. Lyon says he lately had a patient, five years of age, who had a portion of the left parietal bone depressed without wound of scalp, to the depth of one-third of an inch; the irregular margin of the opening could be felt all around, and the depressed portion was so large, being about two and a half inches in length, by one and a half in breadth, that the left side of the head appeared much flattened, and the normal contour, of course, proportionately destroyed. The child vomited, was collapsed, and slightly comatose for a few hours; after reaction a few leeches and cold lotion were applied to the scalp, several doses of calomel given, the diet restricted; no symptom worth noticing occurred, and in a few weeks the depressed bone had resumed its normal level. Mr. Guthrie has mentioned many such cases in his lectures on surgery.

Exostosis and Fungus Hæmatodes of the Thigh.—Dr. Christie, of Huntly, describes a formidable case of exostosis of the right thigh, of twenty years' duration, complicated during the last nine months of its existence with fungus hæmatodes, in which he operated by amputation, removing the limb one inch and a half above all the apparently diseased parts. The patient recovered from the immediate effects of the operation. Should the disease return, as we fear it will, we trust Dr. Christie will report progress. According to the opinion of Sir B. C. Brodie (vide the lectures published in the *Medical Times*), the only chance a patient has of recovery when malignant disease affects a limb, consists in its entire ablation. It does not therefore appear to us that amputation an inch and a half only above the disease, is sufficiently removed from it to induce the hope of a permanent cure. Dr. Kilgour, of Aberdeen, to whom the preparation was sent, considers that the fungus hæmatodes may be the result of the local irritation, and not of a constitutional taint, and therefore that the chances are in favour of the patient not having any return of the disease.

Hæmorrhage after the Extraction of Teeth.—Mr. Macbean recommends the following plan as a never-failing remedy in cases of hæmorrhage after the extraction of a tooth. It will not, however, prove of service in cases of hæmorrhagic diathesis. The cavity whence the tooth has been extracted is to be filled with lint or caddis, pressed home by means of a probe-pointed bent instrument, such as dentists employ for stopping teeth; a phial cork is then fitted to the size of the cavity, and cut so short as not to keep the jaws too far, or disagreeably asunder, and placed over the caddis. The patient is then directed to bring his teeth together, keeping the cork perpendicularly between them, and pressing firmly on it. To aid the patient in keeping the jaws together, a napkin or any other suitable bandage should be placed below the chin, carried up over the crown of the head, and tied tightly; and this again may be further secured by another napkin applied on the head in the ordinary way. This pressure is sufficient to prevent any further hæmorrhage, and the patient may be considered safe, according to the size of the artery exposed, in from two to three or four hours. Great care should be taken that the cork is not shifted, and should the patient require to open his mouth for any purpose, it must be held for the time in its place by the hand of an assistant, or by means of a strong straight tooth forceps,

The Dark Abdominal Line after Delivery. —Dr. Rose Cormack has ascertained from a series of observations that he has made with respect to the presence of the dark abdominal line, as an indication of recent delivery, as described by Mr. Turner, that some days after delivery at the full time, a dark abdominal line is almost invariably present. The deepness of its hue is modified by various accidental circumstances, but particularly, (like the areola) by the complexion of the female. During menstruation and pregnancy, after abortions and miscarriages, the same line is also most commonly seen; but generally, it is less distinct, than after a nine months' gestation. It may also be seen in females, quite unconnected with pregnancy, delivery, or any affection of the uterine system, and occasionally appears in males, when the mucous membrane of the intestines, bladder, and urethra are affected; (and possibly, it may be added. in other circumstances.) From the diversity of causes which give rise to this appearance, its presence therefore can be of no use whatever as a medico-legal test of delivery; although its absence in suspected cases, might, in connexion with other circumstances, strengthen the belief that the woman had not been recently delivered.

Gastro-enteric Fever.—Under this title several cases are reported from the practice of Dr. Basham at the Westminster Hospital, presenting a tolerably uniform type of symptoms, such as are characteristic of a form of fever at present epidemic in that part of town, and which has been unusually severe and fatal. The incipient and premonitory symptoms are headache, nausea, rigors, with painful digestion, colic, or griping pains in the abdomen, with tenderness of the epigastrium; also great and unusual prostration of strength, with much irritability and restlessness at night. In some few cases there had been vomiting from the commencement, with occasional (not constant) spontaneous diarrhœa. The other symptoms were those common to all fevers. On admission, and the patients being examined, the symptoms noted as more especially diagnostic were,—the epigastric and abdominal tenderness, the irritability of the stomach, the intense burning heat of the skin, the accelerated pulse, and the condition of the mucous membrane of the tongue, furred, rough, and scabrous, moist, or inclined to be dry, with the margin and extremity intensely red. As the symptoms progressed the irritability of the stomach increased; there was vomiting, in all cases, of a bilious green fluid, the epigastric tenderness continuing, and the burning heat of the skin unallayed; with the occurrence of occasional diarrhœa and fearfully increasing symptoms of prostration. The intellectual faculties, throughout, continued perfect, or only dull; no delirium, except towards the last, and that of a low passive character, the effect rather of inanition and prostration than of any morbid condition of the sensorium. The post mortem appearances were, congestion of the stomach, indicated either by a faint diffused redness, or by the existence of patches of a deeper hue; ulceration of the organ being very rare. The duodenum was oftentimes involved in the same inflammatory condition; the valvulæ conniventes were often margined with red lines; but it was in the ileum and cœcum that the intense ravages of inflammation were most evident. There, in the ileum, the tone of colour had deepened to a livid red, with patches of ulceration scattered over the surface, originating in the glandular follicles abounding in this region. In the cœcum, the effects of inflammation were oftentimes concentrated; the whole pouch was thickened, and its internal mucous surface involved in one general destructive ulcer. Beyond this, traces of inflammation were rare. The colon was usually free, and the other viscera of the abdomen were ordinarily natural in appearance. The treatment consisted in the repeated application of leeches, if the strength permitted, and the internal exhibition of calomel and opium, or of the hydrargyrum cum cretâ and the pulvis ipecacuanhæ compositus. Blistering over the epigastrium was occasionally required, and soda water and hydrocyanic acid was used to allay the irritability of the stomach. Wine and ammonia were always required to support the strength, and opium with amylaceous enemata to restrain the diarrhœa, and its concomitant debility.

Success after Operations. — Mr. Hilton states in a communication published in the *Medical Gazette*, that recent pathological investigations have shown surgeons that ultimate success in most operations, depends more on the proper selection of cases, and their subsequent treatment, than upon the completion, or immediate effect of the operation itself. The causes of death after operations, are generally concealed in visceral disease. Death seldom happens from the operation itself; and pathological anatomy, or post mortem evidence, points distinctly to the kidneys, the lungs, and the liver, as the organs which most frequently determine the fatal issue.

SELECTIONS FROM CORRESPONDENCE.

Snipping the Uvula a Cure for Hydrophobia. —"Chirurgus," referring to the allusion made in No. 229 (Feb. 10) of the *Medical Times*, to a novel proposition of the removal of the uvula in cases of hydrophobia, regrets that the proposal did not receive further publicity in our Periscope, which professes, and our correspondent thinks justly professes, to give the leading points of professional interest from contemporary journals. Our correspondent quotes the paragraphs from the letters of Messrs. Yearsley and Turner, which embody their respective opinions. After a well-merited eulogium on the labours of Mr. Youatt, elucidating the true nature of rabies, Mr. Turner proceeds:— "Spasm of the glottis is among the first alarming indications of rabies; it is never absent throughout the progress of the disorder, excepting at short intervals; it invariably exists with redoubled fury at the close of the scene. All modern writers appear to agree that the *post mortem* appearances, on minute dissection, fail to exhibit morbid lesions that are commensurate with the outrageous symptoms exhibited during life. But I have myself invariably found, on dissection, intense inflammation of the larynx and pharynx and the adjacent parts, and have almost invariably read the same report from others. Convulsive movements of the entire muscular system prevail at intervals throughout the disorder; but as all maladies have their favourite localities, so this appears to be concentrated about the nerves and muscles of the throat, most likely from an especial impression of a particular part of the sensorium. I have long entertained the idea, though I have never put it in practice, that an aperture in the windpipe, made sufficiently below the larynx, shortly before the expected outbreak of the disease, might, by affording the animal more of the breath of life during the paroxysm, in point of quantity as well as a little extension in point of time, by the prolongation of life, enable the system to rally, react, and accumulate the conservative force, viz., the *vis medicatrix naturæ*, and thereby ultimately wear out and expel the invader. The case is desperate; but, until I hear your reply, I cannot divest myself of the belief that every hydrophobic patient has had his life extinguished—before this vital principle had been thoroughly dissipated—simply by the mechanical closure of the glottis, from spasm of those numerous muscles which are inserted into and encompass the larynx: speaking briefly, *abruptly suffocated* when not otherwise exhausted. Strangulation being induced, it is accompanied with starting eyeballs and violent muscular contortions; in fact, a set of symptoms are present, such as would be exhibited by a healthy dog upon finding his throat suddenly fettered by the extreme twisting of a cord tightly around it."— Mr. Turner's communication drew forth one from Mr. Yearsley, which, it appears, had been written many months ago, when hydrophobia was unusually prevalent. The pith of it is contained in the following paragraph:—"The most efficacious remedial means in spasmodic disorders allied to hydrophobia are, undoubtedly, those which inflict a sudden shock upon the nervous system. Excessive spasmodic action about the throat is well known to be a most prominent and, probably, fatal symptom of the disease. It is this which occasions the difficulty of swallowing and the extreme agony at the sight of liquids. Now, as excision of the uvula possesses, in some cases, a remarkable influence in controlling spasmodic action of the vocal and respiratory organs, it has occurred to me that it would be useful to perform this simple operation, as a slight shock to the nervous system, in the early or formative stage of hydrophobic disease. With the exception of the unsuccessful experiment of Magendie, of producing in an hydrophobic patient an artificial repletion by the injection of large quanti-

ties of water into the veins, I do not know of any surgical measure that has been tried since the proposal of Marochetti to puncture the cluster of small pustules, said to be found under the tongue. Of late years there have been very few novel propositions for the relief of rabies; and as the most powerful medicines prove utterly inefficacious, it seems to me that a surgical operation, such as that I have mentioned, is deserving of performance. It certainly would entail no risk, and would have a local action upon the parts most implicated in this frightful malady."—Our correspondent proceeds: "Whoever, like myself, attended Mr. Yearsley's operations for the relief of stammer, on their first introduction, and witnessed the instantaneous subsidence of all facial and choreal convulsions in the patient, after the removal of the uvula (temporary only in a great many of the cases, as Mr. Yearsley has since candidly admitted), will agree with me that his proposal is at least worthy of a trial. In the dissection of man and the lower animals who have died of rabies, the mucous membrane of the pharynx, larynx, and trachea has been the seat of acute inflammation, almost to the exclusion of any other morbid change, except what may be accounted for by the convulsive struggles of the unfortunate patient, such as emphysema of the lungs and congestion of the vessels of the brain.

"CHIRURGUS."

COLCHICUM FOR OBSTIPATIO—(By J. Sproule, Esq., Dromore).—I have found by long experience that colchicum seeds is a certain remedy for this malady, no matter how old or infirm the person may be affected with it. The following is the form in which I use it:—3ij. to lb. of water to be boiled for 30 minutes, strained when cold, and bottled. I order from a teaspoonful to half a glass, taken four times every day. When I order the larger quantity, if it acts violently, I reduce it one-half after the bowels and stomach have been properly cleansed Of course the grand power in the colchicum is that in rheumatic pains, and its influence in stimulating the digestive organs, administered in proper quantities. My plan, however, is first to administer it as an emetic and purgative, and when it has acted sufficiently, to give a restorative, and allow one day to elapse. I then give small quantities every day till recovery. I have known many lives lost by constipation of the bowels, which I am certain colchicum, thus administered, would have saved. Many are the forms it is used in; but the true watery decoction in the form I have laid down will be found the best.

THE SPERMATORRHÆAN CONTROVERSY.—"Who shall decide when doctors disagree?"—The commencement of this controversy, and the efforts of several gentlemen of our profession, in upholding what they presume to be the cause of morality, may be very well intentioned, and I give them due credit for the genuineness of their motives; but it certainly appears to me, viewing the discussion impartially, that these modern Essenes have disabled themselves from carrying their argument to a successful issue, by having, in the first instance, advanced arguments, which they are unable to prove; and have allowed their opponents to take advantage of this error. One drop of pure logic will be the most simple test to discover the fallacy of Dr. Bull's dogma, which I am sure he will be the first to acknowledge. The proposition on which he takes his stand, is "the laws of physiology are not contrary to the laws of morality;" and he admits, very reasonably, that the natural function of an organ is a law of physiology, and adduces examples where the unnatural function of an organ, or the total disuse of an organ, is a breach of physiological law. Now let us view the subject in a syllogistical form; ex. gr.—"The laws of physiology are not contrary to the laws of morality." The natural function of an organ is one of the laws of physiology. Sexual intercourse is the natural function of an organ. *Ergo*—Sexual intercourse is not contrary to the laws of morality. *But*, if sexual intercourse be contrary to the laws of morality, it follows from the above sorites that sexual intercourse would be contrary to the laws of physiology, which would be absurd. The whole question in dispute is, "Is or is not continence contrary to the laws of physiology?" Is or is not continence a cure for spermatorrhœa? That continence is contrary to physiological law, is a natural fact indisputable. What is the cause of spermatorrhœa? Continence or incontinence? The disuse or excessive abuse of the organ? That is the real question. I am inclined to believe, from observation, that Dr. Bull is right in his proposition, but logically wrong in his arguments*. That excessive incontinence will produce spermatorrhœa, is a medical fact; but even then much depends upon idiosyncrasy. But I cannot believe that continence will *produce* spermatorrhœa as an idiopathic disease, until I am forced to do so by evidence; but it, unfortunately for science, is a fact most difficult of evidence and proof. But that continence will cure, or tend to cure spermatorrhœa, *caused* by incontinence is most probable—*cessat causa cessat atque effectus*. I do not think the discussion has brought conviction to any person. The subject matter will still remain a *vexata quæstio*, principally for the want of evidence, and the uncertainty of proof of a general rule from particular instances, each particular instance being modified by its own peculiarities. Dr. Bull's dogma that "prolonged continence will have no bad effect upon the system," is so preposterous and unnatural, that it scarcely requires refutation, even if Dr. Bull had not incautiously admitted that it had a bad effect in the cases he has instanced of the atrophied testicles of the athletæ, &c. Continence produces no injurious effects! Why, the experience of every day shows the medical practitioner the contrary. In the course of my medical studies, I do not remember so wild a doctrine so calmly advanced. From Galen and Hippocrates to Magendie, all the lights of medical science, prove otherwise. What says the former? "Sperma, plus diu retentum, transit in venenum." Mathiolus, too, (Epist. 5) "Novi quosdam, præ pudore a coitu abstinentes, torpidos pigrosque factos; nonnullos etiam melancholicos præter modum, mœstos, timidosque." Oribasius bears similar testimony in his *Med. Collectanea*, (lib. 6, c. 37.) "Nonnulli, nisi eoeant, assidue capitis gravitate infestantur. Dicit se novisse quosdam tristes, et ita factos ex intermissione veneris." See also Arculanus (c. 6, m. 9, Rhasis), and Magninus (pt. 3, cap. 5). Hieronymus Mercurialis says, "Graves producit corporis, et animi lassitudines;" and Haliabbas to the same effect (5 Theor. c. 36). Villovanus, in his *Breviary*, l. c. 18, shows its injuries upon monks and priests; and in respect to its evil effects on women, see also the two famous Spanish physicians, Ludovicus Mercutus (*De Mulierum Affect.* l. 2, c. 3), and Rodericus a Castro (*De Morbis Mulierum*, l. 2, c. 3). Christophurus a Vega (*De Art. Med.* l. 3, c. 14), and Ælianus Montaltus (cap. 37), Rodericus a Fonseca (tom. 2. Consult. 85), and a host of other learned authors, both ancient and modern, which I think hardly worth while to pull from their dusty shelves to confute so monstrous a doctrine. Not even the Germans, whose various systems I have studied in the curriculum of several of their Universities, ever went so far. I remember hearing Magendie, at Paris, lecture upon the injurious effects arising from continence, with great force and learning, the notes of which lecture I will endeavour to supply you with on some future occasion. I will not occupy your valuable columns with quotations from any authors of modern date, as they are sufficiently well-known to the profession at large. Giving Dr. Bull and his coadjutors every credit for their benevolent intentions to the human race, I cannot do otherwise than attribute their extraordinary dogmas to a species of *amabilis insania*. We are, however, much indebted to them for bringing the question of spermatorrhœa now before the profession, among whom its peculiarities and its pathology are so little known. I hope on *that* subject, at least, the public will derive benefit from the result of their researches and practical experience, and the "spermatorrhœan controversy" will enable some others, less learned in the matter, to take a sight of the scientific disclosures which it has produced. Your obedient servant, John Balls, Foundry-street, Hereford, Mar. 8.

* In his reply to Dr. Dangerfield, Dr. Bull is impressed with the idea that he confutes his opponents, but he violates every rule of logical contradiction. The fallacy, *ignorationis elenchi*, is evident to any scholar who will attentively observe his line of argument.

A SIMPLE ARRANGEMENT OF THE BLOOD-VESSELS INDICATING THAT THE SPLEEN IS SUBSERVIENT TO THE PROPULSION OF THE BLOOD THROUGH THE LIVER.—There are three vascular systems—an hepatic, a pulmonary, and a general. Each system consists simply of an afferent vessel, and a set of efferent vessels, with intermediate capillaries. 1. The hepatic afferent vessel is the portal vein and ramifications, and its commencement is the spleen. 2. The pulmonary afferent vessel is the pulmonary artery and ramifications, and its commencement is the right half of the heart. 3. The general afferent vessel is the aorta and ramifications, and its commencement is the left half of the heart. 1. The hepatic efferent vessels are the hepatic veins. 2. The pulmonary efferent vessels are the pulmonary veins. 3. The general efferent vessels are the gastric, duodenal, and mesenteric veins, and the superior and inferior cavæ, and the coronary vein. Now, according to Harvey's doctrine, the heart is the only organ concerned in the circulation; and the right ventricle propels the blood through the lungs, and the left through the rest of the body: in other words one half of the heart propels the blood through one of the three vascular systems—the pulmonary; and the other half through BOTH the other two systems—the general, *and the hepatic*. Now as we have implicitly believed this for the last two centuries or so, and during that period have been unable to understand the use of *the commencement of the hepatic afferent vessel*, is it not about time that we began to doubt a little as to whether the commencement of the *general* afferent vessel really does propel the blood through the *hepatic* system? Would it not be well carefully to examine the whole of the hepatic afferent vessel (spleen, splenic vein, portal trunk and branches), and see whether it is not *itself* adapted for propelling the blood through the hepatic system? And whether its commencement is not for the purpose of communicating motion to the blood by contracting, and consequently generating propulsive force, as well as the commencements of the pulmonary and general afferent vessels? And whether, as the hepatic afferent vessel differs so materially from the pulmonary and general afferent vessels, the motion of the blood through the hepatic system is not, therefore, and in consequence of that difference, *intermittent and slow*, instead of being constant and rapid like the motion of the blood through the pulmonary and general systems? And whether the true reason, that the commencement of the hepatic afferent vessel is twice as large relatively to the liver in man as in quadrupeds, is not because the blood has to be propelled through that organ *vertically* in the former -and *horizontally* in the latter? And whether the use of the splenic artery is not simply to be split up into capillaries for the commencement of the hepatic afferent vessel to originate from? And whether the exceeding tortuosity of that artery is not for the purpose of preventing any considerable or undue quantity of *arterial* blood from running hot-foot on a foolish errand (pardon the simile!) into the hepatic afferent vessel? With several other *whethers* "*quæ nunc perscribere longum est.*" Is it not about time, too, that we gave over fancying those organs *make* blood, which receive blood and nothing else *ready-made?* Or of altering or "effecting a peculiar change" in the blood, when it is plain they can neither add anything to it, nor eliminate anything from it? And lastly, may we not reasonably suspect that *every* organ into which nothing besides blood comes, is, as well as the heart itself, subservient in some way or other to *the motion of the blood?*—J. J.

LETTER from Dr. CLAY.—In reply to your anonymous correspondent of last week, (L——, Manchester) I have merely to observe that it is a fixed principle with me not to enter into particulars with any person who has not the common honesty to add his name to his observations. I am the more determined on this point, as he (L——, Manchester) *is a very near and envious neighbour*, which, by the bye, is the common origin of all secret attacks. But if he will come out, *as a gentleman ought to do*, I am quite ready to prove that he is in error, in respect to my pessary, perfectly ignorant of its construction; *and from his own letter I will also prove*, that my instrument possesses all the originality I *ever claimed for it.* CHAS. CLAY, M.D., &c.

TO CORRESPONDENTS.

TO OUR READERS.

With our new volume, commencing with the beginning of April, we shall introduce to our readers an extremely valuable and interesting course of lectures on clinical surgery, by Sir Benjamin Brodie. Other articles of great value and originality are in preparation for us by some of the most eminent hands on the continent and at home. The peculiar feature of the Medical Times — its complete abstract of everything worthy mention in all the Foreign and British Medical Journals—*will be preserved in all its prominency, by the occasional addition of twenty-four columns to our already extensive size. A handsome title-page, and a full separable cover for advertisements will be added, without any change of price or diminution of matter. Our readers will thus have yearly, for little more than a guinea, a handsome work of two large but commodious volumes, containing the newest and most valuable scientific information, and extending to more than 1,200 pages, 4,000 columns, or 40 octavo volumes! The opportunity is highly favourable for gentlemen commencing as subscribers.*

B. C. H.—*There is a society for the relief of orphans and widows of medical men. The secretary is Mr. Walshe, Half-Moon-street, Piccadilly.*

B.—*Our private note omitted to say that we shall have no room just now for the seven or eight additional papers (in a sequence) proposed.*

J. B.,—*An indignant surgeon, and some other correspondents, write in strong terms against Mr. Wakley's threat of making his journal an instrument of ruin to any public teacher, for acting an independent part. They also all refer to the gross insult to the profession, and to the press, involved in Mr. Wakley's "hole and corner" committee's treatment of Mr. Weathers. The letters, indeed, which we have received on this subject, would fill our journal if published. For the present, we must content ourselves with warm expressions of gratitude or the assurances of support, concurrence, and even of pecuniary aid, that have poured in upon us. While Mr. Wakley persists in his unprincipled blackguardisms, we may rest on our oars:* he *does* our *work.*

A Reformer.— *The decorous attacks of Mr. Wakley—the greater portion of his life an ungazetted bankrupt himself—on Dr. Hennis Green as a bankrupt Editor, have been neither unfrequent, nor of recent occurrence. It was in reference to one of these direct charges by the honourable Coroner, that Dr. Hennis Green threatened, in his late journal, reprisals in the shape of a chapter on spontaneous combustion. The altercation was the less delicate as Mr. Wakley and Dr. Green had jointly managed the* Lancet *for some years, and both were naturally acquainted with each other's foibles.*

Mr. Lewis, of Hanley Castle, *writes to us, suggesting that the case of "vomiting and purging" in the* Medical Times *of March 2, was a case of poisoning by arsenic* in solution. *This appears to us not improbable.*

Cautus *does quite right. Every member of such a Committee is involved in its liabilities, whatever, through dishonesty or other cause, they may turn out to be. As to the fact that Messrs. Lynch and Simpson are such "notorious radicals, that the first is Secretary of an Anti-Corn Law League for St. Giles's, and both got themselves advertised to attend Mr. O'Connell's Dinner," we must only express regret that party politics should in any way get involved in a question of so exclusively social a character as Medical Reform. We do not know, after recent circumstances, what sort of testimony to Mr. Lynch's responsibility was Mr. Marsden's motion that there should be two Treasurers, and a Banker; or Mr. Wakley's hope that Dr. Lynch could be relieved from a charge, he had imposed on himself. We quite agree, however, with our Correspondent, that the sooner the accounts, moved for by Mr. Dermott, and seconded by Mr. Weathers, are published the better; and with our correspondent do not like Mr. Rugg's appointment as Auditor. Publicity, it is a true saying, is the soul of justice—and in this case, therefore, we will hope more fervently than expect the boon.*

We are obliged to postpone till next week a pencilling of Sir Henry Halford, the third clinical lecture of Schonlein; an original communication from MM. Danger and Flandin, the celebrated French chemists, with several other papers.

A well-wisher *is thanked; if the soiled number be returned by post, another will be sent. The monthly parts we sell are now grown so numerous, that we find the utmost difficulty to get them ready in time for the monthly parcels, and hence the folding has been hurried and uneven. Our only mode of giving a full index weekly, is to give it for the preceding number on the plan of the "Gardener's Chronicle." We shall reflect on the hint.*

Appreciator.—*The suggestions are of service, and will not be overlooked. We must, however, first clear off some of our literary obligations. The compliments of our correspondent are very encouraging.*

F. D. *earnestly invokes us to dissuade all respectable medical men from going to the States of America. He affirms that debts and repudiation are universal.* F. D. *suggests the Cape, Australia, Aleppo, Damascus, and lastly, Upper Canada, where, however, the inhabitants are very thin. Syria is most recommended.*

J. W. D.—*It is the oxide deposited in the rete mucosum that causes the discoloration.*

Other correspondents unavoidably delayed till next week.

THE MEDICAL TIMES, THE LEADING MEDICAL JOURNAL IN EUROPE.

Note from the Publisher of the MEDICAL TIMES to the Publisher of the Lancet.

MR. CARFRAE, perceiving that Mr. Churchill persists in affirming, and most erroneously, that the "Lancet" has as large a circulation as any other medical journal, respectfully challenges him to an examination (before two respectable medical publishers as umpires) of the number respectively published by the "Medical Times" and "Lancet" during the present year, and guarantees to prove that the "Medical Times" enjoys double the circulation of the "Lancet."

Medical Times Office, March 6, 1844.

Mr. CARFRAE presented the Note in person to Mr. Churchill, who DECLINED THE EXAMINATION THUS OFFERED.

The "Medical Times" is published every Saturday, at the "late 'Lancet' office," 49, Essex-street, Strand, 72 Quarto Columns for Fivepence.

THE MEDICAL TIMES.

SATURDAY, MARCH 16, 1844.

"Oh, for a tongue to curse the slave
Whose treason, like a deadly blight,
Comes o'er the councils of the brave,
And blasts them in their hour of might."
LALLA ROOKH.

WHEN grievances are about to be the subject of Parliamentary legislation, the sufferers calling for their removal have two grounds of hope: their own personal influence, and the naked goodness of the sufferers' cause. That there exists enough active personal power in the profession to secure for us the most reasonable and satisfactory legislation we cannot doubt. The profession is ripe for wise action, and offers, in resistless demonstration of the fact, a noble willingness to compromise matters of detail to gain unanimous support for the establishment of the one or two grand principles on which all can agree. With this union on cardinal points there is ready, zeal, self-sacrifice, and industry for a prudent and respectable policy: and we feel justified in affirming that, as the elements of success thus slumber—unseen, but not the less existing—in the arm of the profession, if they shall not be awakened, organised, and brought in full play on the legislative assembly that is so soon to hold our fate in their hands, the fault will lie, not with the many anxious for action, but the few who shall make action an imprudence in the wise, a vulgarity in the respectable, a peril for the timid, and a loathsomeness to the delicate.

Great as is the profession's united influence, it is yet but a delicate and fragile thing. Like some mighty piece of steam mechanism, the least impairment, and it works to no purpose or to injury. The power itself must not be incomplete. No half union will ever do anything but spend money and talk a few praeticeless men into notoriety. Its assemblies, with their bluster and splutter, will be but the kind of demonstration the Chinese made to British soldiers, when firing their matchlocks at a peaceable distance, they made good their retreat amid noise and smoke of their own making. No movement, miserable in numbers, deficient of respectability, uncrowned by the noblest spirit of independence, is worth a straw. Honour, veracity, and personal worth in its managers, should shine from it as from a star. One universally infamous, one universally hated, one universally unpopular character must damn its efficiency. There must be the elements of the largest union, and as a consequence, of the largest success, or there is predestinated the most ludicrous failure.

It is our honest boast that the late movement as it sprung from our hands, had no element of failure in it, save from the inherent *mechanceté* of the men. It could have been all that the profession would have made it. Young and weak, it was yet capable of gigantic development. It owned no man's, no journal's dictatorship; was free to all; open as a summer's day to every medical man, no matter whether he recognised in Wakley a vulgar hero—or specious caeodæmon provided he sanctioned the great principle of members governing their own College. The highest in the profession—who were turning towards it their regards—were made to feel that there they could present themselves as men of respectability and independence, sure of getting their full meed of influence. It was acquiring fresh accessions daily; secession was a thing undreamed of by any one; and if one or two of the lower characteried men—the Swiss ever found in all services—had been untampered with; if the movement had pursued its pre-ordained and natural course, we should have found in that movement, even by the present time, a mirror of the profession's opinions, an exponent of their feelings—a scheme of power at once to influence the wise among our members, and enlighten the public.

In opening the committee so broadly, in relying on the profession so utterly, we of course foresaw the hazard of low mercenary men finding tools, and turning them to profit. But we felt it was a hazard to be risked. The movement must be largely successful, or it would not be successful at all. The limitations of safety were the limitations of defeat. It must trust wholly to the spirit and good sense of the profession, or fail for its timidity or cowardice, and therefore, we adopted *the* bold and honest course, and in now looking back on every step in it, we regret none.

With these general views, despondency can be the least repulsive of our sentiments towards this committee, as now constituted. It has undergone a complete metamorphosis. Mr. Jordan Lynch, who was not generally known as exceptionable till these transactions uncloaked him, now shines the bosom friend of the illiterate Mr. Rugg, and the two august managers of "the concern," have both had the misfortune of appearing before the public (on the *unimpeachable testimony of several gentlemen*) as convicted slanderers and venal parasites. Around these orbs, revolve such persons as Cooper, and the sub-editor of the *Lancet*; the centre of the system the very respectable Mr. Wakley! Could Pandemonium with its Satan, Belial and Mammon present a more disereditable group? But overlook the hideousness of their moral deformity, for a good cause risk con-

tact with the unclean, and what is the *principle*, what the *conduct* which offers a hope that they will ever do for us a respectable office until they give up the ghost? Mr. Lynch, at the meeting, on the 21st ult., thus spoke, of Mr. Wakley and the Committee, according to his revised speech in the *Lancet*: — "Let no man suppose there had been anything in the shape of a compromise; on *the contrary*, they agreed in common on the principles which were to be advocated, and these principles were so clear, simple, and salutary, that he doubted not the voice of the profession would be unanimously raised in their favour." In Mr. Wakley, then, the committee speaks ex cathedra, and HE submitted to that meeting—"The establishment of another corporation, in which the public examinations would be so superior and practical, that those now existing would fall into disrepute from the operation of an honourable rivalry!"—[*Lancet*, March 2; or *Medical Times*, Feb. 24.]

The formation of another college then, in addition to the nineteen we have, is the *policy* of our rump committee; and it is hoped that the poor dying Association *we* founded (deprived, too, of all its respectable members), is yet to form the nucleus of the new corporation! It is notorious that the other society of Mr. Wakley—the British Medical Association—had drawn out a bill, establishing a Faculty, or, as Mr. Wakley words it, a College, in which the order and time were specified, when Drs. Webster, Marshall Hall, and some others, would be installed as its presidents, and vice-presidents. Mr. Wakley's game is now less open: is it, therefore, *not* the same? He may tell us, as he did the meeting, on Feb. the 21st ult., that he had denounced the one Faculty scheme as the most "unfortunate and treacherous" proposal ever made. But the question comes—when? The British Medical Association—the most abject of Mr. Wakley's tools — managed by men who breathed no syllable opposed to his wishes—ever upheld the one faculty. Who forgets, among a thousand other proofs, the fatal division between the British and the Provincial Associations, simply arising from the success of Dr. Webster's resolution that they would respect all existing Institutions compatibly with the incorporation of all medical men into one faculty? Mr. Wakley—this vigilant watchman of the Profession's interests—never uttered a syllable against this "treacherous and unfortunate proposal;" nay, his *Lancet* uniformly advocated the association—uniformly advocated the one faculty. On September 26th, 1840, we have his journal exclaiming in capital letters, "What we want is that a legislative enactment should provide for the Profession a NATIONAL MEDICAL FACULTY!" A hundred similar passages, as clearly proving his advocacy of "treachery and misfortune," could be pointed out in half as many minutes. Is it rash to affirm then, that, like a monomaniac with a crotchet he dare not divulge yet cannot conceal, there is a fixed design of making the beggarly adventurers left at the Crown and Anchor, a *National Medical Faculty?* In Mr. Wakley's exposition of his views, he laid down that all were to be incorporated in the new "Medical Protection Assembly," and Mr. Cooper, who appears to have been in Mr. Wakley's secrets spoke an odd thing or two about "the adhesion of the whole profession, and the changes to be so introduced in the PRESENT STATE OF MEDICAL LAW." But the great proof, the proof conclusive, of this amusing plan, is the new card of admission. Our readers, if they will turn to our Journal for May 13, 1843, will find a report of a speech by Mr. Rugg, at the annual meeting of the British Medical Association. It runs thus:—

"Now, I say, as the first reformer of the age said, take the bull by the horns!—(Laughter). You see you are getting thin—you want money; try then and form yourselves in one faculty, and give a little bit of paper (showing the palm of his hand) for their money, summut they can show in their windows for their money. I say take the bull by the horns—(Laughter). Now, as it were, if one of the members got one of these things, and had it in his window his neighbours would see it: and Mrs. So-and-So, speaking to Mrs. So-and-So, would say, where do you get your physic? The other'd, say from Dr. Such-a-One, who has got the nice little bit of paper in the window—(Cheers). Every member would be a doctor for his money. What I mean is, a small bit of paper with a picture upon it—(laughter)—one like the Pharmaceutical Society—(Cheers). You might have the greatest reformer of the age at the top, and some of you little ones, as Dr. Webster, or Dr. Hall, at the bottom; and that's what I call taking the bull by the horns."

The most ludicrous part followed, for Dr. Webster here interfering, said that the Association had long had such a scheme seriously in contemplation, and when all their means for carrying it out were properly organised, they would formally make it known.

The preposterous scheme thus sagaciously recommended by the accomplished Mr. Rugg and as sagaciously sanctioned by Mr. Wakley's now discarded association—"organised" though it be—has been gravely adopted —*adopted in very fact*—by the committee of the Medical Protection Society! "This incorporation of all the members of the profession' has issued, yes, really issued, "a little bit of paper for their money, summut they can show in their windows," a card with a picture upon it "one (longo intervallo), like the Pharmaceutical Society." It is about—risum teneatis amici?—six inches by four; contains, under a seal of indifferently coloured red wax, about an inch and a half of the kind of blue riband that would cost about three halfpence a yard, and on the front stands out in large letters—"DIPLOMA OF ADMISSION AS MEMBER!" The important document, thus opposed to the college diploma, is countersigned by a Mr. Brown, who, we are assured, is the late assistant, for sixteen years, to a druggist. That there may be no let to its being shown, as an incentive of physic-taking in "the shop windows" of every practitioner situated like Messrs. Lynch or Rugg, the price is put at "the very low figure" of one shilling! With such temptations, what gentleman of completed education or good society, can be without so *recherché* a guarantee of his professional respectability and skill? Shilling diplomas! How much, how very much do these *gentlemanly* noble-minded statesmen know of the feeling of the profession! Well, indeed, might Mr. Lynch, in a public medical meeting, speak familiarly of his seeing ducks in kitchens strutting about, bleeding, with their heads off. If we except Messrs. Wakley and Rugg, it could only have been a lodger in outlandish kitchens, who could have devised ornamental *shilling* diplomas for surgeons and physicians!

Surveying this and similar specimens of our Committee's wisdom, our paternity in the bantling becomes as dubious as it is little creditable. Not one of our features can be recognised in it from manly forbearance to rivals, down to plain open common sense dealing with the public. In truth, Mr. Wakley has served it, as Mr. Lynch was accustomed to serve his ducks in the kitchen—performed on it, with practised skill—the office of decapitation. Like a ship under a mutinied crew, it cannot do even its master's wishes. While bringing the profession into contempt, it hucksters out of the circumstance no profit to Mr. Wakley. Not a straw's aid can it lend the drowning *Lancet*, which only sinks for it with greater alacrity. It does good to nobody: its evil profits nobody.

And now with manly truth we will own that despicable as are the parties engaged in this miserable conspiracy, we would be glad to auspicate from their efforts any amelioration in the state of our profession. Let but a gleam of hope shine out of their labours, it shall illumine with speed our pages. Nay, let the acts of undisguised lunacy we this day register, prove to be their last—let but shilling diplomas and new colleges (as if, God help us! we had not diplomas and colleges enough already!) make way for something more rational; and let but a bare chance arise that Rugg, Lynch, and Wakley, can head a movement, which, by the universal support of the Profession, can command a success proportionate to our wants—let but this happen, and we will gladly lay aside all personal considerations, and lending our public support for the cause sake to men we dislike and distrust, we will hail the triumvirate as our own benefactors no less than those of the Medical community.

But that happy day is not, we fear, near, and until some such unhoped-for improvement, our duty will be to watch in quiet or oppose in sternness. Far rather than trust our cause with the men guiding it, as we now see them, we would calmly rely on its own naked influence—the influence of justice—on the Corporations or Houses of Parliament. There is no medium point between that and a truly respectable exhibition of power. The efforts of individuals, acting singly or in half dozens, would outworth a hundred Ruggite societies. In the Council Chamber of the College of Surgeons there is already, we are told, a growing anxiety to extend elective rights to all, and introduce a better and more cordial spirit of relation between all the members. That anxiety should be cultivated. It is at all events the duty of every medical man, as it will be the pleasure of every gentleman, not to damp it by countenancing low men's nonsensical ideas of superseding old institutions by new "Colleges of Medicine," founded on the basis of "*shilling*" diplomas. The new faculty fautor, the follower of Mr. Rugg, has only to describe himself to be out of the pale of all rational influence. There is a moral bedlam coat in his "shilling diploma."

"False of heart, light of ear, bloody of hand, fox in stealth, wolf in greediness, dog in madness, Jackall in prey."—KING LEAR.

IN the civil war between Cæsar and Pompey we are told that the maxim of the former was, that all not against him were for him—of the latter, that all not for him were against him. Cæsar's equity was followed, as it should have been, by Cæsar's triumph. The moderation was, indeed, but a foretaste of success; for the generous are ever the strong. To compare small things with great, in the management of the two rival Journals—the *Medical Times* and waning *Lancet*—the same maxims have been as distinctly opposed to each other. Mr. Wakley has broadly avowed that to contribute to our Journal is to secure his active vindictiveness. The last week, in a pretended answer to a correspondent, he asks, in reference to a distinguished friend of ours—who, in the *Lancet's* better days, had given it no small help—"who is Dr. Clay?—what makes him a lecturer?"—avowing that the

Lancet's injurious and slanderous mention of him is grounded on his contributions to the *Medical Times*. Now, if we thought so lowly of our medieal brethren's independenee as to suppose that any one of those whose writings were worth our printing, would quail from his prefixed course by the bandit attack—and now, thank God! impotent maliee of the humbled Mr. Wakley, we should pass by this extraordinary measure of our galled and wincing rival, without a moment's notiee. But we think not so meanly of any gentleman; and much indeed we mistake the spirit of medieal men, if they do not, with us, say—"we will brook no sueh insolent thraldom. If a mercenary adventurer, who, despite his pecuniary suecesses, cannot, to this day, show his leering eyes in deeent soeiety, dare threaten such brutal injustice, we are not the eraven fools to submit to his ridiculous proseriptions!" There was eruel wrong in the poliey when the unscrupulous man was at the zenith of his power; but now, when the pitiable M.P. has been brought to his knees, an abject and industrious supplieant for further professional favour, the sense of the unjust is wholly lost in that of the ridiculous. To give a true pieture of the horridness of such poliey, our readers have only to suppose every medieal journal making systematic attacks on the eontributors to a rival publication. What injustice to high deserts!—what barbarous crûelty to blameless men and their families!—what deadly injury to science and humanity! Thank God, there is no other journalist but the man doubly, trebly steeped in infamy—Wakley—flagitious enough to follow sueh a warfare! The wretched man is redueed to a position from whieh he must try, *per fas et nefas*, to extricate himself; he has yet to learn that the slough of perdition into which we have hurled him offers no exit. In the meantime, with Mr. Wakley as with others, threats are largest when powers are smallest. A man must deal in the only wares he has!

FAIR PLAY AND THE RUMP COMMITTEE.

To the Editor of "The Medical Times."

SIR,—In reading your account of a medieal committee's behaviour to Mr. Weathers, I have grown so disgusted, that I am almost ashamed of my profession. I know from the very aet, if not from your mention of the names, that the persons prominent in the matter were the dregs of our body—low fellows with whom every profession must be more or less cursed—though none more than ourselves. That there was not one Englishman with his heart in the right plaee, to support Mr. M'Cann, is indeed a shoeking disgraee. I am told that Rugg, Simpson, Lyneh, and Cooper, all live in the jurisdiction of Mr. Wakley's eoronership—and that a guinea for testimony, and two guineas for a post mortem examination are things which the *res augusta domi* make of great use to them. Lynch is besides a newly hired man, and must do his master's biddings. The subeditor was much in the same situation. They are all like the starving apothecary of Mantua, and must do what their poverty, not what their will, dietates; but the rest surely had no sueh exeuse. To them I should have said, where are your brains, that you lend yourselves to do the petty behests of a man, with such little scruple or veracity as the notorious Thomas Wakley?

Quò—quò scelesti ruitis? aut cur dexteris
Aptantur enses conditi?
Neque hic lupis mos, nec fuit leonibus,
Nunquam nisi in dispar feris
Furorne cæcus an rapit vis acrior?
An culpa? responsum date!
Tacent et ora pallor albus inficit
Mentes perculsæ stupent.

Believe me, Sir, the respectable portion of the profession is with you warmly, and to a man: the whole publie rejoiees to see the reckless fearlessness with whieh you are breaking down a despotism, the worst the profession ever suffered from. The tyranny of Turkey was eontrolled by fear of insurreetions or revolutions; that of the *Lancet*, after doing the most grievous and dastardly wrongs, offered no appeal, save to the *conscience* of the proprietor—a thing nobody ever yet got aecess to, and whose existenee is about as certain as that of the country of El-dorado. I do not speak merely; I wish to aet. My ten guineas are ready for you whenever you may think it right to take any publie step to place Mr. Wakley in his true position before the public, or to establish a deeent medical organisation for eleetive rights, and nothing else, in the Colleges of Surgeons and Physieians.

UNUS QUORUM.

[Our correspondent, who favours us with his name, wins from us one remark. The strangers were at least as honourably eonneeted with Mr. Wakley as Rugg, Lynch, Simpson, and Cooper. Brought for a special purpose, they had nothing to do but perform it. For the assuranees of warm support, we give our best acknowledgments. We are reeeiving similar favours from all quarters. We decline all sueh peeuniary testimonials, first, beeause we have no need of them; secondly, beeause we will be independent of everybody. We give as bound, however, our best acknowledgments.—ED.]

DR. CLAY'S REPLY TO A FOREIGN AND BRITISH M.D.

Dear Sir,—In reply to your observations in the *Medical Times*, on my proposed outline of a bill for the better regulating of the medical profession, I cannot but observe that your being 70 years of age and 40 years a practitioner, fully explains the *why* you have got an erroneous impression of the bill under consideration. It can scarcely be supposed you could have lived so long, without forming strong prejudices, and perhaps, not the most correct views. I never for a moment supposed my plan one of perfeetion: *far from it:* it would have been absurd, as I have yet much more information in the back ground to bring forward, if the outline had been approved. But, Sir, I am surprised that you could not find the principal of the piece. The very *Hamlet* you so wittily, but with very bad taste, allude to, is in the 7th and 8th clauses of the bill, most explicitly laid down, and a much more satisfactory arrangement than any one person could suggest, *even yourself*, and more likely to be accepted by not outrageously interfering too much with the interests of any existing chartered body. Your remarks on pains and penalties are so far from probability that I will not trouble you with any remarks on them. As to my residence in Manchester, and the hint on free-trade principles, I beg to observe that I am of opinion that to reform the medical profession, we have plenty to do without mixing it with any agitated political question. The main complaint from you, Sir, I esteem to be the word *foreign*, attached to the title. Surely, Sir, you are not ashamed of your cloth: *if, as you say*, the foreign are considered as the most aecomplished set, *(I am glad you did not say the best taught, or best informed,)* surely my plan would have been *achievable*, as the word *foreign* would have acted as a *guide-post* in these bewildered times to point out where the *most accomplished resided.*

As to the exclusion of women from practice, I will abide your irony, merely observing, I had no intention of including in that class parties of the other sex above a certain age, often termed *old women.*

As to informers, such is the miserable state of the profession, that any act, not placing the profession under inspection, *will fail.* No matter how severe the act, the galled jade will only feel its smart, whilst the withers of the conscientious man will remain unwrung. Your very admission, "that the profession of medicine has become too much of a *trade* to be corrected by pains and penalties," is the strongest proof I ever read that such are necessary; had it remained a profession, and not a trade, little reform would have been required, but it is the very fact that foreign diplomas are bought and sold like pigs in a market, that enforces legislative protection.

But, Sir, I neither wish for, nor have any prospect of legislating for the profession: I believe, if I had, I should prove quite as honest as those who profess to do so now. In conclusion, Sir, you propose a clause yourself for securing the loaves and fishes to decayed members of the profession; and I hope you have practised too long, and too profitably to lead to the supposition that you had an interest in mooting such a clause. Your last paragraph is almost an irresistible appeal to the pockets of the profession on charitable matters. That you know *much of the world* I have little doubt, but I think you might yet improve yourself in information more professional than that term implies.

If you are desirous of information on medical reform, I advise you to abstain from low wit, unless your house is without glass. Select any clause you like, give your opinion fairly, and I will meet it as fairly (barring self on all occasions); and so if you like, and can get an Editor to find you space, we will go through the whole bill.

I am, dear Sir,
Yours respectfully,
CHARLES CLAY, M.D.

London, &c.

P.S. I hope you have not had a new Fellowship offered you by the Royal College of Surgeons, London; as I have just seen a letter from one who lately shone as a great Medical Reformer, who now says it would be ungrateful to say anything against them, as he has swallowed the *New Fellowship Bait.*

THE FIBRINE OF THE BLOOD IN INFLAMMATION.—Dr. Ayres having had occasion to practise repeated and large bleedings in a very severe case of peritonitis, occurring during pregnancy, was curious to ascertain what was the influence of these repeated bleedings on the amount of fibrine, and consequently, as he then thought, on the buffy state of the blood. He washed the fibrine of the first, third, and fourth bleeding, and found that the quantity of fibrine constantly increased, instead of diminishing, as according to theory it ought to have done. The amount of the fibrine in the three specimens of blood was as follows:—First bleeding 4·300 in 1000 parts; third bleeding in ditto 6·030; fourth bleeding in ditto 6·060. There was then a progressive increase of the fibrine, notwithstanding the means that had been employed to reduce the solid constituents of the blood, and the actual loss that had resulted from the first, second, and third bloodletting. The buffy crust being regarded as a peroxide of proteine, that may be produced by the oxidation of albumen as well as of fibrine, the result is no longer astonishing, since abundance of albumen still exists in the blood, to be converted into peroxide of proteine, should the condition of the blood, or the state of the system, tend to oxidise it. He observes further that, as oxidation of the animal constituents of the blood appears, in some sort a necessary condition of inflammation of the serous membranes and acute rheumatism, we may suppose that the chief remedies for these diseases have a deoxidising power. Blood-letting certainly possesses this power, for by diminishing the number of red globules in the mass of the blood, it reduces the number of oxygen-carriers; but the action of mercury, and especially of its protochloride, Dr. Ayres cannot as yet explain.

A soldier, aged 108, recently died in Kœnigsberg. His birth and age seem to have been better attested than in the majority of these cases.

REVIEWS.

On Conical Cornea. By JAMES H. PICKFORD, M.D., M.R.I.A. Dublin, Hodges & Smith. 1844. pp. 35, plates.

DR. PICKFORD, in this interesting and valuable contribution to medical science, on the treatment and pathology of conical cornea, a disease of which but little has, as yet, been understood, after detailing the opinions of the writers who have preceded him, proceeds to give his own opinion of the causes which produce this disease, and of the plan of treatment which should be adopted for its cure.

"In the disease under consideration the normal convexity of the cornea is lost; a transparent conical structure, apparently differing in no particular from the natural texture of the cornea, unpreceded and unattended by pain or inflammation, supplies its place; the cornea is prolonged forwards, and presents to the observer a peculiar dazzling, sparkling point of brilliancy, a dew-drop, or gem-like radiance, as though a piece of solid crystal were embedded in its centre.

"This appearance is occasioned by the excessive refraction, by the corneal cone, of such rays of light as pass through it, together with the reflexion, in due relation to the incident angle, of a certain portion of all rays impinging upon its surface. In extreme cases it is not unusual to find the apex of the cone opaque. This may arise from inflammatory action, occasioned by the friction of the lids upon the corneal projection, or by other causes, to which an eye of this peculiar form must be subjected, and should this inflammatory condition be excessive, ulceration and staphyloma may be the consequence. Patients, when first attacked, become myopic; but, as the disease increases, are unable to distinguish small objects, even in the direction of the axis of the eye, unless held within an inch or so of the cornea. All direct and useful vision is now, nearly, if not totally, intercepted, though, on the temporal side of the eye, even minute objects are easily discerned. When the disease is far advanced, patients most frequently complain of observing a circle, or circle of annuli, around a lighted candle or lamp, greater or less, according to the more or less perfect development of the disease."

Passing over the remarks made by Dr. Pickford on the theories and *methodus medendi* of his predecessors, which are very indefinite, we come to the more useful matter; viz., the treatment recommended and found to be successful in several cases by Dr. Pickford, at the Brighthelmstone General Dispensary. In the first case, he had recourse to the internal exhibition of iodine, and of metallic emetics, and with considerable relief. About this time, he says:

"In consequence of a suggestion of Mr. Guthrie,* I determined to make use of emetics and purgatives only, without iodine, combining the aperient with the emetic, as prescribed by him. In the preceding case, my object in administering iodine, was to endeavour to promote absorption, through its agency, of that which I then believed to be superposed deposit of corneal matter. It was not long before an opportunity presented itself for putting this modified plan of treatment into operation.

"Anna Hollands, æt. 21, said to be subject to "epileptic fits," but which were, more probably, of an hysterical character, was admitted, under my care, 12th March, 1833, a patient of the Sussex and Brighton Infirmary for Diseases of the Eye, with conical cornea.

"On her admission the left eye only was affected. She was ordered to take

Zinci sulph. ℈ i.
Magnesiæ sulph. ʒ iv.
Primo mane quotidie.

She persevered with the emeto-purgative plan for upwards of twelve months, when she was discharged "*perfectly cured.*"

"About eighteen months after her discharge she was re-admitted, the disease having returned. The same treatment was steadily pursued for several months, *with like good results.*

"I copy a few observations made from time to time in my note-book.

"March 19th, 1833. Says she sees better. Upon looking at a candle, sees a circle nearly twelve inches in diameter.

"26th. Says the circle round the candle is not more than four inches in diameter. Sees every thing very much better.

"April 9th. Circle diminishing. Now about the size of a tea-cup.

"23rd. Size of a wine-glass.

"In this way the improvement progressed gradually towards '*perfect recovery.*'

"I frequently inquired of her, during the treatment, whether she found the emetics and purgatives debilitate her, or interfere with her general health; to which she invariably replied—'No, but that, on the contrary, *her health had improved.*'

"It appears that in 1836 this patient's right eye became affected with the same disease, but though she accompanied to the Eye Infirmary, in September, 1839, her friend Mary Boys, who lives in the same village, and whose case is detailed below, she was not desirous of submitting to that treatment which had cured the left eye, '*because she was able to see as well as ever with that eye.*'

"May 22nd, 1843. I saw Anna Hollands this day. The left eye continues perfectly free from disease. She can see with it to read the smallest print with ease, and without any assistance from glasses. The right eye is in much the same condition as it was in 1836—very conical."

The case of Mary Boys, referred to in the preceding extract, is equally satisfactory.

"Mary Boys, æt. 27, a dressmaker, admitted, under my care, a patient of the Sussex and Brighton infirmary for Diseases of the Eye, 10th Sept. 1839, the subject of conical cornea of the left eye to an extreme degree.

"Was ordered to take

Antimonii potassio-tartratis gr. i.
Magnesiæ sulph. ʒ iv.
Primo mane quotidie.

"Dec. 13. Decidedly better. Cornea flatter.

"Feb. 4th, 1840. Cornea flatter. Says she can see better.

"March 17th. Cornea very much flatter. Says she can see better. From this time she absented herself from the Institution, with the exception of occasional visits.

"Aug. 21st. Says she 'sees much the same.' The right eye has a slight conical appearance, which, she thinks, began about three months since. Left cornea flatter.

"Nov. 24th. Can see much better; and was discharged at her own request.

"May 10th, 1842. She was re-admitted with conical corneæ. The emeto-purgative plan was again had recourse to. She took the remedies more or less regularly, at first every day, and then once or twice a week only, from this date to

"May 2nd, 1843, when the corneæ being nearly flat, she was discharged, sufficiently recovered to resume her business, *improved in health*, having gained flesh during the treatment."

Dr. Pickford is now in the habit of using the zinci sulphas instead of the tartar emetic, having found it equally efficacious, and less distressing to the patient.

With respect to the pathology of conicity of the cornea, he observes that—

"In a deteriorated condition of the general health, the cornea frequently ulcerates. Of this we have daily examples in squalid, half-starved, atrophied and strumous children. As often do we see this state kept up or aggravated by leeches, blisters, low diet and darkened rooms, and as often rapidly get well under the opposite mode of treatment. Dr. Mackenzie says, that 'in emaciated infants particularly, he has repeatedly seen the cornea of one or both eyes become thin and prominent, and give way without much, and even without any apparent inflammation.' 'In 1832,' he 'saw several instances of the same destructive ulceration of the cornea, occurring after malignant cholera.'* He aptly compares the state of such eyes to that of those wretched dogs, which Magendie, in the wanton performance of some of his miscalled scientific experiments, doomed to be fed, or rather starved, on purified sugar and distilled water, until they died from inanition, their death being preceded by perforating ulcer of the cornea, and evacuation of the humours."†

* * * * *

"Diseased action having been once set up, whether in the absorbent or nutrient vessels matters not, either removal of, or additions to parts existing must ensue. Hence, if the absorbents be over active, thinning of the cornea would result, whilst nature, ever anxious to repair an evil, would be busied in depositing new matter, *externally*, to counteract the ill effects of the increased action of the absorbents going on *within*. This will explain the *growth* of the disease, and also the irregularities of the external surface of the corneal cone, described by Sir David Brewster; the central and internal depression, with circumferential thickening, found by Jaeger; the hollow cone with vertex of extreme tenuity, gradually increasing in substance towards the base; and will, at the same time, account for "the laminæ being less moveable upon each other," as described by Mr. Middlemore, and, also, for the cornea not "giving way," upon the principle of its elongated form being *the product of growth*, and not, as Mr. Travers states, "the consequence of its having lost its natural resistance to the pressure of the contents of the globe."

Dr. Pickford, therefore, after contending for the existence of blood-vessels, nerves, and absorbents in the cornea, expresses his conviction that conicity of that membrane depends upon faulty action of its absorbent vessels, induced by debility of its nerves, calling for an increased deposit from the nutrient capillaries, to repair the mischief arising from such faulty action, which again he is inclined to refer to gastric or intestinal disturbance or irritation. He observes further—

"That whatever would restore the healthy functions of the nerves, or increase the energy of the nervous system, so as to communicate to the capillaries of the part a tone or power to resume their healthy action, would give a check to the disease, and that a continuance of healthy action would allow time for the cornea to re-acquire its normal form and refractive powers."

The following paragraph contains a hint worthy attention:

"It is worthy of consideration how far small and constantly repeated doses of antimony, or of any other metal, such as mercury, zinc, or copper, may produce the same beneficial effect upon the disease, as emetics with purgatives. Formerly, fever was treated by the daily exhibition of emetics. We now obtain equally good results from small and oft-repeated doses of antimony."

He thus sums up his views on the pathology and treatment:

"In conclusion, I may repeat, that I believe conical cornea to depend upon some disturbance in the functions of the great sympathetic, spinal nerves, and par vagum; producing, through the medium of the lenticular ganglion and fifth pair of nerves, faulty action of the nutrient capillaries and absorbent vessels of the cornea itself: that emetics and purgatives, by the powerful influence they induce upon the gastric, associate, and consensual nerves, restore the healthy functions of the weakened nutrient and absorbent vessels, the re-

* London Medical and Surgical Journal, vol. i. p. 361; Lectures delivered at the Royal College of Surgeons in London, 1832.

* Op. cit. p. 577. See also, A Case of Ulcerated Cornea from Inanition, by Joseph Brown, M.D., in Edinburgh Journal of Medical Science, vol. iii., p. 218. Edinburgh, 1827.

† Memoire sur les Propriétés Nutritives des Substances qui ne contiennent pas l'Azote, p. 7. Paris, 1816.

sult of which is a slow but progressive retraction of the diseased corneal growth, and a consequent restoration of vision."

We have given a rather longer notice of this work, and rather more frequent and lengthy extracts than perhaps its size would warrant, but it is replete with valuable information on a most important subject, and as such, we commend it to the profession. If, indeed, Dr. Pickford's explanation of the pathology, and his treatment of this disease be correct and consequently successful, he will have achieved an immense improvement in ophthalmic medicine, and will deserve the thanks of the profession. The subject is open to further investigation, and we trust that some of our London surgeons, in charge of ophthalmic hospitals, will give it a fair and impartial trial, and report the results.

On Spasm, Languor, Palsy, and other Disorders, termed Nervous, of the Muscular System. By James Arthur Wilson, M.D., Fellow of the College of Physicians, and Physician to St. George's Hospital.

The object of this treatise cannot be gathered from the title of the work. It is not a treatise on the nature and treatment of the diseases usually termed nervous: but it is rather an attempt to show that such diseases are not nervous, but muscular, and that the views hitherto entertained regarding them are inconsistent with a sound physiology and a rational and philosophical practice. We cannot say our author has succeeded in his attempt. We think he has singularly failed, and has even adduced evidence adequate to refute his own theory. It is possible, as our author asserts, that the profession is too apt to look for the causes of deranged muscular action in the nerves or nervous centres, and to overlook the actual state of the purely muscular structure in which disease undoubtedly, in some instances, commences, and in some instances, too, is exclusively confined. We think, too, with our author that muscular action is capable of being influenced both through the nervous system and through the circulation. We not only admit *theoretically* with our author that the state of the blood and other conditions of the circulation may influence muscular contraction; but that, *practically*, muscular action may be powerfully modified and controlled through this medium; by augmenting or diminishing the supply of blood to the muscular fibre, and in various ways maintaining the healthy condition of this all-important fluid. While we think our author is abstractly right in the annunciation of these principles, we are also strongly of opinion that he has carried them farther than sober observation and sound induction will warrant. It is all very well for our author to say, Look at the immense masses of muscle existing in the body, every fibre of which is self-acting and susceptible of disease; and look, too, at the quantity of blood constantly bathing this mass of self-moving matter; and then declare if we have not, in the state of the muscular fibre itself, and in the condition of the circulation, causes sufficient to explain abnormal muscular action, without the agency of the nervous system? We emphatically answer "No;" and for this reason, that experience is against the supposition that for a case that has been shown to arise from a primary morbid state of the blood or muscle, a hundred instances have been proved to depend on a primary lesion of some part of the nervous system. It is not enough to say, in opposition to this view, that when spasm kills, dissection of the nervous system rarely reveals the cause, and that the disease must, *therefore*, have its seat in the muscular system or in the blood. Would not the same reasoning apply to concussion of the brain? But does death in concussion of the brain arise from a disease of the muscles, or is it dependent on some peculiar condition of the blood? That a morbid condition of the blood will induce abnormal muscular action, we are perfectly willing to admit; but that this condition of the blood effects this end by acting primarily and exclusively on the muscular fibre, is by no means probable, and is nowhere proved in the essays of Dr. Wilson. The improbability of the supposition is indeed very great, for any condition of the blood which can effect so directly, as the supposition implies, the muscular fibre, must also tell as directly upon the nerves, and might thus, through the nerves, induce contraction of the muscular fibre. We have daily experience of muscular action induced in this way. We can foretel the effects either of a stimulus or a sedative directly applied to a nerve upon muscular action; but we have no experience of the effects induced upon muscular contractility by changes in the nutritive action of muscles. It is not improbable that some effect would be produced; but what that effect is no one can tell, and till that is ascertained we have no right to make a pure supposition the foundation of any physiological reasoning or the basis of medical practice. Let us admit, for the sake of argument, that spasm, tetanus, chorea, palsy, and languor (to which our author confines his attention in the volume before us), when affecting the muscular system *generally*, may depend upon some unknown state of the blood. But how is *local* abnormal muscular action to be accounted for? When cramp is confined to the muscles of the little toe, or as in trismus to the muscles of the jaw, or in opisthotonos seizes upon the *posterior* muscles of the trunk, or when in hemiplegia the muscles of one side of the body lose their contractile power, will the state of the blood, acting similarly upon all the muscles, account for such local peculiarities of action? We think not. We think, moreover, that a vein of self-satisfaction pervades the volume, not calculated to win the favourable regard of the reader, but, fortunately, well adapted for counteracting the unfounded assumptions with which the treatise abounds. The author is evidently one—

"Nullius addictus jurare in verbis magistro."

He is bold in his opinions—frequently, as we have shown, novel—and has a peculiarity in his writing which, if it boast no *curiosa felicitas*, possesses at least terseness and occasional vigour.

TRANSACTIONS OF LEARNED SOCIETIES.

Royal Medical and Chirurgical Society.—Anniversary Meeting, March 1, Mr. Stanley, President, in the chair.

The ordinary business of this meeting consisted in the ballot for officers, a list of whom is subjoined; the reading the treasurer's accounts, and the delivery of the annual address by the President. A proposal was also brought forward on the part of the council, to amend or add to the fourth paragraph of the first chapter of the bye-laws, which regulates the constitution of the society, by granting to the council the power of nominating for election by the fellows, such persons practising one branch of the profession only, and *not legally qualified*, as may appear to be deserving of the honour, by their scientific acquirements. The bye-law it was thus proposed to alter is to the following effect:—The fellows of this Society shall consist of physicians, surgeons, and general practitioners, but the number of resident fellows, who are general practitioners shall not exceed one-third of the total number of resident fellows. Mr. Alcock objected to the proposal on the ground that as this is a medical society, the admission of such persons as did not possess the requisite qualifications, would appear to be tacitly admitting that they were qualified, and would be applying a principle contrary to the general feeling of the profession. Dr. Watson followed on the same side, and contended that the proposal was still more objectionable, as it seemed to be made to meet a certain case. If the recommendation of the council were adopted, some unqualified homeopathist or hydropathist might gain admission.

The general feeling of the meeting being evidently against the proposed modification of the bye laws, Mr. Stanley amended it, by leaving out the words *not legally qualified*, the proposal then being that the council should have the power of recommending for election by the society, gentlemen distinguished for their attainments in science. This alteration, however, it was contended Mr. Stanley had not the power to make; he might put the original motion, which he accordingly did, it having been previously moved and seconded by two of the members, who however reserved to themselves the right of voting against it. The motion, when put to the ballot, was lost, amidst much applause.

The President then delivered the annual retrospective address to the Fellows, in the course of which he alluded to the flourishing state of the Society's funds, the sum of 1,129*l.* having been received, and 1,053*l.* 1s. 7d. having been expended, including the purchase of 100*l.* Three per Cent. Consols, leaving a balance of 75*l.* 18s. 5d. in favour of the Society. The additions to the library by purchase, consist of one hundred foreign works, including Bourgery's great and splendid work on Human Anatomy (which had been procured at an expense of upwards of 50*l.*) The council, after much deliberation, decided upon the purchase of this work, which, from its costliness, is likely to be found in the libraries of but few private individuals, but which is so eminently useful as a book of reference on descriptive anatomy, containing as it does views of the regions of the body, that are not merely repetitions of those already before the public, but many of them wholly new, being the results of dissections that had not been before similarly displayed. Sixty English works have also been added by purchase, besides one hundred and twenty books received as donations. A correct catalogue of the library also, which had been compiled by their librarian, Mr. Phillips, had been printed by the council, and a copy of which would be presented to each resident Fellow gratis, although it had cost the Society rather more than 150*l.* The present number of resident Fellows was stated to be two hundred and seventy, and thirty-five had been added during the past year, a number that had not been exceeded on any previous occasion. During the past year four Fellows have resigned, namely, Dr. Mantell, Mr. Samuel Cooper, Dr. Roxburgh, and Dr. John Wilson. These are names which the Society parts with, with regret, distinguished as they are in science. Among those who have been lost to the Society by death, are Mr. Rumsey, Mr. Tyrrell, Dr. Macartney, Dr. Quarrier, Dr. Charles Thomas, Mr. Money, and Mr. Goodlad. Upon these gentlemen the President pronounced an eulogium, obtaining the groundwork of his remarks from the results of their professional labours. He alluded to a communication of Mr. Rumsey's on croup, published exactly fifty years since, in the transactions of the Society for the improvement of Medical and Chirurgical knowledge, in which he (Mr. Rumsey) drew the attention of the profession to the treatment of that disease by emetics, which he had found to be successful, when other remedies had failed. He also introduced the free exhibition of calomel in addition to emetics in that disease, as practised by Dr. Rush in America. This communication is generally acknowledged to have been a paper of great value, presenting as it did, at a period when the peculiar features of croup were not generally known, an exact and vivid description of seventeen cases of the disease. Of Mr. Tyrrell, he said there were points in his professional character, which called for notice. His life was one of incessant labour in the acquisition of scientific and practical knowledge, a labour in which he delighted, urged on as he was by the conviction that it was the only safe road to professional eminence. His principles were good, his conduct unsullied, and the result was such as might have been expected. He was rapidly acquiring the confidence of his professional brethren at the period of his premature death. Two communications of his have appeared in the transactions of the Society, one in the thirteenth volume, on injuries of the head, the other in the twenty-first volume, on the treatment of acute purulent ophthalmia; but his principal publication is his elaborate work on the diseases of the eye, faithfully recording the results of his experience in the treatment of these diseases, through the long course of observation he had enjoyed at the London Ophthalmic Hospital, to which he had been attached more than twenty years. The reputation of Mr. Money rests upon his work on morbid

anatomy, which although published under the unattractive title of "Vade Mecum," is a very valuable production, containing above two hundred and fifty drawings of pathological changes, with an account of the symptoms, by which they were accompanied. Of Mr. Goodlad, who had an extensive practice at Manchester, there is a work on the diseases of the absorbent vessels and glands; and he had published papers in the *Edinburgh Medical Journal*, on the origin of calculi, on purulent ophthalmia, the treatment of scrophula, and a case in which the external iliac artery was tied; besides one of a large tumour of the face and neck, in which a ligature was applied to the common carotid, the latter appearing in the seventh and eighth volumes of the transactions. These are materials enough to show that although Mr. Goodlad's sphere of observation was remote from the metropolis, his mind was equal to the execution of the highest efforts of surgery. He tied the external iliac and carotid arteries at a very early period, after the introduction of these operations by Mr. Abernethy and Sir Astley Cooper. The education of Dr. Macartney was not originally directed to the study of medicine or the natural sciences. The earliest notice we possess of him is from 1799 to 1802, when he was zealously occupied in human and comparative anatomy in the school at St. Bartholomew's, where he was probably the first demonstrator, under Mr. Abernethy. In 1813 he was elected the professor of anatomy and surgery in Trinity College, Dublin, which office he held for twenty-four years. He resigned it in 1837, and died suddenly at an advanced age of apoplexy, as was supposed, in the month of March of the preceding year. The name of Macartney will be transmitted to posterity as one of the eminent physiologists of his time, and it is of some interest to know that he acquired his high reputation, chiefly through the means of his zealous devotion to comparative anatomy. This was the labour of his life. When the demonstrator in the dissecting room at St. Bartholomew's Hospital, he was actively engaged in the dissection of animals, and he then commenced the formation of the museum for the illustration of the lectures on comparative anatomy, which he afterwards delivered, for many years in the school of the hospital, and although he had few pupils, for the subject was entirely new, and its importance not recognised, his lectures were highly interesting. His literary productions consist of elaborate contributions to Rees' Encyclopædia, based entirely on his own dissections and labours, and abounding in original matter. Such especially were the articles on the anatomy of birds and mammalia, the former containing with other novelties the first account of the peculiar mechanism in the leg of the stork, and of other wading birds, which sleep standing upon one foot, whereby the leg can be preserved in a state of extension without muscular effort; also the first description of the plexuses of blood-vessels in the legs of birds, analogous to those which Sir Anthony Carlisle had discovered in the limbs of the tardigrade animals. In 1810 an important paper was published by him in the Transactions of the Royal Society, on luminous animals, as connected with the phosphorescence of the sea, in which he gave the first complete account of the animals possessing the property of emitting light, and endeavoured to ascertain from what parts of their bodies the light issues, and what are the circumstances influencing its emission. The next work in the order of its importance which Macartney published, was the treatise on inflammation, the scope and objects of which were sufficiently well-known. It deserves to be noticed that in this work is to be found the first scientific view of the use of water as a dressing for wounds, ulcers, and inflamed parts, the universal adoption of which is the best proof of its excellence, and consequently of the advantage it has conferred on surgery. During the last year of his life he published a paper on the minute structure of the brain in the chimpanzee and human idiot, as compared with the perfect brain in man; the object of the paper being to show that in every part of the brain, the white fibres are arranged in plexuses, inclosed in the grey substance in the same manner; and that the coloured substances are arranged in the ganglia of the nervous system. This view of the anatomy of the brain is confirmed by the best microscopic observers. This communication appeared in the Transactions of the Royal Irish Academy. Mr. Stanley concluded his address by pronouncing a glowing eulogium on the character of Dr. Macartney, professional and private, and drew especial attention to his earnest endeavours to remove the popular prejudices against anatomy.

On the conclusion of the retrospective address, the scrutators, Dr. John Thomson, and Mr. Fergusson announced that the following gentlemen were elected as officers and council for the ensuing years—

President—Edward Stanley, Esq., F.R.S. *Vice-Presidents*—Marshall Hall, M.D., F.R.S., Theodore Gordon, M.D., Richard D. Grainger, Esq., Robert Keate, Esq. *Treasurers*—Samuel Merriman, M.D., F.L.S., Cæsar H. Hawkins, Esq. *Secretaries* — George Cursham, M.D., Alexander Shaw, Esq. *Librarians*—R. B. Todd, M.D., F.R.S., Benjamin Phillips, Esq., F.R.S. *Other Members of the Council*—Neil Arnott, M.D., F.R.S., T. A. Barker, M.D., Sir James Clark, Bart., M.D., F.R.S., Jonathan Pereira, M.D., F.R.S., John Webster, M.D., John W. Fisher, Esq., E. A. Lloyd, Esq., Alexander Nasmyth, Esq., J. G. Perry, Esq., Martin Ware, Esq.

After the balloting was concluded, Mr. Davis strongly protested against the election of gentlemen to seats in the council, &c., who never attended the meetings of the society, while those who were constantly there, and did all in their power to advance its influence, were passed over unnoticed. There were several among the newly-elected council to whom these remarks would apply.

Medical Society of London, March 4. Mr. Pilcher in the Chair.—*Hooping-Cough; Disease of the female Breast.—Ovarian Dropsy.*

Mr. Pilcher remarked, with respect to the real nature of hooping-cough, that he agreed with those gentlemen who, at the last meeting, had expressed the opinion, that it was really and essentially a spasmodic disease, an affection of the nervous system, rather than inflammatory; but he differed in opinion with Dr. Willshire thus far, that he believed the excited condition or derangement was located in the periphery of the nerves, and not at their origin in the medulla oblongata, and that its seat was most probably at the bifurcation of the bronchi. The cerebral congestion, bronchitis, and pneumonia, which are met with in cases of hooping-cough, are complications coincident with, or consequences of the spasmodic disease. The fact that the patients labouring under pertussis, are apparently perfectly well during the intervals of the paroxysms of coughing, and the relief experienced from the exhibition of antispasmodics, were advanced by Mr. Pilcher as proofs of the non-inflammatory origin of the disease.

The remarks of the President not having elicited any rejoinder from the members present, Mr. Pilcher drew their attention to two fine pathological specimens that were on the table; one of ovarian tumour, removed by Dr. F. Bird, the other of a diseased breast, amputated by Mr. Lane. Of the latter, which was of enormous size, and, at a guess, was said to weigh fifteen pounds, he gave the following account. The patient was an exceedingly pretty young woman, about twenty-four years of age, small and thin, with light hair and eyes, and had always enjoyed good health, until about thirteen months since when, unfortunately for her as it seems, she was married. Three months afterwards, she became pregnant, and miscarried at the third month, and when convalescent, the left breast became the seat of pain, and gradually enlarged. During the last three months it increased rapidly in size. She knew of no cause to which to attribute the diseased growth, except the miscarriage. She had not received any blow nor injury to the part. The skin of the breast was pallid, and diseased on the under surface of the tumour from pressure. There were large veins ramifying on its surface, so large, indeed, that they might be called sinuses rather than veins. From this cause considerable hæmorrhage was expected during the operation, but very little blood was lost, on account of the admirable measures adopted for its prevention, and the number of useful fingers around to compress the bleeding vessels. The patient passed a good night, enjoyed her dinner more to-day than she had done for some time previously, and is now very comfortable. The tumour, which had been laid open by an incision, contained two or three cysts filled with a dark sanious fluid, and seemed to be compounded of fibrous matter, *matière colloide*, cartilage, and other tissues. It appeared to spring from the anterior part of the breast, the great bulk of that gland being in a healthy state. The right breast is perfectly sound, and the axillary gland in a healthy state. The especial points of interest in the case Mr. Pilcher considered to be—the age of the patient, supposing the growth to be of a malignant nature, of which he feared there was very little doubt—the rapidity of its growth—and the presumed cause. It would prove a very interesting fact, if the action in the breast during pregnancy were sufficient to light up so formidable a disease.

Mr. Hutchinson had seen the patient a fortnight before the operation, and confessed he had never seen a disease like it. He at first thought it was a case of hydatids, and afterwards of scrous cysts. Finding evident fluctuation, he had made an exploratory incision, by which were evacuated some serum and blood. The chief complaint made by the patient was of pain, and of the inconvenience she experienced from the weight of the tumour.

Mr. Hale Thomson inquired if the poor woman suffered from dysmenorrhœa?

Mr. Pilcher said he believed not. She informed him she had always been regular until her pregnancy; was not so again until two months after her miscarriage, but had been so ever since.

Mr. Hale Thomson remarked that from the appearance of the tumour, he should conclude that it was the albuminous sarcoma of Kiernan, of which it presented all the characters. He had a case in the Westminster Hospital, in which the tumour, which was seated in a man's thigh, was much larger, and grew very rapidly. It became as large as a man's head in the course of three weeks or a month. He was very much afraid from what he knew of albuminous sarcoma, that although the operation might relieve the patient, the disease would return in some other part of the glandular system. He did not know of any case which had been permanently cured, nor was he acquainted with any means by which the rapid growth of these tumours could be arrested. The pain was excruciating, and it is, perhaps, fortunate for the sufferer, that when the tumour begins to increase very rapidly in size, it soon terminates fatally. In these cases in females, the uterus generally sympathises very markedly, and the complaint is accompanied by dysmenorrhœa, previously to its becoming very active. In the few cases he had seen, the disease, if removed, always returned, and proved fatal. A few days before death he had seen the tumour become the seat of intense venous congestion, so well marked, that it appeared of a blue colour.

Dr. F. Bird then, at the request of the president, drew the attention of the members to the preparation of diseased ovary, which he had removed about four or five weeks previously. The lady was about thirty-five years of age; the catamenia had appeared at thirteen; she was married at three-and-twenty, and miscarried soon afterwards. Dysmenorrhœa followed, and continued to the present time. She has never had a child. About six years ago, after muscular exertion, she had a sharp pain in the right side, where a tumour was soon felt. The ordinary treatment was adopted, with relief to the pain, and some diminution in the size of the swelling, which, however, did not entirely disappear. About twelve months since, the whole abdomen began to enlarge generally, and she believed herself to be pregnant. The general health becoming impaired, Mr. Hale Thomson and Mr. North were consulted, and ovarian disease, not pregnancy, recognised. When Dr. F. Bird saw the patient in consultation with Mr. H. Thomson, the abdomen was distended, with turgid veins running across it, and distinct fluctuation, equally above and below, could be detected, so that there was no question among the medical men who saw the case, that it was a collection of fluid, and not a solid growth. The patient having determined to submit to the opera-

tion, it was performed in the latter end of January last. The patient having been placed in the usual way, there was perceived an unusual projection in the left iliac fossa, throwing the mesial line to that side. An incision was made, and the peritoneum opened, and the tumour was found to be completely adherent. On attempting to divide some of these with the scalpel, the cyst was opened, and a fungoid mass protruded. The incision was then enlarged to four or five inches, and Dr. Locock was requested to examine the adhesions, which he found to be very general, but not very strong. The hand was then introduced to separate the adhesions on either side, after which the incision was again enlarged, and the cyst opened to diminish its size by extracting some of its contents. With difficulty about eight or ten pounds' weight were removed; but it not being possible yet to withdraw the tumour, the incision was again enlarged, until it was about eight or nine inches long, when the ovary was readily brought forward and removed, there were not any adhesions posteriorly. Three ligatures were applied around the pedicle, and it was then divided. During the operation the edges of the wound were kept carefully closed, so that notwithstanding the great extent of the adhesions, there was not any protrusion of the intestines. The wound was afterwards dressed, and the patient put to bed. Re-action set in in a few hours, the pulse rising to 110, but it gradually subsided: the patient passed rapidly to convalescence, and is now quite well. The ligatures came away on the twenty-sixth day. The points of interest in this case are as follow—the uselessness of the previous history—on careful inquiry there could not be found any evidences of previous peritoneal inflammation, nor had she suffered any local pain, except the muscular pain about six years ago; still peritonitis must have existed to produce such extensive adhesions. He mentioned the fact that there had not been any pain in this case, as he had a lady now under his care, in whom he felt assured that adhesions were forming; in fact, he could hear the crepitus, and she was not suffering from any pain. The question arises, are we justified in operating, when adhesions exist? With respect to the means of determining their presence—in the first two cases in which he had operated, when the abdominal muscles had been incised, and the peritoneum laid open, the tumour rose and fell in the opening, during the act of breathing, so that the number of the respirations could be readily counted by its motion. When there are adhesions, this motion is not perceptible, and he had had constructed a little instrument, by which he thought he could detect this motion without the exploratory incision. It consisted of two needles, the blunt ends of which are inserted in a plate of ivory. The sharp extremities of the needles are passed through the abdominal parietes into the tumour, the patient being seated in an arm-chair, with the hands fixed, so that the intercostal muscles are prevented acting as much as possible, and the whole effort of respiration thrown on the diaphragm. If the tumour be not adherent, the ivory sail will be moved to and fro by the action of the diaphragm, while it will be quite stationary if there are adhesions. Dr. F. Bird has tried this instrument in two or three cases with advantage, and Mr. Woolley has informed him that he has noticed a similar result with the needle employed in acupuncturation. The introduction of the needle causes very little pain. Dr. F. Bird further considered that this case showed the advantage of the small or rather the medium incision over the large one. Had the latter been used, he is convinced that the operation could not have been completed, and the patient must have died, as the tension of the abdominal muscles would have been lost, and the adhesions could not have been separable, but by the knife. He remarked further that the statistics of this operation were as yet perfectly useless, as many cases that had occurred had not been published. He (Dr. F. Bird) had a rather peculiar mode of applying the ligature, for, as he thought it an object to get it away soon, being convinced the patient was not safe until it had been removed, he had, in one case, cut partly through the Fallopian tube, previously to its application, so that the ulcerative process was materially diminished.

Dr. R. Bennett inquired as to the truth of a saying which was very current about town, and which, if true, would show that the operation must have been a frightful one. It was reported that Dr. Locock said, on leaving the room, *that if the patient recovered, he would invite the gentlemen present to dine inside his peritoneum*—(A laugh). Dr. Bennett concluded by making some remarks on the dangers of the operation.

Dr. F. Bird observed that in this case there was not any danger of peritoneal inflammation, inasmuch as that serous membrane was lined with organised lymph, and he did not think that the adventitious growth was amenable to the general laws of serous membranes.

Mr. Hale Thomson stated that Dr. Locock, Mr. North, himself, and others had carefully examined the tumour, and were fully assured that it contained fluid, and they were greatly astonished when they ascertained that its contents were a gelatinous mass. He then alluded to the formidable nature of the tumour, which weighed thirty-two pounds, the extensive adhesions, requiring to be broken down with the hand above, and with a spoon below, all which left great doubt as to the patient's recovery. He himself did not expect she would live forty-eight hours, and another surgeon did not expect she would leave the table with life, or at all events not survive until he had returned home. He thought the case redounded greatly to Dr. Bird's credit, and the curative means he had adopted before the operation were such as should be generally employed. He had obtained a large bed-room, which was kept at a steady and elevated temperature, so that when the abdomen was opened, the cold air could not enter, and to that he attributed the fact that there was not any shock, although, from the difficulties that presented themselves, the patient was kept a long time on the operating-table. After the operation, she was not moved from her position, her legs being merely raised, that she might be lifted into bed; she was kept perfectly tranquil, the same elevated temperature of the room steadily maintained, so that her body was constantly bedewed with copious perspiration, and nothing was given her but ice, of which she had always a piece in her mouth. These measures are rarely adopted when serous cavities are opened; but, if they were, Mr. Hale Thomson is convinced that the danger would be diminished nine-tenths. He had often performed the operation of paracentesis thoracis in the hospital wards, when maintaining a certain temperature, and preventing the accession of cold air, are not thought of; but, on the contrary, the patients are exposed to vicissitudes of temperature, and to that in a great measure he was inclined to attribute the attendant mortality. Mr. Thomson then mentioned several cases of "dry tapping;" and said that if such a case were to occur to him, he should be inclined to make an exploratory incision, and then if he found a disease similar to that in the case alluded to by Dr. Bird, he would remove it. He considered Dr. Bird's case the most instructive, in a surgical point of view, that he had ever seen.

Dr. Waller had often expressed his opinion that the great success attending these operations was due to the attention paid to temperature. This was first advocated by Lizars, who was led to recommend it on account of the great success attending the Cæsarian section in hot countries; and he (Dr. Waller) believed it was now attended to by every one who operated for the extirpation of ovarian disease. He had in his lectures always recommended the adoption of the same plan, in cases of operation for strangulated hernia, to be continued until the patients were out of danger.

Dr. F. Bird remarked with regard to the temperature, that he was not aware of its recommendation by Mr. Lizars, nor of the success of the Cæsarian section in hot countries. He had learned it from Dr. Clay (vide *Medical Times*) to whom he thought we owe more with respect to this operation than to any one else.

Some discussion afterwards ensued as to the relative value of the long and medium incisions, upon which so much argument has been already wasted, that, in the default of statistical information, the only real guide for decision in such a case, we deem it unnecessary to go over the ground, that has been already trodden more than once.

Anniversary Meeting, March 8th.—Mr. Pilcher in the chair. The seventy-first Anniversary Meeting was held at the London Coffee House, when an oration was delivered by Thos. Bell, and the following list of officers announced for the ensuing year:—President, Dr. Theophilus Thompson; Vice-Presidents, Dr. Chowne, Mr. Hancock, Dr. Marshall Hall, and Mr. Pilcher. Treasurer, Mr. Clifton: librarian, Mr. Dendy; secretaries, Mr. W. A. Harrison, and Mr. J. F. Clarke; secretary for foreign correspondence, Dr. Davidson. Council, Dr. Clutterbuck, Dr. R. Bennet, Dr. Stewart, Dr. Thompson, Dr. Waller, Dr. Willshire, Dr. F. Bird, Mr. Hutchinson, Mr. Robarts, Mr. Kingdon, Mr. Diamond, Mr. Headland, Mr. Hutchinson, Mr. Middleton, Mr. Taunton, Mr. Crisp, Mr. Doubleday, Mr. Eales, and Mr. Carrington. Dr. Marshall Hall was appointed to deliver the oration in March, 1845, and the Fothergillian medal was presented to Mr. Robarts for his "Essay on Scarlet Fever," and the silver medals to Mr. Clifton, and to Mr. T. B. Maurice, of Reading.

March 11.—Dr. Theophilus Thompson in the chair—*Contagion.*

The Secretary read a letter on the contagion of typhus fever from Mr. W. Thomas, surgeon, of Pembroke Dock, which he was led to forward from the report of Mr. Pilcher's speech on that subject, published in the *Medical Times*. Mr. Thomas stated that he had not seen a single instance in which he could discover decided evidence of the contagious nature of typhus fever—all the cases he had seen were solitary, that is, one person in a family suffering, the others escaping. The district in which the cases that fell under his notice occurred, was swampy and undrained, and never free from typhus, and he attributed its production entirely to the influence of marsh miasma.

Dr. Clutterbuck regretted that this question had been so hastily disposed of on a previous occasion, as he considered it to be a question of exceeding importance in a practical point of view, with respect to the means of prevention. The letter which had been read, he thought, would not go far to settle the question in favour of the doctrine of non-contagion; he believed that the general feeling of the profession is that it is actively contagious. Whatever the cause may be, by which the disease is propagated, it is invisible, and not cognizable by any of our senses. Mr. Thomas stated that he had not seen the disease affect more than one person in a family—that it occurred, sporadically in different houses—in this respect it certainly differed from his experience. He had seen it affect several members of the household, and he looked upon that as evidence of its contagious qualities. It may be propagated also in another way;—the person affected with fever, may, for various reasons, be removed to a distance, say of several miles, and then the disease will break out in the district to which he is removed. The records of the London Fever hospital also support the doctrine of contagion, as nearly all the nurses and the medical officers are attacked by it. Mr. Thomas had referred its origin to marsh miasma, but he (Dr. Clutterbuck) could not understand how marsh miasma, which caused intermittent fever, could produce a complaint so dissimilar to it as typhus. He believed the majority of the evidence was in favour of contagion, but the question is still subjudice. The contagious principle is not to be compared in activity with that of variola, and other diseases which are generally admitted to be contagious; predisposition is required, and on that account he did not think negative evidence could be set against the great mass of facts that had been accumulated in favour of the doctrine of contagion.

Mr. Clarke mentioned that he had understood that typhus fever was very prevalent in Wyndham Road, Camberwell; about twenty cases had occurred within a quarter of a mile, and of these eighteen had terminated fatally. The fever district was bounded by a large uncovered sewer. In the Camberwell New Road there had not occurred a single case.

Dr. Willshire remarked that the publication

the discussion on contagion in this society had elicited a letter in favour thereof, which was published in the last number of the *Medical Times*, and which was well worthy the perusal of the members of the society. It was a very valuable paper, and contained facts of great importance as a basis for argument.

Dr. Risdon Bennett considered that the letter which had been read was a most unsatisfactory one, as regarded the proofs of the non-contagious nature of typhus; but still it should be received with courtesy, and the transmission of such communications encouraged, as practitioners in the country had the means of acquiring information on some points, in which their metropolitan brethren were deficient. He joined with Dr. Clutterbuck in depreciating coming to too hasty a conclusion on the subject, which was one of great importance, and highly interesting. He avowed himself a moderate contagionist.

Mr. Robarts alluded to Dr. Uwin's elaborate paper on the contagion of typhus fever, published in the *Quarterly Review*, in which he asserted that typhus fever was both contagious and non-contagious. This certainly appeared to be paradoxical; but he meant to imply that the disease was so slightly contagious, that it would not spread by contagion, unless under very favourable circumstances—such as, for instance, great predisposition, want of proper ventilation, &c. Under ordinary circumstances, with a well-ventilated room, cleanliness, good nursing, &c., it does not spread. We do not find it to be the case in persons in high life, labouring under typhus fever; but only in the hovels of the poor, where there is not any cleanliness, all sorts of filth abound, and the inhabitants are greatly crowded together. A circumstance had occurred, however, some time since, which had greatly impressed his mind with the contagious nature of typhus. A patient of his removed from Russell-square to Gray's-inn-lane. The family consisted of father, mother, and two children, and they were all seized with typhus, one after the other. The nurse was also taken ill, and went home, a distance of a quarter of a mile. Her daughter, a girl twelve years of age, was also attacked, and both died. As the latter had not been near the house in Gray's-inn-lane, unless we admit the propagation by contagion, we are forced to the conclusion that the disease broke out nearly simultaneously in both houses. The daughter was taken ill about a week after her mother's return home.

Dr. Chowne thought Mr. Robarts' case, which was a very good one, would have proved more satisfactory, if the distance between the two houses had been greater, as there would have been then less chance of exposure to the causes of infection. He concluded his observations by quoting several cases from the *Cholera Gazette* to show the infectious nature of that disease. He thought the observation of Dr. Uwin, with respect to the disease being both contagious and non-contagious was very correct, as it is sometimes so mild that it is barely possible it should be contagious, but not at all probable. The more severe forms of typhus only are contagious.

After some further remarks on the subject by several of the members, the meeting adjourned.

Westminster Medical Society, March 2.—Mr. Fisher in the Chair.—*Ruptured Heart.*

Mr. Vickers narrated the case of an aged lady, by whom he was consulted, in October last, for a tumour in the left side of the neck, which presented some of the physical characters of aneurism, more especially the *bruit-de soufflet*, and pulsation synchronous with the heart. It was about the size of a small egg, and was seated between the sterno-cleido-mastoideus and the thyroid gland. Mr. Vickers, however, looked upon it as a case of extravasation from a small vessel. On the 26th of last month, she complained of being unwell with a sensation of fluttering at the pit of the stomach, and during the evening and night was troubled with nausea, &c. She died suddenly in the morning, and as it was supposed that death was caused by the rupture of the aneurism in the neck, permission was obtained to examine the body, though with some difficulty. The tumour was found to be a cyst, containing about two ounces of a brown albuminous fluid, seated immediately in front of the carotid artery, with the internal jugular vein to its outer side. It was easily separated from its attachment to the sheath of the vessels. There not being as yet any cause discovered for the suddenness of death, the chest was opened, and then the pericardium was seen to be greatly distended. It contained between two and three pounds of blood and serum, and on examining the heart, which appeared to be in its natural position, two large rents in the substance of the left ventricle were discovered. The muscular structure of the heart was soft and easily lacerable, but not attenuated, and the valves appeared healthy. The lady had generally enjoyed good health previously, and was not troubled with any symptoms indicative of functional derangement of that organ. Mr. Vickers thought the disease of that organ which he had described was not a common one, but cases had certainly been mentioned by Bayle and Corvisart, and had also been published by other writers. The rent is generally confined to the left ventricle, as in this case.

Mr. Hird remarked that on looking at the preparation, he was not much surprised at the history of the case. There was a great deal of alteration of structure in the left ventricle. The parietes were attenuated, and there was disease of the sigmoid valves of the aorta, so that the opening remained patulous, and regurgitation of the blood took place; thus giving more work to the ventricle, which, being already attenuated, readily gave way. There was also a morbid alteration in the coats of the aorta—a patch of ossification—so that although there was not an aneurism of that vessel, yet were its coats in that state which precedes the formation of aneurism.

Dr. Guy observed that to him the valves seemed in a condition to perform their office correctly, and he was inclined to attribute the rupture of the heart to the state of softening which existed, and under which circumstances, its own action would be sufficient to produce that effect. He afterwards narrated a peculiar case, which had recently occurred in his practice, and to which he had never seen anything at all similar. The case was one of paralysis of the facial nerve, occurring in a young man, about twenty-two years of age, for the relief of which mercury had been administered, with the view of affecting the mouth; and the peculiarity of the case was, that the gums were influenced by that mineral only on the paralysed side, as evidenced by the peculiar red line, which terminated very suddenly at the facial half of the mouth, and which is still present to a certain extent. He inquired if such an occurrence agreed with the general experience of the Society.

Mr. Rutherford Alcock considered that the case was one of considerable interest, and that it involved a pathological fact of great importance. He had not met with such an occurrence, but he considered that it was analogous to the condition of paralysed limbs, which are less able to resist the action of heat and cold, than are those limbs which are in a healthy condition, and he would thus explain the fact of the influence of mercury being exerted on the one side of the face.

Mr. Hird thought that this explanation would be more satisfactory, if the paralysis affected the sentient as well as the motor nerve; as that was not the case, he believed that the vitality of the part would be as perfect as if the motor nerve were unaffected. He did not know the way in which the mercury had been administered, but he had read the other day, in a journal, some cases of what was called abdominal typhus, in which very large doses of mercury, scruple doses of calomel, were so given, as not to come in contact with the mouth, so as to retard the mercurial action on that part as much as possible. He thought it possible that in this case, some portion of the mercury might have been retained in juxtaposition with the paralysed part, and thus have caused the production of the peculiar local action.

Mr. Alcock believed that when a nerve of motion was paralysed, its vitality was diminished, and consequently its power of resistance to any stimulus that may be applied to it.

Mr. Snow remarked, that the gums were not muscles, and further were not supplied by the portio dura. The muscles of the cheek were not influenced by mercury, and he thought that the case tended to show that paralysis of the portio dura, when it took place, involved also a branch of the fifth pair.

Mr. C. Chowne inquired as to the indications of mercurial action; was then the sponginess of the gums, mercurial fœtor, salivation, &c.? He had seen a patient several years since, who, when labouring under paralysis had mercurial fœtor, although he had not taken mercury for a length of time. He died eventually of abscess of the brain.

Dr. Guy stated in reply that the signs of mercurial action were a distinct red mark or line along the gums, a feeling of soreness, and some looseness of the teeth, but there was not any salivation. These symptoms diminished on the withdrawal of the mineral. In illustration of the different effects produced by mercury with some constitutions under different circumstances, he mentioned the case of a young lady, labouring under aphonia, to whom he gave mercury, under the impression that there was thickening of the lining membrane of the larynx. The constitutional effects of the mercury were not then produced, but some time afterwards, when attending for anæmia, he prescribed the sulphate of iron with the extract of gentian, and one grain of blue pill to be taken three times a day. This caused profuse salivation in four days.

Dr. Webster remarked, that not merely the state of the constitution, but also that of the weather, materially modifies the action of mercury on the system. If it be given during the prevalence of south-westerly winds, when the atmosphere is relaxed and moist, it soon exerts its peculiar influence; but if, on the contrary, the weather be bracing, its action is retarded. He had seen this particularly in children, in whom the sudden occurrence of mercurial action may place the medical attendant in a very unpleasant position. He thought this might be one reason why less mercury was required for the treatment of syphilis in warm climates.

Mr. Alcock thought that the effects mentioned by Dr. Webster and by Dr. Guy, went to support his argument, that the specific influence of the mercury in this instance being exerted only on the paralysed side, was owing to the diminished vitality of the part; as both the examples mentioned by them showed that mercury acted sooner on the system when it is in a depressed or relaxed condition. He then drew attention to the loose and injudicious manner in which mercury is prescribed in this country; and expressed his gratification that Sir B. C. Brodie had recently dedicated an entire lecture to the consideration of the subject (vide *Medical Times*). In the course of his observations he recapitulated the principal opinions of Sir. B. C. Brodie, and enforced them with his own experience.

Mr. Snow remarked upon the composition of the pill prescribed by Dr. Guy for the anemic young lady, namely, sulphate of iron and blue pill. The ferruginous salt was especially liable to decomposition, and he had found the exhibition of mercury in combination with sulphuric acid, rapidly induce ptyalism.

After some further remarks from Dr. Webster, Dr. Chowne, Mr. Streeter, and Mr. Hind, the meeting adjourned.

March 9.—Dr. Reid in the Chair.—*Influenza; bronchitis senilis; button-scurvy; poisoning by laudanum.*

Mr. Hardwick mentioned some cases of a disease which had been very prevalent lately, namely, a combination of influenza with inflammatory disease, the pneumonia of old people. He had been attending an old woman with a bad leg, when she caught cold, and had violent shiverings, followed by fulness at the chest, but no cough, no expectoration. By listening at the chest he detected a crepitation in a small part of the lungs, the crepitus extending daily. There was very little pain in drawing a deep breath. About the fourth or fifth day, his patient was troubled with a slight cough. The treatment consisted in the exhibition of tartarised antimony, given so as to keep up nausea, and of the hydrargyrum cum cretâ; the latter, however,

not being pushed far enough to affect the gums. The shortness of breathing, and fulness about the chest disappeared at the end of five or six days, and the crepitation gradually subsided. Other cases were complicated with bronchitis. In the case of an old man, eighty-six years of age, who was under his care last winter with general bronchitis, and who became typhoid, and sunk in three weeks, there was found pneumonia and consolidation of the lung on the right side.

Mr. Hardwick inquired of the Society what was the best treatment for such cases, and acknowledged that he was rather puzzled by them. He did not feel himself justified in blood-letting, nor in employing active antiphlogistic treatment. He then alluded to the opinion of a French writer, that in old persons a change of a few degrees in the temperature would induce inflammatory action in the lungs, and mentioned that Mr. Farr, of the Registrar General's office, had discovered a law, that in cold nights a change of a few degrees materially increased the mortality in chest diseases.

Dr. Guy considered that the reports of the Registrar General, although not rigidly accurate, yet as they gave an important approximation to correctness, were, in this case exceedingly valuable. The fact that there is a great mortality of old people, in cold weather, and that chiefly from bronchitis senilis, leads to the practical conclusion, that it is necessary to take great care of our old people in winter, that they should avoid exposure to cold. He mentioned, in illustration, the case of an old man, formerly a veterinary surgeon of celebrity, who was labouring under bronchitis. Strict injunctions were given to keep up a fire in his bed-room, during the night, but on one occasion, when the cook was sitting up, she unfortunately fell asleep, let the fire out, and in the morning the old gentleman was found dead in his bed. The feeling in the family was that he would have lived much longer, had the requisite temperature of the room been maintained; more especially, as he had had attacks of bronchitis three successive winters. With respect to the means of cure:—in young persons active treatment may be adopted, which aged men cannot as well endure. On the contrary, they require the exhibition of stimulants. In both instances of inflammation, the condition of the capillaries is the same, but the cause that produced it is different. In the young man there is a strong action of the heart, and the capillaries are, as it were, forced open; but in the old man the heart's action is weak, and the capillaries fall open; thus constituting a practical and obvious distinction. Dr. Guy concluded his remarks by observing on the non-necessity for bleeding in old persons, and on the injurious practice of free venesection, which, he said, is not so well borne in London as in the country.

Mr. Acton then exhibited a drawing of the disease recently described by Dr. Pattison, in the *Medical Press*, under the name of button-scurvy, and which is supposed to be peculiar to Ireland, more especially to the western districts. This, however, is a mistake, as he had seen two cases of it in this country. Those gentlemen by whom it had been described, did not know to what class of skin diseases it should be referred. It commenced by a blister or vesicle, which was succeeded by a scab, and that followed by a strawberry or raspberry-like vegetation. It is a very uncommon disease, and Mr. Acton regarded it as a sort of cross between ecthyma and rupia. In a case which he had seen, occurring in a poor girl, who had had syphilis several times, he had taken it to be rupia, which it closely resembled, with the exception, that it did not present the prominent crusts. The treatment consisted in cleanliness, good diet, and the repeated local application of the nitrate of silver or other caustic.

A member mentioned a case which he had seen in the person of an half-pay officer, in poor circumstances, and which in its physical characters resembled the disease figured in Mr. Acton's drawing. It was cured in ten days by the application of the nitrate of silver. The vegetation was seated on the chin only.

Mr. Acton detailed the particulars of the case of a boy, fourteen years of age, who had this disease, and who was cured by Plummer's pill, and an ointment made with the sulphate of copper.

Mr. Horne stated, that Dr. Graves, of Dublin, had given the best description of this disease he had ever seen, and had mentioned cases that had terminated fatally. They were published in his clinical lectures, he believed. His remedy was, as far as he could recollect, a preparation of corrosive sublimate. He (Mr. Horne) agreed in opinion with Mr. Acton, that the disease was a bastard complaint, between ecthyma and rupia. It was very uncommon in London; he had seen about a dozen cases, and he believed that it was connected with syphilis, either in the patient or in the parent, by which the constitution was so debilitated, as to prevent true rupia from appearing fully.

Mr. Hardwick had seen a case like this disease, about a month ago in a young man, twenty-four years of age, who supposed he caught it from the sheep he tended. There was not any syphilitic taint in his constitution; on the contrary, he was a fine healthy young man. He had not had any opportunity of employing any treatment, as the patient's stay in town was too short, but while in London he slept with his brother, who caught it from him, and had it appear in two or three places. He was cured to all appearance by the nitrate of silver.

Mr. Horne remarked that the best case of rupia he had ever seen was connected with syphilis.

Mr. Acton had at first regarded it as originating in syphilis; but on consulting the best authorities in Ireland, as Colles, Carmichael, Wallace, &c., he had ascertained that they looked upon its occurrence in a syphilitic constitution as a mere coincidence, and also that it had frequently shown itself when no such taint could be suspected. He did not know any character that it possessed in common with syphilis. He then alluded to the different modes in which the poison of syphilis may be introduced into the system, independent of impure connexion.

Dr. Reid observed that direct contact with the venereal virus would no doubt produce the disease, even through the finger, and of this midwives had considerable experience. He knew several midwives who had lost the first joint of the forefinger in consequence, and others had died from it. At this moment he was aware of a very respectable middle-aged woman, whose conduct was above suspicion, and who was labouring under the disease, which she had caught in this manner.

Mr. Clarke mentioned the case of a fine boy, about ten years and eight months old, to whom had been given by mistake thirty drops of laudanum and an equal quantity of the compound tincture of benzoin. The mineral emetics failing to clear the stomach, he had adapted a large-sized catheter to the stomach pump, which he then employed successfully, and the child is now well. He did not know of any case where the instrument had been used for so young a child.

Mr. Brooke related the particulars of a very severe attack of bronchitis occurring in a person forty-five years of age, to which, after trying the ordinary remedies, without being able to arrest the inordinate secretion, which threatened suffocation, he called Dr. H. Roe in consultation. Two grains of the sulphate of zinc, with half a grain of opium, were prescribed, to be taken every four hours, and marked relief soon attended their exhibition. No other treatment was adopted at the same time, with the exception that the patient had a slightly stimulant mixture. The object was to arrest the excessive secretion; the inflammatory stage had passed by.

Mr. C. Chowne thought that the opium would have been equally efficacious in checking the secretion, without the sulphate of zinc, in which he had no faith, and he instanced his own case in proof thereof.

Dr. Guy made some remarks on the action of the sulphate of zinc in this case, which he conceived had produced its beneficial effect by its influence on the capillaries as a mineral tonic. He afterwards referred to the reports of Mr. Farre, and stated that the last was a very interesting one, and contained much important matter in it. In it he has shown very clearly that if certain data are granted with reference to certain districts, then certain results may be calculated. For instance, if the density of the population and the mortality be given in one district, and the density in another district be ascertained, then from these data the mortality of the latter district may be calculated. Or, on the other hand, the density of population and mortality of one district having been ascertained, and the mortality of another, from these facts the density of population in the second district may be deduced. From these facts may be gathered the necessity of giving each man as much space to live in as can possibly be afforded—a point certainly of great importance, especially to medical men, whose duty is but half performed, if they neglect the means of preventing disease. By affording more space and purer air, Dr. Guy is convinced many lives may be saved yearly from consumption.

Medico-Botanical Society, Feb. 22.—Dr. Houlton in the Chair.—A communication by Mr. Barham on the *viscum album* was read. Before describing the plant, the author alluded to the general interest it had attracted through a long series of years, the great veneration in which it was held by the Druids in their superstitious ceremonies, and the medicinal virtues and poisonous properties attributed to it by the old writers. The missletoe is the only one of the three indigenous flowering parasitic plants employed in medicine. No art has yet made it take root in the earth, but if the berries are rubbed on the smooth bark of the apple tree, they will adhere closely, and produce plants the following winter. M. Richard has shown that the missletoe in common with some other parasitic plants, shoots out its radicle in whatever position chance places it, but always directing itself perpendicularly to the axis of the branch. The radicle presents another unvarying tendency, that of avoiding the light. The missletoe is rather a local plant, occurring where it does grow in great quantities, as in the orchards of the cider counties. It is rare in Wales, rarer in the North of England, and it is said to have been found in only one place in Scotland. The trees upon which it is most frequent are the apple, hawthorn, crab, lime, ash, and black poplar.

The viscus quercus, the omnia sanans of the Druids, is spoken of in this country as having nearly ceased to exist. Two habitats only are recorded, numbering but few plants. Mr. Lees, a very zealous botanist, after searching nearly all Wales and the West of England, found but one habitat. The tree upon which it grew was about eighty years old. The other habitat is mentioned in Loudon's Magazine. The plant was training over a grand Druidical eromlech in the park of the Earl of Anglesea, Island of Anglesea. In some parts of the continent, it is as rare upon the oak, as with us, so much so that at one time M. Decandolle had not seen it. Mr. Paget, in his travels in Hungary and Transylvania, mentions seeing it so abundant on the oaks in the Bakouyer Forest, as to bend them towards the earth.

Of the *superstitions* and *mystic rites* connected with the mistletoe, much has been written. Virgil has been thought to intend an allusion to it by the golden branch which Æneas was to pluck, to be his passport to the infernal regions. In the Druidical times it was considered a remedy against barrenness, and it was customary for the bride to wear a branch suspended from her neck to ensure a numerous and spotless offspring. Archdeacon Nares, a writer upon, and admirer of, the mystic rites of mistletoe, deprecates any unreasonable resistance on the part of ladies taken to or caught under the sacred plant, as a non-performance of the ceremonial is supposed to bring in its train all the evils of oldmaidenism. The sacredness of the mistletoe is said to have been a part of the ancient religious creed of the Persians, and not yet quite forgotten in India.

Of its *medicinal properties*. Pliny informs us the Druids used a few herbs in medicine, and in particular the mistletoe. The older writers regarded it as ministering chiefly to fertility and parturition. It was also worn as an amulet against poisons. Dodoneus, Gerard, Perault and others, speak of it as hot and dry, strong both in taste and smell, and full of poison. Shakespeare calls it the "baleful mistletoe." Ray mentions it as a specific in epi-

lepsy. A successful cure is recorded by Boyle, in his work on Natural and Experimental Philosophy. It was greatly extolled in epilepsy, by Sir John Colbatch, who published a work which calls the mistletoe a "wonderful specific remedy for the cure of convulsive distempers." In the posthumous works of the late Dr. Baillie, it is stated that he found it to be one of the most efficacious remedies he has used in removing or retarding the attacks of epilepsy. It ceased to be in the list of materia medica in the Pharmacopia of 1745, but was a few years since in the Materia Medica of the French Codex.

Mr. Barham states that the fresh and dried leaves have a slight acrid taste, the infusion is of a pale greenish yellow colour, possessing the slight acrimony of the plant; it becomes black on adding sulphate of iron.

As a *rustic medicine*, it is taken in Essex as a remedy for jaundice. The demand for it in Covent Garden, as a popular epileptic remedy, is extremely small.

The professor of chemistry, afterwards delivered a lecture on Reinsch's new test for arsenic, and on its modification, by Mr. Ellis, of University College. After which Dr. Houlton made some botanical and medical observations on the following plants, very fine specimens of which were on the table:—

Roots of acorus, calamus, iris pseudo-acorus, potentilla, tormentilla, polygonum bistorta, lythrum salicaria, symphytum officinale, aspidium, filix mas, glycyrrhiza glabra, valeriana officinalis, leontodon taraxacum plants of digitalis purpurea, colchicum autumnale, viscum album.

Detection of the Fœtal Pulsation by the Stethoscope.—Dr. Anderson of Glasgow, in a paper published in the London and Edinburgh Medical Journal, states that before labour has begun, the presentation being natural, the maximum pulsation is often in the mesial line, or shifts from side to side; but when the head is fairly engaged in the pelvis, its position may always be known by observing where the heart's sounds are best heard. If the position be the first, the occiput being turned to the left acetabulum, the back of the child lies against the left anterior wall of the uterus, and the maximum sound is there; while the child's breast is separated from the right side of the uterus by the liquor amnii. If the position be the second of Nægele (the occiput towards the right sacro-iliac symphysis,) the maximum is to the right, and far back towards the mother's loins; but as labour advances in the second position, and the occiput turns in the direction of the right acetabulum, the sounds advance towards the linea alba, where they are most loudly audible in both cases, as soon as the occiput preparatory to the exit, lies under the pubis. In several cases he has traced the rotation of the head in the second position, and found the stethoscopic indication to correspond with that obtained by the finger per vaginam. In 164 cases, there were four only in which the sounds were all along best heard in the mesial line; in 100 they were audible on the left, in 60 on the right side,—a proportion (5 to 3,) which agrees with the observations of authors on the comparative frequency of the two positions of the occiput. In three cases of face presentation, where the chin was turned to the left acetabulum, and which in fact are cases of Nægale's second position, in which rotation has not taken place, and in which the head has been thrown back on the shoulders, the sounds were heard to the left side, higher up than usual, and very loud. The reason is obvious: had it been an occipital presentation, the maximum would have been to the right side, the child's back being forced into contact with the uterus there; but as the head is thrown back in a face presentation, the consequence is that the back of the child is separated by the liquor amnii from the uterus, and its breast forced against the left wall; therefore the sounds are heard over that region, and they are much clearer there than in any other case, because the stethoscope is placed immediately over the region of the heart. Thus also in another case, where the face presented, while the brow was felt towards the left acetabulum; the heart's action was heard to the right side. It may, however, be remarked in passing, that the beat of an infant's heart is audible over most of its body; if the stethoscope be placed on the thigh of a new-born child, it is distinctly heard. He observes that the presence of twins, he is convinced may be almost always detected by the stethoscope, and mentions three or four cases in illustration of this assertion. The fourth case was rather a curious one; there was only one maximum sound, *but one of the fœtuses had been dead some time.* In the first case, the two hearts beat with equal rapidity,—from 140 to 160; in the second, the pulsations to the right were 140 to 148; those on the left, 164 to 172 in a minute; and when a day old, the infants presented a like difference in the rapidity of the heart's action, the pulse being in the child which had presented the breech 108; in the other, 136. Dr. Anderson contradicts the assertion that the placental murmur ceases to be audible when the child dies. He has heard it sound very loudly, and yet the child has been born putrid a few hours after. In one case, however, there was no murmur detected, and the placenta proved to be gorged with bloody coagula, the fœtus being dead; in another, where the placental *souffle* was very weak, the placenta was remarkably ensanguine. In one case, the child being alive, there was observed a well-marked *fremissément*, on applying the hand to the abdomen over the region where the placental murmur was most loudly heard. He concludes his paper by stating that if the stethoscope be kept in contact with the infant's chest, from the moment of its exit from the vagina, the phenomena of the first respirations can be easily traced; and it is most interesting to observe, that the first sound heard in the yet solid lung, is precisely the same as that heard in the posterior parts of the chest in typhoid congestion of the highest degree,—a disease in which the pulmonary substance becomes fleshy and solid, not full as in hepatization, but as it has been not inappropriately called *splenified;* in short, has, as it were, returned to the state of the fœtal lung, which would afford a much more exact simile than the spleen does. The sound is "raucous," a hoarse murmur quite different from that of healthy breathing, but which becomes gradually more and more like it, though mixed with crepitation depending on the presence of fluid in the yet imperfectly expanded tubes, and gradually giving place to the clear puerile respiration.

GOSSIP OF THE WEEK.

The following gentlemen passed their examination at Apothecaries' Hall on the 9th instant: — Messrs. John Wortham Pearce, Frederick Hetley, James Burdett Moxon, and David M'Cosh.

At a general meeting of the Governors of the Royal General Dispensary, held on the 13th inst., Dr. James B. Thompson, of Suffolk Place, Pall Mall East, was unanimously elected to the important office of Physician to this old established and invaluable Charity.

The Council of the Pharmaceutical Society has elected Mr. C. J. Payne, Chemist, of St. Martin's Court, St. Martin's Lane, as President in the room of the late Wm. Allen, F.R.S.; Mr. Savory, of the firm of Savory and Moore, New Bond-street, succeeds Mr. Payne.

An inquest was held on Monday last, at St. Pancras Workhouse, *before Mr. Wakley* on the body of Mary Anne Wilby. The verdict was—"That Mary Anne Wilby came by her death from the mortal effects of puerperal convulsions, with which she was attacked during the period of parturition, *produced by a* natural cause. The jury beg to express the strong sense that they entertain as to the bad arrangements of the workhouse of the parish of St. Pancras, and at the same time hope that the directors and guardians of the parish will in future direct some more judicious plan to be acted upon by the nurses of the different wards, than is at present in force, respecting patients and other persons who are under their care, requiring medical care under sudden emergencies, as it appears no printed or written regulations exist in the wards for the guidance of *persons* (surgeons?) having authority therein." This is a very singular verdict, and a very round-about mode of explaining the cause of death, and was so unsatisfactory to the guardians, that they held a special investigation. The conclusion was a unanimous resolution—that "the board, having investigated the death of Mary Anne Wilby, regrets to find that Mr. Cooper did not give attention to her case as early as he ought to have done. They trust that in future he will pay more diligent attention to the duties of his office, and be more prompt in his attendance in cases of emergency." At a meeting of the vestry, Mr. Willis, when this resolution of the guardians was read, asked if Mr. Cooper had not been found neglecting his duties two or three times before? and an answer in the affirmative was returned! Thus, Mr. Cooper, having this charge over his head, does Mr. Wakley's dirty work on Wednesday night; and on Monday night Mr. Wakley does the dirty work of Mr. Cooper, by throwing the neglect, which probably caused the poor woman's death, on the guardians!

Sir Valentine Blake, on Tuesday evening, put three questions to Sir James Graham: the first, as to whether the new Bill would prevent physicians practising in England, who were not Members of the College of Physicians; secondly, whether, in that case, Scotch and Irish Graduates would be admitted at a nominal fee; and, thirdly, whether the exclusion of practitioners of Pharmacy and Midwifery from the Council was to be persisted in? The reply of the Home Secretary was very indefinite. His plan, he said, was rather to enfranchise than restrict the rights of practising; and he had as yet no resolve to change the exclusion of accoucheurs. His Bill, he promised, should be brought in before or immediately after Easter.

A tailor, near Retford, extracted a tooth by flinging out of the window his heavy goose, which was attached to the luckless masticator by a pack-thread. It would have been an awkward experiment if the fangs had been curved, and the jaw had gone with the tooth.

The supposed trance at Deptford is now cleared up as a real death. A *post mortem* examination took place on Friday, the 8th inst., and it became evident that the death had arisen from congestive apoplexy. Out of nearly a hundred medical visitors, only one is affirmed to have previously expressed this as the cause.

Sir Henry Halford died on Saturday evening last, at his residence in Curzon-street, after a protracted illness. As next week we shall give a pencilling of the deceased baronet, we defer till then any further obituary notice.

The following couplet appears in the *Morning Herald*:—

> "The mileage how could they increase, when they know
> The lengths to which some of the Coroners go."

In illustration of this it should be known as one fact, that a member of parliament, in the recent debate on this subject, said he knew one of the Coroners of Middlesex, who, having to hold two inquests about twenty miles from London, held one, returned to London by the railroad, and came back the same day to hold the other. He thus got double mileage. Was this gentleman the respectable Mr. Baker, or—Mr. Wakley?

A SELECT PRACTICAL FORMULARY,

TRANSLATED FROM THE FRENCH OF M. FOY, PRINCIPAL PHARMACIEN OF THE HOSPITAL SAINT LOUIS, AT PARIS.

(Continued from Page 400.)

HONEY, solution: one to four ounces in a quart of water. See SIMPLE HYDROMEL; used as an emollient and laxative. *** Dr. Forster says he has used honey successfully in all its preparations in cases of tabes mesenterica.

℞ HONEY, MERCURIAL (Swediaur): twenty-four grains of the red oxide of mercury, twenty-four grains of white sugar, rubbed together in a porcelain mortar, and three ounces of white honey gradually added.

HONEY, MERCURIAL (Swediaur): one part of calomel, eight parts of white honey, mixed together. Mode of exhibition, as a topical application in venereal ulcerations of the throat and parts of generation.

HONEY OF ROSES WITH TURPENTINE (Récamier and Martinet): two parts of essence of turpentine, thirty-two parts of honey of roses, mixed together. Mode of exhibition, three spoonsful daily, in lumbago and neuralgia. *** Eight parts of syrup of diacodium are sometimes added.

HYPERICUM PERFORATUM: the flowering tops of this plant, which is but rarely used at present, possess vulnerary properties.

INDIAN CHESNUT-TREE: powder, two to eight drachms; decoction, half an ounce to two ounces to a quart of water. Tonic and febrifuge, rarely employed at present.

LOTION, MERCURIAL (Adams): ten grains of the deuto-chloruret of mercury, dissolved in ten ounces of distilled water, and half an ounce of tincture of cantharides added. Used in the treatment of the itch.

LOTION, STIMULANT (Savard): a drachm of caustic potash, dissolved in a pint of pure water, and afterwards poured gradually upon twenty-four grains of camphor, and a drachm of sugar, previously triturated together in a glass mortar. Used in atonic and fungous ulcers.

LOTION, SULPHO-SAPONACEOUS: one part of scraped white soap, dissolved in eight parts of water, and one part of sublimed sulphur added. *** Employed in the treatment of the itch; to be well shaken whenever it is taken.

LOTION, VINOUS (Parisian hospitals): see simple vinous fomentation.

LILY, BULBS: reduced to a pulp, the bulbs of the lily are employed for emollient poultices.

LUPIN, SEEDS: when reduced to a powder, the lupin seeds are employed in the preparation of discutient poultices.

LUPULINE: the active principle of hops. See hops, powder, tincture, syrup, ointment of lupuline.

LYCOPODIUM: the polla of the lycopodium clavatum is used to dust excoriations in very fat persons, or in very young children. It is used in pharmacy, to roll pills in.

MACAROONS, PURGATIVE: forty-eight grains of resin of scammony, two drachms of sugar, rubbed up together, and incorporated with a sufficient quantity of paste, to make two dozen of ordinary-sized macaroons. Mode of exhibition, two or three daily, according to the strength and age of the patient. Each macaroon contains two grains of scammony.

MADAR ROOT: this substance has been recommended in lepra, syphilitic ulcers, elephantiasis, &c., and as a succedaneum for ipecacuanha.

MAGNESIA, CALCINED: mode of exhibition, two to four drachms in a little water, as a purgative, and as an antidote for acid poisons. Used in acidity of the primæ viæ, dyspepsia, &c., in the dose of from six to thirty grains, in any appropriate menstruum, or in the form of lozenges. In pharmacy it is commonly used to solidify the balsam of copaiba, turpentine, and croton oil, in very variable proportions. Calcined magnesia has been given with success in diabetes, in the dose of from one to two drachms for several days together.

MAGNESIA, BLACK: vide Charcoal.

MAGISTERY OF BISMUTH: see the subnitrate of bismuth.

MALLOW, ROOTS, LEAVES, and FLOWERS: the mallow is one of the most frequently employed emollients, both internally and externally, in the treatment of acute inflammations. Internally, cold infusion, two to four drachms of the root, to a quart of water. Infusion, half a drachm to two drachms of the flowers to a quart of boiling water. Powder of the root, one to two drachms in bolus or pill, or as an inert powder—in paste, made with the root or gum arabic, any quantity desired. Syrup of the root, one to three ounces to sweeten the patient's drink. Externally, decoction, root and leaves, one to two ounces to two or three pints of water, for fomentations, lotions, lavements, &c.

MANDRAGORA: a poisonous plant, whose roots are sometimes employed in sedative poultices. Its leaves are used in the preparation of the sedative balsam.

MANNA: a gentle laxative, suitable for children and weak persons, and which may be employed in inflammatory diseases. Mode of exhibition, half an ounce to three ounces in a glassful of water or of milk.

MANNITE: a substance which may be substituted for manna, of which it possesses all the laxative properties, and which may be given to children in the dose of from two to three drachms, and to adults in the dose of one to two ounces.

MARMALADE OF TRONCHIN: eight parts of manna in tears beaten in a marble mortar with eight parts of syrup of violets added gradually. When there are no more lumps, it is to be carefully incorporated with eight parts of roasted cassia, eight parts of oil of sweet almonds, and one of orange flower water. Mode of exhibition, by spoonsful every hour, as a laxative.

MARMALADE OF TANNETTI: this preparation, which contains kermes, cacao butter, &c., differs very little from the preceding.

MASTIC FOR THE TEETH (O. Henry): saturate sulphuric ether, with mastic in tears; pour off the fluid after several days maceration, then soak in it a bit of cotton as large as the cavity in the carious tooth, and fill it up with it completely.

MASTICATORY, INDIAN: one part of the leaves of the betel pepper, beaten up and gradually incorporated with two parts of areca-nut in powder, and one part of quick lime prepared from oyster shells.

MASTICATORY, IRRITANT (Form. Béral): six parts of powdered mastic, dissolved in three parts of liquid amber, and two parts of powdered pyrethrum root, and one part of powdered annual pimento gradually incorporated with it.

MECONINE: a medicine obtained from opium, and at present considered as possessing very little activity.

MEDICINE, BLACK OR COMMON: see purgative julep.

MELILOTIS: mode of exhibition, in lotions, injections, collyria, &c., in the dose of half a drachm to a drachm to four ounces of boiling water. Used as an emollient.

MELISSA: infusion, one to two drachms to a quart of boiling water, distilled water one to three ounces, as the vehicle of a draught or mixture. Alcoholate (Eau des Carmes) internally, one to two drachms in a little sugared water. Externally, in lotions, fomentations, &c., as much as may be required. A slightly energetic stimulant.

MENYANTHES: infusion, two to four drachms to a quart of boiling water; expressed juice, one to three ounces. Used as a tonic, in the treatment of cutaneous and scorbutic affections.

MERCURY: internally, in ileus, one to two ounces several times in the day. Decoction, as an anthelmintic, one part to thirty-two parts of water. Half an ounce to two ounces of this decoction may be given daily. *** In spite of the wonderful cures said to have been obtained by antiphlogistics and purgatives in the treatment of venereal affections; in spite of the observations which tend to prove that the rapidity and certainty of the cure are in direct relation with the quietude, cleanliness, and diet, which the patients observe, mercury, and its pharmaceutical preparations, are still the remedies most frequently employed in the treatment of syphilis. Mercurials are, however, counter-indicated in primary symptoms; they are suited only in the secondary or sub-mucous symptoms, which cause induration of the tissues, and they ought not to be administered in the tertiary or sub-mucous symptoms, except when the secondary are also present. In England, mercurial medication has perfectly succeeded in some cases of continued fever, cholera morbus, yellow fever, plague, acute and chronic hydrocephalus, &c. Finally, non-inflammatory chronic engorgements of the viscera, white swellings, puerperal peritonitis, croup, ulcerations of the cartilages of joints, and a great number of herpetic, scrophulous, and verminous affections yield equally to mercurials. Mercury has also been employed as an abortive and antiplastic measure in certain inflammations, such as of the skin, of the membranous and cellular tissues in particular, to stimulate the absorbent system, and as a means to prevent the deep pitting in small-pox. See the PLASTER OF VIGO WITH MERCURY. The mercurial preparations, which are considered as excellent antiplastic measures, are the strong mercurial ointment applied in frictions, calomel prepared by steam combined with magnesia, or opium, in the dose of one-fifth, two-fifths, three-fifths, or four-fifths of a grain: the blue pill of the English Pharmacopœia, in the dose of one to three grains every hour, &c. The use of mercurials requires rest, attention to diet, heat, &c.; exposure to cold, moisture, and irregularity in regimen soon induce salivation.

MERCURY, ALBUMINOUS (Journ. L'Esculape): four drachms of corrosive sublimate, and the whites of six newly laid eggs, mixed carefully together, divided on a plate, dried over a stove, and preserved. Anti-syphilitic, see PILLS.

MERCURY WITH CHALK (English Pharmacopœia): three parts of mercury, five parts of prepared chalk, triturated together until the mercury is completely extinguished. Mode of exhibition, ten to twenty grains in bolus or pill, as an alterative, and anti-syphilitic.

MERCURIUS DULCIS: see the proto-chloruret of mercury.

MERCURY, GUMMY OF PLENCK: one part of mercury obtained from cinnabar, three parts of powdered gum arabic, four parts of syrup of diacodium, rubbed together in a porcelain mortar until the mercury is extinguished. Mode of exhibition, one drachm in an appropriate menstruum, or in the form of bolus or pill, in the treatment of syphilitic affections.

MERCURY, SACCHARINE: one part of mercury, two parts of very dry sugar, rubbed together until the mercury has disappeared. This preparation is easily given to children in chocolate. It is a purgative and vermifuge in the dose of half a drachm to a drachm.

MERCURY, HAHNEMANN'S SOLUBLE: very pure and crystallised proto-nitrate of mercury, precipitated from its aqueous solution by ammonia, washed and dried. Anti-syphilitic, given in the dose of from one to six grains in bolus or pill, combined with gum and opium. This medicine should be taken a long time (two to three hours) before taking food. Patients, to whom it is administered, or who are using the ptisans of Feltz, Pollini, Arnold, &c., should avoid acid, fat, and salted foods.

MERCURY, SOLUBLE OF MASCAGNI, OF MORETTI: one part of calomel, boiled for several instants in one hundred and sixty parts of lime water. The precipitate is to be washed and dried.

MERCURIALIS: internally, as a lavement, two to four drachms in decoction with a pint of water. Mercurial honey (Mellite mercurial) one to four ounces in a sufficient quantity of water. Linseed decoction, &c., Compound mellite, Syrup of Long life, Syrup of Calabre, Compound Mercurial Honey, given in the same dose as the simple mellite.

MEZEREON: powder, two to twenty grains in bolus or pill; a diaphoretic stimulant, used internally in the treatment of dartrous eruptions, scrophula, constitutional syphilis, &c.; externally, it is employed as rubefacient and vesicant, macerated in vinegar, or mixed with lard.

MEUM: root, a tonic and stimulant, rarely used.

MILK, ALUMINOUS (Pearson): two drachms of powdered alum dissolved in twelve ounces of boiling milk. Mode of exhibition, by cupsful in chronic diarrhœa.

MILK OF ALMONDS: see Emulsion.

MILK, AMMONIACAL: twelve grains of gum ammonia, one ounce of oxymel of squills, rubbed together in a porcelain mortar, and four ounces of infusion of hyssop gradually added, and afterwards strained. Mode of exhibition, a spoonful every two hours in obstinate pulmonary catarrhs.

MILK AMMONIATED: a mixture of milk and ammoniac, in the proportion of twenty to thirty parts of milk to one part of liquid ammonia, employed as an emmenagogue in vaginal injections.

MILK, PURGATIVE (Planche, pharm.): eight grains of resin of scammony, two drachms of white sugar, rubbed together, and three ounces of pure milk gradually added. Mode of exhibition, to be given in a single dose for an adult.

MILK OF COWS, ASSES, &c.: emollient and slightly nourishing fluids, useful in affections of the chest. They are given pure, or diluted with one half or three fourths of barley water. Diluted with one half the quantity of lime water, milk is useful in the treatment of chronic diarrhœa. Milk has been recommended lately in ascites, and atonic dilatations of the stomach, &c.

MILK, VIRGINAL: one to two drachms of tincture of benzoin, eight to twelve ounces of rose or melilotus water, mixed and shaken together. Used as a cosmetic.

MILLEFOLIUM: a stimulant and tonic plant, rarely used.

MINIUM: see Deutoxide of Lead.

MIXTURE, ALOETIC (German hospitals): one part of extract of aloes, one part of extract of myrrh, four parts of soluble cream of tartar, dissolved in fifty-eight parts of distilled peppermint water. Mode of exhibition, a spoonful evening and morning to bring on the hæmorrhoidal flux.

MIXTURE, PECTORAL (Magendie): an ounce and a half of white sugar, dissolved in a pint of distilled water, and half a drachm of medicinal hydrocyanate of potash added, or half a drachm of medicinal hydrocyanic acid. Mode of exhibition, a teaspoonful evening and morning—the bottle to be shaken each time it is used.

MIXTURE, EMETIC (MACENDIE): four grains of coloured emetine, dissolved in two ounces of infusion of orange flowers, and sweetened with half an ounce of the syrup of orange flowers. Mode of exhibition, a spoonful every half hour.

MIXTURE, ANALEPTIC (Lewis): four parts of the yelk of egg, eight parts of sugar rubbed together in a marble mortar, and one to two parts of cinnamon water, with fifty-eight parts of cream gradually added. Mode of exhibition, by spoonsful in the day.

MIXTURE, ANTHELMINTIC: one part of Corsican moss infused in sixteen parts of boiling water, strained, and eight parts of syrup of lemons, with two parts of orange-flower water added. Mode of exhibition, two to three ounces given in the evening at one dose.

MIXTURE, ANTI-CATARRHAL (Prussian formula): five parts of English paregoric elixir, one part of tincture of squills, mixed together. Mode of exhibition, a coffeespoonful evening and morning.

MIXTURE, ANTI-HYSTERICAL: one part of assafœtida, triturated with twelve parts of peppermint water, strained, and two parts of ammoniated tincture of valerian, three parts of tincture of castor, and one part of sulphuric ether added. Mode of exhibition, a spoonful every hour.

MIXTURE, ANTIMONIO-MERCURIAL (Blanc): two grains of the deuto-chloruret of mercury, dissolved in four ounces of alcohol, and twenty-five drops of ammoniacal wine added. Mode of exhibition, half an ounce twice a day, in the treatment of syphilis and chronic rheumatism.

MIXTURE, ANTI-SPASMODIC (Sydenham): half a drachm of tincture of valerian, a drachm of tincture of castor, fifteen drops of sulphuric ether, and two ounces and a half of distilled water. Mode of exhibition, by coffeespoonsful during the day.

MIXTURE, ASTRINGENT (Italian hospitals); equal parts of turpentine, copaiba, and oil of amber mixed and shaken together each time it is used. Mode of exhibition, thirty to sixty drops eight times a day, in a little syrup, in spermatorrhea and blenorrhagia.

MIXTURE, ASTRINGENT (Waddel, at Athens, Georgia): a mixture of equal parts of copaiba and compound tincture of lavender. Mode of exhibition, fifteen to twenty drops three or four times a day in two ounces of infusion of raisins. Used in atonic diarrhœa, leucorrhea, &c.

MIXTURE, BALSAMIC (Fuller): two parts of resin of copaiba triturated with one part of yelk of egg, and two parts of syrup of tolu, with four parts of cinnamon water or generous white wine added. Mode of exhibition, a teaspoonful evening and morning, in chronic catarrh of the lungs, uterus, urethra and bladder.

MIXTURE, BRAZILIAN: twenty-four parts of resin of copaiba, eight parts of yelk of egg, rubbed together, and eight parts of syrup of gum, sixty-four parts of water, with two parts of tincture or alcoholate of saffron gradually added. Mode of exhibition, from four to six spoonsful daily in blenorrhea.

MIXTURE OF BRUCINE (DIEFFENBACH): two grains of brucine, two drachms of white sugar, mixed together, and two ounces of distilled water gradually added. Mode of exhibition, by half spoonsful evening and morning, in paralysis.

MIXTURE, SEDATIVE; one ounce of lettuce water, six to twenty drops of Sydenham's laudanum, half an ounce of syrup. Half a drachm of Hoffman's anodyne liquor may be added. Mode of exhibition, a coffeespoonful every half hour.

MIXTURE, SEDATIVE AND ASTRINGENT (Monin): four grains of acetate of lead, one ounce of distilled water, two to four grains of extract of opium. Mode of exhibition, a spoonful every two hours, in dysentery.

MIXTURE AGAINST HOOPING COUGH (Kahleiss): one ounce of camomile water, four drachms of syrup, two drops of Vauquelin's prussic acid.

MIXTURE AGAINST IMPETIGO SPARSA (BIETT): twelve ounces of syrup of wild hearts-ease, two drachms of subcarbonate of soda. Mode of exhibition, a teaspoonful every morning in a little water.

MIXTURE AGAINST THE CHRONIC LICHEN OF THE HANDS (BIETT): fourteen ounces of syrup of wild hearts-ease, two ounces of syrup of mezereon, two drachms of the sulphuretted sulphite of soda. Mode of exhibition, three teaspoonsful every day in a little water or bitter infusion.

(To be continued.)

ADVERTISEMENTS.

ROYAL COLLEGE OF SURGEONS OF ENGLAND. In consequence of a death in Professor Cooper's Family, PROFESSOR OWEN will commence the Course of Lectures in the Theatre of this College for the present year, as advertised on Tuesday, the 19th of March instant, and will deliver Twenty-four Lectures on the Organization of the Vertebrate Animals.

The Second Part of the Course will be commenced, by Professor BRANSBY COOPER, on Tuesday, the 11th May next, who will deliver six Lectures on the Anatomy, Physiology, and Pathology of the Abdomen.

These Lectures will be delivered on each Tuesday, Thursday, and Saturday, at Four o'clock.

Cards of Admission will be issued to Members of the College upon personal or written application to the Secretary, at the College, between the hours of twelve and four.

(By order) EDMUND BELFOUR, Secretary.

March 13th, 1844.

CALEDONIAN AND CITY OF LONDON INFIRMARY, 114, Aldersgate-street, for the definitive Cure of Rupture, &c., so as to enable the patient to leave off all truss wearing ever after, and by timely application in the first stage of the complaint great inconvenience may be avoided, and no truss whatever is required —the only thing of the kind in the United Kingdom.

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TO BE SOLD in the above line a neatly fitted up Shop, Parlour, Three Rooms, and Kitchen, with Stock, Fixtures, and Household Furniture, Rent £26 a-year, the whole for £170, with immediate possession. Apply, personally, any day after Three o'clock, to A. L. M., Chemist, 7, Thornton-street, Horselydown.

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R. BIDDLE respectfully calls the attention of the Medical Profession and the Public at large to this establishment, where every description of Truss and Surgical Bandage may be obtained on the most moderate terms. Light and elegant trusses adapted to every reduceable case without inconvenient pressure, and in severe and difficult cases a trial allowed. Export and country orders executed with accuracy and dispatch, and the directions of the faculty carefully attended to.

J. JONES'S PATENT FOLDING LEVER-HANDLE, FOR FISHING REELS.—J. JONES, Fly Dresser, Fishing Rod and Tackle Maker, having removed from 117, Jermyn-street, St. James's, to 111, corner of Wells-street and Jermyn-street, returns his grateful thanks to the Noblemen, Gentlemen, and his Patrons, who have so liberally supported him, and trusts, by the arrangements he will be able to make in his present premises, together with a larger assortment of Flies, Rods, Tackle, &c. &c., to merit a continuance of their patronage.

The great facilities now afforded by the post, enable J. J. to forward Flies, dressed to pattern, on the shortest notice, to any part of the United Kingdom.

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J. FELTON'S BROUGHAMS finished in the best style for 85 Guineas; Cab-Phaetons and all other Carriages, warranted fit for the Medical Profession, at 25 per cent. less than any other house. An excellent Landau and Brougham, nearly new, at Half-price. Now on view at his Establishment, City Road, near the Hospital.

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J. MILLIKIN, No. 301, STRAND, London, Surgical Instrument Maker to the Royal Navy and King's College, respectfully invites the Medical Profession to an inspection of his extensive assortment of Surgical Instruments, both of English and French manufacture, and comprising the most recent improvements. Cutlery of every description. Also Agent for G. Saunders's Patent Metallic Tablet Razor Strop, with four sides—which combines the properties of both hone and strop, requires no oil or other fluid, and is particularly recommended to Gentlemen who experience the inconvenience of a tender face, and strong beard.

DODSON's PATENT MILK BISCUITS and BISCUIT POWDER for invalids' and infants' food, by the same preparation as his unfermented white and brown bread, &c., without yeast or leaven. They have been found to strengthen the most delicate where all other means had failed. Upwards of 150 distinguished physicians and surgeons, including 12 who attend the Queen and Royal Family, have honoured the patentee with their testimony to the value of the above process.—H. Dodson, patentee, wholesale and export biscuit baker, purveyor by special appointment to Her Majesty the Queen Dowager, and H. R. H. the Duchess of Kent, 98, Blackman-street, Southwark. The milk biscuits are sold in canisters, 2s. each; the biscuit powder in canisters, 1s. 2d. each.

2, Berkeley Street, Piccadilly, April 11th, 1842.

Sir David Davies has to thank Mr. Dodson for the different specimens of his unfermented bread, which he (Sir David) approves of very much, and has already recommended it to several persons of his acquaintance, and will do so more generally to his patients. Sir D. Davies wishes Mr. Dodson to send two cottages, one white and one brown, every other day.

METCALFE'S NEW PATENT TOOTH BRUSH and SMYRNA SPONGES.—The Tooth-Brush has the important advantage of searching thoroughly into the divisions of the teeth, and cleaning them in the most effectual and extraordinary manner, and is famous for the hairs not coming loose—1s. An improved Clothes Brush, that cleans in a third part of the usual time, and incapable of injuring the finest nap. Penetrating Hair-brushes, with the durable unbleached Russian bristles, which do not soften like common hair. Flesh Brushes, of improved graduated and powerful friction. Velvet Brushes, which act in the most surprising and successful manner. The Genuine Smyrna Sponge, with its preserved valuable properties of absorption, vitality, and durability, by means of direct importations, dispensing with all intermediate parties' profits and destructive bleaching, and securing the luxury of a genuine Smyrna Sponge. Only at METCALFE'S sole Establishment, 130 B., Oxford-street, one door from Holles-street.

Caution—Beware of the words "From Metcalfe's," adopted by some houses.

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For Terms, and other particulars, application may be made to Dr. S. at his residence and Lecture Rooms, 2, Southampton Street, Bloomsbury Square, in the Morning, before 1 o'clock, and in the Afternoon, after 3 o'clock.

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See Mr. Coles' advertisement in our No. 229.

TO PARENTS &c.—STUDENTS IN MEDICINE,—Dr. SALT, Fellow of the Linnæan, Medico-Botanical Societies, &c., Lecturer on Obstetric and Forensic Medicine, receives MEDICAL STUDENTS, either as HOUSE-PUPILS or BOARDERS. Arrangements can be made for the term of a full curriculum or for any shorter period. The house is within ten minutes' walk of University and King's Colleges, the Middlesex, and Charing-cross Schools, and the Libraries of the British Museum and College of Surgeons. In addition to a more than ordinary attention to their domestic comforts, resident pupils will meet with every advantage necessary to the most effectual prosecution of their studies.

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COMFORT in a NIGHT-CAP.—Gentlemen often complain of their inability to keep their caps on all night which renders them liable to colds, deranges and injures the hair, and soils the pillow. POWELL's TEMPLER CAP (registered Act 6 and 7 Vict., No. 30) obviates these objections, keeps on during the night, keeps the hair smooth, and, being uniform in substance, dispenses with the wad or roll occasioned by first pulling down and then turning up the old night-cap (confessedly the ugliest article a man wears); the new cap, resembling somewhat the helmet worn by the Knights Templers, is more sightly, and will really be found (simple as it may appear) to assist essentially in the comfort of a night's repose. The TEMPLER CAP is fashioned from the coolest to the warmest material, and will prove an acquisition in travelling, to invalids, and to those who wear wigs. Half a dozen franked to any part of the kingdom on receipt of a post-office order for 7s. 6d. for stout quality, 10s. 6d. for medium, and 13s. 6d. for fine; or single caps. 1s. 6d., 2s., and 2s. 6d.; also in silk in great variety, from 5s. to 15s. The size of the head should be sent, measured round the forehead and round the head under the chin. Exchanged if not approved, Sold at the Old-Established Hosiery, Glove, and Shirt Warehouse and Depot de Mode et d'Utilite, 102, New Bond-street.

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The science of statistics has only within a recent period been successfully applied to the duration and Mortality of disease, and hence tables on the probability of these results could not have been formed; and it would evidently have been unsafe and hazardous for any Society to have undertaken the risk of assuring the lives of persons afflicted with any particular malady. The statistical information, however, now collected, and in possession of this office, is of so great an extent as fully to warrant the extension of life assurance to such cases, and in fact to place the application of life assurance on diseased lives on a more secure basis then even that on healthy lives.

It is hoped that while kept clearly in view that this Society, in common with other offices, will assure the lives of healthy persons, it is as yet the only one established to assure the lives of persons labouring under disease; and to this latter feature particular attention is directed.

In the first place, because it opens a larger field for business than all other offices can have unitedly; and in the

Second place, because that branch of assurance must from its own nature be less hazardous, and its principles rest on a more permanent foundation.

These are two highly important facts, and we shall enter into an explanation of each; and first as to the prevalence of disease.

The period of life most important to an assurance office is that between 15—60 years of age, and in the following remarks we refer exclusively to this period of life.

It will be found that the deaths in the metropolis for the two years preceding 1842, were from all causes 30,518; and from consumption alone, 10,688; showing that more than one-third of the total deaths in that period of life takes place from the prevalence of a single disease; and if the same inquiry were instituted with respect to the existence of other diseases, such as asthma, dropsy, diseases of the head, heart, &c., it would be found that more than one-half of the whole population would, on medical examination, be refused admission into an assurance office. If the inquiry be carried to the principal towns in England like facts are elicited—in Birmingham, Liverpool, and Manchester, the deaths from all causes per annum are about 5,023, while those from consumption are 1,988, forming considerably more than one-third of the whole. The same thing will be found to hold good in the large towns in Scotland, in six of which the deaths in a given period, from all causes, amounted to 23,078, those from consumption alone to 6,359, and from six important diseases 9,754; in the latter case forming more than 42 per cent. of the deaths from all causes. On reference to the returns from the city of Glasgow for 1836-40, it will be found that the deaths in that period, from all causes, were 14,107, from consumption 4,087, and a list of five diseases 6,123, being more than 45 per cent. of the deaths from all causes.

The diseases here alluded to are such as exist in general in a chronic form, frequently for many years prior to death, but which, on a strict medical examination, would effectually exclude the persons so affected from the benents of life assurance; and since it thus appears that a majority of the population is included in this class, the value and importance of the new feature of this society cannot fail to be justly appreciated.

The second point to be explained is the fact that there is much less risk in assuring deceased lives. This is a feature of paramount and vital importance to the interests of this Society, and deserves to be carefully considered.

The real risk incurred in all assurance transactions consists in the chance to which an office is liable of experieneing a different degree of mortality from that expected from the tables on which its calculations are founded. This difference is termed the fluctuation of mortality, and will be found to be much less among diseased lives than over the general population, and among selected lives.

The deaths from consumption in the metropolis per annum are sufficiently near the annual number which takes place in Glasgow, from all causes, to admit of a comparison, and by reducing the matter to figures it is found that while the fluctuation per annum in the latter case is as high as 45 per cent., in the former it is only 9 per cent. or, in other words, the fluctuation of mortality in consumption was only one-fifth of the other; and in Manchester, Liverpool, and Birmingham, even with the disadvantage of smaller numbers, the fluctuation does not exceed 3 per cent., showing a remarkable uniformity in the law which determines the mortality of this disease, and that it is more positive and absolute in its results than that which regulates the general population. Consumption has here been selected, not because it was considered more favourable in its results, but simply on account of the larger numbers affording a more satisfactory proof of the question under consideration; but the same test has been applied to a great number of other diseases, and like results obtained. Among nine diseases in the metropolis, including asthma, dropsy, rheumatism, disease of the liver, of the heart, of the nervous system, &c., the fluctuation was only 7½ per cent., and in five diseases in a different district the fluctuation was about 7 per cent., while among 11 in another locality, and even with small numbers, the fluctuation did not exceed 6.2 per cent.; and taking the principal towns in England, including Manchester, Liverpool, Birmingham, Leeds, Sheffield, &c., the fluctuation over 11 of the more important diseases was 6.4 per cent.

The remarkable uniformity in these results cannot fail to produce a conviction of the positive character of the law of mortality in disease; indeed, there seems to be nothing within the whole range of the doctrine of probabilities so well defined as the mortality of deceased lives. The mortality of the general population has frequently been referred to by writers as an example of the certainty of common events, but the preceding remarks must show with how much greater certainty the mortality of diseased lives can be depended on.

It is perhaps right to state, that, in applying the test of fluctuation to disease, it has not been confined to one place or class of lives, but has been extended to the principal towns in England and Scotland, as well as to many rural districts in England, and included the experience of one or two large societies of select lives. This has afforded an opportunity of judging of the effects of locality and its sanatory condition on the duration of life, and a remarkable fact has thus been developed, viz., that the value of life generally is much greater in the country districts than in large cities; but that of those persons who suffer from disease the value of life is nearly the same. As an example of this—the expectation at the age of 30 in the country districts is 36.7 years; in cities (viz., Glasgow) 27.6 years—difference 33 per cent. nearly; but take the case of persons of that age in whom the consumptive tendency is developed, and who will ultimately die of consumption had their expectation of life in the counties of Essex, Suffolk and Norfolk will be found to be 14.5, in cities (Glasgow) 14.4, and in the metropolis, Manchester, Birmingham, 13.9: difference .017 per cent., (or 1-57 per cent.) It therefore appears that while the difference between country and town life in the former case is about 33 per cent., that in the latter instance (consumption) the difference is almost nothing and the results nearly uniform. The same thing holds good with some other diseases which have been investigated in this manner. This fact, although not generally understood, is only what might have been expected by a careful consideration of the conclusion formerly arrived at—that the fluctuation the of law of mortality in disease is confined within a very narrow limit, and consequently little influenced by external circumstances.

It hence appears that the fluctuation in the mortality of diseased lives is much less than among select lives and the population generally, and therefore the risk of assuring diseased lives must also be less.

To apply this conclusion to the affairs of an assurance office it may be stated, that supposing the number of lives in a society, taking only select lives, was such that the table of mortality would indicate 100 deaths per annum, it would be necessary to have always sufficient funds at immediate command to meet 145 deaths; on the other hand, an office assuring only diseased lives need not provide for more than 100 deaths per annum; that is to say, the risk of assuring diseased lives is to that of average lives as 9 to 45, or only one-fifth. This fact is highly important to the interests of this Society, and establishes beyond doubt the safety and correctness of the principles on which it is founded.

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German	0 9 3		0 18 0
Dust	0 0 0		0 0 0
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2nds and 3rds	4 5 0		7 0 0
Barbary, Brown, bd ..	2 15 0		3 0 0
White.....	0 0 0		0 0 0
Gedda, bd.....	3 5 0		0 0 0
Animi, washed, bd	4 5 0		10 5 0
scraped.....	7 0 0		10 15 0
Copal.....lb.	0 1 0		0 2 6
Assafœtida, bd.....cwt.	1 10 0		5 0 0
Benjamin, 3rds, bd.....	5 0 0		10 12 6
1st and 2nds.....	10 15 0		50 0 0
Gamboge, bd.	19 0 0		22 15 0
Galbanum.....	3 10 0		4 12 0
Guiacum.....lb.	0 0 8		0 2 3
Myrrh, E. I. bd.....cwt.	4 0 0		15 0 0
Turkey.....	0 0 0		0 0 0
Mastic.....lb.	0 2 8		0 4 6
Olibanum, bd. .....cwt.	1 0 0		2 8 0
Sandrack, bd.....	3 10 0		4 0 0

DRUGS, &c., continued,—	PRICE. £ s. d.		£ s. d.
Senegal, garbled, bd.....	5 0 0		5 10 0
Tragacanth, Picked	14 0 0		15 15 0
Sorts	5 0 0		8 10 0
Seedlac.....cwt.	1 0 0		1 5 0
Lac, Sticklac, Bengal.....	1 10 0		1 17 0
Siam, &c.....	0 0 0		0 0 0
Shellac, Liver.....cwt	1 16 0		2 13 0
DT.	1 11 0		1 15 0
Orange	2 10 0		3 5 0
Block	1 8 0		1 12 0
Hellebore Root .....cwt.	2 0 0		2 10 0
Honey, Fine.....	2 10 0		4 10 0
Iceland Moss ....cwt.	0 0 2		0 0 3
India Rubber, solid	0 0 3		0 0 8
bottles.....	0 0 8		0 1 0
small.....	0 1 6		0 1 9
Ipecacuanha, bd.....lb.	0 1 9		0 2 0
Isinglass Leaf, 1st sort	0 10 0		0 12 0
2nd sort.....	0 9 0		0 10 0
Simovia	0 2 6		0 3 0
Siberia Purse	0 5 0		0 6 0
Short Staple, 1st.....	0 8 0		0 11 6
Long ditto.....	0 10 0		0 11 6
Isinglass, Brazil	0 1 0		0 3 2
Jalap, bd.....lb.	0 2 1		0 2 6
Juice of Lemon.....gal.	0 2 0		0 0 0
Liquorice, Ital. d.p. ....cwt.	5 5 0		5 10 0
Root, dry, bd.....	1 0 0		1 2 6
Magnesia, English.....	2 15 0		3 10 0
Manna, Flakey, bd.....lb.	0 1 2		0 3 6
Sicily, bd.	0 0 6		0 0 8
Musk, good and fine, bd..oz.	0 15 0		1 5 9
Nux Vomicæ, bd.....cwt.	0 7 0		0 10 0
Olives, French half-bris 12 gls	3 0 0		4 0 0
Spanish.....keg 2 gls	0 9 0		0 10 0
Opium, Turkey, bd.....lb.	0 9 6		0 11 6
Egyptian	0 0 0		0 0 0
Orchella, Can.....ton	38 0 0		40 0 0
Cape de Verd	35 0 0		0 0 0
Madeira.....	0 0 0		0 0 0
Orpiment, E. India, bd.....	0 0 0		0 0 0
Orange Flower Water	0 0 8		0 0 0
Peel .....cwt.	1 16 0		0 0 0
Orris Root, d. p. .....cwt.	1 0 0		2 15 0
Pelitory Root.....lb.	0 1 0		0 1 0
Pink, Root.....lb.	0 0 7		0 5 0
Pitch, Burgundy.....cwt.	0 10 0		0 10 0
Pumice Stone, sorts.....ton	6 0 0		7 0 0
Quassia ..... cwt.	0 15 0		0 0 0
Quicksilver	0 4 6		0 4 8
Rhubarb, round, bd. .....lb.	0 1 0		0 3 8
flat	0 1 6		0 3 9
Dutch, trimd.....	0 4 6		0 6 0
Russia	0 11 0		0 11 6
Saccharum Saturne, bd....lb.	2 4 0		2 6 0
Saffron, Spanish .....lb.	2 0 0		2 4 0
Sago, common, bd.....cwt.	0 0 0		0 0 0
Pearl ..... :....	0 11 6		1 4 0
Sal Ammoniac, E. I. bd. cwt.	1 18 0		2 2 0
English, Refined....cwt.	2 2 0		2 3 0
Salts, Glauber	0 6 6		0 0 0
Epsom	0 10 0		0 10 6
Salep .....cwt.	5 5 0		5 10 0

DRUGS, &c., continued,—	PRICE. £ s. d.		£ s. d.
Sarsaparilla, Bra. bd. .. lb.	0 0 10	to	0 1 3
Honduras bd. ..	0 1 0		0 1 9
Vera Cruz, bd...	0 0 8		0 1 2
Jamaica, bd. ..	0 1 0		0 2 0
Sassafras Root.. .. .. ton	7 0 0		8 0 0
Scammony, Smyrna .. lb	0 0 0		0 0 0
Aleppo, 2nds, bd..	0 8 0		0 14 0
fine	0 15 9		1 1 0
Seeds, Anni .. .. ..cwt.	0 0 0		0 0 0
German, duty paid ..	1 5 0		1 15 0
E. I. Star, bd.	2 10 0		3 0 0
Cummin, bd... ..cwt.	0 19 0		1 5 0
Carraway, For. bd. ..	1 6		2 14 6
Seneka Root, bd. .. .. lb.	0 1 8		0 1 9
Senna, Alexandria .. .. lb.	0 0 7		0 0 9
Smyrna	0 0 9		0 1 6
East India, bd... ..	0 0 5		0 0 8
Tinnevelly..	0 1 8		0 1 9
Smalts, Saxon, FFFE .. lb.	0 0 0		0 0 0
Danish, do.	0 1 6		0 1 7
Other sorts in	proportion.		
Snake Root, bd.. .. .. lb.	0 1 2		0 1 3
Soap, Naples, soft	0 1 6		0 1 9
Castile, hard.. ..cwt.	3 10 0		3 17 0
Soy, bd. .. .. .. gallon	0 6 2		0 7 6
Sponge, fine .. .. .. lb.	0 13 0		1 0 0
ordinary	0 2 5		0 10 0
Sulphate of Quinine .. oz.	0 8 0		0 8 6
Squills, dry .. .. .. lb.	0 0 2		0 0 3
undried	0 0 0		0 0 0
Spermaceti .. .. .. lb.	0 1 8		0 2 0
Tamarinds, W. I. .. ..cwt.	1 15 0		3 18 0
E. I. bd.	0 15 0		1 5 0
Tapioca, bd. .. .. .. lb.	0 0 3		0 0 0
Turmeric, bd. Bengal ..cwt.	0 13 6		1 4 8
Java	0 15 0		0 18 0
Java, green ..	0 10 0		0 11 0
China	1 1 0		1 8 0
Terra Japonica, black	0 14 0		0 15 0
Pale in squares	0 0 0		0 0 0
De Sienna	0 0 0		0 0 0
Valonia Smyrna .. .. ton	17 0 0		20 0 0
Picked Morea	15 10 0		23 0 0
Vinelloes, Brazil, bd. .. lb.	0 10 0		0 11 0
Vera Cruz	3 0 0		4 0 0
Verdigrease, For. D. P.... ..	0 0 9		0 1 3
English	0 1 3		0 0 0
Vermillion, China, bd. .. lb.	0 4 9		0 6 6
English	0 5 6		0 5 10
Vitriol, blue .. .. ..cwt.	1 16 0		1 17 0
Foreign, white	0 16 0		0 17 0
English, do.	1 4 0		1 5 0
Oil of .. .. .. lb.	0 0 1		0 0 0
Wax, Mogadore, bd.. ..cwt.	7 10 0		8 0 0
American, d.p.	7 10 0		8 0 0
Russian, d.p.	9 0 0		9 5 0
Hamhro' d.p.	8 10 0		9 0 0
East India, d.p.	7 5 0		8 15 0
African, d.p.	7 10 0		8 0 0
White Hambro'	9 15 0		10 10 0
English .. .. .. .cwt.	9 10 0		9 15 0
Cape	7 10 0		9 0 0
Weld, English .. .. .. .load	0 0 0		0 0 0
Woad .. .. ton	0 0 0		0 0 0
Wood, Sapan Bimas, bd.	9 10 0		14 0 0
.Siam	6 0 0		9 0 0

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A. ALEXANDRE, Foreign Bookseller, 37, Great Russell-street, Bloomsbury, begs to acquaint the Medical Profession that he has just received a fresh importation of—

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Skulls, with horizontal and vertical sections, from 10s. to 16s.
Skulls showing the first and second dentition, 20s. to 30s.
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UNIVERSITY OF LONDON.

NOTICE IS HEREBY GIVEN, That on WEDNESDAY, the 3rd of APRIL next, the Senate will proceed to elect Examiners in the following departments :—

Examiners—Salaries—Present Examiners.

ARTS.

Classics, £175, T. B. Burcham, Esq., M.A.

Mathematics and Natural Philosophy, £175, Rev. Prof. Heaviside, M.A., and G. B. Jerrard, Esq., B.A.

Logic, Moral and Intellectual Philosophy, £50, Rev. H. Alford, M.A., and T. B. Burcham, Esq., M.A.

Chemistry, £50, Prof. Daniell, D.C.L., For. Sec. R.S.

The French Language, £20, C. J. Delille, Esq.

The German Language, £20, Rev. Dr. Bialloblotzky.

The Hebrew Text of the Old Testament, the Greek Text of the New Testament, and Scripture History, £50, Rev. W. Drake, M.A., and Rev. T. Stone, M.A.

LAWS.

Laws and Jurisprudence, £50, John T. Graves, Esq., M.A., F.R.S.

MEDICINE.

Practice of Medicine, £175, Alexander Tweedie, Esq., M.A. F.R.S.

Anatomy and Physiology, £175, Prof. Sharpey, M.D., F.R.S.

Physiology and Comparative Anatomy, £100, Prof. T. Rymer Jones.

Midwifery and the Diseases of Women and Infants, £100, Edward Rigby, Esq., M.A.

Chemistry. £100, Prof. Daniell.

Materia Medica and Pharmacy, £100, Jonathan Pereira, Esq., M.D., F.R.S.

The present Examiners are eligible, and intend to offer themselves for re election.

Candidates must announce their names to the Registrar on or before the 27th of March.

Somerset House, March 6th, 1844.

By order of the Senate, R. W. ROTHMAN, Registrar.

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EDWARD RIGBY, M.D.

Physician to the General Lying-In Hospital, Lecturer on Midwifery at St. Bartholemew's Hospital.

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WEAK LEGS, KNEES, and ANKLES.—G. CRADDOCK, No. 35, Leicester-Square, many years with the late firm of Shoolbred and Renwick, of Jermyn-street, St. James', begs to announce his improved ELASTIC STOCKINGS, KNEE CAPS, SOCKS, &c., as decidedly superior to any other article yet offered to the public for giving permanent support to the legs in cases of weakness, varicose or enlarged veins, and dropsical affections; to the knee or ankle joints, after fracture or dislocation; and also in cases of weakness arising from inflammation, rheumatism, or gout. Patent Elastic Belt Manufacturer. Warranted to keep their position.

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From the 1st of October, 1841, to the same period, 1842, the quantities shipped by the large brewers were,—

	Bombay.	Madras and Calcutta.	Total Hhds.
Allsopp	3916	5,583	9,499
Bass	2073	2,723	4,796
Hodgson	307	1784	2,091

And the prices at which the same were selling by the last accounts are:—

	Calcutta rupees.	Madras rupees.	Bombay rupees.
Allsopp	70 to 77	70	65
Bass	65..67	63	61
Hodgson	50	50 to 55	50

Casks of 18 gallons, adapted for family use, can be procured, as well from the parties named, as from the stores; and orders from other parts of England, &c., can be executed by addressing Messrs Allsopp & Sons, Burton-upon-Trent.

To prevent the chance of parties selling other Ales, to represent those brewed by Messrs. Allsopp, Mr. Edwards will give every information to enable such parties to be detected, by application to the stores, where a printed list of parties authorised to sell their Ales will be furnished.

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Stores, 61, King William-street, London Bridge.

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CLINICAL LECTURES ON MEDICINE,

Delivered at the GREAT CHARITY HOSPITAL, Berlin, by Dr. SCHÖNLEIN, first Physician to the King of Prussia, founder of the Natural System of Medicine in Germany, and Professor of Pathology and Therapeutics in the University of Berlin.

Prepared from the German expressly for "The Medical Times."

Third Lecture.—Typhus Abdominalis. Nervosa Stupida. Pneumonia. Venesection. Epistaxis. Symptoms of Affection of the Chest. Apprehension of Œdema Glottidis. Progressive Affection of the Chest. Bronchial Affection. Ammoniacal Urine. Rapid Emaciation of Patients afflicted with Typhus. Repetition and Suppression of the Formation of Parotides. The Urine by day and night. Recovery.

June 3, 1841. Peter Frisch, locksmith, 23 years of age.—Yesterday sen'night, the patient was seized by a violent headache, especially in the region of the temples, and with symptoms of cerebral disturbance: diaphoretics and subsequently purgatives were applied to meet the symptoms, which, however, increased. He had restless nights, with slight delirium. The patient was brought to the hospital the day before yesterday, when the cerebral and abdominal symptoms rendered the application of leeches necessary. From the statement of the patient, we presume that he is at the commencement of the second hebdomadal period. The patient at present exhibits the following state:—The physiognomy stupified; giddiness, and increase of headache upon sitting up; nights restless and sleepless; though the patient does not complain, we find, on investigating the chest, towards the root of the right lung, and on auscultation, especially when deep inspiration takes place, a distinct dry crepitation. The symptoms bear the expression of the first stage of parenchymatous inflammation of the lungs. The abdomen is soft, not painful on pressure; cœcal noise distinct; moderate diarrhœa. Generally it may be assumed as a rule that the abdominal symptoms decrease in proportion as the cerebral symptoms increase. I have seen many cases illustrative of this. I particularly recollect the case of a young girl, where there was no diarrhœa during the typhus; on the contrary, evacuations could only be forced by glysters. In this case the cerebral disturbance was very great, and the most remarkable sores and typhous excrescences were found upon the mucous surface of the intestines—a fact which has also been observed by others, and which shows us that diarrhœa is by no means pathognomonic of abdominal typhus. This fact has given rise to a number of disputes. Diarrhœa, and no intestinal lesions has frequently been observed during petechial typhus, which has led to great errors on the part of some medical men. In this, our patient, as in another who will form the subject of a subsequent lecture, the inflammation in the right lung has not yet reached maturity, and there are, therefore, no *subjective* symptoms as yet. This case gives us additional proof that we must not rely upon the functional disturbance or upon the patient's statement, which lead to wrong conclusions in 50 cases in the 100.—*Prescription:* A venesection of 10 ounces; application of cupping-glasses on the right back part of the thorax, and an emulsio oleosa with *natrum nitricum* internally.

June 4. The patient, in whom the main symptoms are seated in the sensorium, exhibits what has been called the *Frankii nervosa stupida.* He yesterday showed symptoms of commencing inflammation at the root of the central lobe of the right lung. This circumstance, with the reaction, the large, full, although not violent pulse, and the powerful constitution of the patient, made us resort to a remedy, by some praised as sovereign, by others rejected in all cases as destructive, viz., the lancet. The disturbance, especially in the chest, has now evidently diminished. The blood extracted is much coagulated. Much strife has arisen among physicians respecting the removal of blood during typhus;* both parties rely upon facts, and *Bouillaud* adduces large statistical tables supplying for rational—*mechanical* reasons. I will only remark that I neither join those who consider this remedy as the only panacea against typhus, nor those who entirely reject it. The endemic, and, above all, the epidemic character of the affection, the individual constitution, and the localization of typhus in any organ of fundamental importance (as noticeable lately more in the lungs, as formerly more in the brain),—these are the circumstances which ought to determine whether there should be general bloodletting or not.

June 5. A symptom is now perceptible—frequently observed in this form of the disease,—strong bleeding from the nose, simultaneously with powerful diaphoresis, which, however, as well as the heightened temperature of the sufferer, the frequent pulse (104 per minute,) &c., though symptoms of the disease, are not to be considered critical. This epistaxis shows more of the character and form which Huxham attributed to the putrid fever; I have seen similar bleedings from the rectum and the lungs. It is remarkable, however, that the abdominal symptoms diminish as these phenomena develope themselves, while the quality of the urine does not appear to agree with them. Whilst formerly the urine in this disease was dark, with a tendency to decomposition, we now find it pale, and without the characteristics of fever. The blood discharged by the vehement epistaxis has by no means the quality that we have observed in other cases: it is coagulated, but the serum is tinged with colouring matter of the blood. This copious bleeding here possesses a critical significance, although but of an ephemeral kind, for the cerebral affection, the governing symptom in this case, is to-day considerably diminished; the face no longer exhibits a redness of colour; the temperature of the head is moderated, and the cerebral disturbance is slighter. *Prescription:* Alum whey for a beverage, and towards evening application of warm water.

June 8. The patient presents quite a different appearance; the typhomania and the expression of stupidity in the face are no longer perceptible, and the facial colour is not so red. The epistaxis has not returned; there certainly appears to have been something critical in it, considering the state of the sensorium in this case of nervosa stupida or cerebral typhus; but it could only then be considered as symptomatic of the general state of the typhus (having reference to the time and quality), causing apprehensions of a general collapse. Cold fomentations of ice, and subsequently of vinegar, were applied to the head; the nostrils were plugged with vetches dipped into alum; and alum-whey was given as drink. These remedies stopped the bleeding. The following change is now observable:—The expression and colour of the face is different; the eyes do not exhibit the glittering appearance they did yesterday; the sensorium is more free; dulness of hearing has taken place; he was also more calm during the night, but there has been no critical sleep; he still experiences giddiness upon sitting up. The topical phenomena, which were perceptible on the back part of the lungs, have diminished to such a degree, that again rattling of mucus can be heard. The abdominal symptoms continue mild. The fever has diminished very much; the pulse is no longer as large and full as it was (ninety-six per minute); the skin is not so hot, and, to our great satisfaction, we find that the clammy symptomatic perspirations (such as are met with in fevers having a tendency to putrescence) have disappeared.

June 9. Gradual convalescence; the appearance of the patient is now much improved. The head is certainly still feverish, especially towards evening; but those cerebral disturbances, including the giddiness on sitting up, have disappeared; he has had a good sleep of seven hours; he no longer lies on his back inertly, but on the side (a circumstance which the ancients wisely considered as a favourable symptom). The abdominal, as well as the pulmonary symptoms, have considerably diminished; there is also a most favourable change in the reaction; the tongue grows humid, and continues so during the evening; it is losing its thick brown coating; the temperature of the skin is lessened, and it is only towards evening that the skin becomes rather hotter and dryer, that the urine is clouded with mucus, and that the pulse keeps up to 100 per minute. I am, however, not inclined to attribute this frequency of the pulse to the fever, but to the debility, as its character does not correspond at all with the other feverish symptoms. It is, therefore, no *pulsus frequens ex febre*, but *ex hæmorrhagiâ, ex inanitione*, which ought to be carefully distinguished, and to which I have already frequently directed attention.

June 11. The patient can by no means as yet be considered convalescent, for we not only particularly observe a continuance of the abdominal symptoms, but even an increase—a circumstance which so frequently occurs in this disease, and which so readily deceives the physician; at times costiveness and diarrhœa alternating; at others costiveness alone is visible. In the latter case, the *sectio* will still exhibit the peculiar change of the intestinal mucous surface. No doubt respecting the nature of the disease, however, can be entertained, when, as in this instance, copious diarrhœa of the characteristic appearance, tenderness on pressure, and noise in the cœcal region are apparent. The modifying phenomena in the head and chest, on the other hand, which characterised and complicated this case, have disappeared; we have now, therefore, to deal with a simple typhus abdominalis. *Prescription:* Continuance of alum whey; clyster of starch with opium; rubbing in of mercurial ointment, with hyoscyamus in the cœcal region.

June 14. The abdominal symptoms have not increased in intensity; they continue as before; there are three or four daily thin evacuations; the abdomen, however, is soft, and not painful. The alternations in this disease, upon which the opinion is founded, that as long as typhus has not run its full course the patient cannot be considered as safe, shewed themselves in this case. The day before yesterday, we had a relapse of the pulmonary affection which existed at the reception of the patient, and was then quickly remedied by general and topical removal of blood,—this time it

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* Schonlein, in reference to the general removal of blood in this disease, remarked as follows on another case of typhus abdominalis, combined with pneumonia following typhus on the eighth day, general bleeding having been followed by the most favourable results:—

"I do not participate in the opinion that typhus consists in an inflammation of the brain (as Marcus asserted), or in an inflammation of the whole nervous system (as Weinhold maintained,) or in an inflammation of the intestinal glands and intestinal mucous surface (as the modern school suppose), or even of the interior coating of the heart (as Bouillaud insists.) Typhoid disease may belong to the *genus epidemicus inflammatorius*, as I have especially observed in petechial typhus, and require abundant bleedings. But it appears to me an absurdity to consider typhus *invariably* as an inflammation, and therefore always to treat it by venesections, the propriety of which course is argued by the French physicians, and especially by Bouillaud. Cases may occur in typhus in which venesection is indispensable, cases which are dependent on certain states of certain organs. Another form, however, is to be carefully distinguished: namely, when a violent reaction and all the phenomena of encephalitis exhibit themselves on the outbreak of typhus. *The lancet is most dangerous in such cases;* a rapid collapse is sure to follow it. I still think with horror of the following case which once occurred to me:—A powerful journeyman locksmith was brought into Zuerich Hospital in 1835, with all the symptoms of encephalitis; he was bled; collapse and death soon followed. Upon a post mortem examination, we found no trace of an inflammation in the brain, but, on the other hand, the most distinct typhoid affection of the intestinal canal. The cerebral disturbance here may be compared with the violent excitement of the brain (not inflammation) at the outbreak of exanthematous diseases so frequently observed in small pox and scarlet fever, where the cerebral symptoms disappear with the appearance of the exanthema. Topical removal by means of sinapisms and clysters of vinegar are unquestionably preferable to general venesection in such cases. *General venesection in typhus can be justified only by the appearance of the most decided symptoms of inflammation of the lungs, or of violent pressure of the blood on the brain.*"

was on the left side; a crepitating noise was audible towards the base of the left lung, and a topical removal of blood was immediately instituted. Humid rattling is alone now to be heard. You have now seen a series of such cases of typhus, complicated with affection of the chest, which justify the apparent paradox of the Irish physician, who said that no one should venture to treat a patient afflicted with typhus without a stethoscope. You may thus readily observe how frequently the complication of this disease with pulmonary affections takes place, and so you may often prevent fatal results.

June 15. The abdominal symptoms are very much ameliorated; there has been a more sound evacuation, subsequent to the application of a clyster yesterday; no swelling, nor pain in the abdomen; but some mucous rattling is still audible in the chest in the locality formerly inflamed. We may, therefore, not be dissatisfied so far. But a new symptom has made its appearance; the patient complains of difficulty of swallowing; a burning, stinging pain in the organs of deglutition. On an investigation, the mucous surface at the uvula, the right tonsil, &c., exhibited an appearance as of having been scalded. They were of a white grey colour, with a red ground, where the epithelium was dissolved; we had in fact an aphthous eruption. The explanation of this phenomenon is difficult. 1st, it may be an episode which belongs to the progress of the disease, as we also observe in typhus, a removal of the epithelium of the tongue, the epithelium of the genitals in women, &c., &c,, consequently only an anomaly in the symptoms of the disease; 2nd, frictions of mercury have been made on account of the abdominal affection, and this appearance may be considered as a medicinal symptom. There is no art in observing symptoms. Some attention and powers of observation are alone required for that; the difficulty of the diagnosis is in the inferences which are derived from the symptoms. Is this phenomenon in the throat a symptom of the disease, or a result of the medicine? If supposed to arise from medicine, we should search whether other symptoms exist from the mercury. In this case, however, there is no trace of the mercurial odour of the mouth, no affection of the gums, no increased secretion of the salivary glands; the quality of the mucous surface is also not of the kind which is usually found after affecting the system with mercury. I do not, then, consider the phenomenon as a medicinal symptom; but in order to be certain of this fact, we shall continue the rubbing in. *Prescription:* Gargle, consisting of solution of chlorine, with alum.

June 16. A material change has been produced by the gargle. The epithelium of the mucous surface has desquamated, and below it the mucous surface exhibits a slight redness, with superficial excoriations, whilst the left tonsil seems œdematously swollen. This favourable symptom is followed by another. Physicians are now aware of the nature of an affection of great importance, which, when recognized at the commencement, may be effectually subdued, but when once developed, causes certain death,—I mean the œdema glottidis. Water may form beneath the mucous surface of the glottis in the same manner as you have seen the tonsil swell in this case, and death may ensue from suffocation within 24 hours. The French physicians have published many cases of this kind in persons convalescent from acute diseases, particularly from typhus. They occur also in acute exanthemata, presenting another point of similarity between these two classes of diseases. I have not only seen this phenomenon in scarlatina, and measles, but also in variola. The disease commences frequently from the mucous surface of the throat, and is visible to the eye. The œdematous swelling then descends; there is difficulty of breathing, with violent symptoms of suffocation, followed by rapid death. I consider the local application of acids, and of alum, as among the most suitable remedies against the disease. I have tested it in my own house,—on my own child. A speedy amelioration was the consequence.—*Prescription:* Vinegar gargle in a decoction of mallows.

June 17. The symptom before mentioned is still bad: it is fortunate, however, that it occurs at a locality where effective remedies can reach it; it is still more dangerous in the œsophagus, stomach, or the intestinal mucous surface. It is, however, a peculiarity, that it generally seizes the portions of the mucous surface which are situated more towards the exterior, as, for instance, the mucous surface of the genitals, of the rectum, of the throat and nose. On the latter it is frequently observed after acute exanthemata. It has recently been much observed in scarlet fever—a very disagreeable after disease, which does not invariably limit itself to the epithelium, but frequently extends lower, occasioning ozæna scarlatinosa. In this case it has commenced at the back part of the mucous surface of the throat; the epithelium is now already pared off, and even the reddishness of the mucous surface cannot to-day be observed. The mucous surface of the tongue, on the other hand, is affected in a similar manner. The existing possibility that the œdematous infiltration of the loose tissue of the mucous surface, which we find at the side of the tonsil, may also extend itself to the windpipe, &c, keeps us in much suspense. This œdema glottidis, as already observed, is a recent discovery; it has been observed much in convalescents, and causes speedy death. It principally occurs, according to my experience, where changes in the blood have previously taken place, which incline the latter to a serous exudation.

An inconsiderable excitement of the respiratory mucous surface, which, in a healthy individual, would only cause a trifling catarrh, would, in such a case, readily form œdema glottidis; afraid of that, we shall therefore continue our former treatment.

June 18.—The symptoms have considerably ameliorated; the left tonsil is less swollen, the right is rather œdematous; there is no increase of the infiltration in the cellular tissue of the lower mucous surface; the epithelium of the tongue has desquamated, but the mucous surface is dry, and reparation does not take place as in the throat, where the mucous surface is covered with a new epithelium. In decubitus, a crust forms itself instead of a new epidermis, but such is not the case here. Except this, all the symptoms are connected with an increase of the typhous symptoms, swelling of the cœcal region, painfulness on touch, considerable increase of fever (pulse 116 per minute), the skin is dry and burning, the urine dark red. *Prescription:* Aqua oxymuriatica in mucilage; in the evening an application of warm water.

June 19. The increase of the intestinal symptoms we observed yesterday, is to-day marked by a change to costiveness. The general reaction is increased (pulse 120 per minute), the skin is dry and burning, tongue dry, urine dark. The prognosis, therefore, is much less favourable than that presented three days ago. The epistaxis now visible also proves a new increase of typhoid disease. The symptoms in the throat have diminished, but our fears are not gone in reference to it, since the right tonsil yet remains slightly swollen. Apply twelve leeches in the cœcal region, and repeat warm bath.

June 21. Deglutition is now more easy; the epithelium has been reproduced, and the apprehension about the windpipe is almost removed. With regard to the abdominal symptoms, the cœcal region is still swollen, rather painful on touch, with rattling noise audible. Only two solid evacuations have taken place since the day before yesterday. With respect to fever, the tongue is dry in the evening, the skin constricted, not so hot as before, the urine mucous. Thus the collective symptoms are satisfactory, but one alarms us. The extreme point for the pulse in this disease, beyond which recovery is very doubtful, is 120. So says Frank, supported by a numerous series of observations. Pulse here beats 120 per minute, but fortunately does not increase towards evening; it is also still strong and wiry, which latter circumstance is the more remarkable, for a collapse took place after one severe bleeding, which caused apprehensions that nature had lost the necessary vigour to accomplish the recovery.

June 22. This patient presents new difficulties. As soon as one is subdued a new one appears—a circumstance which renders the ultimate result doubtful. The development and course of the disease will at once show you the importance of the present epoch. At the commencement we had that form of typhus which is termed nervosa stupida; the cerebral symptoms terminated by an exhausting epistaxis. The abdominal symptoms subsequently exhibited themselves in a more formidable shape; and on his reception in the hospital, symptoms of inflammation of the parenchyma of the right lung were apparent, which subsequently also extended themselves to the left lung; they were successfully subdued by bloodletting, and the only traces that remained of the inflammation were slight expectoration and mucous rattling. The case then went on favourably, when suddenly, eight days ago, the mouth and throat became affected. We mastered these adverse circumstances, and now, since last night, a series of symptoms present themselves, frequently observed in typhus, more particularly remarked by modern physicians, viz., an affection of the bronchi: dry, whistling rhonchus, especially of the front side of the right lung, together with a cough, which towards night becomes more violent. The sputa, however, are free from blood; the urine is dark and acid; pulse 116 per minute; skin humid. We will now meet the bronchitis by a free cupping, and the internal use of natrum nitricum and ammonium muriaticum (three grains of each every two hours), adding to it pulvis gummi mimosæ.

June 29. This patient presents to us every possible symptom which can be developed in the progress of typhus *in one individual*, and our difficulty is the greater from the standing of the disease and the loss of strength in the patient. The *parotides* which appeared yesterday promise no favourable issue. Their indications became manifest but a short time previous to the development of the swelling. There were tearing pains from the external ear towards the neck; pain on opening the mouth. But there was no tingling before the ears. We proceeded in this instance again upon the antiphlogistic principle, for we do not recognise the appearance of *parotides* as a critical symptom, and least of all would it induce us to apply stimulants. This tumefaction, in my opinion, may be compared with the inflammation of the parenchyma of the lungs, and of the subcutaneous cellular tissue, occurring in typhous patients. Although *parotides* do not produce a dangerous congestion of the brain by pressure upon the vessels, there is great danger to be apprehended from suppuration, which we must provide against. The best remedy is the topical removal of blood and mercurial frictions. The stimulating treatment generally used to prevent the spreading of the *parotides*, invariably proves unsuccessful. The bronchitic symptoms have entirely disappeared.

June 30. The urine formerly was a dark red brown, and very acid. Since our visit yesterday it has been discharged in great quantity; it is remarkably alkaline, and gives out a strong smell of chloride of ammonia when brought in contact with muriatic acid. There is also a great quantity of mucous sediment; it would be interesting to know whether traces of epithelium of the mucous surface are contained in it or not. The phenomenon, if it existed, would be connected with another observed on the mucous surface of the throat. On a former occasion we observed, in another typhous patient, a similar secretion of loaded urine. The facts are clear, but their interpretation individually, or with reference to the whole progress of the disease, is difficult. The urinary evacuation should always be looked at in connection with the fæces, sputa, &c. The transition from the acid to the alkaline reaction in the urine is important; yesterday it was purely acid; to-day it is very ammoniacal. We know that certain states of the central organs of the sensitive "sphere of the brain and of the spine" may produce remarkable changes in the constituents of the urine, a fact which physiologists have not estimated at its true importance. In these states the alkaline reaction of the urine has frequently been observed, indeed I believe that it is pathognomonic. The ancients knew of this change in the urine, and considered the alkaline state a bad symptom. In the case before us, I consider this change unfortunate, although no other bad symptom, except an increase of the pulse to 130 has taken place; it is true the dulness of hearing has likewise increased, but the swelling of the left parotid has again abated. *Prescription:* Aqua oxymuriatica in a decoction of althæa.

July 1. We have to-day a proof how deceptive it is to judge hastily by a casual view of mere external appearances. We yesterday supposed that the sediment in the urine was mucous, and that vestiges of epithelium might be contained in it. The microscope has shown nothing of the kind; it held a few scanty mucous globules, with a great quantity of crystals of salt, especially of uric acid, ammonia, phosphate of ammonia, &c. The secretion of the same kind of urine continues; the frequency of the pulse has diminished to 108. The patient, however, complains of pain in the right parotid gland, whilst the left is now free from it: there is no change in the other symptoms. *Prescription:* A mercurial plaster, with a lotion of camphor and extr. conii.

July 2. A series of bad prognostics in the skin and urine, assuming the colliquative character, present themselves, and cause fears that the patient, weakened by the length of medicine and the activity of our treatment, will succumb. The peculiar symptoms of the typhus have taken a favourable shape in every material point, those of the chest and abdomen have almost entirely disappeared. The new formation of *parotides* justify great apprehension. We cannot predict whether there will be a real formation of pus, or an abscess in the internal ear; the latter, however, according to my judgment would be preferable. The suppuration of the parotid much exhausts the patient, whilst that of the interior ear, as soon as the pus has been discharged towards the exterior, soon passes by. Abundant, clammy perspirations exhibit themselves on the skin; the urinal crisis has increased; the quantity of urine evacuated within twenty-four hours exceeds three quarts. We find muriatic combinations in great quantity in the urine, causing a loss of the organic material. *Prescription:* Emulsio *chinata*,* nourishing, light diet.

July 3. Our policy is to strengthen the patient, and to cut short the crisis; we therefore ordered an emulsio *chinata*, beef soup, milk with yolk of an egg; the patient has sufficient appetite to render this suitable; this differing with the ordinary class of typhous patients, to whom it is frequently necessary to administer food per anum. The result is satisfactory as shown by the physiognomy of our patient. A particularly favourable circumstance is his calm sleep through the whole night; in spite of the noises of his neighbours, he continues to sleep during the day. This sleep is to be considered a nervous crisis. The other typhous symptoms are also satisfactory; the chest is free, the cough more rare, the expectoration mucous and slight; the abdomen without pain; only one feculent evacuation has taken place within the twenty-four hours. The critical phenomena, however, are of particular importance, they threatened to be destructive by their excess: the skin is still humid, but no longer covered by clammy perspirations; a regular process of desquamation will probably take place, which will afterwards occupy our attention on his convalescence. The diuresis is no less important; the genuine urinary diarrhœa which prevailed yesterday has subsided very much; the quantity of urine discharged since yesterday is one third less, and its smell much better, although still alkaline; the cloudiness by means of ammoniacal salts is also slighter.

The rapid emaciation, and the disappearance of organic materials in patients afflicted with typhus, is the more mysterious as it occurs so suddenly, without our observing any reason for it. It even occurs in typhus where the secretions are suppressed, and the result can by no means be satisfactorily accounted for by the circumstance that the patient takes no food. This phenomenon is of the utmost importance in ascertaining the nature of typhus and its mode of treatment; and the investigation of the causes of this decrease of organic material ought, therefore, to be greatly attended to. Without attempting to solve this problem, I may be permitted to direct your attention to the quality of the urine in typhus. When we connect the circumstance with what we know of it in other diseases, especially chronic diseases, we shall consider that as one of the worst points of a malady; we generally find the urine containing first much urea, and subsequently another nitrogenous substance, ammonia. I think, that the disappearance of the organic materials may be sought for here.

July 6. We are so accustomed in our present patient to see an improvement suddenly arrested, that we shall be cautious in our prognosis, although circumstances are now different from what they were when these interruptions took place. The patient has now happily arrived at the crisis, but a crisis which has assumed so much of the colliquative character as to threaten the strength of the patient. We therefore ought not to direct our attention to encourage the crisis, but rather to check it. The present state is satisfactory; the patient spends his nights calmly—he sleeps and awakes with a feeling of comfort, which is also indicated in his physiognomy. There are scarcely any traces left of the original symptoms. The only thing which still occupies our attention are the "*critical*" symptoms, but these also assume a more favourable shape; the perspiration as well as the urine decreases, but the latter still shows ammonia. The pulse is still rapid—108, but we all know how to distinguish the frequency of the pulse as a consequence of fever from that arising from weakness; the latter is the case here, for there are no feverish symptoms. The symptoms of *parotides* also begin to subside.

July 9. We progress, although slowly, but we are not yet quite out of danger. In the local affections no diminution presents itself, nor in the respiratory functions, except a slight expectoration of mucus in the morning. With regard to the abdominal symptoms, however, the most material of "the typhous phenomena," you will certainly not suppose that disease has ceased to exist on the mucous surface of the intestines, because the intestinal functions happen to be tolerably regular. We know very well that it requires time before the lesion there can be healed, and that all functional disturbance may have disappeared, without the ulcerations being perfectly healed. The circumstance, therefore, that the cœcal region of the patient is now painful upon pressure, is a symptom which ought not to be overlooked. Another symptom has also returned—a slight trace of the formation of *parotides*. You know that this symptom may appear on the seventh or eighth day of the disease. We must, therefore, direct our attention to it, although there is no indication of a greater development.

We have reason to be satisfied with the reaction and the state of the critical symptoms. The urine still has an alkaline smell, and now deposits a sediment of phosphatic salts. The course of the active phenomena, therefore, has not yet terminated, though their excess is moderated. The skin is humid, without increase of temperature, and the colliquative perspirations have entirely disappeared. The pulse is still abnormal, but more powerful; the tongue is moist; there is return of appetite. We are then perceptibly progressing towards convalescence, although we cannot yet say we have arrived at that stage. Our therapeutical, as well as dietetic treatment, still requires great care.

July 12. The patient slowly continues to improve, with all the former favourable symptoms. The functions of the intestines and lungs are at present in tolerable good order, and the crisis of the skin has perfectly terminated; the urine, qualitatively and quantitatively, is still anomalous. There is only one symptom, which, inconsiderable as it seems, still alarms us—the feeling of tension which the patient complains of in the right parotid gland, which, therefore, still presents the possibility of a formation of *parotides* taking place. On the slightest increase of this symptom, we shall immediately have recourse to a topical removal of blood.

July 13. It seems that the patient will not leave us at rest. Scarcely ever do I recollect a case of typhus which presented so many alternations, each of them requiring so different a treatment. First, the cerebral congestion, giving rise to the fear that it might lead to the catastrophe by the pressure upon the brain; secondly, the colliquative epistaxis; thirdly, the affection of the lungs, which, alternately, at last reached such a height as to threaten a violent termination of life; fourthly, the critical, but dangerous, formation of the *parotides*, which were subdued, brought on a crisis, which, by its excess, threatened exhaustion of the powers of vitality—and now again we have the reappearance of the *parotides*. The pain in the right parotid gland increased considerably last night; a greater swelling and tension took place, so that we were obliged to apply six leeches to prevent the inflammation of the right parotid, or rather of the cellular tissue which surrounds it. The symptoms have again abated, subsequent to this removal of blood.

Juy 16. Although the patient has now passed the critical stage, and is approximating to convalescence, with regard to the complaints of the chest and of the abdomen, yet this formation of *parotides*, and subsequent suppuration, present features of danger, considering the weak state of the patient. There exists, therefore, a necessity to check the progress of this symptom.

July 19. Still better. Every symptom of increased improvement. The urine now begins to resume its normal acid reactions. The formation of the *parotides* has subsided; there is only a slight swelling of the right parotid gland, but it is not painful upon pressure, nor does it inconvenience the opening of the mouth; but its symptoms have not yet entirely disappeared.

July 20. The only disagreeable feature is the enormous frequency of the pulse—120, which is the more remarkable, as all the other, even the critical, symptoms, have become normal. We have hitherto calmed our apprehensions respecting it, under the impression that it arose from weakness, and not from feverish excitement. To this assumption, which is partially well-founded, there is only one objection, namely: the frequency of the pulse has so increased within the last few days, without any other alterations having manifested themselves, that combining this with the formation of *parotides*, a cause of apprehension still exists for the ultimate fate of the patient. The urine which the patient has discharged from evening till midnight distinguished itself from the urine evacuated during the morning hours, by its physical, and still more by its chemical, qualities. The latter had the normal colour, and an acid reaction, but the former was cloudy and alkaline. I have frequently directed attention to the difference of the urine, according to the different periods of the day in which it is discharged; a difference which, when left unnoticed, frequently may lead to great errors in diagnosis. A remarkable fact presents itself during affections of the liver and spleen, namely, that the urine which is evacuated after dinner exhibits anomalous qualities, whilst it is quite normal at other periods. The same strange phenomenon is also observed during affections of the kidneys. The urine which is evacuated at night frequently contains a quantity of pus; the urine discharged during the day exhibits none, or very slight traces of it. The same singularity is also frequently observed in diabetic patients; the urine discharged at night and after meals contains much sugar, whilst no traces of it are perceptible at other times. The old physicians have observed this better than the moderns; and although their uroscopy has been much censured, it contains many excellent features, which only modern chemical researches have taught us to value. We have very much neglected the necessary attention to the important difference of the urine according to the period of the day, and the food taken. If an inference for the diagnosis is to be made from the quality of the urine, the urine evacuated during different periods of the day ought to be separately kept and investigated. The case before us affords us another instance of this. The urine evacuated during night still exhibits the same critical quality which it did some days ago, whilst that discharged in the morning is perfectly normal.

July 21. Frequent cough, without pain however, rather disturbed the night's rest of the patient; no other particular or material changes. The intestinal function is good; the appetite returns more and more; the tongue is clean; the abdomen soft; a normal intestinal evacuation takes place daily, without any artificial aid. The symptoms of the development of *parotides* have also sub-

* It consists of a mixture of a decoct. cort. Chinæ with ol. amygdal. and gummi mimos.; the combination acts with less force upon the mucous surface of the intestines than some other preparations of the same kind.

sided; there is a very slight swelling only, and which can scarcely be perceived. There is the same anomaly in the urine as yesterday. The continued frequency of the pulse, however, does not correspond with these symptoms; it cannot be considered as *pulsus frequens ex debilitate;* it makes us fear that it may give rise to after diseases especially as slight coughing has exhibited itself at night.

July 27. There were only two symptoms which still demand our attention in this the most complicated of typhous cases that ever came within my notice: namely, the abnormal frequency of the pulse, and the coughing in the evening and at night. After-diseases in the organs of the chest are by no means a rare phenomenon of typhus. The appearance of the cough in our patient, therefore, combined with the abnormal frequency of the pulse, was calculated to cause our apprehensions. There is now happily no further cause for such, for the cough has disappeared, and the frequency of the pulse has very much diminished (96 per minute). The last traces of *parotides* have disappeared; the sense of hearing is also restored.

You have seen in this case an important illustrative proof, that great cause for apprehension for the ultimate fate of the patient may still exist through every period of this disease; for the most varying, the most complicated incidents, calculated to surprise and to produce fatal consequences, may occur in the most promising moments. We feed the patient well, but not stimulatingly — beef tea, milk, eggs, &c. We continue a decoction of cortic. chinae and lichen Islandici.

The patient has been removed to the ward of convalescents, and ultimately dismissed, as perfectly cured, on the 27th of September.

ON POISONING BY LEAD,

WITH REFLECTIONS ON THE ABSORPTION AND LOCALIZATION OF POISONS.

By Messrs. DANGER and FLANDIN.

[This memoir, read before the Academy of Sciences, sitting of the 29th of January, 1844, is now published for the first time.]

In the last memoir we had the honour of reading to the Academy on poisoning by copper,* we were led, though accessorily, to study the toxicological action of lead and other fixed metals. We therein indicated the process which, in cases of legal medicine, appeared to us the most preferable, in order to discover the presence of these poisons. For lead, this process consisted in carbonizing the animal matter with one-third of its weight of sulphuric acid, to expose the charcoal to a red heat, and then to add first chlorhydric acid and afterwards water. A soluble chloride of lead, free of all organic matter, is thus obtained, on which it is easy to employ the various reagents necessary to discover the metal. As with copper, and other fixed metals, this process enabled us to detect lead when mixed with animal substances in the proportion of one hundred-thousandth part.

Occupied in studying other poisons, it was our intention, at least for the present, to content ourselves with this simple communication relative to lead, as this substance, though deleterious, had not been as yet given with the intent to poison. But a recent trial, in which we appeared as *experts*, and where the crime was said to have been committed by a saturnine compound, laid us under the obligation of continuing our researches on lead, and completing them as far as lay in our power. It is the result of these researches that we read to day to the Academy, and, in order to render them more interesting, we have added reflections on the absorption and localization of poisons, deduced from our experiments performed up to the present day.

Among the different compounds formed by lead, only those that are soluble, or capable of becoming so when introduced into the economy, are poisonous. This conclusion might have been drawn, *à priori*, from certain facts now in the domain of pathological physiology—facts which we contributed to establish when we proved, by our experiments on herbivoræ, that these animals resist when a strong dose of arsenious acid is introduced into the stomach, but are destroyed by one infinitely smaller placed under the skin. It was from this experiment that we deduced the following corollary, which was admitted only after a considerable contestation, that the most active and deleterious part of the poison is that absorbed, whilst that which acts locally is, comparatively speaking, inert. But the fact of the innocuousness of the insoluble compounds of lead is established beyond a doubt by numerous experiments performed by two eminent professors, of Lyons—Messrs. Dupasquier and Rey—and the conclusions drawn from them are infinitely superior to those drawn from analogy or theory.

An important question here present itself, viz., at what dose is the most soluble compound (the sub-acetate) of lead mortal. Christison published a case in which the patient (a man) took by mistake one ounce of this salt dissolved in a glass of water, without being killed by it. In experiments on rabbits, which do not vomit, two drachms and a half did not cause death; to produce this result the dose must be increased to three drachms, and even half an ounce. A dose twice as strong is not sufficient to destroy a dog, which throws up almost immediately the poison decomposed by the stomach, and converted through means of the air expired into an insoluble carbonate. In several experiments on these animals, every fourth hour, by means of the œsophagian sound, very small doses of a solution of sub-acetas plumbi, more or less concentrated, were given, in order to prevent vomiting, or at least so that a very small quantity of the poison given should be rejected, and the result was that death did not take place before the fifteenth or twentieth day, and that the quantity of poison administered during this lapse of time was from five to six and a half drachms.

In the trial before mentioned of the wife of Ponchon and her paramour, considerable divergence existed in the opinions of the toxicologists there heard, on the symptoms observed in cases of poisoning by lead. Some, from three or four observations published of acute poisoning, followed or not by death, by the sub-acetas plumbi, concluded that the symptoms peculiar to this species of poisoning were—

1° Vomiting of a white liquid.

2° Colics similar to those called *colica pictonum*.

3° Obstipatio.

4° Debilitas, aphonia, delirium.

Others, founding their opinion on the experiments made on animals poisoned rapidly with this substance, affirm that the symptoms are not those of saturnine disorders, but similar to those produced by all irritating poisons, viz.,

1° Vomitings of bile or other liquids.

2° Frequent diarrhœic stools.

3° Convulsions, screams, muscular contractions.

4° Intelligence in its normal condition.

Though, in general, the symptoms of a given disease are never exactly the same, and are not less subservient to various accidental circumstances than to its essential or primitive cause, yet here the divergency of opinion remarked may perhaps be explained by the mode in which they interpreted the observations or experiments, as yet but few in number, furnishing the groundwork of their argumentation. Thus, though it is not one of the peculiarities of a soluble compound of lead to give rise to diarrhœa, yet it is sometimes observed in animals which had taken strong doses of the sub-acetate of lead, or any other compound of that metal. The following explanation is perhaps the most plausible:—According to the quantity of poison taken, according to the empty or full state of the digestive canal, the salt of lead may act, after having been absorbed and united with the gastro-intestinal mucous membrane, as a foreign body, in some degree inert, whose presence increases the peristaltic action of the intestines, and an augmentation of the mucous secretion. But in this latter case the leaden compound does not act as a simple irritating poison, for the lesions it produces are of a peculiar nature; and if, perchance, true inflammatory symptoms appear at a later period, they are caused by the reaction produced by the disturbance in the whole system, not as the simple immediate effect of the contact or passage of a substance which is not essentially irritating. It may here be remarked that all cases in which a ligature was placed on the œsophagus after the administration of the poison, ought to be eliminated, because it must be admitted that, after a similar operation, inflammation will never fail to take place.

In cases of acute poisoning, the symptoms we observed in dogs were—vomitings of a white, milky and frothy liquid; sometimes diarrhœa, at other times stools scarce or obstipatio; coma, and in some few cases convulsions and muscular contractions towards the close of their existence; in none did we remark sanguinolent stools. The only characteristic symptom of this species of poisoning is the vomiting of a white liquid containing carbonate of lead, which was formed the moment the sub-acetate came into contact with the atmosphere or with the carbonic acid contained in the air expulsed from the lungs. These liquids, when once seen, will enable the physician to guess pretty exactly as to the nature of the poison; it must not, however, be forgotten that the aliments contained in the stomach may produce changes in their color, and that they may be black, when, from disease or any other cause, sulphydric acid gas is disengaged by the stomach.

When the poisoning has been produced gradually, slowly, under a chronic form, peculiar phenomena are observed: the tongue, the gums, the roof of the mouth, and the teeth become black and are impregnated with sulphuret of lead; features contracted; vision imperfect; eyes glassy and sunk in their orbits; pupils dilated; walk unsteady; pulse small, irregular; excessive weakness. It seems as if the *oppressio virum* of the animal is so great as to place it in the impossibility of uttering a sigh or a groan. In these cases we did not remark the presence of convulsions, contractions of the limbs, or diarrhœa, for the stools were as frequent as usual, or else there was constipation.

In both cases (whether acute or chronic) the pathological lesions observed after death are of a marked character. In the acute, the saturnine compound unites itself with the mucous membrane of the stomach or intestine, tanning it as it were, and forms on its surface a layer or coating of a greyish white colour. When it penetrates but partially here and there, as described by Professor Orfila, streaks and spots of a whitish colour are to be observed, in some respects similar to hypertrophied mucous follicles, but which are easily distinguished by their colour, which is white in the former and red in the latter. In the chronic, the mucous membrane of the digestive organs presents more or less the following colourations; yellow, brown, black, or the intermediate tints; the substances contained in the intestine are of a greyish steel colour more or less deep; the neighbouring organs, especially the liver, offer similar colourations, which disappear partially or in totality when exposed to the air or washed. This circumstance made us conclude that these different colours are owing to the presence of a sulphuret of lead in a state of extreme division, and which, when exposed to the air, is transformed into a colourless sulphate. In the generality of cases the lungs offer an *engorgement* or congestion somewhat like the alterations produced by pneumonia or apoplexia pulmonaris, and which is easily explained, because, in cases of poisoning by lead, that substance is found in the pulmonary organs; not so with other metals, such as copper and antimony.

By our former communications we shewed that metallic poisons are not met with in equal quantities in the same organs, and that if arsenic is transported into certain parts situated at a distance from the spot on which the poison first exercised its influence, it is not the same with antimony and other fixed metals. Thus, neither antimony or copper is to be found in the lungs, and while the first is eliminated from the economy in the urines with great rapidity, the second, after having been absorbed, is thrown off not by the kidneys, but by the pulmonary and digestive mucous membranes. Lead, though not rejected with equal rapidity as antimony, is eliminated

* Medical Times, vol. ix, Nos. 221 and 225.

from the system by the urines rather than by the insensible transpiration.

In cases, whether acute or chronic, when death is the result, the poison is always to be found combined with the mucous membrane of the stomach and intestines, as before mentioned; at the same time it is to be met with in abundance in the liver, in smaller quantities in the spleen, pancreas, kidneys, and finally in the lungs; nowhere else.

How can we explain this partial conveyance of poisons to certain organs, and not to others? How can we explain the difference which exists among metallic poisons as to the preference they offer for certain organs, and still more as to the mode by which they are eliminated from the economy? We, from numerous experiments, consider that we are able to answer one of these questions, but the other has as yet baffled all our researches.

The first circumstance which attracted our attention was, that in cases of poisoning by arsenic, antimony, or copper, no matter when the blood was drawn from the animal, no sensible traces were to be discovered in this liquid; nor is it to be found after death. Does, then, the poison not pass through the circulation?—or, if so, does it take place by intervals, or in such small quantities, in a given time, as to render it difficult, if not impossible, to discover it? At first we concluded that this last mode was that by which it took place.

But, from our experiments, another fact became known to us, viz., that if a poison, a salt of copper especially, is placed under the skin of an animal, and not in sufficient quantity to cause death, it is promptly eliminated by vomiting or by the stools; and yet in these cases the blood drawn, no matter at what period, is not found to contain, when analysed, the slightest traces of copper. By what means does the poison reach the stomach and intestines? Direct experiments proved that it took place by means of the superficial capillary circulation of that class of sub-cutaneous absorbent vessels which open on the surface of the gastro-intestinal mucous membrane. In the stomach, as well as the intestine, that membrane having no epidermis, exhalation takes place in the digestive organs; and the poison is eliminated by this internal transpiration and insensible perspiration, by means of abundant vomitings and diarrhœic stools.

When we call to mind the symptoms which accompany extensive burns of the integumentary surface, we perceive that they seem to indicate their propagation, or, at least, that of the inflammatory irritation, to the gastro-intestinal mucous membrane. Through the medium of what system does this take place? According to the general opinion, by the nervous. But might not this phenomenon take place by means of the vascular or lymphatic systems?—and may we not suppose that there exists a sort of analogy between it and the absorption and transportation of poisons? And may not the capillary circulation be, to a certain degree, independent of the general? In certain species of miasmatic poisonings, such as colics produced by copper or leaden emanations, their pathological effects are limited to one system, viz., the digestive. Is it not possible that here they are introduced into the economy by the lymphatic or vascular sub-cutaneous capillary circulation? If it were by pulmonary absorption, ought not the lungs to be affected the first, or, at least, the disease become general, from the poison being conveyed into the system in the blood?

M. Roard, director of the manufactory of Ceruse, at Clichy, near Paris, informed us that when the workmen, after their daily labour, took care, by his advice, to cleanse their hands with a brush and some soap, they were never affected with the painful colics, which persisted sometimes a considerable length of time with their comrades who turned a deaf ear to his warnings, and neglected taking the necessary precautions. Does not this fact establish a probability, if not a proof, that the absorption of the leaden miasmata takes place on the skin, and perhaps in preference, by that covering the hands, rather than by the respiratory organs?

We cannot express our regret at not having been able to see whether experience and chemical analysis will confirm this assertion, as yet hypothetical, as this proof will be too dearly paid, since it necessitates the death of a fellow-creature. But without a doubt, unfortunately for mankind, opportunities will offer themselves, too soon, alas! to verify the exactitude of these theoretical provisions; and, in case of such an event, we take the liberty of recommending those to whose lot they fall, to analyse the skin and sub-cutaneous vascular *reticulum*, as well as the digestive canal and other organs of the economy.

Every progress in the healing art, though sometimes dearly bought, ought to be of some advantage to mankind. Now, if experience proves the truth of this theory here announced, is it not evident that the prophylactic means, to be recommended to the workmen employed in manufactories of copper and lead, must be grounded on the possibility of attaining the metallic compound combined with the skin, and of changing, by frictions or by repeated lotions, the poison into a soluble substance, which may be eliminated by transpiration, or into an insoluble compound, and consequently inert? This may be obtained by employing lotions containing certain acids, natural or artificial Barege water, or perhaps, what is still more economical and simple, soap and water.

When, instead of being introduced by the skin, the poisons are swallowed, absorption takes place by means of a peculiar venous system, *i. e.*, that of the vena portæ. It is well known to all anatomists that this vein forms a separate vascular system, being composed of branches arising from the stomach, intestines, spleen, and pancreas, and which, after uniting in a common trunk under the liver, enters that organ, and divides itself into innumerable ramifications. Now, direct experiments have revealed to us that it is chiefly, if not exclusively, by these veins that the poison is absorbed in the stomach and intestines; that it is by this peculiar abdominal circulation that it is carried in such abundance into the liver, where alone, in some cases, nearly all is to be found. The vena portæ performs here the part assigned to it by Stahl, when, with admirable acuteness, he said, in his aphoristic style, *Vena portæ, porta malorum.*

Beyond this, facts are wanting to explain:—1°, why certain poisons are eliminated with ease by the urines, whilst others do not escape by this excretion; 2°, why some seem to proceed no further than the liver, whilst others penetrate as far as the lungs, and even the muscles. But even now an important conclusion may be deduced from the empirical facts which we have been enabled to verify: viz., that in cases of forensic medicine the poison must not be sought for indifferently in any organ; or the whole body need not, as formerly, and in many cases in the present time, be analysed except in certain organs only—1°, the liver and the intestinal canal; 2°, the spleen, the pancreas, the kidneys, and the lungs. It is in these organs, to the exclusion of all others, that the poison must be sought for; the heart and blood contain so little, *if any*, that their analysis will be productive of very little, if any, utility, and therefore need not be performed. As to mixing an organ, which for a certainty contains the poison, with one which is only supposed to do so, such a proceeding renders the operation less sure, and compromises its success; for is it not easier to detect the poison in a small than in a large quantity of organic matter?—and if an organ, under the smallest possible volume, contains the greatest quantity of poison, are not the chances greater of its being discovered by our analysis than if the proportions of the animal matter were augmented, without increasing those of the poisonous compound?

Conclusions.

From the facts contained in this and in our former memoir on the toxicology of lead, we think ourselves justified in concluding:—

1° Lead does not exist in the normal state of the human body. 2° The symptoms, and especially the pathological lesions, produced by poisoning by lead, present a peculiar character. 3° That, when death is the result of the introduction of this poison into the economy, it is found with as much certainty as arsenic, antimony, or copper. 4° That it must be sought for in the digestive canal, the liver, the spleen, the kidneys, and the lungs, not in the blood, the heart, the brain, the muscles, and the bones. 5° That it may be discovered in the proportion of 1-100,000th part, and that from one and a half to two ounces of the liver is sufficient to furnish manifest proofs of the poisonous compound; 6° That the best process is, with a very slight modification, *that* we proposed for the research of arsenic, antimony, and copper; it consists in carbonising the animal matter with sulphuric acid, exposing the charcoal to a red heat, and adding first chlorhydric acid and then water, in order to obtain a liquid on which the different reagents are tried. 7° That, very different from copper,—lead, when absorbed, is eliminated by the ordinary secretion. 8° That the poisons are absorbed principally by the vena portæ, which explains why they are to be found in such considerable quantity, and in some cases almost exclusively, in the liver. 9° That, when the poison is placed under the skin, the absorption or the transportation of the morbific substance takes place principally by means of the sub-cutaneous and sub-mucous vascular and lymphatic vessels; exhaled chiefly in the digestive organs by a sort of insensible perspiration, it is rejected by vomitings or by stools, or is absorbed by the capillary vessels of the vena portæ in the same way as if it had been at first introduced into the stomach. 10° That the mode in which the poison is absorbed, when placed under the skin, indicates the prophylactic treatment to be recommended to men who manipulate the compounds of lead or copper, such as acid, sulphurous or soap baths, or lotions. 11° In cases of forensic medicine certain organs only, not any part of the body indifferently, must be analyzed; and above all others, the liver must be chosen, for in the generality of cases the tenth part of this organ is sufficient; this mode of proceeding renders it possible to verify the exactitude of a previous analysis, or to repeat the experiments as often as is necessary to clear up all doubts on the case submitted to the appreciation of the jury.

PARISIAN INTELLIGENCE.

(FROM OUR OWN CORRESPONDENT.)

Paris, March 14, 1844.

On Tumefaction of the Ganglions of the Neck above the Os Hyoides. By Professor Velpeau.—Laura Pepin, servant of all work, ætat 22, generally enjoyed good health; lymphatic; entered the Charité on account of an enormous swelling of the neck. She states that it appeared only a week ago; but in all probability at least a fortnight has elapsed since it began, for being at first very slight it escaped her notice; that the first symptom she perceived was a small tumour situated under the lower jaw on the right side; that this swelling became painful and increased rapidly in size, so much so that it occupied the whole of the right side of the neck, and extended to part of the left. The pain continued to increase, and at last the patient became incapable of opening her mouth; the fluctuation was perceptible on both sides, but especially on the right side, where the skin was much thinner than in the normal state.

The mode of development of this species of inflammation presents certain peculiarities highly interesting, and as they are but little known, it will be useful to draw the attention of practitioners to this subject. When inflammation affects a sub-maxillary lymphatic gland, it seldom happens that the phlegmasia begins in the gland itself. In general there existed, previous to its appearance, an irritation of some of the neighbouring parts; the scalp, the eyes, the nose, and above all the mouth;—it is there that the original cause is to be sought for, not contenting yourselves with the answers given by the patients, who, unaware of the affinity which exists between these lesions, so slight in appearance, reply negatively when questioned as to their presence. The parts therefore ought to be carefully examined in order to discover the primary cause of the disease. But how comes it that irritation in one of these regions produces the tumefaction of the sub-maxillary glands? probably this part is affected in a similar way to those in which there is a number of lymphatic glands. Every one is aware that a wound of the hand or fingers gives rise to tumefaction of the glands in the axilla; that an ulcer on the genital organs causes inflammation

of those of the groin; and in this case the phenomena are produced in a similar manner. Irritating particles are carried from the irritated part by the lymphaties to the ganglion, in which they produce inflammation more or less intense. It must, however, be remembered, that in adenitis in general, and especially in the species now under consideration, it is of the utmost importance to distinguish two elements, two stages, in which the phenomena are far from being identical, viz.: those produced by the inflammation of the gland itself, and those produced by the inflammation of the surrounding parts. All ganglions are surrounded by a mass—an atmosphere, if such a word may be employed—of cellular tissue containing fat; and when it happens, which never fails if the disease is not combated with active remedies at its very outset, that the phlegmasia extends itself to this cellulo-fatty atmosphere, phlegmon is the result. These two shades, or stages, which are to be observed in the development of the disease, exist also in the symptoms. In the first stage, the disorder is very limited, and increases slowly; but as soon as it reaches the second stage, *i. e.*, phlegmasia of the surrounding cellular tissue, it developes itself rapidly, offering all the symptoms of a phlegmon. As to its frequency, experience has proved that abscesses of the supra-hyoidian region are common, and that they offer almost all the above-mentioned characters. Their terminations present considerable variety, and in order to have a correct idea, we must constantly bear in mind the anatomical disposition of the ganglions, the seat of the disease. These ganglions are so near to the sub-maxillary gland, that this last was supposed to have been removed, in cases where only some of these ganglions had been extirpated. Placed between the aponeurosis, and the hyo-glossus and genio-glossus muscles, it is not to the abscess of the gland itself, but to its complications that the diversity of terminations is to be attributed. Thus, if the phlegmasia of one of these glands propagates itself to the superficial cellular tissue, the pus will approach the surface of the body, and finally escape outwardly; if, on the contrary, the inflammation affects the deep-seated cellular tissue, placed between the ganglion and the buccal mucous membrane, the swelling will be very small exteriorly, but the patient will experience considerable uneasiness interiorly; sometimes the tumefaction is so great as to threaten to produce suffocation, and finally the abscess bursts in the mouth. This last mode of termination is far less frequent than the former. The prognosis of abscesses of these ganglions varies likewise. If the pus pierces the skin and escapes thus, the prognosis is favourable; if, on the contrary, it spreads in different directions, towards the parotid gland, into the axilla, beside the sheath of the tendons, vessels, or nerves, then it is easy to imagine its descending behind the sternum, or along the vertebræ, larynx, and œsophagus, and producing divers accidents, such as caries, necrosis, &c. *Treatment*:—It differs according to the nature of the inflammation, its intensity, and the accidents which complicate it. In the beginning, if there be fever, an antiphlogistic treatment must be employed; general and local bleeding repeated more or less, according to the constitution of the patient, and the intensity of the symptoms, with emollient and discutient applications. In following this treatment, in some few cases the suppuration may be prevented; this, however, unfortunately takes place very seldom, though the utmost promptitude is employed in its administration. But two other remedies produce, (if employed in opportune moments, *i. e.*, those in which the pus is not yet, or is about to be formed), considerable benefit. The first consists in making one or several punctures on the swelling, not with the intent of evacuating the pus, since it does not exist, but to procure the resolution of the swelling; the same method is useful when it is doubtful whether suppuration has taken place, and in orchitis. The second, in the application of a temporary blister on the tumour; the result produced is the resolution of the disease even when the inflammation is very acute; nay, more, as the following fact will shew:—In a *concours* for the chair of Clinical Surgery at the Faculty of Medicine, one of the candidates, M. Berard, jun., was requested to examine a patient affected with a tumour, in which fluctuation was easily appreciable; a temporary blister placed on it caused a diminution, and a second the cure. These two methods, the latter especially, are useful when the patients dread the operation, and in females in order to avoid a cicatrix. If they fail, we must have recourse to emollient cataplasms until the pus is formed, and then its evacuation by means of the bistoury. Some persons have expressed a fear, that in performing this operation, some of the arteries, especially the facial and lingual, situated in the vicinity of the abscess, may be wounded; but this is impossible when the tumour is considerable, and the danger not so great as is supposed, even when the abscess is small, and the fluctuation obscure and doubtful. When a tumour is formed, it separates the different tissues, pushes the facial artery outwardly, and the lingual inwardly, and it becomes very easy to avoid wounding the first in not plunging the bistoury deeper than absolutely necessary to procure the evacuation of the pus, and the second in opening the abscess just before the facial artery. Finally, these ganglionary abscesses ought to be opened as soon as possible, to avoid their extending deeper, and the opening need not be very large, because the retractility of this region is sufficient to evacuate the pus according as it is formed.

Fracture of the Ribs.—Professor Roux presented the following remarks on a case of *fracture of the 6th, 7th, and 8th ribs on the right side, complicated with sub-cutaneous emphysema, laceration of the lungs, pneumo-thorax, and effusion of blood in the cavity of the pleura.* A young man, aged 16, was on the 16th December, 1843, struck violently by the shaft of a cart, and brought to the Hotel Dieu immediately after the accident. The next day examined, he presented the following symptoms:—Dyspnœa; facies animated and expressive of pain; on placing the hand on the walls of the thorax, the crepitation indicative of sub-cutaneous emphysema was perceptible; this gaseous infiltration extended itself to the whole of the right side of the thorax, the arm and the neck on the same side; severe pain in the spot struck by the shaft, *i. e.*, the right side of the chest inferiorly and laterally; no excoriations or ecchymoses. This pain was so intense, that it became necessary to abandon the examination in order to ascertain the precise spot in which the ribs were fractured. Anteriorly, considerable sonoreity on percussion; on auscultation absence of the respiratory murmur; posteriorly, dulness on percussion, œgophony by auscultation; no hemoptysis; the patient dares not make the least effort to expectorate, for fear of increasing the pain in the side; pulse full and frequent. *Diagnosis—laceration of the right lung complicated with an effusion of blood and gas in the pleura.* (Venesection twelve ounces; bandage round the body; diet.) The same evening the symptoms continuing to be the same, twelve ounces of blood were again drawn from the patient. 18. Dyspnœa intense; dulness higher posteriorly than the day before; (25 leeches to the chest.) 19. The emphysema had disappeared, but the other symptoms had increased in intensity. 20. Orthopnœa; lips of a violet colour; effusion in the thorax considerable; pulse small, rapid; and death seemed to be imminent. In such a state the operation appeared indispensable; and, as in all probability the lung was not surrounded by a false membrane of sufficient resistance to prevent its developing itself, and performing its functions after the evacuation of the liquid effusion, it was decided upon. But before operating, said the professor, some remarks on the case may not be out of place. First, how was the sub-cutaneous emphysema produced? This phenomenon is easily explained; evidently the air contained in the cellular tissue came from the lungs as follows:—The lung lacerated, allows the air contained in the bronchi to pass into the pleura; but if an adherence exists between the lung and the walls of the chest at the spot where the ribs are fractured, the air passes immediately into the cellular tissue and produces emphysema. These adherences are useful by limiting internally the disease, for danger is greatly diminished. Thirty years ago I published a memoir on this subject, and though I had then but few clinical facts, yet by theory I sought to prove that in cases of penetrating wounds of the chest, the prognosis is more favourable when the lung adhered to the walls of the thorax, because the air could not enter the cavity of the pleura. Since then numerous observations have confirmed this theory. On the contrary, if the lung is in its normal condition, when wounded by the splinters of the fractured rib, the air contained in the bronchi first enters the pleura, and produces pneumo-thorax; and afterwards a certain quantity, through the part corresponding to the broken rib, passes into the sub-cutaneous cellular tissue, and gives rise to a traumatic emphysema. Now, what happens in such cases? The emphysema disappears gradually, but the intra-pleural effusion increases more or less rapidly, and needs an operation in order to give relief. But in the present case, what is the precise condition of the patient? Is there an effusion of blood mixed with air in the pleura? This is probable, though it is impossible to say that this positively is the case, the diagnosis being somewhat obscure; what is certain is the dyspnœa; the decubetus on the affected side; and these symptoms, added to those furnished by percussion, enabled me to establish the diagnosis. The effusion was here extremely rapid, and such cases must be distinguished from those which take place but slowly, on account of the treatment, which is very different, in the two. I have performed paracentesis of the thorax but twice for an effusion in the pleura, produced by a wound penetrating into the lungs; whilst I have several times had opportunities of so doing in cases of purulent, or seropurulent chronic effusions produced gradually, and with which the lung had become to a degree accustomed. Valentin stated, that in cases of an effusion of blood produced by a traumatic cause, in general an ecchymosis appears on the skin near the basis of the thorax, as if a certain quantity of blood had infiltrated the sub-cutaneous cellular tissue. This symptom, given by him as pathognomonic, was at first supposed to be erroneous, but numerous facts have since proved it to be correct; one case especially, which occurred in my wards while surgeon at the Charité, of a fracture of the ribs; the ecchymosis existed in the spot pointed out by Valentin, was evidently produced by an infiltration of blood proceeding from the effusion in the chest, and could not here be attributed to the vessels torn by the fracture, as this last occupied the upper part of the thorax. Paracentesis allowed a considerable quantity of fluid to escape, and the patient recovered. I think, in the present case, the operation is indispensable. If I were certain that the pleura contained only air, a puncture simply with the trocar would suffice; but as in all probability there is a liquid mixed with gas, a large opening must be made in the skin and muscles, in order to allow the former to escape freely, the more so as the danger is not so great as might be supposed. The fit time for performing it is very important, but very difficult to decide; all I will say is, that paracentesis of the thorax is less dangerous in traumatic and recent effusions than in those produced slowly by a chronic disease of the pleura or lungs. In the former, the thoracic organs are still in their normal condition,—their functions have been disturbed but for a very short period, and the obstacle removed by evacuating the liquid, nothing prevents them performing them as before the accident;—in the latter, on the contrary, the organs present diverse lesions, which being the cause of the effusion, will not disappear easily when the liquid is evacuated. The operation in this case was performed higher than usual, because in the ordinary place the ribs could not be distinguished, and it was necessary to avoid wounding the liver, which might have occurred had it been done lower. The incision of the integuments and muscles was large, on account of the probable existence of adherences between the lungs and chest, by which the escape of the liquid might be prevented. This was found to be the case, and it became necessary to introduce the finger by the wound to remove this obstacle. This fluid was composed of blood mixed with serosity, and it escaped with a jerking motion isochronal with the respiration, until the chest was completely empty. Here there was less danger in evacuating the whole of the liquid, than when the effusion was chronic and purulent, or only serous, because the elasticity of the lungs permits their filling up the void made by the escape of the liquid. In chronic effusions,

when the patient recovers, the lung never regains its primitive size, and as it cannot fill up the space left, the parietes of the thorax sink, and the chest of the patient, instead of being as before convex, is more or less flattened on the diseased side. It is on this account that the liquid must be evacuated by degrees, and at different times, so as to allow the lung to regain as much as possible its former dimensions, and become apt to perform its functions. Unfortunately the operation was productive of no great benefit to our patient, for in the course of the day he became very agitated, and five or six hours after the operation died. What was the cause of death? Was it the operation? Was it owing to the air penetrating into the chest through the incision? Or was it in consequence of the shock produced on the nervous system? It is impossible to say to what cause it ought to be attributed. *Autopsy:*—After removing all the muscles from the thorax, the 6th, 7th, and 8th ribs were found to be fractured, the splinters directed inwardly; lungs lacerated to a considerable extent; in other respects healthy; around the wounded part existed some pseudo-membranes adhering here and there to the ribs; about lb. ij of bloody serosity in the right pleura; a small quantity of serum in the left; diaphragm scratched slightly opposite the 8th rib; lesion evidently produced by the splinter of the bone; liver contused in the spot corresponding to the outward lesion; nothing remarkable in the other organs.

Academy of Sciences—Sitting of the 11th March, 1844. Baron Ch. Dupin in the Chair.—Books received—Travels through the Alps, and other parts of the Pennine Chain, with Observations on the Phenomena of Glaciers. By Jas. D. Forbes, F.R.S., Sec. R.S., Corresponding Member of the Institute of France, &c.; with an Altas.—Proceedings of Learned Societies in England, Scotland, and Ireland.

On Animal Electricity.—Professor Dumas read to the Academy a letter from "M. Matteucci. "In all my former researches and experiments, I constantly failed in forming a voltaic pile with living animals of *warm blood;* and it was only theoretically that I formed the conclusion, that though the electric phenomena developed by muscular fibre is more and more lasting as the animal descends in the scale, still it ought to be stronger and stronger as the animal is placed higher in the same scale; and at length, after much trouble, I proved its exactitude by the following experiment:—The thighs of five live pigeons were flayed, on one the surface of a muscle was laid bare, on the other the interior. With my galvanometer I obtained a current of 15° from the interior of the muscle towards its surface, which, after a few minutes, was only 6° in a similar direction. The flow and coagulation of the blood is one of the causes of this decrease, for if removed the current increases several degrees. The greatest difficulty is to keep the parts always in contact, and this I obtain by means of small pincers, or a ligature. A comparative essay with five frogs, gave 10°. Thus the electric current developed by muscles is more and more intense as the animals are situated higher in the scale of beings, which proves its affinity with the chemical action of nutrition, and of the formation of tissues from the arterial blood."

On Tubercles.—Dr. Lebert read a memoir containing his *microscopical and physiological researches on tuberculization.* The conclusions of the author are—1°, that the constant microscopical elements of tubercles are granular particles, an inter-globular hyaline substance, and the corpuscles or globules peculiar to tubercles, of an irregular, angulous shape; angles rounded; contour generally very distinct; containing interiorly, in the midst of a yellowish and somewhat opaline matter, a certain quantity of small grains, but no kernel; but little acted upon by water, ether, or weak acids; dissolved by a concentrated solution of caustic potass, strong acids, and ammonia. 2° The variations in the size of the globules in tubercles are independent of the age of the patient, and the organs in which they develope themselves. The firm yellow tubercle ought to be chosen when we wish to study their composition. 3° Microscopical examination proves that the opinion which considers tuberculous matter and its globules to be but pus modified, is erroneous, there being a marked difference between the *corpusculi* of the tubercle and those of pus. The latter are larger; spherical; contain one or more kernels, offer an unequal surface, similar to that of a raspberry; generally free of adherences with, and isolated from, each other; whilst the former, especially when firm, are united together. Those of a cancer are three or four times larger, and contain a kernel, in which are two or three smaller ones. 4° In sarcocèle, as well as in scirrhus and encephaloïdes of the breast, a cheesy, yellowish substance exists, very similar to what is met with in a tubercle; but, on examination with a microscope, the kernels contained in the globules of cancer are infiltrated with fat, and it is these kernels which, on softening, offer some resemblance with the corpusculi of the tubercle. 5° When a tubercle softens, its interglobular substance is liquified; its corpusculi are disunited, become round, and sometimes, by the absorption of the liquid parts, appear larger; this is not to be considered as an increase of size, but, on the contrary, a commencement of decomposition. 6° The pus, which is sometimes found mixed with the softened tubercle, proceeds from the surrounding parts, and never from a transformation of the tubercle itself; but pus changes rapidly the characteristic signs of the tubercle, and renders it difficult to recognize them. 7° The globules of tubercles, when softened, are at length changed into a granular fluid, and the ramollissement becomes thus liquid. 8° The microscope shows that the cretaceous substance, into which tubercles are sometimes converted, is amorphous, and mixed often with crystals of cholesterine and the elements of pigmentum. In these cases part of the globules are absorbed, the remaining portion continuing a long time intact. 9° Fat, melanosis, fibres of greenish globules, and crystals, having the shape of those of the phosphate of ammonia and magnesia, are to be found in the tubercles. 10° The elements of inflammation, exudation, suppuration, and the different portions of epithelium, may be perceived by the microscope mixed with those of tubercles, and give rise thus to errors. 11° The seat of the tubercles in the lungs is, in general, the intervesicular elastic cellular tissue; in some cases they are secreted in the pulmonary vesicles, or the capillary bronchi. 12° The tissue surrounding the tubercles is either in its normal condition or inflamed; in this last case the phlegmasia, whether affecting a lobe or lobule, does not present any specific characters. 13° The degree of consistency of a lung affected with acute or chronic inflammation is more or less according to the fibrin, liquid *blastème,* or globules it contains. When the fibrin is in excess, it is indurated; the predominance of the two latter produce a ramollissement, and the mixture in equal quantities give rise to a moderate degree of consistency. 14° The grey, semi-transparent granulations of the lungs are composed of tubercular globules; of an interglobular substance, more abundant and more transparent than in the yellow tubercle; and of pulmonary fibres more or less entire. They are not always the origin of the miliary tubercle, for this last exists as such from the beginning. 15° Microscopical examination proves that the grey granulation is not caused by inflammation. 16° The tubercular excavation is a pulmonary ulcer, analogous to an ulcer of the skin, or a tubercular one in the intestines, and is not of necessity the result of suppuration. In general phthisis is accompanied by an ulcerous diathesis. 17° The liquid contained in the excavations is composed of the following elements:—Tubercular matter, formed by turgid or diffluent globules, pyoid globules, granular globules, mucus and muco-pus, globules of blood, pulmonary fibres, black pigmentum, epithelium, crystals, globules of fat. It is, however, very rarely that all are found in the same patient. 18° Under the pseudo-membrane, in which this liquid is contained, exists a true pyogenic fibro-vascular membrane. In general it is not entire, because the tubercles expulsed from time to time lacerate it. 19° This pyogenic membrane is the mode employed by nature to isolate the excavation, and to effect the cure. The cicatrization is frequently hastened by a fibrous secretion, accompanied in some cases by a cretaceous deposit. 20° The expectoration of phthisical patients is composed of mucus, globules of pus, epithelium, an abundant granular matter, proceeding probably from a certain quantity of diffluent tubercular substance, small yellowish pellicles, remains of pseudo-membranes, pulmonary fibres, vesicles of fat, globules of blood mixed with fibrin, granular globules, substances mixed by accident, such as remains of food, &c. 21° The expectoration in phthisis has no peculiar characters, the presence of pulmonary fibres being the only certain proof that it came from an excavation in the lungs; besides which the greater part comes from the bronchi. 22° The thickening of the pleura, which complicates almost every case of tuberculization, is not caused solely by inflammation, but also by increased nutrition. The vascularity of the pleura is greater, because it receives a part of the blood which circulated in the capillary vessels of the surface of the lungs; this membrane becomes thus, in phthisis, a supplementary organ for the circulation, and increases the number of anastomoses with the aortic circulation. 23° No new vessels, independent of the general circulation, are formed around the tubercles, or in the pleural pseudo-membrane, but arise from the general circulation in a centrifugal manner. 24° The cartilaginous transformation of pseudo-membranes is but the development of a dense fibrous texture; their ossification is nothing more than a collection or deposit of an amorphous mineral substance. 25° Tubercles of the bones are not so frequent as supposed; concrete pus is often taken for tubercle. In doubtful cases, the microscope alone can decide the question. 26° Scrofulous diseases must be separated from tubercular; the same remark is applicable to chronic inflammations of the eyes, the glands, the skin, the bones, and the articulations, in which no peculiar dyscrasia is appreciable. It is to be hoped that some observer will determine with exactitude the characters peculiar to scrofula, a subject of the highest importance. 27° The grey granulations of the membranes of the brain contain, in a fibrous net-work, tubercular globules. 28° The liver is sometimes the seat of extensive tuberculization, in which case it is often supposed to be affected with cancer; on the contrary, sometimes this last offers the appearance of the first. With the microscope this error is impossible, as it discovers, in the first case, the globules of tubercle; in the second, the irregular tubercles of encephaloides. 29° The fatty degenerescence of the liver and heart, described by M. Bizot, shows that in phthisis there is a tendency to the formation of fatty deposits in the interior, whilst it disappears exteriorly. 30° Intestinal perforation, caused by the presence of tubercles in the peritoneum, produces, in some few cases, an adhesive inflammation between these organs and the abdominal parietes, and an artificial anus, permitting thus the patient to live some time longer. This intestinal fistula is analogous to those of the bronchi, met with sometimes in phthisical patients on the sternum or neck. 31° The consistency of the firm sub-mucous intestinal tubercle is less than that of other organs. Tuberculous ulcers of the intestines do not secrete pus; all that is seen is the detritus of the mucous and muscular membranes, mixed with diffluent tubercular matter, and cylindrical cells of the epithelium, which might be taken for pus globules. 32° Polypous, melanotic, and tubercular excrescences, are to be met with sometimes on the diseased intestinal mucous membrane. 33° In some cases, extremely rare, tubercular matter is found on the walls of the arteries. 34° The pericardium contains sometimes a considerable quantity of tubercular matter in a pseudo-membrane. In a case in which there existed an adherence between the pericardium and the surrounding parts, the branches of the coronary artery anastomosed with those on the surface of the lungs. 35° The tubercle is not a preservative from cancer, and *vice versâ;* not only do they exist simultaneously, but, likewise, nothing proves that the one prevents the other, when present, going as usual through its different stages. In general, one cannot be too reserved in announcing preservative laws in pathology.

On Gelatine.—The Dutch Institute addressed the copy of a report made on a series of experiments on gelatine, by which it appears that this substance is not alimentary.

M. Gagnage addressed a memoir on embalmment.

Academy of Medicine. Sitting of the 12th March. M. Ferrus in the chair.—Dr. Colombat de l'Isire presented a pamphlet, "Reply to Dr. Becquerel, or Refutation of his Treatise on Psellismus" (v. *Medical Times*, vol. IX., No. 222, p. 161), in which he states that, since 1826, his attention has been directed in a special manner to the study of this disease, and therefore he could not have copied M. Jourdant, and that M. Jourdant's, on the contrary, is a copy of his and M. Malebouche's method.

Messrs. Ricord, Larrey, Denonvilliers, and Laugier write to solicit being placed on the list of candidates for the vacant seat (section of operative surgery).—The members named commissaries to judge the memoirs presented for the different prizes are—for *that of the Academy*, Messrs. Velpeau, Cruveilhier, Andral, Martin-Solon, and Moreau—*Portal prize*, Messrs. Blandin, Poiseuille, Melier, Rayer, Allard—*Civrieux prize*, Messrs. Falret, Prus, Rozer-Collard, Ferrus, Londe—*Argenteuil prize*, Messrs. Villeneuve, Segalas, Amussat, Berard, Lagneau, Jobert de Lamballe, Merat.

The discussion on Professor Cruveilhier's memoir renewed.—M. Castel: The ideas announced by the learned author of the memoir offer several contrasts. 1° In the hypothesis which admits the possibility of a fibrous tumour developing itself in an organ not fibrous. 2° In the precepts deduced from a defective theory founded, I may say, on a fiction. It is impossible to be mistaken as to the precise meaning of the term fibrous tumours, for our honourable colleague clearly states that he indicates under that denomination tumors which, in general, develope themselves in a fibrous tissue; adding that they ought to be included in the fibro-cartilaginous tissue described by Bichat, if such a tissue can be said to exist. The author considers the fibrous tumours of the mammæ, an organ abounding in lymphatics and cellular tissue, of the same nature as those of the uterus—which last organ contains numerous blood-vessels, is formed of strong, powerful muscles, and a certain quantity of fibrous tissue. Baglivi reckoned the erroneous analogies (*falsum analogiarum genus*) as one of the drawbacks to the progress of medicine, and the present disease may be placed in that class. A tumour placed on a bone contains phosphate of lime like a bone, and yet it is produced by the periosteum; the mucous membrane of the nose is not the seat of a polypus, and in order to place them among fibrous tumors it was necessary to shew that they originated in the periosteum of the bone. If, then, the nature of these tumours, their mode of development, their stages, &c., belong exclusively to a given tissue, how comes it that they are composed of such a variety of elements? How comes it that they are sometimes hard, at others soft, or fleshy, or spongious; here of a chalky or gypseous, there of a cartilaginous nature? How is it possible to admit a common origin in a disease which presents so great a diversity in its form, consistency, composition, and mode of development? The opinion that a disease attacks one tissue only, when the organ it affects is composed of many others, is a conjecture owing to false inductions drawn from pathological anatomy, a science, I admit, so useful when correctly interpreted. But the modifications just mentioned, and their not increasing in size, are not sufficient to justify the conclusion that they are of a peculiar nature, and that they are not the embryo of a disease which will develope itself at a later period. The women, says our colleague, were eighty years old; but is the eightieth year the *ne plus ultra* of life, or of the possibility of their degenerating? The authors of the *Histoire de Chirurgie* did not hesitate to state that cancer would cause death in the greater number of cases, if the patient lived long enough; and before them, the commenator of Boerhaave said,—"*Dum inevitabile etium vitæ sanæ affectu vasis collosis factis, ad fatalem vitæ ducemus terminum.*" In conclusion I will add, that the excessive or improper use of the bistoury may be criticised; but, in this respect, the opinion of Boyer, *that in many cases scirrhus remains stationary, and never degenerates*, is sufficient; and that it was not at all necessary to create an equivocal and fantastic diagnosis of tumours of the breast.—A speech of M. *Hervey de Chegoin* was then read by M. Dubois d'Amiens, annual secretary. The author, after mentioning cases proving that several of these tumours may exist simultaneously or successively, continues thus:—Though what I am now about to say will perhaps be considered as a heresy in surgery, yet, as the smallest tumours relapse, in my opinion the older they are the greater the chances of recovery; that when operated on at an early period, if it was true that at their origin they were local, they ought never to relapse; but as this takes place, evidently the disease is already general; that the relapse is not owing to the presence of a portion of the tumour left after the operation, for the surgeon extends his incision to the healthy surrounding parts; that when old-standing tumours are removed, it is more on account of the pressure they exercise on the nerves and vessels adjoining, than because they are cancerous; that the cancerous diathesis is not a counter-indication to the operation, for it may exist in cancers supposed, according to the general opinion, to be local; and do we not see patients affected with a cancerous ulcer, with the appearance of perfect health, cured after the operation? that cancer may be cured by the remedies recommended, viz., caustics, cautery, the knife, and compression; this last especially is often very efficacious; and that, though I will not assert that fibrous tumours never degenerate, still I have never had an opportunity of observing it.

M. Amussat then presented a tumour which he had removed from the head of a lady aged seventy-four. (This observation, from the kindness of the author, will be published at length in the *Medical Times*.)

Garland de Beaumont, D.M.P., B.L., & S.,
Honorary Physician to the Spanish Embassy.

MEMORANDA IN FORENSIC MEDICINE

[Corrected and arranged from sources foreign and domestic; by T. Piers Healey, Esq., of the Middle Temple, Barrister-at-Law.]

INFANTICIDE.

Mathyessens, a Belgian physician, allowing that dirt or ashes may be found in the mouth, the pharynx, and larynx, though the child be born dead, insists, from the mucosity of these parts, and the length and flattening of the œsophagus, that such foreign bodies cannot enter it by gravity alone, and that when found in the stomach and intestines, they must have got there by an act of deglutition. The child consequently lived. The time the child survived the violence is measured by the extent of the intestinal canal traversed by the foreign bodies.

Huenefield, a German savan, suggests, says the "British and Foreign Medical Review," a new *documastic* test. The air remaining in the lungs consists of azote, with some carbonic acid. A solution of deoxidised indigo, on being injected, assumes merely a greenish tint. The residual air is retained with great force in the lung; the whole being expelled only after boiling in water, whereupon a lung that has breathed sinks to the bottom of the vessel. A large amount of air is thus obtained. The specific gravity of the lung which has breathed is about that of ether: therefore it floats in alcohol and oil of turpentine. The lungs can be washed with chlorine water, nay, even steeped in it some time without losing their buoyancy.

Mr. Wilson gives, in the "Medical Gazette," March 1, a case of poisoning by the bichromate of potash. The death took place in eleven or twelve hours. The gastritis was neither general nor severe, as proved by post mortem examination: there was neither vomiting nor purging; and a child who slept with the deceased on the night in which he died was no way disturbed. Mr. Wilson concludes that the bichromate of potash acted rather as a narcotic than irritant poison, and that the deceased died a painless death by syncope.

The "Gazette des Hopitaux" gives a case illustrative of the fallacy of the hydrostatic test. The child was born of a phthisical mother, in a Paris hospital, was small, weak, without perceptible pulse in the radial or brachial arteries; languid respiration, yet a crepitant râle was distinctly heard on auscultation over the whole chest. The child languished, and died in eighteen hours. The mother followed a few days after. On the autopsy, the lungs were found hepatised, small, not to be in the usual place, but in the posterior part of the chest, and when plunged into water immediately sunk to the bottom. One, when cut through in many places, and immersed in water gave out but five or six small air bubbles; and the other, though inflated and so changed in colour, sunk to the bottom, and regained its pristine hue when the bellows was removed.

Dr. Holst, in Schmidt's Jahrbucher, mentions a woman, frightened in the twenty-fifth week of her pregnancy, giving birth to a living child, one and a half pounds in weight, and thirteen inches long. It could not suck, had natural evacuations, slept almost constantly. It died in sixty-six and a half hours. A pathological description of the child is given by the Doctor.

In the recent number of the "Annales d'Hygiène," experiments are given to shew the effects of spirits of wine on a fœtus. A woman asserted that she had delivered herself of a dead fœtus on the 24th September; that she placed it in brandy the same day, took it out on the 26th, and replaced it on the 27th; and that on the 29th she took it for the last time out of the brandy, and immediately put it into spirits of wine, where it remained till the 12th of October, when it was taken away to be examined. The French *experts* followed the same course, and came to the conclusion that the fœtus was in the beginning of the seventh month of intra-uterine life, and that it was not that of which the woman delivered herself on the 24th September. I cannot find whether this evidence weighed much with the jury on the trial.

Dr. Lonsdale, of Edinburgh, communicates, in the "Edinburgh Medical and Surgical Journal" for October, the case of a child, about whose being born alive much doubt existed. The cerebellum and the portion of the bone in which it is lodged were wanting; there was no vestige of the medulla oblangata or spinal cord; the posterior arches of the vertebræ were wanting. The lungs sunk in water, as well separately as in cut portions; no air could be pressed out of them under water. Medical opinions concurred in declaring that the child could not have breathed. A minute dissection is given.

POISONS.

Dr. T. Romeyn Beck, in the American "Journal of Medical Sciences" for January last, favours us with a careful compilation of the opinions of our standard authorities on the action of sulphate of potash, showing that they represent it as the article in the "Materia Medica" least likely to produce severe or poisonous effects, and then giving the recent cases and opinions, which *shew*, as he thinks, that it is poisonous in large doses. The first case is that of Dr. Bayard, "Annales d' Hygiène," vol. 27, in which a dose of 1½ oz. caused the death of a healthy woman in her confinement, in an hour and a half. The others are in "Mem. Acad. Nat. Cur. 1672," from Griselius, and in "Journal de Medicine," vol. 62, by Sobaux, and "Journal de Pharmacie," March, 1843, by Moritz, and in the *Medical Times* (the case of Haynes) of last year. Dr. Beck, considering the tonic power of zinc, and the unlikelihood of its admission in the manufacture of the sulphate, does not concur in the opinion of Moritz, that zinc has been the cause of the deleterious effects attributed to this medicine.

The "Echo du Monde Savant," gives three cases of poisoning. The first was from the use of (conium maculatum), the garden hemlock, which was used as chervil in a salad. The effects were violent on all using it. The second occurred two years since, when a boy died after two days of excruciating suffering, from having eaten largely of laurel roses. The third is equally odd, but more interesting:—Some French soldiers, while in Spain, took the branch of the laurel rose tree, which in Spain grows to a great size, and used it as a spit for the meat they were roasting. The twelve who partook of the meat were all ill, and some of them died in consequence.

M. Bouchardat et Sandras gives an important article in the "Bulletin Général de Therapeutique," of October last, presenting the results

of very careful and laborious researches on the antidotes to a few poisons. They affirm that—1. A mixture of zinc powder and iron, reduced by the "hydrogéne," and the persulphate of hydrated peroxyde of iron, are antidotes for corrosive sublimate:—2. That a mixture of pulverized zinc and iron, iron reduced by hydrogéne, porphyrized iron, the limaille of zinc—the persulphate of hydrated peroxyde of iron, are antidotes to copper. 3. That the humid peroxyde of hydrated iron is an antidote to lead. 4. That the humid or dry peroxyde of iron are antidotes to arsenious acid. They agree with M. Dumas in recommending the pulverized zinc and iron to be given in electuaries.

In the "Journal de Chimie," M. Audouard writes insisting that mercury can be detected certainly in the urine and saliva only by Orfila's process, by which the animal matter is removed. In a decided case of mercurial salivation, this chemist obtained saliva, some of which was of the consistence of mucilage. After twenty-four hours rest there was no deposit. It could not be filtered. For three hours a stream of chlorine was now passed through it. It then stood for a day, when there was a copious deposit of yellowish white floeculi. The liquid, which now became clear, was filtered, evaporated by gentle heat to dryness, and adding fifteen grammes of warm distilled water, slightly acidulated, four small plates of bright copper were placed on it. After twenty-four hours they were all covered with numerous white spots, one of which, acted upon by concentrated muriatic acid for hours, presented no change. The others were finely divided, introduced into a glass tube, and acted on by the heat of a spirit lamp, small metallic, evidently mercurial, were globules soon produced.

La Presse, of Paris, mentions that, at the city of La Haye, more than eighty persons had been poisoned by the use of a salt sold at a cheap rate, and containing about one-fifth of arsenic. One only had died.

Lead in Macouba Snuff.—Otto, of Copenhagen, gives, in the "Zeitschrift fur die Gesammte Medecin," a case of gradually impaired health, followed by death, the case showing all the symptoms arising from the constant ingestion of lead in small quantities. On examination, the kind of snuff used by the deceased was found to contain from 16 to 20 per cent. of lead; and this singularity explained the fatal result.

In the "Gazette Med. de Montpellier," I find recorded the immediate death of a child, nine months old, in violent convulsions from the ingestion of cherry-laurel water given instead of black cherry water. The following was the formula used, the dose being a spoonful:—

Black cherry water, 120 grammes;
Syrup of Tolu, 30 ditto;
Myrrh, 1 ditto;
Calomel, 1 ditto;
Laudanum, 3 drops.

Dr. T. R. Beck, in the "American Journal of Medical Sciences," gives a legal decision pronounced in the New York Court of Justice, affirming that the words "death by his own hand," in a policy of insurance, did not refer to an act of self-slaughter by a *madman*, and that consequently the administrators of a man who, in a fit of insanity, had destroyed himself, were entitled to recover from the company the amount of the policy.

Dr. Frampton informs us in the "Medical Gazette" that he thus tests corrosive sublimate:—He rubs a grain of corrosive sublimate with several grains of pure metallic silver in powder; the mixture blackens, and on placing the powder in the bulb of a small tube, he obtains by heat a distinct ring of metallic mercurial globules in the neck of the tube. When organic matters are in question, liquor potassæ is boiled for some time on the metal, and liquor ammoniæ added to the sediment to dissolve the chloride of silver. He then pours off this, washes and dries sediment, places in the tube, &c., with same result. Similar results were also obtained with gelatine and sanguineous serum from a hydrocephalic patient. A writer doubts the efficacy of the test for vegetable mixtures, because a corrosive sublimate is induced by vegetable organic principles, so that hydrochloric acid will not act upon nor redissolve the mercury.

Dr. Christison gives, in the "Edinburgh Medical and Surgical Journal" for October last, an interesting case, showing that not only the seeds, young pods, and leaves of the laburnum are poisonous, but also (what has not been previously understood) the *bark*, which he calls a narcotico-acid poison, which acts very energetically. In very small doses it acts as a dangerous irritant to the stomach and intestines.

SUDDEN NATURAL DEATHS.

Dr. M. Hall, in his Gulstonian Lectures, opposes Bichat in referring sudden death to the heart, lungs, and brain; he attributes it in every case to arrested coronary circulation, or to lesion of the medulla oblongata.

I learn from a friend at Brussels that M. Delahage, a government medical officer of great experience residing at Bruges, has been recently examining, with great attention, the relative frequency of cases in which the brain, lungs, or heart, is the instrument of producing sudden death. His conclusion, after the most extensive investigations, is that the heart is more the cause of sudden death than either of the other two organs.

Dr. Alle, in the "Oester. Med. Wochens.," tells us of a pregnant young woman who, after violent dancing, was seized with violent pain; the abdomen became cold, pulseless, showed all the symptoms of effusion of blood into the abdomen, and she died almost immediately. The autopsy discovered the abdomen to be full of both fluid and coagulated blood, and he supposed that the hæmorrhage proceeded from a rupture of the ovarium, in consequence of extra uterine conception, but it was disproved by the healthy state of the uterine organs. The left gastro-epiploic artery, which was enlarged into an aneurism, had there given way.

(To be continued.)

EXTRACTS FROM FOREIGN JOURNALS.

Ptyalism regarded as a Curative Means.—Dr. J. De Muynck addressed a letter to the *Societé de Medeeine de Gand*, in which, speaking of the utility of salivation in venereal affections, he lays down the following propositions:—1st, Artificial salivation has an extraordinary influence over the destruction of the syphilitic virus. 2nd. A person cannot be pronounced as cured of the venereal disease, unless he has been subjected to ptyalism. 3rd. An abundant salivary evacuation is the only sure, not to say infallible, sign of the cure of this cruel malady.—The admission of these propositions was rejected by the reporters nominated by the society, grounding their opposition upon the opinions of M.M. Cullerier, Ricord, and Chassaguy, who regard salivation as the most grave accident accompanying the administration of mercury in syphilitic affections, and who counsel the avoidance of it by every possible means.

Practical Remarks on Serofula.—According to Dr. Van Overloop, there must be an hereditary predisposition upon which certain causes should act so as to engender scrofula; he does not admit of its contagion. He believes, with M. Canstatt, that the primary cause of scrofula depends upon the fact, that the fluids destined to solidification are not properly elaborated, and never arrive at the state of fibrin: hence, he adds, that superabundance of albumen deposited in the various tissues, which become, by this stagnation, the seat of a diseased action. The most certain index, according to him, of the existence of the scrofulous diathesis, is the sour and nauseous odour which the transpiration of the individual acquires after violent exercise. The treatment should be hygienic. In scrofulous caries, amputation is rarely necessary. In the acute inflammations, we must use the lancet sparingly. Hemlock is a medicine of which he speaks in high terms, as well under an internal as under an external form. Of iodine and its various preparations he has but little opinion.

Chloruret of Tin in Chorea.—Dr. Person, of St. Petersburgh, was called to a girl, eleven years of age, who was attacked with chorea, in consequence of a severe fright. After having employed various remedies without avail, M. Person remembered that Dr. Schlessinger, of Stettin, had recommended the chloruret of tin in this affection. The convulsive spasm was calmed in a few days, without any reaction or augmentation of the symptoms, and without the dryness of the mouth pointed out by M. Schlessinger as being among the first effects of the administration of this medicine. M. Person was, however, at the end of a week, giving as much as nine *milligrammes* (about one-fifth of a grain) at a dose.

Ergot of Rye.—M. Bonjean, of Chamberry, from experiments performed on this substance, has discovered—1st. That the ergot collected the first day of the formation has not the poisonous properties which it possesses when gathered beyond the sixth day. 2nd. That a heat of 100° (cent.) renders it inert. 3rd. That fermentation also alters it. 4th. That old and punctured ergot loses nothing of its virtues.—M. B. has discovered two principles—1st, the one, *ergotised oil*, is poisonous; 12 grammes are equal to 32 grammes of the ergot. It is prepared with ether, cold; 80° to 100° of heat render it inert; 2nd, the *aqueous extract of ergot*, soluble, has hæmostatic properties, in the dose of 10 to 20 grains per diem. The distillation of these two principles is very important in a therapeutical point of view.

Phrenology.—M. Toulmouche, after relating several interesting cases of cerebral lesions attended by perfectly inexplicable phenomena, deduces the following propositions:—1st. In chronic diseases of the brain limited to certain parts, the sound layers may supply their action to the affected points, when the disorder has not proceeded too far. 2nd. There is perhaps in the same organ, in spite of the opinion of Gall, one or perhaps more central parts having a direct action upon the others, and which we have reason to believe are the deeper portions, or those placed at the base. 3rd. That in the brain sensibility seems to have been spread unequally, and by illimitable zones; what we know of its lesions permitting us to affirm that at its periphery it is almost absent, or at least more localised and less indispensable to life than in its central parts, and especially around the base. 4th. That, lastly, its lesions, apparently the most grave, and in which the prognosis had been despaired of, have often been cured in ways incomprehensible to us by that healing power which is incessantly struggling against the causes of destruction to our organization.

Neuralgia.—Dr. Coste speaks in high terms of the employment of the *extract. aconit. napel.* in neuralgic affections devoid of other complications. The dose which he employs is about twenty *centigrammes* (four grains), divided into four pills, one to be taken every hour. If the four pills produce no effect, we must suspend its employment. M. Coste thinks that a disordered state of the digestive canal may be a cause of neuralgia. He has cured himself twice of an intense sciatica by taking an emetic and some saline purgatives.

Emetics.—The efficacy of emetics in the pulmonary catarrh of children has been insisted on by all practitioners. M. Dassit has particularly eulogized the employment of this means, the curative influence of which he, however, with the Italian authors, wrongly attributes to the general collapse into which the entire system is thrown. Now, 1° In a host of chronic catarrhal affections, accompanied with general *hyposthenia* or diminution of power, we find emetics succeed; but we associate their use with a tonic and stimulant regimen. 2° In *hypersthenic* affections, or those accompanied with exaltation of power, the emetic cannot be replaced by any merely debilitating or stupifying remedy. The debilitating action of emetics is then foreign to their curative effects. It is to their influence on absorption and on the secretions that we must attribute their efficacy.—M. Bau has also been very successful with the employment of emetics in the pulmonary catarrh of children.

Searlatina.—Dr. Godelle recommends two preservative means against scarlatina, viz.: belladonna, *which he has never seen to fail in its effect*, and gargles of hydrochloric acid.

Psoitis.—This disease is not necessarily mortal. The flexion of the thigh on the pelvis is its pathognomonic sign. According to M. Fouquier, the treatment should be antiphlogistic from the commencement; but we think that, regarding the danger of the disease, we should in the beginning

try to overcome the inflammatory engorgement by the energetic employment of powerful revulsives.

Nitrated Pediluvium.—Take from 100 to 150 *grammes* of nitrate of potash dissolved in a glass of hot water; of water, at 25° (cent.), q. s. The nitre is sometimes absorbed in such large quantities, as to excite griping stools.

On the Pre-existence in the Blood of certain immediate Principles of the Secretions.—According to M. Devay, the blood of the vena portæ is of a special kind, and furnishes to the liver all the materials of the biliary secretions; the most important principles of the bile, such as cholesterine, the green resinous matter, the yellow matter, stearine, &c., are contained *naturally* in the blood of the vena portæ.

Arsenious Acid.—A case of poisoning by arsenious acid is related by Augouard, and which was effectually combatted by large doses of nitre; the influence of this medicine on the urinary secretion was very marked. The cure was complete in fifteen days. An emetic was administered in the first instance.

On the Mode of Death resulting from Prussic Acid.—In the cases of poisoning by hydrocyanic acid hitherto published, the rapidity of death, occurring almost instantaneously, has prevented our proving the reality of certain observations made by some toxicologists in their experiments upon animals, viz.: that the primary action of prussic acid consists especially in a decomposition of the constituent principles of the blood; that the spinal marrow and the par vagum are but secondarily affected in their motor functions; and, lastly, that the paralysis of the respiratory apparatus is itself but the result of this pathological modification of the spinal marrow and the par vagum. The following case, in which the slow effect of the poison allowed of our proving, in a positive manner, this mode of action, becomes, then, exceedingly interesting.—A hypochondriac, of an advanced age, had swallowed about two ounces of the aq. lauro-cerasi. Three hours afterwards we found paralysis of the hands and feet; head strongly bent forwards—so much so that the patient could not raise it up again; involuntary passage of the urine and the fæces; extremities cold and immovable, but still sensible; pulse small; voice hoarse, and almost extinct; intellectual faculties intact. The patient sunk towards night, without either pain or convulsions, from paralysis of the lung.—*Journ. de Chimie Médicale.*

Engorgements of the Uterus—Ergot of Rye.—M. Arnol has employed with advantage the ergot of rye, deprived of its poisonous principle, in thirty-six patients affected with *engorgements* of the uterus. The doses of the extract (hæmostatic of M. Bonjean) were varied from ten *centigrammes* to one *gramme* (a scruple) per diem. The mean duration of treatment was about three months. Other remedies were combined with the hæmostatic extract—as cauterizations, injections, the internal administration of the ioduret of iron, ioduret of sulphur, and extract of hemlock.

Vegetations of the Penis.—M. Boisseuil cures this troublesome affection with lotions of the deuto-chloride of mercury.

Phlebitis;—Cauterization.—Cauterization, considered as a means of cure in phlebitis and purulent infection, has been the object of an elaborate work by M. Bonnet, chief surgeon to the Hotel-Dieu at Lyons. The following are his conclusions:—The effects of cauterization differ essentially from the effects of incisions; the actual cautery or caustics never produce phlebitis, purulent infection, or putrid re-absorption; and they may, in certain cases, arrest these accidents when once developed; in a word, cauterization produces local lesions, and may substitute these lesions for those which, from a wound, tend to propagate themselves to parts at a distance. The cause of this localizing power of cauterization consists in the desiccation of the tissues which it has destroyed, and in the species of inflammation which is set up in those tissues which are not disorganized.

On Perineoraphy performed immediately after Accouchement.—In general, says M. Danzau, the chances of success are so much the greater as we operate sooner after the accident. I would wait a few days only in those cases where the state of the parts, or the mode of production of the rupture, should lead us to fear the formation of a slough. In such case, after the mortified part has been cast off, we might still obtain, by the simple suture, a good and complete reunion; some cases of success may be cited in support of this; but a greater number of failures also bear evidence that, under such circumstances, the opportune moment soon passes by, and, therefore, we should hasten to take advantage of it.

TO THOMAS WAKLEY, ESQ., M.P.

"But doubtful as I am, I'll entertain
This faith, there can be no mistake in gain.
For the dull world most honour pay to those
Who on their understandings most impose,
First man creates, and then he fears the elf,
Thus others cheat him not, but he himself:
He hates realities, and hugs the cheat,
And still the only pleasure's the deceit."

Sir,—In my last letter, I, first, exposed your *foul* and *insidious* attack upon Mr. Healey; secondly, I rebutted the *malicious* misrepresentations made by your coadjutor in abuse, Dr. Lynch, regarding myself, in your "Lancet," March 2nd; and in commencing this second epistle, I feel it my first duty to acknowledge your compliment of returning me the written copy of my first letter *open*—an act the politeness of which is commensurate with its magnanimity.

I shall now, Sir, make some comments upon your past and present public conduct, as it affects the present crisis.

You stated at the Crown and Anchor Tavern, before the public committee, on the 21st ultimo, "*that you had not at any time advocated the destruction of the existing corporations, but had contended for the establishment of another, in which the public examinations would be so superior and practical that those now existing would fall into disrepute.*" I maintain, Sir, it is scarcely possible that a man can put together, in a smaller compass, contradictions more diametrically opposite than you have done in these few lines; and it would have been perfectly unaccountable that such rank nonsense could have been endured, much less "cheered," was it not known that the meeting was packed, by your having before hand *canvassed* the attendance of your select partisans.

What, in the name of common sense, let me ask, is this proposition of yours, but the destruction of the other corporations? For if you were, by the means you propose, to make them fall into *disrepute*, they would fall also into *disuse*; in short, they would be *destroyed.*

The establishment of one institution, *to supersede all the rest*, and that of *one faculty*, to the veriest dolt, must be seen to be perfectly synonymous expressions. Why, Mr. Wakley, what a flimsy mask is this!—assumed, I will state fearlessly, (and as I will prove,) to mislead the profession, and to upset medical reform.

Upon my putting the question to you at that same meeting, "Whether you would support any measure in the House of Commons which would introduce the representative principle into the existing institutions?" you answered, "Most undoubtedly." On which, in order to further test your genuineness of purpose, I privately handed to you the following resolution, which I had previously written out, and asked you whether you would support it:—"That while this meeting pledges itself by all legal means, to obtain a full recognition of the principle of representation, and, consequently, responsible medical government, it feels itself, in duty, bound to repudiate, under the present circumstances of the profession, any attempt at pressing upon the attention of the public, or of Parliament, the one-faculty scheme, or the direct or indirect supercession of the Colleges of Physicians and Surgeons." Your answer was, "Yes, I will support it, if you scratch out the word *indirectly.*" This especial allusion to the *dishonest* word "indirectly," excited my curiosity still further; and, on my entering the private committee-room, where the members of the committee had already assembled with you, I took occasion to ask you, "In what manner you proposed to carry out the representative system of medical government?" You then reiterated the proposition you made in answer to my query in the public meeting; *viz.*, "*to establish an institution superior to all others.*" My rejoinder was, "And so supersede them?" Upon which you said, "Yes." My immediate observation then was, "Why, what will that be, but a one-faculty measure?" From which opinion, you and some others expressed dissent.

It amounts to the same thing, whether you supersede the corporations directly or indirectly; and, I repeat, that this supersession of all the corporations, and the substitution of your own embodying and swallowing up all the rest, (physicians, surgeons, and apothecaries,) is nothing more or less than the one-faculty scheme; and I am convinced, that any candid man, possessing that common share of common sense usually allotted by Providence to mortals, will agree with me, that your scheme is nothing but the ONE-FACULTY measure.

Thus, although our views regarding medical reform seemed nearly alike, when I put the question to you at the public meeting, touching the representative system, by my now drawing your mask aside, a wide difference is shown between us, and, perhaps also, between yourself and many others, who were then too generously and too unthinkingly credulous, in giving heed to your professions; which error, in fact, has been, from first to last, the besetting and ruinous sin of the profession.

You now scruple not in making publicly the startling assertion, *that you were never an advocate for the one-faculty scheme!* You also told me, in the private committee-room, on the evening of the 21st ult., that as a proof of your not being an advocate for it, you remained silent when Mr. Warburton introduced his bill to the House, and that it was "a miserably poor affair." I have yet to learn, Sir, that your silence was then a virtue, or that your ten years' inaction (save your abusive "Lancet" blusterings) has been so either.

If you so decidedly disapproved of Mr. Warburton's one-faculty bill then, and do so now, how came you to say in the House of Commons, August 10, 1840, that this identical bill was "every way worthy of the public and of the profession?" But even if you had not made this assertion in the House, and if the newspapers belied you, provided you did not approve of the measures then introduced, you, of all people, who have been so severe upon the sins of omission and commission of others, should have digested, in the course of ten years' parliamentary career, some practical measure. Who would have conceived, that the blustering Mr. Wakley of 1827 would have been the inactive Mr. Wakley of the years from 1835 to 1844?

Let us take a short retrospect of the desperate parliamentary struggles of the so-called medical reformers in the House of Commons, from the year 1834 to 1844. It will, at all events, restore to you the recollection of your having advocated, and strenuously too, the *one-faculty*; and may providentially tend to bestir the medical profession to look after their own interests, and to enlist trustworthy parliamentary agents,

Medical Committee of the House of Commons begins its sittings, 1834; Mr. Warburton gets appointed chairman. Mr. Warburton thereby obtains the confidence of the medical profession; whilst Mr. Wakley had obtained it by his noisy cajolery, and *coarse abuse* of the medical conservatives.

This confidence of the medical profession so obtained by Mr. Warburton, is not exercised to obtain medical reform, for the well-being of the profession, and for securing the protection of the public health, by the suppression of empiricism, which he knows can only be effected by a representative system of government; but to advance the interests of his college in Gower-street, (by means of the operation of its charters and the anatomy act conjoined,) a speculation, begotten under the hypocritical mask of reform, but developed by time into one of the worst of monopolies.

This goes on very quietly, and Messrs. Wakley and Warburton remain as taciturn as unborn lambs, until May 19, 1840; when Mr. French asked Mr. Warburton, in the House of Commons, (and I had the honour of calling upon him to request him to do it,) "when it was his intention to bring forward his motion relative to the evidence taken before the Medical Committee, 1834." *Upon* this,

Mr. Warburton, by a slight motion of his lips and hands, shows some signs of life, and replies that, "The time for putting the question, according to the rule of the House, had elapsed; otherwise, he should obtain a satisfactory answer. (Laughter.)" Mr. Fox Maule, quietly whispering also in the House of Commons, that Government had entrusted the whole of the business of medical reform to Mr. Warburton.

Mr. Wakley still in a state of repose!

May 20. After six years' *hybernation*, Mr. Warburton really opens his eyes, and discovers that, "What with existing notices, what with *race week*, and what with Whitsuntide week, (laughter,) no day open for his motion till 16th of June, for which day he would give notice of a measure; when he intended (?) to move for leave to bring in a bill, and then move that it be referred to a select committee."

Mr. Wakley still in a state of repose!

June 16. arrives; the promised motion not made; being *Ascot race-day*, the House was consequently "COUNTED OUT." A night it was fully known there would be no House.

June 23. Mr. Warburton gives notice, that on the 1st of July following, he would "Move that the House should resolve itself into a committee on the subject of medical reform."

July 1 arrives; it was on Mr. W.'s favorite day, Wednesday, (the usual holiday of the House,) when at four o'clock up he starts, and moves that the "*House be counted.*" Only thirty-five members present; and the House was counted. This self-same evening, Sergeant Talfourd was to have brought forward his oft-foiled Copyright Bill, and Mr. Warburton had arranged matters to "defeat the lawyer." Having done this, he gives notice for the medical motion; certain of either counting out the House, *and thus burking both, or talking upon the Copyright, to the exclusion of physic.* He succeeded in his first plan.

Mr. Wakley still in a state of repose!

July 3. Mr. Warburton postpones, without any assigned or assignable reason, his motion for a fortnight; it is, at the same time, now well known, that the session is not likely to last longer than three weeks.

July 22. *Wednesday.* Mr. Warburton says, in reply to Mr. Wakley, (who now, half-asleep and half-awake, mutters a few words about medical reform,) that he shall "introduce a bill on the 28th inst., and get it printed, that it may be considered during the recess, and brought forward early next session."

We now come to the FARCE ON THE LAST DAY OF THE SESSION,—THE BATTLE BETWEEN THE BILLS.

Aug. 10. *Mr. Wakley* gets up, and gives notice that, "early next session he would move for leave to bring in a bill to establish a NATIONAL FACULTY OF MEDICINE." Your own words are, "A Bill for the Establishment of a *National Faculty of Medicine*; comprising its executive departments, one for England, the second for Ireland, and the third for Scotland; the senates, or governing bodies, to be elected, in the first instance, by those members of the existing Medical Colleges and Universities who may become assenting parties to the new institution, and afterwards, the elections to be confined to persons who may possess the diplomas or degrees of the National Faculty." Yet, "*you never have been*," you now say, "*an advocate for the one-faculty of medicine!*" and that you denounced it as an act the most unfortunate and most treachorous to the profession.

Mr. Hawes retires with his bill till next session.

The same evening, *Mr. Warburton* gave notice that, "'Tomorrow' he would lay upon the table of the House a *Bill for the registration of Medical Practitioners, and for establishing a College of Medicine*, with power to grant diplomas to practise in any part of the United Kingdom." *Mr. Wakley* also declaring this bill "to be in *every way worthy of the public and the profession.*" Whilst, on February 21, 1844, in the committee-room at the 'Crown and Anchor,' he declares the self-same bill to be "*a most miserable affair*," and abuses it, because it was a *one-faculty* measure!

On the same evening, (Aug. 10,) the *Attorney-General* also asks leave to bring in a bill "at once." Leave was granted for both bills. Behold the farce! On the "to-morrow," the parliamentary session ends, and the bills were neither mooted nor introduced. You, Honourable Members, had no notion the day before, that the Parliament was to be formally adjourned the next.

Thus ended this terrible struggle for medical reform; in which I guess, in round numbers, that about 6000 physicians, 8000 surgeons, and 10,000 apothecaries in England alone were defeated in their just hopes.

On the following session how did these bills go off? Mr. Warburton's in smoke—the Attorney-General's, 0—Mr. Wakley's, 0—and Mr. Hawes, after withdrawing his bill, introduces a second, more congenial to unqualified pretenders, one which quieted even Mr. Warburton's apprehensions about free trade in physic, for he was able to assure the latter that the words "Chemists and Druggists" did occur throughout the bill. This was opposed by Mr. Darby, the member for Oxford:—"He regretted no member of the Government was present; the bill as it stood only affected medical men connected with public institutions, and if a person did not intend to practise in connection with any public institution, he would not require a certificate under that bill."

The bill, moreover, *verged* upon the one faculty scheme, inasmuch as it transferred, combined, and centralized, the government of all the institutions into the form of a general senate; interfering thereby with the locally vested rights and privileges of the universities; such an amalgamation of the conflicting interests of so many corporations is, at least at present, perfectly impracticable. Most of the members during the debate (if it could be so called) gradually walked out of the House—a motion was made to COUNT THE HOUSE—not forty members were present. The House was adjourned—the bill fell to the ground. Ardent as you are, sir, for medical reform, *nothing has been done since.*

This bill of Mr. Hawes, which you *now* praise, you speak of in the "Lancet," March, 1841, very differently. You have there discovered that Mr. Hawes has turned round to Mr. Warburton's views touching the chemists and druggists, that "the lives of the poor are to be permitted by the Legislature still to be sacrificed."

You must surely have lost your reason, or you must consider medical men to be the veriest dolts in the world, without memory and without sense, to state that you never advocated the *one faculty.* Was not your own truly begotten *British Medical Association* founded for that avowed object? Do you forget the *British College of Medicine*, and your five guinea diplomas, which you started upon the same principle? Why your whole "Lancet" teems with the advocacy of the one faculty.

I think I have said enough to prove that you always have been a *one faculty man*, and that, in a flimsy disguise, you are so still.

Next, as to the positive impracticability of the one faculty measure. I maintain that the interests of the more influential part of society are so interwoven with those of the existing corporations and colleges of our country, that it is perfectly out of the pale of possibility to destroy or supersede them; you knew so, too, before the one faculty scheme was pretended to be tried with the Commons. No man on earth can persuade me that any members in the House of Commons could be so stupid and so totally uninformed of the constitution of the House as to suppose that a majority of that House would, under any circumstances, have voted for the destruction of the corporations, either municipal or medical, or for rendering the latter at least nugatory, as the establishment of one faculty, or any similar device, would do.

Past experience has now thoroughly awakened the medical profession to the one faculty humbug; they see that they have been bitterly misled and deceived, and that they might, as things at present stand, as well attempt to level the House of Commons to the ground with a tooth-pick as to supersede the corporations. They see that their great error has hitherto been, that they have rested their dependence upon broken reeds, and that they must no longer look to those in the House of Commons who proved themselves worse, much worse, than useless.

These *pretended* efforts in favour of medical reform have, indeed, strangely gulled the medical public, and have placed them in a woefully *false position*; and I maintain that those who have obstinately adhered to the ONE FACULTY, or to similar measures, in defiance of their knowledge of the manner in which the corporations and the interests of the potential portion of society are linked, and in spite of their experience in the House, these individuals, and these alone, have kept medical reform at bay—have been the best friends to the monopolists, by giving them ample time to digest, and mature, and establish their anti-reform measures—and *have been, indeed*, as you said, "*traitors to the profession.*" The one faculty humbug is a shoal upon which all our hopes are likely to be irrecoverably shipwrecked.

I rank Morrison's Pills, Holloway's Ointment, the one faculty, and British College of Medicine, together.

Do you speak of the want of *opportunity* and *season*? Why, as to medical reform, you had the ball at your foot during the years 1836, 37, 38, 39, 40, and 41. So favourable an opportunity will never present itself as that which you have lost for the profession. No man could have more completely disregarded an opportunity which, if properly made use of, would have redounded to your own credit and to the good of your fellow-beings. With a majority of members in the House avowedly favouring the removal of all civil abuses, and who had carried a reform of municipalities by overwheming majorities, you had only to introduce a measure for the representation of the profession in their medical bodies corporate, and it would have been attained; the same men that granted the municipal would not—could not—have refused the medical reform. *But you were in a state of perfect repose.*

By your dereliction of duty you will stand accountable for medical reform proving an abortion, for your having given the enemies of mankind the advantage ground, and for the continued sacrifice of human life contingent upon it.

You are still placed as a responsible individual in the House, and you may still possibly have an opportunity of redeeming yourself and the profession *in a degree.* No man has been better supported out of the House, and more profusely paid by the profession for writing and talking; but, alas! for *doing* next to nothing. They changed you from a pennyless adventurer to a Member of Parliament and a coroner. You must not suppose that constantly keeping the public on the tip-toe of expectation for medical reform will, in the long run, prove best for a journalist. There is a time, a crisis, when individuals get tired and disgusted with such a position, and disgusted with the means whereby it has been kept up. You should not have been afraid of "cutting the game short" by the consummation of medical reform; it would not have lessened the interest which the public feel in medical journals; on the contrary, the establishment of medical reform would have opened a wider range for observation, increased the supply of news, and added ten-fold to the use and importance of medical journals. You have blustered enough out of St. Stephen's, especially between the sessions, but you have been the last to remove the evils which you have presumed to unveil. This system of conduct, I tell you plainly, cannot last longer, it is "worn thread-bare."

You must excuse me, Mr. Wakley, if I state that, looking at this retrospect of your past conduct, together with your ambiguous conduct with your constituents, the very nicely mouthed and very cautious manner in which you now deal out your opinions regarding all reforms, your converting the present committee at "the Crown and Anchor" into a *Lancet-job*, conjoined with your venomous persecution of your rival journalists who were engaged in the same committee, together with the ministerial favour lately conferred upon a branch of your family (which I believe would not have been done had not the individual been your brother, and had you not been a Member of Parliament, a circumstance to which the self laudatory, self-quoting, self-reporting Dr. Lynch forcibly alluded in his *not* incorrectly reported speech made before the committee); I say, excuse me if, with all these facts presenting themselves, I think

you are not the man you professed to be in your hey-day of bluster, previously to your becoming coroner and member for Finsbury, and if I believe that the medical profession, in depending upon you —a thing it cannot now do—will find to their discomfiture that they have rested upon a quicksand.

Since I first wrote to expose the fallacy of the ONE FACULTY doctrine, some eight years ago, I am happy to say that a vast number of the profession who were then infatuated with your castle-building scheme have come round to my mode of thinking, viz., that if we attempt at present to obtain more than a vote in the formation of our governing bodies—more than the exercise of that right which Mr. Warburton would not deny butchers, bakers, and tailors, but which he would us—we shall only obtain that which we have hitherto realised—NOTHING. The franchise is what we *may* be still able to obtain—less would be of no use—more we cannot get. By the medical franchise we should *obtain a leverage* to work out any ulterior results which the interests of the profession and the public may require. It *is the root of all improvement;* if we commence with anything else we shall begin at the wrong end; it will be beginning the building with the roof instead of at the foundation. It is a good practical basis; and there is this difference in our favour compared with many other reformers, that the claim, being made by a *respectable* and *highly-educated* body of men, is so reasonable that it cannot be denied to us, if trustworthy leaders were actively at work in the business.

I took occasion to ask (and you by accident omitted it in your report) whether you were in possession of the details of Sir James Graham's bill, and whether you could give the committee any information regarding the same. Your answer was, that you were acquainted with its details, but you did not think yourself at liberty to inform us of them. Now, Sir, is this justifiable conduct to keep your best friends, to whom you owe all you possess, thus hoodwinked regarding their own interests? Is it the spirit of a reformer, or are you trimming to the Cabinet and to the medical monopolists? Which party are you really linked with? Are you, by this line of secret, hoodwinking policy, actually working in their cause, or ours?

But I think, Sir, I can venture an augury upon the nature of it. Any bill engendered in secrecy will only prove a monster when brought before the light, and developed into the form of an Act of Parliament. There has been altogether so much intrigue and earwigging of the Home Secretary in operation, conducted with so much secrecy, that I predict a terrible *melange* will be made of the profession before the termination of the session. The bill will be an imposition practised by its chief promoters upon the profession, for the benefit of monopolists and a few commissioners appointed by the Crown and by private patronage, who shall hold sovereign and irresponsible control over the profession.

Do the members of the medical profession require an elective voice in the formation of their governing bodies, and something to do with the management of their own concerns? They will be governed by a select body of irresponsible commissioners, most arbitrarily chosen, against whose decision there will be no redress—analogous in all respects to the Somerset-house Dons, the Poor-law Commissioners, but with infinitely more patronage, and capable of crushing those against whom they may entertain political or private dislikes. It will, in short, constitute the reign of jobbing and tyranny. The bill will be worth a Jew's eye to *you*—it will provide you with a good place under Government.

Do the members of the profession require the discouragement or positive suppression of quackery? This is still to immolate its victims, and the Government is still to receive its legal tribute from it.

Do they require their governing bodies to be responsible? They will, *in addition* to the present self-elected corporates, be governed by an irresponsible cabal of court flies and ministerial favourites, to whom alone the close corporations will formally have to give some account of their deeds, but which will be a veritable farce in itself, inasmuch as both parties will be, in a great measure, composed of the same favoured individuals.

Do our brethren desire the ascendancy of talent, and thereby the moralization of the profession? Concours is not dreamt of, but public appointments, professional honours, and emoluments, are still to be attained by the accursed triune agency of private feeling, money, and political partisanship.

I also asked you at what period of the session the bill was likely to be introduced to the Commons. Your answer was (in strange coincidence with the cant expressions so often used by your coadjutor in procrastinations and frustrations, Mr. Warburton, in the session of 1840), "*after Easter,*" you supposed.

When I inquired of you in what way the objectionable parts of the bill were to be met, whether by amendment or what not—"you could form no idea at present about the matter, and it was premature to talk upon it," or words to that effect. Would you keep us hoodwinked regarding our pending evils, until the bill is brought in "after Easter," until we see "breakers a-head," when we shall have no time to maturely think, deliberately act, resist, or amend? Does not this, and the whole of your line of policy, exactly correspond with your telling us that the first meeting at the Crown and Anchor was called too soon, and with your *most impotent* attempt to bring odium upon all, and ruin upon some of its leaders?

In your speech of 21st ultimo you say to us, "The members of the profession having neglected to prescribe for themselves, the Government is preparing a prescription, and if the dose you have to swallow should prove to be a bitter one, the fault will be your own." Again, you have the audacity to say, in your Leader of 2d instant, "That if medical reform should prove a LOST CAUSE, the members of the profession must be content to be told, that it was sacrificed through their own apathy and indifference. * * * * In a word, there is every thing to hope from energy, every thing to fear from apathy."

Why not have told the truth, sir, and pleaded some extenuation of your guilt by addressing the profession thus—*As an individual member of the House, placed there by your instrumentality, and delegated by you, I have as yet neglected to do my duty*, which I hope you will even now, at the eleventh hour, forgive, if I turn over a new leaf, and henceforth attend to my duty.—Before you got into the House you blustered about your prescriptions, upon the strength of which blusters we fattened, supported, and enriched you, and placed you in circumstances whereby you gained an easy introduction, in order that you should prescribe for us—but which, up to the present time you have most treacherously and traitorously neglected to do. You were bound by the ties of morality, honour, and gratitude, to have had *your prescription* ready—to have submitted it to the profession—then to have introduced it to the House of Commons, and to have had it dispensed under your cognizance. Less you could not have done. Do not then accumulate disgrace upon yourself, by shifting the blame from your own shoulders, and casting it upon the profession. If we fail to obtain wholesome, reasonable medical reform, the obloquy will eternally lie at your door.

In your speech, February 21, regarding the constitution of the committee, you said, "I would respectfullly advise you to throw open the door to all practitioners on equal terms, and select your chairman as your meetings may be held." You still further said, "Every registered student should have a free ticket of admission. No fee should be required of him." All this sounds very pretty and plausible at a public meeting. Let us see how your actions correspond. At your suggestion all medical visitors were excluded, and even the reporters were excluded, for the first time, from the *general committee* (March 6), whilst you had carefully introduced a host of your own hangers-on. You were ashamed of the tyrannical deed you were about to perpetrate, the exclusion of Mr. Weathers. You are ashamed now.

Nay, you know that at this sub-committee you even went still further than thus converting the "free and open" general committee into a close inquisition; for you even suggested the expediency of no person being admitted to the next public meeting at the Crown and Anchor, March 25, *without a ticket of admission to the meeting!* If this is not the concentrated essence of exclusiveness I know not what is. Have you the weakness to suppose that you can attempt with impunity to exercise such a censorship over the press and the public for the gratification of your own personal feelings and purposes? Is this done to exclude the reporter of your rival editor?—The injury produced by these dirty doings falls upon the public, for it prevents the success of medical reform, and that fair play which, for the benefit of the public, should exist between journalists—do you think the public will brook it?

You opened also a tirade of abuse against the equitable distribution of subjects for dissection, and you accused me in particular for being one of the principal instrumental means in obtaining the same. You know that before this took place the bodies on the tables of one school were lying useless and almost untouched, whilst in other schools the students were delayed in their progress by the want of means for dissection. Particular parishes supplied particular dissecting rooms; professors and parish officers were on the most friendly footing; presents were made, and both put money in their purse by the gentlemanly arrangements which existed between them. You, forsooth, would back up the monopolists by leaving the supply of each school contingent upon its dominant or non-dominant parochial influence. You! the self-styled "pupil's friend," would support a state of things which deprived nearly one half of the pupils in London of the necessary supply of dissection! O excellent medical legislator!

You are most sensitively shocked at a certainly not over civil leader which lately appeared in the *Medical Times*,—at a slight touch of that scourge which you have so profusely but ineffectually used upon others, you holloa out—Abuse! abuse! abuse!—revenge!

I do not approve of wanton abuse, nor of personal vituperation of any kind, unless necessarily implicated with a man's absolute duties on one side or public misconduct on the other; but when I find your *pure, peaceful,* and *modest* tongue wagging against the *Medical Times* as a monster of abuse and wickedness, I cannot forbear a smile at your happy ignorance of yourself, and bethinking me of the wrathful remonstrances addressed by Dean Swift's Spider to a Saucy Bee; which, after the fashion of the *Medical Times*, had pushed its broad posteriors into the shrinking web of the old peevish insect. "Rogue—rogue!" (cried the spider) "methinks you should have more respect to a person whom *all the world* allows to be so much your better."

"By my troth," said the bee, "the comparison will amount to a very good jest, and you will do me a favour to let me know the reasons that *all the world* is pleased to rise in so hopeful a dispute." *At this the spider, having swelled himself into the size and posture of a disputant, began his argument in the true spirit of controversy, with resolution to be heartily scurrilous and angry—to urge on his own reasons, without the least regard to the answers or objections of his opposite—and fully predetermined in his mind against all conviction.*" "Not to disparage myself," said the spider, "by the comparison with such a rascal; what art thou but a vagabond without house or home, without stock or inheritance? born to no profession of your own, but a pair of wings and a drone pipe. Your livelihood is universal plunder upon nature; a freebooter over fields and gardens; and for the sake of stealing, will rob a nettle as readily as a violet. Whereas I am a domestic animal, furnished with a native stock within myself. This large castle (to show my improvements in the mathematics), is all built with my own hands, and the materials extracted out of my own person."

"I am glad," answered the bee, "to hear you grant at least that I am come honestly by my wings and voice; for then, it seems, I am obliged to Heaven alone for my flights and my music, and Providence would never have bestowed on me two such gifts without designing them for the noblest ends. I visit, indeed, all the flowers of the field and garden; but whatever I collect from thence enriches myself, without the least injury to their beauty, their smell, or their taste. Now, for you and your skill in architecture, and other mathe-

matics, I have a little to say: in that building of yours, there might, for aught I know, have been labour and method enough; but by woeful experience for us both, it is plain the materials are nought; and I hope you will henceforth take warning, and consider duration and matter, as well as method and art. You boast, indeed, of being obliged to no other creature, but of drawing and spinning all out of yourself; that is to say, if we may judge of the liquor in the vessel by what issues out, you possess a good, plentiful store of dirt and poison in your breast; and though I would by no means lessen or disparage your genuine stock of either, yet I doubt you are somewhat obliged for an increase of both to a little foreign assistance (Dr. Lyneh). Your inherent portion of dirt does not fail of acquisitions by sweepings exhaled from below, and one insect furnishes you with a poison to destroy another. So that, in short, the question comes to this—whether is the nobler being of the two, that which by a lazy, contemplation of four inches round, by an overweening pride, which, feeding and engendering on itself, turns all into excrement and venom, producing nothing at all but fly-bane and a cobweb; or that, which by an *universal range, with long search, much study, true judgment*, and distinction of things, brings home *honey and wax*?"

All but you, Sir, know that the "Lancet" is, and always has been, "the most scurrilous journal that ever was launched on the ocean of literature." Your career, as a journalist, has been marked with the most illiberal partiality, and the most relentless and persecuting vindictiveness. It was engendered in abuse, and you fattened by abuse. May I assist your memory, by reminding you of Jobens, Sir A. Carlisle, Abernethy, Shaw, Blizzard, your "cock-sparrow" battle with Mr. Earle and Mr. Brausby Cooper. All of these individuals, save one, are now numbered with the dead.

> "With pen in hand, and pushed to that degree,
> There scarce was left a wretch to take a fee."

To assist, however, your recollection still further, I will, some time hence, ransack the whole of your "Lancet," and display, in form of a vocabulary or compendium, your choicest epithets and passages in your attacks upon individuals, which I will entitle "The Beauties of Wakley!" What a dark and filthy catalogue! I will also, if necessary, furnish you with a list of dates and quotations where you have insisted upon the *one faculty*.

Sir, you of all others have trampled and insulted those whom you knew could have no opportunity of resisting your scurrility; and what could have been a greater proof of your lawlessness as a journalist, than that of ill-treating those who dare not, and could not resent your cowardly, assassin-like attacks, you taking care to close the columns of the "Lancet" to their refutations.

As, I suppose, a set-off in your last "Lancet" against my letter of the week preceding (which you cannot controvert), you insert the report of a meeting which had transpired three meetings before. This rivals the "Sun's" "despatch of the press." In this said report there is a clause, contained in a resolution of your very *obliged* friend, Mr. Cooper, "that attacks made by persons belonging to the committee, on the private character or *reputation* of any of its members, disentitles such persons to seats on this committee." If this principle had always been acted upon, you, Sir, would have been the last person admissible, and the first to have been kicked out.

This same individual (Mr. Cooper) demanded of Mr. Weathers to give up the name of "A Correspondent" to the *Medical Times*, at the same time stating that if he chose to shelter "a man who is cowardly enough to attack individuals under the assumed name of 'A Correspondent,' he must be dealt with as the author." Why, Sir, if the world had acted upon this plan with yourself, for all the cowardly anonymous attacks that you have inserted in the "Lancet," you would have a mob besetting your house sufficient to fill the whole of Bedford-square.

One of the greatest falsehoods stated in this report was this—"Mr. Dermott, who entered the room at a late period, *proceeded to make some intemperate observations*." Upon my entering the room, a show of hands was demanded for the expulsion of Mr. Weathers. Not knowing what the vote was upon, I requested the chairman to give me a short summary of the proceedings, and at the same time stated that I was sorry to see that the committee-room had become an arena for personal persecutions. I can appeal to gentlemen present that I said no more, and these were my "*intemperate observations*." My request was not heard, and the show of hands was given.

But the best of the joke is, that your beautiful pretender to sobriety and propriety, Dr. Lynch, complains of personal attacks. It is laughable for him to wince, when it is notorious how he has attacked others. Who first attacked Mr. Dermott in the committee-room? Why, Mr. Wakley! Who first attacked Mr. Dermott in the pages of the "Lancet?" Dr. Lyneh. Who, I again ask, received a threatening letter, vowing vengeance and calumny against him if he dared to open his mouth in the cause of truth? Why, Mr. Dermott.

The blackest piece of the trickery regarding the false certificate relating to a report of Dr. Lyneh's statement of the deputation, remains to be told. I was not informed of it until after I had written my first letter. When the party gave their signatures to yourself and Dr. Lynch, they were informed that it was to express their disapprobation to the leader; these signatures were afterwards misapplied in the "Lancet" to falsify the *correct* report in the *Medical Times* of what Dr. Lynch said.

You see, Sir, I have written both these argumentative letters without dropping to abusive epithets, which you so often have recourse to, or without, I can safely say, any feeling of malice on my part; whereas you scarcely write a paragraph without having recourse to names and language that would disgrace any locality in St. Giles.

Coarse epithets and wanton personal abuse are bad substitutes for argument—they often recoil on the author. Do not suppose that I would be the author, or countenance, any anonymous attacks of that sort in your journal, or any other; but, on the other hand, the right to canvass freely the public conduct of a public character constitutes one of the most essential parts of the moral foundation on which all civilized society is based—a right which I shall not scruple to claim in reference to yourself and others. It is the great safeguard of the people.

Do you suppose that a few individuals, by whose means "a majority" is made up at the Crown and Anchor, and who move around you at your bidding (some through fear, on account of your local influence as a coroner, and others because they are your paid dependents on the "Lancet") will carry along with them the sense of the profession? You may pack the committee-rooms as you please—you may get them to hoot, bark down, and expel those for whom you may entertain a personal dislike—but still it will not answer your purpose.

Take warning from me—this opportunity gone, hope will depart in your regard from the profession—you will then have to stand before their public tribunal for your inaction and misdeeds. Do not put the seal to your own condemnation—redeem yourself and them, and you will still obtain well-got fame; but, beware how you court by dereliction of duty, and contrariety of conduct, the vengeance of an injured and enraged profession.

G. D. DERMOTT.

Charlotte-street, School of Medicine, March 13, 1844.

TO CORRESPONDENTS.

TO OUR READERS.

With our new volume, commencing with the 7th of April, we shall introduce to our readers an extremely valuable and interesting course of lectures on Clinical Surgery, by Sir Benjamin Brodie. Other articles of great value and originality are in preparation for us by some of the most eminent hands on the continent and at home. The peculiar feature of the Medical Times—its complete abstract of everything worthy mention in all the Foreign and British Medical Journals—*will be preserved in all its prominency, by the occasional addition of twenty-four columns to our already extensive size. A handsome title-page, and a full separable cover for Advertisements will be added, without any change of price or diminution of matter. Our readers will thus have yearly, for little more than a guinea, a handsome work of two large but commodious volumes, containing the newest and most valuable scientific information, and extending to more than* 1,200 *pages,* 4,000 *columns,* or 40 *octavo volumes! The opportunity is highly favourable for gentlemen commencing as subscribers.*

A Well-wisher, *giving us his name, describes to us the goaded activity of a contemporary, and thus flatteringly proceeds:—"So much for opposition. I am glad to be able to add, in all this behold what you have accomplished! Your foundation is laid more securely—purer motives, a better spirit, and more enlightened views—and with such you cannot but preserve a triumphant advance." With reference to the literary proposition, our correspondent will shortly hear from us by private note.*

"A Coventry Man" *earnestly trusts that we will not afflict that town with the possession of Mr. Wakley. He asserts that one "Peeping Tom" is enough for any one town; and adds, "Will the once proud coroner give the public the benefit of his opinion as to the taste and flavour of that kind of pie which bears the prefix of* 'humble?' *He has recently had so much experience on that subject, that his opinion would deserve great weight."*

M. N. *is thanked. No state of life which will not afford a man the luxury of an honest and perfect independence of thought and action is worth being miserable for. Our maxim, more than once expressed, is ever to be—*

> Nullius addictus jurare in verba magistri.

Continuous Improvement of our Patient.—*Mr. Wakley gave a grand* medical *dinner party on Wednesday evening. The attendance of medical students and practitioners was numerous. Messrs. Rugg and Jordan Lynch were among those who honoured Mr. Wakley with their company.*

THE MEDICAL TIMES.

SATURDAY, MARCH 23, 1844.

> Violenta nemo imperia continuit diu
> Moderata durant.

WE throw the following remonstrance on the waters of professional feeling. It is for our brethren to say whether it shall come back to us after not many days with increase. If the document be worth anything it will carry its own recommendation, and as those who concur in its sentiments will not want the industry necessary to force them on our attention, we shall now only remark that such a remonstrance, signed by a majority of the members of the Royal College, would not fail to have great influence. Mutatis mutandis, it might be presented also to Sir James Graham as a protest, or to Parliament as a petition. But we leave the matter in the hands of the profession. We want their suggestions—their concurrence—their aid—hazarding a hope that they will not leave us undisputedly possessing the honour of being the sole party registering a protest against this fatal experiment in Home Office legislation.

To the Council of the Royal College of Surgeons of England.

We, the undersigned, your fellow members of the College, take leave to present our respectful but firm remonstrance at the innovations introduced among us by your new charter. Aware of the important fact that our institution exists for the encouragement of our *common* science, and the personal well being of all the members, we claim for this frank exposition of our opinions your

most attentive consideration. At a period when government, under whatever form, is practically but an affair of public opinion, we submit that, to disregard our sentiments on the management of a corporation formed for our benefit, and supported by our funds, would be to offer yourselves to public notice as a very anomalous body.

We take leave to protest against your new charter—firstly, because it is an illegal and unconstitutional violation of our rights. Our clear right was to have unaltered, save by our own consent, the position we acquired in the College by acceding to its requisitions and passing its examinations. Time and money expended, and the venture of a life made on the strength of this implied contract, make the equality we enjoyed when entering the College, as sacred a right as any the law recognizes. Any infringement of it is illegal; but to infringe it by regal power is unconstitutional.

We protest against it, secondly, because it inflicts hardships on a large body of most deserving practitioners. The elevation of a large body to a select grade, on the supposed ground that they are better surgeons, is a direct disparagement of the attainments and respectability of the majority not promoted. The gentleman so stigmatized was the day before the equal of the gentleman so honoured. Without any fault on his side, without any merit on his rival's, he finds his position altered to his discredit. Thus forcibly made the subordinate of his rival, he is humbled before his family; degraded before his neighbours; his fame hurt; his practice injured; his happiness ruined; the views of a whole life frustrated. Again, numerous public appointments will be removed from the competition of members of the subordinate grade; and where not excluded, fellows will enjoy an advantage wholly apart from any proved scientific superiority. A smaller hardship, is that of the medical men serving the country in the army and navy. Unconnected with recognized public hospitals, and absent from the country very frequently, they will be in great measure excluded from the chances of fellowships, though submitted to the stigma conveyed by a subordinate position. To the allegation, that a higher examination and additional fee may relieve us from the lower grade, we answer, that it is of such an exaction we complain. It is in itself a hardship.

Thirdly, it is a public injury to the large and influential body of general practitioners. Its direct effect is to represent general practitioners as persons of inferior attainments and skill, and making a marked distinction between them and pure surgeons, to lower both their professional reputation and social standing. We submit to you, that British surgery and medicine is now practically embodied in the class of general practitioners, and that they form as much an institution of the country as the body of the clergy. To interfere, therefore, mischievously with their interests, is to affect social stability and confidence. The proudest names in the annals of medicine have thought it no dishonour to practice pharmacy and midwifery. This wholesale depreciation of general practitioners, therefore, is not justified by science, though perpetrated in its name.

Fourthly, it is an improper anticipation of that settlement which had long been promised us, and which you, by your proposals and suggestions, had encouraged us to hope for. Prepared in the dark, hurriedly completed in secret, forced on our submission without notice or warning, it wanted the usual equity of British legislation. We had a right to know what the Government were going to do with us. Such precipitate conduct is at all times to be deplored; but it is the more remarkable here, since the whole policy of our profession was about being made the subject of careful consideration and and settlement by the two Houses of Parliament.

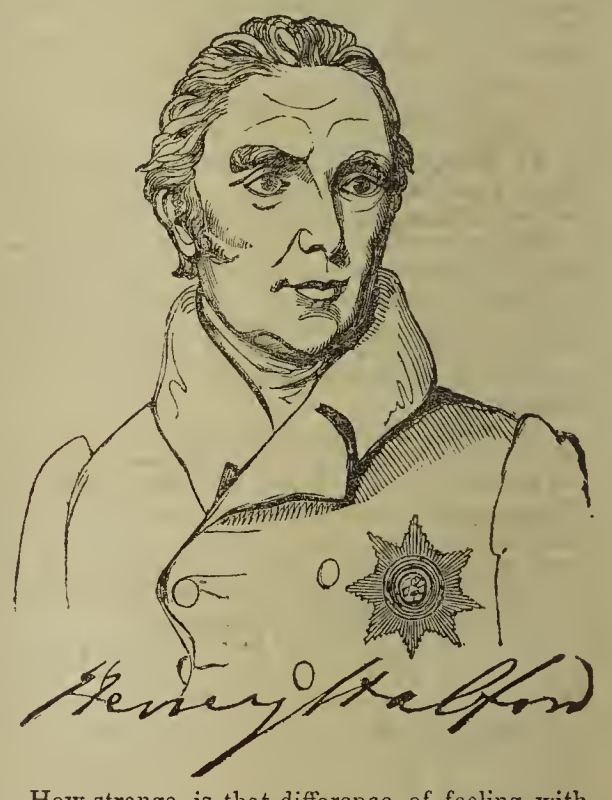
Fifthly, it does not recognize in an important department of human government, a principle recognized in almost every other British corporation but ours,—the right of men to have their business managed by responsible agents; in other words, election of the managers. The elective trust deposited in three or four hundred persons of your selection, is at once an humble homage to what is right and actual perpetration of what is wrong. The change is mischievous to you, and is worthless to us. Justice incomplete in these cases is but injustice made ridiculous.

Sixthly, its arrangements for working the new machinery of a college government are most unsatisfactory. The three new members of the council, who are to represent the profession, because they are to be elected by the "fellows," must move out of office annually for some years; while those who have been self-elected retain their position for life. Again: the complex arrangement for superseding unsuccessful candidates for councillorships, the power given to your body of ordering the mode and manner of election, with the total exclusion of all practitioners of midwifery and pharmacy from the council: all these are matters which do not meet with our concurrence. The members' choice should be unfettered by restrictions, for which no necessity can be shown; and the simplest mode of executing public duties will, in our opinion, be always the most eligible.

Thus condemning in principle and detail our new charter, we respectfully invite you to join us in our remonstrance against it, and to take up that public position in opposition to it which it behoves you to sustain as the legal guardians of your fellow members' interests. We wish to impress on you earnestly that we seek nothing violent, anarchical, or vulgar in medical government. The true innovator is he who, like the framer of your charter, changes for changes' sake, and satisfies nobody. We desire nothing that is not reconcileable with the strictest rule of right, which is not patterned on models which have ever been the glory of our country, or whose tendency is not to enlarge the boundaries of science, and raise in public confidence and esteem the members of our profession. It is this honest anxiety that urges us now forward to protest against the wrong to justice as to science committed in our persons by the new charter. We do not accuse you of the impolitic injustice. We have reason to think that you share our feelings, if not our active opposition. Your further silence, however, will lead to interpretations against you. To be silent when wrong is done is, after a time, to acquiesce in it. We entreat you not to justify the opinion that your self-election is proof that you distrust your deserts or ours. The fear is unworthy of both. Do justice to our calls for more open, more liberal, more gentlemanly legislation, and, believe us, we will not fail to do right to your claims on the scientific regard of the profession. Join with us in a hearty resolve to improve the respectability of the profession, to give science the first of places in a body whose only title to regard exists in its science, to remove from our ranks dissensions, to encourage a stronger esprit du corps, to make all feel that in the College of Surgeons of England surgery has her best home. Believe us, we shall know how not to be ungrateful.

PENCILLINGS OF EMINENT MEDICAL MEN.

SIR HENRY HALFORD.



How strange is that difference of feeling with which different people regard the death of a known man! If, as the poet has it, with more depth of truth than research,

> "Pallida mors æquo pulsat pede pauperum tabernas,
> Regumque turres;"

how unequally perculses it the doors of the survivors' hearts! For a moment, perhaps, the world will stand agape—the mighty movement of millions come to a confused and multitudinous halt. A little after and the mass moves on; the general sorrow or general surprise is drowned in matters of individual and foreign interest, while the stragglers that still hold the event in lively commemoration, evidence in their separate regards those anomalies of Nature which show her to us in her old character—as she has appeared for thousands of years—a thing at once admirable, and to be despised. There is, first of all, the heir, rejoicing in his sorrow, his glad heart beating quick under funereal woes; then come the legatees, partaking his feelings in graduated quantities, according to the sliding-scale of their bequests; after these the solemn preparator of obsequial rites, the "*designa-*

tor lictoribus atris," happy in the fortune-giving destiny that calls for a plenitude of funereal expenditure. The man of mediocré gifts is rich in the prospect of at length enjoying the honours of a position to which death has opened the way his own abilities could not. Perhaps now and then some humble soul, the recipient of an act of generous nature, drops a tear pure from the fountain of holy sorrow. But all these pass away, and are forgotten. The heir spends in riot or fameless economy what was won by the glory of his ancestor; the legatees, ere all is gone, find themselves ill used, not having been left more, and so on to the end of the chapter of human cupidity and human passions. One man alone is healthily and lastingly refreshed and advantaged by the conclusion—the philosopher, enriched not by gold nor worldly conveniences of that or other kind, but by *an example.*

Since the publication of our *last* number, another name has found its place on the records of the past. Of its position there we shall say something by and by, when we have spoken of the birth and professional career of its owner; to which we proceed.

Sir Henry Halford was born at Leicester, in the year 1766, and in the month of October. The son of a physician, Dr. Vaughan, he may be said to have inherited his profession; to which, by academical courses, performed at Rugby first, and afterwards at Christchurch, Oxford, he added the ornament of extensive classical acquirements; the practical use of which Sir Henry was one of the few men of his day who understood. In 1794, after pursuing for some time his studies in Edinburgh, at that time the seat of medical education, he became M.D., settled in London, and shortly afterwards married into the noble family of St. John. Here was the root of his success; the opportunity for proving his skill; the power of *displaying himself.* Shortly after this, by the death of his mother's cousin, he became possessed of a fortune sufficient to uphold him suitably in that high rank his marriage had won for him. From this moment, Sir Henry Halford enjoyed an extensive practice in the highest circles; and not many years after, (1809,) taking the name of Halford, from his maternal great-uncle, Sir Charles Halford, of Wistow, who left him his heir, he received the honour of a baronetcy from George III. This led to his appointment, along with Drs. Willis, Baillie, and Heberden, to the attendance on His Majesty during his lunacy. He was so much all things to all men, that he had only to enter a circle to be its charm. Once in court, the court found it a necessity to have him. To some other peer, Sir Henry was alike dispensable. To the one, he was such a charming, well-bred man! to the other, so learned and gentlemanly a *savant.* Fascinations went with him as light with the moon. More permanently: for to four successive monarchs has Sir Henry been physician. With a Wolsey's rise, he has had no Wolsey's fall.

The attendance on George III. forced on our classical baronet a study of lunacy, to which we are indebted for his beautiful essay on madness. Good sense, nice discrimination, elegant learning, mark this dissertation with the pervading characteristics of his style. He illustrates, by a very apt instance in his own experience, the test of madness laid down by Hamlet.

> ——————————Extasy?
> My pulse as yours doth temperately keep time,
> And makes as healthful music. It is not madness
> That I have uttered: bring me to the test,
> And I the matter will re-word, which madness
> Would gambol from.

Of Sir Henry's scientific qualifiations it may be said, that they were neither of great extent, nor by any means so humble as some report. Our explanation of this may be gathered from the fact of his sudden exaltation into large practice, and that too amongst a class where disease is more of the fancy than of fact, and gives, therefore, less experience in the cases which are constantly calling on all the resources of the medical art, and forcing on the capacious mind large views in theory and bold results in practice. Reason, of a like kind, is, that Sir Henry Halford was never attached (if we except a very short connection with the Middlesex Hospital) as medical officer to any of the public institutions. At his time, when pathology was comparatively little understood, such a service gave the only means of making its acquaintance, and was the grand and almost necessary step to high professional competency. Men of high standing, contemporaries of his, had here a great advantage over him—Babington, Baillie, Currie, Warren, Pearson, Chambers, Elliotson, each superior to him in their knowledge of the machinery with which they were dealing, and in that kind of skill, which would wisely suggest and daringly adopt for new exigencies—new and active modes of treatment. It is not indeed, to be doubted that Sir Henry was no miracle of medical skill. He never dreamed of preceding his age. He was not one of your Elliotsons or Broussais, who, like American backwoods-men, clear away forests and lay down roads, though rough ones. His medical duties extended, at the fullest, but to Macadamising the road Hippocrates opened. On some parts, even, he showed the most complete deficiency. It would be no great wonder, then, if Halford were not any miracle of medical science; on the contrary, he was known to be not. His diagnosis of diseases of the chest (and cardiac and pulmonic diseases are unhappily too frequent and destructive in our climate,) was worth nothing. He has not left behind him a discovery, a new theory, or a considerable emendation of an old one. His Essays—admirable, intellectual, and founded in truth as they are, will serve his fame, infinitely sooner as a scholar or a philosopher than as a profound man of science. Yet, in spite of these evident deficiencies, this favoured physician won "golden opinions from all sorts of people:" his approach was hailed, and truly, as the advent of health. He had the art to make patients believe in him as a superior man—to repose a blind confidence in him. He moved, and looked, and smiled, and talked them into a creed of his ability. *He was a man*; and manhood, presented somewhat in its abstraction—shorn of its drawback of manner or weakness of nature—is a rarity in this world of ours, never exhibited save to win—to secure homage. His position of adviser, and aid gave him an advantage, and he knew how to use it! He *was* the great man to the patient—as every physician is in the hour of danger—and he knew how to make the truth-felt. This self command—this self apotheosis, if modestly conducted, is a wondrous quality for the surgeon or physician—and still more for his patient. Faith saves physically as well as morally—and to lull the trembling mind to ease, is to stay the heart's rapid pulsations, to allay the blood's fever, and to stop life in its quickening flight with strengthened wings from the human tenement. The first, the second, and the third high qualification of an orator is action; the first, second, and third qualification of a physician is the power of acquiring a proper confidence.

The generality of medical men attach too exclusive an importance to the efficiency of the mere drug. They deal with people as if there were nothing psychical in them. If their diagnosis be correct, they write their prescription, and there is a stop to their operations. As we get higher, we find that besides the grains and scruples of this and that drug, men are equally anxious for the care of the mind. If part of the frame be diseased, there is no reason why the whole should not combine against the enemy. This centralization of forces—this use of all the powers at his command, is the highest duty and accomplishment of the physician; and for the simple reason, that it is infinitely the hardest. It was here that Sir Henry Halford exhibited merit that was not overpaid, even by the fullest extent of his success. For, first of all, he addressed himself to the confidence of his patient, by a perfect self-possession, never tinged with the least shade of doubt or despondency. Then he won his heart by lending ear to his detail of all he suffered; pains on this side, and pains here and there; and how painful, and when most painful; together with an interesting history of this very complaint, in connection with his whole family, and how many had died of it, and so on. During this tedious rehearsal, Sir Henry remained listening, without impatience, not even as one bound to hear, but as if the matters dilated on were really of importance. Courteous and gentle in his manners, and particularly indulgent to the garrulity of his patients, what wonder if he gained an influence over their sympathies, an authority, by which, being possessed of an infinite knowledge of human nature, he was able to sway the disposition of his patient into a happy and healthful mood, at all times half the battle. A high testimony has been recorded in that fact, that many of his patients have been heard to declare, "they would as soon die in his hands, as recover under others they could name." We can believe this saying without quite believing the sayers. He was the most magnificent placebo doctor of his age. He paid wonderful attention to the palate in drug and diet, passing each through an endless round of variety, and the whole pharmacopœia was exhausted by him to make it not give the sense of pain. Then he conversed on religion like an Apostle John; on questions of philosophy, like a Pluto; on the beauties of the classics, like an Erasmus; and on all matters that make up the poetry of life and are indeed the only interests in life that are left to a man in sickness, he was all that the patients utmost fancy could paint to him as the *beau ideal* of perfection. Desdemona once prayed that Heaven would make her such a man as that Othello's tales presented to the optics of her glowing imagination. Halford went about realizing to each their own picture of a perfect physician. He even saved them a prayer.

In person Sir Henry Halford was below the middle size. His face not remarkable for beauty but singular in the keenness of its look; the searching glance of his eye;—the white head and black and bushy eyebrows. He wore upon occasions a blue collar, with the Guelphic order, and the star on his breast. A phrenologist would have found in him a strong instance of the truth of his science. The perceptive organs very large; caution sufficient, while love of approbation and acquisitiveness were enormous. Altogether the discerning eye saw in him a timid but a distinguished man. There was marked in his face a wonderful power of accommodation to circumstances; the facility of being pleased and pleasing being the quality expressed with greatest strength in his very speaking countenance. He was born for a Court. His very corporeal littleness seemed to say, I will not occupy too much space before my betters to secure dislike, or before my equals to win jealousy. And when laden with honours, be it said to his credit, he bore them with modesty. Few men so successful in life have been so fortunate in escaping enemies. He owed this to a certain negative quality in his disposition. His very literature and scientific knowledge were of a negative kind. His reading reminiscences supported, did not make theories—his experience illustrated did not create systems. He verbally served every body he met, and by that art of vassalage made himself the sovereign of their real affections. He ruled like a clever wife by obeying. Like the proudest of the Roman Pontiffs, he ruled despotically as the servant of servants.

There was however a class, a low class, to whom Sir Henry's admission into the highest circles was dot likely to be looked on as a consolatory circumstance. The necessary quantity of bows which he was wise enough not to omit, procured him amongst these men, represented by the polished Mr. Wakley, the title of Eelback. We have heard even worthy men who have found fault with him for playing too much the Aristippus:—
"Omnis Aristippus decuit color et status et res."
Now, we are far from thinking outright that even a large degree of politeness is subserviency We should rather be inclined to think, knowing that wherever men are brought together the strongest mind takes the highest stand, that there was on his part less cringing than is supposed in holding the place his marriage had given him, It need not be said, that while it is to be feared that true politeness does not increase as society rises, the insignia of politeness are multiplied to a wonderful degree. Who is in Rome must do as Rome does; and this way we account for Sir Henry's acquisition of the very vulgar and very silly sobriquet of "Eelback;" for what is natural to one born in that sphere, would be always looked on with suspicion in one raised to it.

We cite an noble instanee of Halford's independenee and relianee on his own talents and position. He was attending onee an old servant of the family who was residiug at some little distanee from town. Onc night the symptoms of his disease beeame more alarming and the baronet was sent for in haste. When the messenger arrived Halford had just been sent for to attend the Duke of ——— who had been seized with an attaek of an old eomplaint. The answer he gave to the Duke's servant was this, "I have to go to Bromley, to visit an old servant of mine, who is dangerously ill; I will do myself the honour of waiting upon his highness ths moment I return." This says mueh for his manliness. Sueh a man eould scareely have been the servile flatterer many have so studiously made him. We ean believe readily that he was not the most straight-forward of men. It wonld indeed be a great mistake, whieh would suppose him formed in the mould of a Brutus, or an Andrew Marvell, mueh less in that of a man who can't be honest without making his virtue a distress and a bore to all that know him. Had he been so, the journals some twenty years ago would have announeed his deeease as that of Henry Vaughan, "a poor but respectable praetitioner, lately residing in Drury-lane or Broad-street, St. Giles's, and leaving a large family unprovided for to deplore his loss." Sir Henry was a "ladybird" among men, a elass the most suceessful among both men and women known to our humble experienee. With the polish of the mirror he had its want of depth, and like it he reflected everything but himself. What a pretty anecdote is that whieh represents him, by a mistake in the superscriptions, on the same day condoling with the Conservative Lord Westmoreland, and congratulating with the Liberal Lord Tavistock, on the defeat of the Reform Bill! God's ereatures were mueh more to him than man's, when for their personal regard he can express, praetieally, so utter a disregard of all a Legislature makes such a fuss about. We can *half* admire him in the midst of this. It was the physician not the man that spoke. It was not a hypoerisy, but a good humoured condescension to men less than himself; mueh of the like eharaeter as his attention to the garrulous history of his patients' pain, or perhaps a desire to see with what small matters it was possible to sway the self prided nobility of England.

Sir Henry Halford was always a marked man for the savage shafts of the Laneet. We believe he was never mentioned save with terms of opprobrium. Yet he was the most inoffensive of men. He moved not exeept to win affeetions. Doing harm to any man was beyond the reaeh of powers within his well-disposed nature. He was eharitable, in some instanees. on a prineely scale of liberality. What then was his title to Mr. Wakley's courteous flagellations? We hardly know. We must look for the sceret, perhaps, in Mr. Wakley's moral organization. If we mistake him not he is a man who early made the shorteut to wisdom of believing that humanity is all evil. Honesty is a thing as much out of his moral as the Trinity out of his religious faith. A hundred horse-power of proof would not eonvinee him of the existenee of a generous action. Whatever is is wrong is his compendious history of human aetion. Men with him are animals of prey, but with more of design in their battles than their brethren a step or two lower in ereation. The elevation of one man above another he founds on the same basis which plaees them all above brutes—superior eunning. It is the only standard by which he eould claim credit for greatness, and he was not likely to allow the erection of another. The refreshing goodness which overflowing from the heart, as from a fountain, beautifies and brightens all that the eye rests on, was a gift utterly beyond his earth-bound eomprehension. The heavenly vitalities of human kindness and virtue pined under his look, as under that of a Gorgon into spiritual inexistence, or rotted into cold and coarse obstruetion. As knowledge is power, and power sueeess in life, we have here the seeret of Wakley's deplorable nullity among men of higher and purer susceptibility. As Vidoeq, so great among the *forcats* of Paris, was a man below contempt in all other society, so Wakley, out of the eireles of his Lynehes and Ruggs, is like an animal out of its native element. The porpoise stranded is not more forlorn. The very immensity of his low eunning makes his helplessness but the more conspicuous. Now such a man, with sueh grovelling notions of heaven-born humanity and sueh sordid explanations of men's motives of activity, oeeupied the antipodeal point of the moral word to that surmounted by a Halford. Between the eunning, coarse, and low-souled Wakley, and the graeeful, eourtley, and elegantly-minded Halford there existed a fierec antagonism ereated by the very hands of Nature. Halford, while to his jaundieed eye but an illustration of his depreciatory theory, was a standing lesson of humiliation. Seeing in Halford a more suceessful man than himself, he eoncluded that in Halford, therefore, he saw a more eunning man than himself, and as what he ealled the minor eharaeteristics of the late president differed so totally from his own, he saw in them a constant omen of non-sueeess to himself. No dog was ever more made to bay at the moon than Thomas Wakley to bark at Henry Halford. Space laeks, and not less inelination, to reproduee the sometimes elever—more frequently very stupid—ribaldry heaped upon the unheeding Sir Henry. It took all forms, and eame with all sorts of severity. Even an oration at the college was made the peg on whieh the affirmation was hung that the baronet felt George the Third's pulse on his knees. The ill-veiled obseenity followed that a similar office had been not unfrequently performed by the courteous baronet for the Duchess of Wellington.

Once—and we believe onee only—Sir Henry gave the "Lancet" cause for severe animadversions. The eireumstanee has been mueh referred to, and is worth a short notice. While his friend Mr. Lockley and he were travelling with the Baronet on the Birmingham Railway, the former was seized with an apoplectie fit, and was eonveyed by Sir Henry to the waiting-room at Tring station, where, giving Mr. Loekley's name and address, he ordered a medieal man to be immediately sent for, and proeeeded himself on his journey. Mr. Lockley died twelve days after. Sir Henry published an explanation shortly after the event in the publie journals. It was not satisfaetory. To give preeise directions what should be done, to send for a surgeon, about whose coming there eould be no eertainty, and to acquire the feeling that he eould be of no further use,—all this was not enough to justify his "pursuit of his journey," although at the time the "distingushed" of the county were awaiting his arrival at the dinner-table. Against all this is remembered the apothegm,

"Amicus certus in re incerta cenitur."

The eireumstanee, with the best varnish on it, speaks eloquently of the heart made hollow by a perpetual apprenticeship in the forms and artifieialities of the high soeiety, in which its owner's only title to move freely, and as an uudespised equal, was to enweb himself under the restraints of what, after all, is but a heartless disguise. As we expeeted, the subject was not overlooked by the "Laneet." He was ealled by it a hypocrite, a presumptuous Pharisee, and was reminded that, if he forbore using the laneet in the case of Lockley, he had not hesitated, for many years, to administer "every morning injeetions to a princess." The eharge was advanced with a beeoming amount of easy assurance, but we would take a wager that it owned its existence to Mr. Wakley's own brain. He has a clever knaek of doing such things. We have hinted that Halford was a pet of royalty. Among other tokens of royal approbation, we may mention that, for his care of the Duke of York, George the Fourth granted eertain augmentations and supporters to his arms, in 1827; and on the deeease of that monarch a magnifieent clock, surmounted by a bust of the deceased sovereign, was presented to Halford by the royal family. An inscription aeknowledged in flattering terms his serviees to the Princess Amelia, Queen Charlotte, and other members of the House of Guelph.

Sir Henry died on the 9th instant, at his house in Curzon-street. Long before his death the state of his health had eaused among his friends great anxiety. The two extremities in his left side suffered from a nervous affeetion, frequently reeurring, and finally the pains assumed the form of tic doloreux, only yelding to powerful narcoties. Despite the eares of Drs. Seymour and Hawkins, the eonstitution gradually broke up, and exhaustion the most eomplete soothed for him the road to death. He took the degree of A.B. in 1787; M.A. in 1789; M.B. in 1790; and M.D. in 1794, when he was also elected a Fellow of the College of Physicians. He had eonsequently been in the profession nearly half a century, twenty-three years of which he had filled the high office of President of the Royal College of Physicians. His sueeessor, named and now ehosen, is Dr. Paris. His election will be only for a year. Sir Charles Clarke or Dr. Chambers eould not be eleeted this year, in eonsequence of neither being *elects*. Sir Henry's son and heir is member for Leicestershire.

The list of Sir Henry's writings is soon given. In 1831 he published six essays: they were all interesting and learned. The philologist shines out even more than the physieian. He has also published papers on "The Treatment of Gout;" on "Phlegmasia Dolens;" on "The Treatment of Insanity;" on "The Deaths of some Illustrious Persons of Antiquity;" and on "The Education and Conduet of a Physician."

In now leaving the subject of our sketeh to the keeping of the fame his own deeds have created for him, we will not disguise our opinion that it will be of no high or very durable character. Though filling so large a space of the public's eye for nearly forty years, he was so mueh the man of his own day—perhaps the secret of his sueeess—that posterity will not find it worth their while to perpetuate very earefully his remembranee. He had undoubtedly high abilities; but, in his use of them, he looked more to his own enjoyments from them than for any ehivalrous advantage to a future time or people. He was only so far a man of seience as harmonized with his being a perfeet man of the world. His medieal skill and successes therefore were more the result of his natural powers of apprehension and extended experience, than any deep acquaintances with the principles of his profession. Chemistry, botany, general and pathologieal anatomy, therapeutics,—or the new aids forced on the profession by the aid of meehanieal seience, these were things that rarely robbed him of the enjoyment of an hour's sleep—or good society. His strength lay in prognosis and diagnosis: aided by these and the resources of supcrior taet, he won and deserved a confidence rarely enjoyed by men eminent in medieal sciene. He had a marvellous apprehension of disease.

One instance procured him mueh of his renown in courtly eireles. Visiting a royal duke on business that affected the insane king, he detected at a glance measles, although the duke's slight indisposition had been but a minute before pronounced catarrh. The appearance, course, and termination of the malady were foretold. The propheey was realized, and Sir Henry of course not a little honoured. He had a wonderful cleverness of courtiership by the siek bed. He would own that a pained child laboured under searlatina, but "scarlet fever" is what he would never have pronounced to the mother. Under his charitable use of our mother tongue, the mild "embarrasment of breathing" substituted the ominous and hacknied "difficulty of breathing;" the genteel "influenza" replaeed the feared catarrh; and so on in instanees more than we can name. This gentleness of nomenelature was accompanied by equal gentleness of prescription. Medieines in his hands were always on their good behaviour. Patients got well under Sir Henry at less expense to the palate than under any physieian that ever preceded him. He had wonderful skill in the use of placebos, and was fond of their use in his practiee. With Akenside he might say—

> Me they sent
> To wait on pain and silent arts to urge,
> Inglorious not ignoble; if my cares
> To such as languish on a grievous bed,
> Ease and the secret forgetfulness of ill
> Conciliate.

Altogether viewing him in his civil, as well as his medieal eharaeter, we may say of him what Tacitus said of Agrieola, and Sir Henry himself said of Baillie—

"bonum virum facile crederes: magnum libenter."

REVIEWS.

Popular Cyclopædia of Natural Science: Animal Physiology. By WILLIAM B. CARPENTER, M.D., &c.

In resuming our strictures on the *Animal Physiology** of Dr. Carpenter, we shall not invidiously rake up all the faults which the experienced eye will at once detect in its style and composition; but merely expose, under their respective heads,† the more striking errors and defects which, after a most attentive perusal of his interesting volume, obtrude themselves on our recollection.

First, then, Dr. Carpenter asserts, page 186, that "the function of the red particles (of the blood) is to convey oxygen from the lungs to all the tissues and organs through which the blood circulates, and to bring back the carbonic acid which is set free in them, so as to deliver it at the lungs." To this piece of specious but pure hypothesis we reply, that no "agreement" of opinion among scientific men, however confident or "general," can suffice, unsupported by conclusive experiment, to establish a principle in physiology.

Secondly, p. 316, "The cause of the evolution of animal heat may be referred with *tolerable certainty* to the union, by a process resembling ordinary combustion, of the carbon and hydrogen of the system, with the oxygen taken in from the air in the process of respiration." Now, if we are not egregiously deceived, many facts in the comparative anatomy and physiology of the brain and nervous system, and certain pathological phenomena connected with lesions of the cerebro-spinal apparatus, conspire to shew that the chemical changes effected in the blood by the respiratory process do not constitute the exclusive source of animal heat. "Tolerable certainty" is, moreover, an expression intolerably lax and vague for employment in dealing with the facts and theories of science. And we hesitate not to dispute, until the fact shall have been established upon a basis more impregnable than the mere analogical reasonings of the modern zoo-chemical school, that any process resembling "ordinary combustion" takes place in the living body. This doctrine once established, what a marvellous light would be thrown upon the antiquated theory of *burning* fevers, and on the long-controverted question of spontaneous combustion of the human body? What a powerful argument would it supply to the advocates of the dietetic and external employment of cold water, in the prevention and treatment of diseases. These are examples of the *questionable doctrines* broached by Dr. Carpenter, in all the confidence of an ardent and incautious spirit.

Thirdly, at page 131, the doctor remarks, that "even when bread is united with the gelatine-soup, *it* does not give *it*‡ the requisite power of nutrition:" while we are told, at page 133, that "the gluten which bread contains appears to be as adapted for the nutrition of the animal tissues, as does the flesh of animals." *Discrepancies* like this, we possess not sufficient power or subtlety of intellect to comprehend or reconcile.

Fourthly. The main trunk of the thoraric duct is represented, page 179, as entering the sanguiferous system on the *right* side of the body: the ductus arteriosus, page 221, as connecting the *right ventricle* of the heart with the aorta: the number of bones of the human skeleton, page 454,* as precisely 200. These obviously erroneous statements, it may be argued in palliation, are the results of pure negligence. To ignorance in such a writer, they cannot, for a moment, be attributed. But carelessness in recording the established facts of science, in a work expressly destined for the instruction of the uninitiated or the ignorant,—a work bearing the dignified title of *Cyclopædia*, and stamped with the name and reputation of Dr. Carpenter, of Bristol,—is surely less pardonable than ignorance itself. The one may awaken a transient feeling of pity or of scorn; the other calls for stern and unsparing reprobation.

Fifthly. It is clearly the opinion of Dr. Carpenter, see pages 207 and 284, that venous blood is essential to the secretion of bile; "no bile being formed from it (the blood) until it has become venous." To this hypothesis, however, diverse facts in abnormal and comparative anatomy are directly hostile. The late Mr. Abernethy, whose correctness of observation few will be disposed to question, found in the body of a man, whose gall-bladder was distended with apparently healthy bile, the vena portarum entering the inferior cava, without having previously traversed the structure of the liver. And we surely need not remind so accomplished a zootomist as Dr. Carpenter, that in many of the invertebrated animals which exhibit no vestige of the portal system of veins, bile, prepared by a distinct secretory organ, is poured either into the stomach itself, or into the commencement of the intestine. No doctrine in human—can be considered as decisively established until it shall have been confirmed by the evidence of comparative—physiology. From the facts just exposed, and from the disproportionately large size of the hepatic artery with respect to the volume of the organ which this vessel supplies, it may, we think, be fairly inferred that bile can be formed from arterial or aërated, as well as from venous blood; and that nature, in employing the latter for such purpose in the higher animals, seeks to economise the fresh and vivifying at the expense of the deteriorated fluid. Of the ANATOMICAL and PHYSIOLGICAL ERRORS into which Dr. Carpenter has been betrayed, our last two paragraphs exhibit specimens.

Again, in alluding to the ravages of the turnip-fly, page 122, "whose parents were *seen buzzing* over the fields," Dr. Carpenter ought surely to have mentioned the existence of two widely different insects,* confounded, by agriculturists, under that common designation. For want of this precaution, great ambiguity and confusion may result to such of his readers as inhabit the agricultural districts of the island wherein only one species is known, and that species an insect to which his description is utterly inapplicable. In all writings destined for the dissemination of popular instruction, every source of error or obscurity should be sedulously avoided.

We now come to the *engravings*; and the majority of these we must, in justice, acknowledge, are deserving of the eulogium which Dr. Carpenter has himself, in his preface, bestowed upon them. They are, in general, correct delineations of the objects which they are intended to represent; distinct and nicely executed. From the benefits of this favourable sentence, some few, however, must be excluded. Among the more conspicuous of the delinquent figures, are the clumsy *Ornithorhynchus*, page 150; the Dutch-built kangaroo, page 486;

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* By an error of the press, in our first article, see page 349 of *The Medical Times*, the work was entitled *Popular* Physiology. In third line of paragraph 5, *earnestness* was printed for *correctness:* line 25 of paragraph 6, *growing* for *craving:* line 6, of foot-note 2, *Shéré* for *Dhéré*.

† See *Medical Times*, page 350.

‡ Confusion, as deep as the confusion which they engender, seize these reiterated *its!* How easy and important for the scientific writer to avoid the inelegance and ambiguity which such a mode of expression necessarily involves!

* The number of osseous pieces which enter into the construction of the human skeleton has been variously estimated by various osteological writers. Sömmering, in his admirable work, *De Corporis Humani Fabricâ*, enumerates from 261 to 264 distinct pieces; Duca, *Sulla Struttura del Corpo Umano*, from 264 to 268; Cloquet, *Manuel d'Anatomie Descriptive*, 240: and Krause, *Handbuch der menschlichen Anatomie*, 266. Rejecting, however, the variable and inconstant ossa triqueta of the cranium, and the ossicula sometimes accidentally developed in the hyo-thyroid ligament, and in the tendon of the external belly of the Gastrocnemii muscles; regarding the ossa sphenoides and occipitale, the stapes and orbiculare of the internal ear, as distinct, and the ossa innominata, sacrum, coccyx, sternum and hyoides, as monomerous bones; and admitting the existence of five ossa sesamoidea in each hand, and four in each foot, we shall find that the precise number of bones in the adult and perfect human skeleton,—or, more correctly speaking, in the human *body*, for the patellæ are the only sesamoid bones preserved in the skeleton,—is 258.

Head: skull, internal ear, face, teeth, tongue, 8+8+14+32+1	63
Trunk: vertebral column, thorax 26+25	51
Thoracic Limbs: shoulder, arm and fore-arm, carpus, hand, each 5+8+24	74
Pelvic Limbs: haunch, thigh and leg, tarsus, foot, each 5+7+23	70
	258

Of these pieces, 224 exist in, and constitute, 112 pairs; regularly disposed on each side of the median line of the osseous fabric. The remaining 34 are pairless or azygous bones; generally exhibiting a symmetrical figure, and arranged upon the median line. The number of bones actually present in the perfect *skeleton*, is, therefore, as calculated by Cloquet, 240.

* These are, 1. *Haltica—olim Chrysomela—nemorum*, a minute Coleopter, belonging to the family, *Galerucidæ*, of Stephens. From the surprising saltatory powers which it displays, this insect has been vulgarly called the *earth-flea*. It feeds upon the cotyledon-leaves of the turnip-plant. The proper name for it is, evidently, the turnip-*beetle*. Not aware that the specific designation, *rapæ*, had been applied, by Illiger, to another beetle of the genus, *Haltica*, the late Dr. Pearson, of Birmingham, proposed to distinguish the turnip-beetle by this more expressive and appropriate scientific term. For an account of the depredations of this insect on the turnip-crop, and the most effectual means for preventing them, see *Report of the Committee of the Doncaster Agricultural Association*. 8vo., London, 1834. 2. *Athalia*—olim *Tenthredo—spinarum*, an hymenopterous insect of the family, *Tenthredinidæ*. Its larva devours the turnip-plant when advanced into rough leaf. This is clearly the animal, to the ravages of which Dr. Carpenter so vaguely alludes; and to it the name of turnip-*fly* should be exclusively restricted. Mr. Curtis, in one of the later volumes of his beautiful "*British Entomology*," has given an account of the history and habits of this destructive insect.

the short-gutted oyster, page 246;* and the beggarly-looking SPHINX ATROPOS, page 504. Who that has ever gazed upon a living specimen of this magnificent insect, or feasted his eye on the exquisite delineation of it by Curtis,† would recognise, in the miserable figure presented on the page of ANIMAL PHYSIOLOGY, the beautiful ACHERONTIA ATROPOS? Many of the anatomical illustrations of the volume we have seen elsewhere.

Into the *defects of the zoological arrangement* adopted by Dr. Carpenter, we shall not now formally enter. The limits originally assigned to this review have already been transgressed: and, ere long, an opportunity of more fully exposing our views on the subject will be afforded in our examination of the admirable LECTURES of Mr. Owen. Yet cannot we repress a passing expression of surprise that Dr. Carpenter should have thought fit to place the articulated animals immediately after the *vertebrata*. Does not the more highly-developed and concentrated arrangement of the nervous system in the *Mollusca*, and the possession of a rudimentary cartilaginous skeleton or by the higher or dibranchiate cephalopoda of that sub-kingdom, entitle them to take precedence of the ENTOMOZOA,‡ and rank next to the lower forms of the fish-class—the individuals constituting the genera GASTROBRANCHUS and AMPHIOXUS§ in the animal series? Does not Dr. Carpenter himself, assert at page 100, that the highest group of Mollusca, in regard to the approach of several parts of its structure to that of vertebrated animals, is the class of Cephalopoda, the cuttle-fish tribe?" And wherefore, with this acknowledged truth for his guide, does he wantonly deviate from the path which is so clearly indicated? Equally reprehensible is the loose and indefinite manner wherein, in the preceding extract, and divers other parts of his work, Dr. Carpenter has employed the terms "*group*" and "*tribe*" as synonymes of class, order, family, and even genus. The influence of precision of language on the progress and perfection of the sciences is far greater than they who have not thought profoundly on the subject may suppose. Most auspicious for the study of nature will be the day when, by the unanimous suffrage of the more enlightened expounders of her mysteries, "group," and "tribe," and "cohort," and "century," with the whole "legion" of terms, alike superfluous and perplexing, at present employed without fixed or definite meaning to indicate the boundaries and divisions of this field of science, shall be sentenced to perpetual banishment from her fair domain.

In summing up on the ANIMAL PHYSIOLOGY of Dr. Carpenter, we hesitate not to state our opinion that the work, while in many parts much too profound for the comprehension of the popular, is not, on the whole, sufficiently exact and uniformly minute for the taste and requirements of the scientific reader: yet that, although unworthy of his distinguished talents and attainments, it may, by a rigorous process of expurgation and correction, be rendered a vehicle of knowledge as valuable as it is interesting. More especially would we recommend him to expunge from the next edition certain anecdotes* of a somewhat apocryphal character, unbecoming the gravity and decorum of a scientific treatise.

Yet cannot we take leave of Dr. Carpenter without expressing our deep respect for his character and talents—our unfeigned admiration of the zeal and industry which he displays, and, we fervently hope, may long continue to display, in the great and holy cause of popular instruction. The time and labour expended by us on the examination of his little work constitute an incontestible evidence of the interest which we feel in his reputation, of our solicitude for his success in the attainment of the splendid objects of his ambition. If, instead of beguiling his ear with the Circeean voice of adulation, we have wounded his too sensitive spirit by the uncourtly language of admonition and reproof, he will, we trust, have the sense to appreciate, and the generosity to acknowledge, the purity of our motives. To borrow an apt illustration from our favourite science, as the rugged shell of AVICULA sometimes encloses the precious pearl, so may the purest integrity and beneficence of purpose lie concealed beneath the repulsive exterior of austere criticism.

Familiar Letters on Chemistry. By J. LIEBIG, M.D., P.L,D., F.R.S., &c. Edited by JOHN GARDNER, M.D., M.C.S., —TAYLOR & WALTON.

A press of valuable matter has hitherto prevented our being able to devote any space to the consideration of the merits of this work, a matter of less importance, inasmuch as the fame of Liebig, notwithstanding his theoretical tendencies, rests upon a solid basis, and requires not the adventitious aid of the critic to recommend his writings. His views with respect to the chemical phenomena connected with life and disease, agriculture and commerce, have been so widely diffused through the medium of his larger works, that they are generally known, not merely to the profession, but to all who claim the title of PHILOSOPHER. Nothing new, therefore, can at all events at present be elicited from him, and of this the work before us is a proof. It contains merely a *refacciamento* of his peculiar opinions, thrown into the familiar form of letters, and couched in very readable language. The style is good, and the getting up of the work reflects credit on editor, publisher, and printer.

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* In this figure, the course of the intestine of the oyster is very inaccurately delineated. We have repeatedly traced it in the largest specimens of the animal which we could procure; and find that its curious windings are very correctly represented in Home's beautiful drawing; see *Comparative Anatomy*, vol. vi, pl. 44, fig. 1. The intestine, in *Ostrea*, is not embraced by, or does not perforate, the heart, as in *Spondylus*, and some other conchiferous mollusea; but the adductor muscle, and the main organ of the circulation, are nearly surrounded by the intestine in its tortuous course from the stomach to the anus. The minute, brilliant, "emerald-like oeelli," which Mr. Robert Garner,—*Linnæan Transactions*, vol. xvii, p. 488, —represents as existing at the edge of the mantle of *Pecten*, *Spondylus*, and *Ostrea*, we have never yet been able to discover.

† See *British Entomology*, vol. iv., plate 147.

‡ A term employed by the French zootomist, Blainville, to designate the invertebrated animals comprehended in the sub-kingdom, *Articulata* of Cuvier, *Diploneura* of Grant, and *Homogangliata* of Owen.

§ So closely does *Amphioxus* resemble, in external characters, the Molluscous type, that it has actually been referred by the celebrated zoologist, Pattas, to genus *Limax*.

* The hydraulic horse, and domino-playing dogs, to wit.

COURSE OF LECTURES ON THE THEORY AND PRACTICE OF MEDICINE.

Delivered by C. J. B. WILLIAMS, M.D., F.R.S., Professor of the Practice of Medicine, and of Clinical Medicine, at University College

Treatment of Phthisis continued.

I have adverted to the good which pure air does, and I must say that, as an auxiliary, warm country air, particularly at the sea coast, is especially useful. Warm air is useful, inasmuch as it excludes the exciting causes of cold, and because it enables the patient to be out a good deal in it. There is no peculiar healing influence in a warm climate. I do not believe that the coast of the Mediterranean, or any warm climate, has any peculiar sanatory influence; all that it does is to exclude the exciting cause of disease—cold. In this country (England) it enables the patient to take as much as possible of the pure air. Patients affected with phthisis ought not to be confined to the close air of hot apartments. It is by a moderate temperature that we can do good, not by closing the patient up on all sides, but by placing him in warm, ventilated apartments, and giving him healthy, invigorating air. Many persons think that running in a jog-trot will give a mechanical assistance to the action of breathing. This has a great deal to do with the peculiar efficacy of horse exercise, which has been recommended. Sea voyages are useful only in summer, when the climate of the coast is too hot; they are then a very good alterative. Now, so beneficial is the influence of pure air, that there are very few consumptive persons who will not benefit by the change, and but few who are cured without it. There are some who go on in spite of unfavourable influences, from year to year; and, in these cases, by removal, or the change effected by sending the patient out of town, and out of closely-inhabited districts, or low damp situations, to a warm dry place, the benefit is most striking. I have seen persons who have become phthisical by confinement in town, or close attention to study, but who have experienced great good by changing their circumstances and their living. On the other hand, some persons actually take harm, actually become consumptive, under *favourable circumstances;* probably here the constitution is more or less injured, and in these cases there is less hope of improvement. The diet should be, in most of these cases, of the mild, unstimulating kind; but *not starving*. It is a great mistake to suppose that, even where hœmoptysis exists, the patient should be starved. The general treatment should be that of support rather than of reduction. Animal food, therefore, should be very rarely withdrawn; only in cases where recent inflammation occurs, or where the cough is more violent than usual; also where the stomach has become overloaded, and the liver greatly congested so as to prevent secretion going on there. I have had a good many cases where the patients have borne animal food twice and three times a day, with fermented liquors: bitter ale—the pale ale now very much in vogue in this country—is an exceedingly good beverage, taking care that it does not cause hepatic congestion. In this case it is not so good, and must be withheld. When the symptoms are very marked in the second stage, antiphlogistic treatment has little efficacy; it is merely palliative. The disease is not incurable, provided the constitution has not become seriously implicated. In this stage, counter-irritants are useful in relieving the inflammation that takes place. You are not to be too severe in the application of them, not to punish the patient and add to his sufferings. The mode of application I have employed for several years I have found very useful in these cases. I have mentioned the use of flannel dipped in stimulating solutions and covered by a piece of mackintosh cloth. This is what we use at the hospital. Continued irritation, if kept up, will do much good in some of these cases. The stronger irritants, such as blisters, are sometimes useful in removing local inflammations, and enabling the system to bear tonics and good diet well. In the third stage of the disease, the indication is to heal the cavities themselves and the sores, by local as well as constitutional measures. Can this be done in any direct way? The inhaling of various

vapours has been supposed to be capable of effecting this object; such as vapours of iodine, chlorine, turpentine, and some other substances. I cannot say, from what I have seen of the use of these, that I have formed a very favourable impression with regard to them. They seem in some instances to increase the irritation; but in some few cases it has happened that they have given temporary relief, diminishing the amount of expectoration, and relieving the cough connected with it. Inhalation of narcotics is more useful; inhalation of hot water, with a little camphor or conium, is better; or the vapour from the leaves of hops, steeped in boiling water. One objection to most of these applications is, that the effort of inhalation is injurious and difficult, if the tube be small: the patient should never assume the stooping posture, but, in the act of inhalation, he should be raised sufficiently to enable him to breathe freely. If any good is likely to be derived from iodine and chlorine, they should be used in a small apartment prepared for the purpose. In all bad cases, these things should not be attempted where the disease is extensive. It is quackery to attempt inhalation where the physical signs show a great amount of disease. In all bad cases, we have to relieve the cough and the pain at the chest, by blisters, mustard poultices, or anodyne and counter-irritant liniments. Stramonium is sometimes very useful in hectic fevers, where the pains and rigors are often very distressing and troublesome. Sponging, with mineral acids and tonics, should be employed. Diarrhœa is often troublesome, and then we should use the various astringents.

Phthisis is a serious disease, and for the most part is intractable, if it is at all extensive; it sometimes occurs from hereditary predisposition, and therefore is a matter of great importance. The two great elements to be considered in its treatment, are the degraded condition of the constitution, particularly that portion of the system concerned in the nutritive function, and in the formation of the blood and its plasma. This is one great constitutional cause of tubercle sometimes spontaneously arising, and it is likewise the chief cause of the products of inflammation becoming converted into the cacoplastic or unhealthy matter. On the other hand, inflammations of various kinds, and the causes of inflammations, may also be regarded as the causes of tubercle; more particularly those of an inveterate character, and those that occur again and again. Now, therefore, prevention will consist in those means that guard against these causes; guarding against bad nutrition, by taking great care as to the diet, by seeing that it be only of the simple and nutritive kind of food, particularly adapted to the digestive powers of the individual. Great attention should be paid to the digestive organs in those who are hereditarily predisposed to the disease, or who, from the circumstances of life in which they are placed, have a tendency to consumption. The diet should not be too poor, nor too stimulating, but nourishing, and such as is suited to the organs. Then, with regard to the secondary process of nutrition which takes place in the blood, that is very much under the influence of the general regimen; and it is important that a proper amount of exercise should be taken. There is another particular, too, greatly concerned in the keeping up of the purity of the blood and the improvements of the nutritive process, and that is strict attention to the condition of the excretions. We see there is continued congestion of the liver and the kidneys, and various degradations take place, not only affecting the kidney, but various parts of the system. Where there is granular degeneration of the kidney, where the disease consists of continued attacks which interfere with the function of the kidney, phthisical disease is apt to supervene. Great attention, therefore, should be paid to the excretions. The tone and vigour of the whole system should be kept up, if circumstances require it, by medicines and tonics; and that which is most constantly useful is iodide of potassium, combined with bitters, and sometimes with alkalies. It gives a vigour to the circulation in some manner or other, and tends to remove the disposition to congestion. I have repeatedly seen this successful. There is yet to be considered another set of causes—the local causes of disease which we have to guard against. Now, the chief of these are such as excite inflammation or congestion in the pulmonary organs; and these are to be guarded against by avoiding cold (which is the chief cause), and by taking measures to inure the constitution to the ordinary changes of temperature. The tonic measures I have been hitherto speaking of, will do a great deal towards this, by promoting the vigour of the constitution, and the circulation of the red particles of the blood. Cold bathing, or sponging the chest with cold water, impregnated with salt or vinegar, is decidedly useful as a means of preventing pulmonary disease where there is no actual disease present. The habit of vigorous and regular exercise contributes to overcome the tendency to phthisis, not only by acting on the whole constitution, but also by removing the congestion of the lungs. Warm clothing is indispensable, and if the patient is not able to go to a warm climate, he should protect himself in every way against transitions of temperature and exposure to cold. The respirator is sometimes useful. This is the more necessary in cases where the cold air produces, as it often does, without there being any actual disease, pain in the chest or cough, or a tendency to cough.

Carcinoma and Scirrhus of the Lung.—I have now a few words to say on these structural diseases of the lungs, diseases which are of very rare occurrence, and therefore not of such great practical importance. They are, however, in most cases, completely beyond the reach of treatment. Malignant diseases, *carcinoma* or *soft cancer* and *scirrhus*, are the diseases I refer to. Soft cancer is that which occurs most commonly. This matter is not merely a degradation of texture, but consists in a great accumulation of foreign matters, which you see developing itself in the form of a tumour of considerable size—an encephaloid tumour. One great distinction to be made in the nature of tumours, is that of malignant and other growths: those that grow and those that are merely morbid deposits. The symptoms of this disease will of course vary according to its extent. The most common form of encephaloid tumour is the solitary form, and the growth of this is generallly pretty rapid; and in connection with this there are various symptoms of obstruction to the function of the lungs. The seat which it most commonly occupies is the root of the lung, or the bronchial glands. In the greater number of instances which I have seen (I think about six or eight altogether)—in all but one, the disease seemed to prevail to its greatest extent in the bronchial glands; and to rise from them into the anterior mediastinum; also extending to the glands of the neck, and underneath and above the clavicles. In some other instances I have found the disease in other parts of the body—in the inguinal glands; and its affecting the glands of the body becomes a means of diagnosis, which should be held in view in determining the nature of the disease. The symptoms are those chiefly arising from obstruction. The disease pervading the root of the lung will cause more or less obstruction to the passage of the air in and out. It usually presses more on one bronchial tube than on another; and in several cases I have seen that the pressure has been more on the bronchial tubes than on the blood-vessels. Perhaps this is owing to the blood-vessels resisting the pressure; and in the instances I have been mentioning, the arteries have been quite clear; but in two instances, the veins were considerably obstructed by the pressure; generally, however, the air-tubes are affected more than the blood-vessels. Now the symptoms that occur in connexion with this, are usually difficulty of breathing, greater than usually occurs in phthisis, and which is frequently of a spasmodic character, and sometimes a bad asthma is brought on by it. There are, besides these obstructions to the passage of the air, obstructions to the passage of the blood, increasing more and more as the disease goes on. But the vessels going through the tumor are not pressed upon. The tumor grows upwards and forwards, and presses on the great veins of the neck,—the *subclavian* and the *jugular*, and the branches connected with these trunks. There are signs of congestion in these veins, which are sometimes quite varicose from the obstruction; and œdema of the parts through which they are distributed. In some cases which I have seen, the chief symptoms were swelling of the head and neck, and in one there was a remarkable dilatation of the veins on the surface of the neck and face. Then, the physical signs will vary considerably according to the situation of the tumor. If the bronchi are obstructed on one side, there will be stridulous breathing. This cannot be mistaken for bronchial or tubular breathing, for it differs from it in character, by being more musical; it is an approach to the sonorous rhonchus, and there is a sharper and more sonorous respiration on one side than on the other. Now, in conjunction with this very curious partial obstruction of the chief bronchi, there are occasionally other physical signs present. As the obstruction increases, the respiration is interfered with; there is not the same facility in forcing the air out and in. There is sometimes great dyspepsia from the congestion, and sometimes effusion takes place to a considerable extent, and the disease presents the appearances of pleurisy; where this occurs, the case becomes somewhat complicated. There may be liquid effusion in the lower part of the chest, and the lungs are pushed up to the upper region; then there are various signs of disturbance which are not presented in other cases. Where you get an anomalous case of disease of the lung, symptoms of obstruction in one part, liquid effusion in another, and a tumour in a third part, and the history of the case does not correspond with that of aneurism, you may always suspect malignant disease of the lung. The manner in which the tumour will project may be upwards or downwards; generally it projects forwards, and there will be dulness in some of the upper parts of the chest, varying in its degree. In one case that I met with, the dulness was perfect in the whole of the upper lobe on the right side, as perfect as it is in the most marked state of hepatization. Sometimes the dulness is circumscribed about the sternum and the clavicles, and may be clearly distinguished in the inter-scapulary region. There is one other variety of disease which I have to advert to, and that is scirrhus, a form of disease unaccompanied by any perceptible tumour or any fungous growth. The deposition, instead of being in the nature of a tumour, is more that of contraction. In a case that I have seen lately, what led to the supposition of the disease being malignant, was a sign of constriction of one lobe of the lung; there was stridulous breathing, of an exceedingly aggravated character, and there was a feeling as of a very hard substance just below the clavicle. There was liquid effusion into the pleura, so extensive, that had there not been constriction of the lung the chest ought to have been enlarged, but the middle part only was dilated. On examination after death it was found that there was a scirrhous degeneration extending down to the very base of the lung, which was considerably contracted. You may have signs of partial constriction from this same process going on, just as you have signs of dilatation where the disease consists of a soft tumour. In some few cases this malignant disease goes on to softening and the formation of cavities. These cases are but rare. I have seen but two distinct examples of softening: one was in the upper lobe of the right lung, the greater part of which was firmly consolidated. The patient lived long enough to expectorate a quantity of purulent matter, a yellowish matter, with pinkish striæ or streaks of blood in it. It is a very rare occurrence for the disease to last long enough to perfect this softening process. If it does take place, the signs of cavernous rhonchus will occur. The diagnosis is to be formed on the irregularity, the signs not being conformable to any other known diseases of the chest. In most cases, there will be found

some proof of cancer in some other parts, swelling of the glands in the axilla, the neek, or the groin; or in the female, cancer of the mammæ. The countenance presents a remarkable pallidity, arising from the deficiency of blood in the system, and which is presented in a higher degree in this disease than in any other.

We have now concluded the subject of phthisis and the diseases connected with it: and in the next lecture we shall go on to the diseases of the heart and of the other great viscera.

Dr. ROBINSON'S REPLY TO Dr. CALDWELL.

Dr. Robinson, of Manchester, has favoured us with an elaborate reply to the criticism on Liebeg published in the *Medical Times* of the 10th and 17th ult. The crowded state of our columns will, unfortunately, not allow us to do more than give an abstract of the contribution. He objects to Dr. Caldwell disparaging most of the originality of Professor Liebeg's application of Chemistry to Agriculture. *Whencesoever* the knowledge of the facts and practice of agriculture may have been derived by the Professor, he insists that he is at liberty to use them as bases for his various conclusions. He strongly animadverts on the doctor's condemnation of the German philosopher's views *in toto*, as "intellectual balderdash, dogmatism, assertions without proof," *et id genus omne*; remarking that Dr. Charles Caldwell, professor of medicine and medical jurisprudence at Louisville, Kentucky, is generally entitled to such dogmatic denunciations. He declares that Dr. Caldwell's positions on vitality, &c., leave him unable to account for the effects on the economy, from the eating of putrid sausages, described by Liebeg; or, for the disorders frequently induced in warm climates by the use of partially decomposed meat. "The attention of scientific observers has not," Dr. Robinson remarks, "yet been directed particularly, so far at least as I can ascertain, to the possibility, or non-possibility, of the chyme retaining, and transmitting this state of fermentation or putrefaction to the blood and general system. I am not aware of any *facts* bearing on the subject, which give us reason to believe that such a phenomenen cannot occur, till the existing laws of our nature are changed."

Dr. Caldwell is asserted to have *entirely misrepresented* the symptoms and progress of the "sausage disease." The entire body of man, Liebeg nowhere asserts to be in a state of putridity, co-existent with life. Dr. Robinson understands the meaning of Liebeg to be, that the fementative process induced brings on a corresponding fermentation or putridity in the blood, which state, cutting off the supply of healthy nutriment from the different organs, and substituting that of a morbid character, causes the emaciation and other symptoms, so forcibly described in the professor's words, as the event of the disease. Where the *vital force* exists in greatest intensity, this process must necessarily be most retarded by its antagonism; and thus, therefore, the "seats and strongholds of life" are the *last* to undergo this change.

The question why fat is found in the body after death, in this "sausage disease," is explained by two reasons. First, that the disease in question will, by corrupting the blood, affect both the *respiration* and *circulation;* thus in part removing the principal causes of the consumption of adipose tissue. Secondly, according to Dr. Caldwell's admission, fat is much less putrifiable than some other parts of the organism. To these may be added, thirdly, that Liebeg's description does not infer the disease to be a lingering one.

Liebeg's work is offered to answer Caldwell's challenge to explain the "two substances" concerned in the propagation of contagion. The substances are, the virus, or matter in a condition of transformation; and the matter in the blood, suited to take on a similar condition or change. The theory, therefore, of the action of the small pox and vaccine virus is not affected *one iota* by Dr. Caldwell's assertions. The remainder of the second paper Dr. Robinson will leave Liebeg to answer for himself, should he consider it worthy his notice.

Dr. Caldwell asserts, that Liebeg's statement is false; that "chemical actions are propagated in no organs so easily as the lungs; and it is well known that diseases of the lungs are, above all others, frequent."

Our correspondent thus repels the charge.—"I have before me the registrar-general's tables of mortality in England and Wales (Tables M and N, pages 172 and 173), for 1840. I take the year at random. By these I find that out of 4,407 deaths 786 were from phthisis alone; and the total from diseases of the respiratory organs, 2,017. The proportion, therefore, of deaths from phthisis being rather more than one-fifth of the whole. Of diseases of the respiratory organs generally, nearly one-half. What then becomes of Dr. Caldwell's assertion, that taking the average of every known climate, hot, cold, and temperate, savage and civilised, the deaths from other organs, compared with those of the lungs, stand in the proportion, perhaps, of ten to one. Assuredly he has taken a most extensive ground for his average, one that he will find some difficulty of proving, and I of disproving by numerical references. I should much like to ascertain the data for the conclusion; for though myself a resident for some years in tropical climes, I possess none whence I could *presume* to draw such a deduction. Doubtless, however, Dr. Caldwell will do the medical world the favour of publishing the statistics in question. Perchance, we may then be favoured with special reports from the Emperor of China's registrar-general, or from those of Ethiopia, Timbuctoo, or Madagascar, furnished for his especial convenience and information.'

In reference to Dr. Caldwell's "confession of faith," he says—That the sentence beginning "Finally, I believe the notion which assigns to chemistry and vitality a joint agency in the performance of any of the functions of organised matter, to be, if possible, even more incongruous than that which applies to chemistry alone,"—is very absurd. He maintains that it is by the very balance of chemical, mechanical, and vital forces acting on atoms, that the phenomena of organic life are developed, and insists that the real absurdity is that of supposing the vital force to possess the supreme control over all the others.

"Do we find," he asks, "that it exempts matter from the mechanical forces? From the chemical, as in the operation of medicines, caustics, and other powerful agents? Any person with the slightest acquaintance with the subject will at once perceive the absurdity of such a supposition, and immediately reject it as unsound and unphilosophical."

Dr. Robinson, throughout his able paper, indeed, treats Dr. Caldwell's lucubrations as almost beneath notice, excepting as calling attention to theories which cannot be too much discussed.

WORKHOUSE REPORTS.

To the Editor of the "Medical Times."

Sir,—Should you consider the annexed medical and surgical report of the Coleraine Union Workhouse worthy of a place in your Journal, I shall feel much pleasure in placing it at your disposal.

I am fully aware that it possesses little or no intrinsic value; I submit it to the public with a view to induce others to imitate my example, being of opinion that such reports might afford some statistical information, and, at the same time, exhibit the absence or prevalence of certain diseases in the several localities in which the workhouses are situated.

The report contains four tables; the first exhibiting the relative ages of the persons admitted into the workhouse from the 19th April, 1842, to the 25th March, 1843 (the period included in the report); the second, a list of the diseases treated,* with the number of cases of each; the third, a numerical summary of the hospital case book; the fourth, the relative ages of the persons who died.

Your obedient servant,
Thos. H. Babington, A.B., M.B.,
Licentiate Royal College of Surgeons, Ireland, Medical Officer, Coleraine Union Workhouse.

The Coleraine Union Workhouse was opened for the reception of paupers on the 19th April, 1842, from which date to the 25th March, 1843, 712 persons were admitted, whose relative ages, as entered in the registry from their own statement, are classified in the following table:—

No. I.

Under two years	54
From two to five years	51
From five to ten years	109
From ten to twenty years	76
From twenty to thirty years	64
From thirty to forty years	64
From forty to fifty years	59
From fifty to sixty years	52
From sixty to seventy years	69
From seventy to eighty years	79
From eighty to ninety years	32
From ninety to one hundred years	3
Total	712

Of the above 712, 350 were admitted into the hospital labouring under the diseases enumerated in table

No. II.

Fever	3
Hooping-cough	15
Measles	2
Small-pox	1
Chicken-pox	8
Ulcers	13
Erysipelas	5
Ringworm	12
Other Diseases of Skin	20
Diseases of the Eye	28
Diseases of the Stomach and Bowels	84
Accidents	10
Midwifery Cases	6
Abscess	7
Diseases of Females	6
Infantile Fever	10
Influenza	29
Consumption	9
Inflammation of the Lungs, Pleurisy, and Bronchitis	20
Gout	1
Hernia	4
Quinsy	4
Dropsy	4
Rheumatism	10
Diseases of the Brain, &c.	8
Diseases of Bones and Joints	7
Urinary Diseases	4
General Debility	20
Total	350

The result of the treatment of the above was as follows:—

No. III.

Patients admitted into Hospital		350
Discharged cured	254	
Relieved	8	
Died	40	
Left the house	15	
Remaining 25th March	33	
		350

On looking at Table III. the mortality appears very considerable, but a careful examination of Table IV. will remove such an impression. This table also contradicts a very prevalent idea (in Ireland at least) that the mortality is very great in the workhouses amongst the young children; the very opposite is the result of my experience.

No. IV.

Ages of persons who died in the Coleraine Union Workhouse from 19th April, 1842, to 25th March, 1843:

* This list was originally prepared for the Board of Guardians, and is drawn up without nosological arrangement or nomenclature, for the sake of plainness.

Under two years	6
From two to five years	1
From five to ten years	0
From ten to twenty years	1
From twenty to thirty years	1
From thirty to forty years	0
From forty to fifty years	4
From fifty to sixty years	4
From sixty to seventy years	5
From seventy to eighty years	13
From eighty to ninety years	5
Total	40

P.S.—Nothing unusual presented itself in the progress of any of the cases, or in the treatment adopted; observations thereon are, therefore, unnecessary. On a future occasion I may trouble you with the report for the year ending 25th inst. should you think it worth your acceptance.

J. H. B.

MESMERISM NO MARVEL.

To the Editor of the "Medical Times."

Sir,—As the subject of animal magnetism, mesmerism, or hypnotism, as it has been termed by Mr. Braid, has just been revived, and is now the popular topic of medical discussion among non-medical people, the attempt may not be uninteresting to some of your readers, nor unprofitable to others, who stand in doubt as to its nature, to place it in a clear point of view. The love of the marvellous, characteristic of some minds, constitutes, I believe, the great charm of mesmerism. Divested of the mystery in which some persons have delighted to clothe it, like most other marvels, it will soon cease to be a matter of wonderment, and therefore of admiration. The easy way of disposing of a thing of this kind is at once to deny the facts; but this is not the satisfactory way, because the facts are too well authenticated and too generally known to be thus easily disposed of. A reasonable scepticism should be entertained upon all subjects; but there is a point where the rule, "*dubitare est sapere*," should stop, and where a rational explanation of what cannot be doubted or denied should begin. Admitting, then, the truth of the phenomena of mesmerism, how may they be rationally explained? Mesmerism or hypnotism, I believe to be nothing more nor less than *sleep*, artificially induced by weariness, through one or more of the external senses, more or less profound, according to the natural or acquired susceptibility of the individual—acquired, I say, because the more frequently a person is thus wearied, the more readily he falls asleep. It matters not which of the senses is wearied; sleep follows as the natural effect of fatigue. Sleep, for instance, may be induced by wearying the sense of smell by the odour of flowers in a close apartment, so profound as sometimes to occasion great alarm, and which has led to a popular dread of sleeping in a room with flowers. Sleep may be induced by wearying the sense of sight, as in the practice of mesmerism and hypnotism, and by wearying the sense of hearing.

> Sæpe levi somnum sua debit inire susurro—*Virgil.*
> The busy bees with a soft murmuring strain,
> Invite to gentle sleep the labouring swain.—*Dryden.*

Sleep may be induced by wearying the sense of touch, as nurses well know, who by gentle friction lull children to sleep. Also, by wearying the muscular sense, as by lying perfectly still without moving any part of the body in the least, when a person is restless and sleepless in bed.

Now for the phenomena of mesmerism—Sleep artificially induced by one of these means, at irregular periods, and under particular circumstances, is not so sound as natural sleep, which ensues at the usual time, and which follows general weariness of mind and body. The patient consequently is more easily awoke, as regards one or all of his faculties, by blowing upon or gently touching parts of the body. By blowing upon his nose, the sense of smell may be awaked; upon his eyes and ears, the senses of seeing and hearing; and by touching the muscles, they may be roused to activity, and the somnambulic condition may be produced. And if the science of Phrenology, or the system of a plurality of organs in the brain, or the localisation of the different faculties in the several parts of the brain be true in nature, then we may conceive that particular faculties may be awoke by gently breathing upon or touching the corresponding parts of the head. But upon this point, scepticism may still be rationally entertained, and the alleged facts reasonably doubted.

The whole mystery of mesmerism admits of an easy solution, by considering the phenomena as the result of a partial waking out of sleep, artificially induced by wearying one or more of the external senses.

The only practical use which I have made of this mode of inducing sleep, is in cases of restlessness and sleeplessness, without pain or uneasiness in bed.

The plan which I have advised with success, as the safest hypnotic, is to desire the patient to lie perfectly still without moving a muscle, to keep the eyes open, and look steadfastly at an object, if there is a light in the room. In a few minutes, sleep weighs the eyelids down, and steeps the senses in forgetfulness.

I am, Sir, your obedient servant,

J. P., M.D.

EXPULSION OF MR. DERMOTT FROM THE SUB-COMMITTEES.—HIS RESIGNATION.

To the Editor of the "Medical Times."

Sir,—Last week, with the circular usually sent to the members of the Committee which meets at the Crown and Anchor, I received from the Secretary the following notice:—

"March 11, 1844.

"Mr. Cooper gave notice that, on Wednesday next (March 13), he would bring forward the following motion, in accordance with the resolutions passed at the last committee meeting, viz., 'that Mr. Dermott's name be struck off all Sub-Committees.'"

To this complimentary communication I replied as follows:—

"Sir,—With regard to my political existence in your Sub-Committees, which you tell me is to be mooted this night, having to choose between a *felo-de-se* on one hand, or 'Lynch-law,' and 'a coroner's quest' on the other, I beg that the gentleman who proposes that 'Mr. Dermott's name be struck off all Sub-Committees' may append to the resolution the words, *and all General Committees likewise.*

"With every due feeling of respect for the members generally, but dissatisfied with the leading pullies of the machinery of the Committee,

"I am, sir,

"Your obedient servant,

"G. D. Dermott.

"15, Charlotte-street, March 13, 1844.

"A. W. Simpson, Esq."

[Mr. Dermott, we need not say, is not in a singular position. The respectable men have all left, and they are in such straits for a chairman, that, after canvassing London, they have been content to accept a paid writer—a hired weekly agent of Mr. Wakley, to preside over *the* great aggregate meeting. And this is the great result of about £60 paid in subscriptions, and six or eight weeks' preparations. It is morally defunct. Well, indeed, did we say that Mr. Wakley's presence was that of a bird of bad augury. One circumstance in this disgraceful but powerless exhibition of malice to the honest Mr. Dermott is the *notice* that his exclusion was contemplated. Our readers, remembering how barefacedly they omitted any ceremony with Mr. Weathers—how they laid their trap to put him on his defence, and catch him without the least note of preparation, will perceive a symptom of improvement. Our strictures with the unanimously-concurring voice of the profession, have taught them that such startling injustice, even in so holy a cause as supporting a declining and death-smitten journal, will not be tolerated.—Ed.]

THE NEED OF MEDICAL REFORM.

Sir,—I write you a short note, but it shall be full of facts worth thinking about. You were mistaken in supposing that the Sub-editor of the *Lancet*, seconded in the Committee-room the ejectment of Mr. Wakley's rival Journalist, Mr. Weathers. That honour was forced on Mr. Mackenzie, of Berners-street. As this person is a sample of the gang Wakley works with, I will tell you who he is. He is a Jew money-lender on bills, of infamous and legally proved dishonesty, and as such, unfit for professional society. He is a man of many names: he is Dr. Mackenzie—alias Mr. Mackenzie—alias Dr. Hunter—alias Dr. John Bond. Now as every body knows, Dr. John Bond, *i. e.* Mr. Mackenzie, is the vagabond who manufactures or procures continental doctors' diplomas, and so introduces into the profession under false colours, men who have no title to be in it, and who gain patients' confidence without grounds, and do the greatest mischief to our profession and society. Such a person should be known, for he is a disgrace to any body in which he is allowed to share membership; and the profession must spurn with indignant contempt a fellow who is so active to degrade it. The Sub-editor of the *Lancet, has* no brother. The person you allude to bears the same name, is a relative I believe, and is *assistant* to a parish medical officer, whose leave he had to procure, before he could obey the particular request of Mr. Wakley, junr., and he became a member of the Committee *for one night*, to help Mr. Wakley's remarkably foolish project. What proves the folly of this step most, is Mr. Wakley's entire silence on it in the *Lancet* of that week, and his entire omission of any reference to himself or his own "*insane*" speech against Mr. Weathers, in the following number, when, compelled by your notice, he at length pretended to give some account of the transaction. If you look at his report, you would imagine that he was absent, or hardly uttered a word in the debate! Such an omission is damning to the *man* and to the *Journalist*. A distinct falsification of public proceedings like this, is a crime of deception which no one anxious for an honest press should tolerate.

Dr. Lynch is Treasurer of the Committee; Mr. Walter has been its Chairman. I shall next week say a word, if you will allow me, on the claims *these* new public characters present to the respect and confidence of the profession. In the meanwhile, they have termed Mr. Weathers, as Proprietor of the honest *Medical Times*, out of the Committee. Have they paid you back the six guineas you gave them? They turned out, or forced to resign, Mr. Dermott, for expressing an unfavourable opinion of them. Have they paid him back his money? Have they published their accounts, now that everybody is calling in question their respectability? Where is Mr. Marsden, who gave them ten guineas? Where is Mr. Salmon, who gave them five? Where is Dr. Wilson? Mr. G. A. Walker? Mr. Leeson? Mr. Harvey? In short, all the men of wealth or respectability? The low gang that compose the respectable Wakley's circlet of bosom friends, was too much for them! The Coroner with his vulgarities, his jealousies, his bribes, and promises; Mr. Rugg, with his unfortunate orthography; Mr. Jordan Lynch, with his low standards of honour and orthoepy; and Mr. Mackenzie, with his Jew bonds and bond diplomas, have made the waters of agitation too dirty for them. Miserable Wakley! Still more miserable *Lancet!*

Mens conscia recti.

[We have an insuperable disinclination to canvass *private* character even in persons

occupying the most public stations, and are not blind to the legal danger of doing justice, through the press, to nuisances the most insufferably notorious; but having carefully considered this case of Mr. Mackenzie, and having had the facts well authenticated to us, we have judged it our duty to the public and the profession, to bring him as a criminal before their bar, and say—"here is a man seeking a post of honor in public courts, whose daily business it is to injure or degrade you; here is a man laying traps for your confidence whom it is your first duty to avoid,

Hic niger est: hunc tu Romane caveto!"

ED.]

TRANSACTIONS OF LEARNED SOCIETIES.

ETHNOLOGICAL SOCIETY.—At the meeting on Wednesday, Sir James Clark, Bart., M. D., and Messrs. G. Dressler, H. S. Cuming, James Tonnére, and T. T. Spicer, were elected members. After announcing the donations to the Society since the last meeting, which were very numerous, the Secretary proceeded to read the paper for the evening, "On the Yamúd and Goklán tribes of Turkoman, by the Baron Clement Augustus de Bode," the fruits of his personal observations of this most interesting, but imperfectly known people. The Goklans inhabit the country to the west of the Alburs chain of mountains, and the Yamúds to the west of the Goklans up to the eastern shores of the Caspian sea. Of the former there were, some years ago, 1,200 families, but they are greatly reduced; of the latter, there are now between 40,000 and 50,000 families. The Goklans ascribe their origin to two brothers, while the Yamúds are said to be the descendants of four brothers. They follow the creed of Mahommed, possess corn fields, rice plantations, and vegetable gardens, and visit the bazars of Asterabad to exchange the fruits of their industry, not only in this respect, but in goods they manufacture, such as felt and woven carpets, as well as sheep and horses from the live stock they rear, for the silks of Anezane and the cottons of Khorassan. "Of the Turkoman character" the Baron "regrets that he can find but very few redeeming qualities to palliate the evil propensities of their nature." The Turkomans observe a difference in their children by Turkoman mothers, or by the Persians whom they capture, or the Kasakh women whom they purchase from the Uzbecks of Khiva. Those of the pure race enjoy full privileges, whilst upon the others are put certain restrictions. For instance, they are obliged to choose wives from among themselves or from the Persians and Kasakhs. The features of the Turkomans are Mongolian; they are by no means ill-looking, and a large proportion of the younger part of the female community are considered by the Baron "as fair specimens of pretty women." The lads marry at fourteen or fifteen, and the girls at ten and twelve; but they are maintained by their parents for many years afterwards. The greatest respect the Turkomans can pay to the dead is to bury the body immediately—a mode of honouring the dead, in the Baron's opinion, likely to lead to some being buried alive. Among the Yamúds there are individuals who possess upwards of 500 sheep, 200 camels, 30 mares, and as many captive human beings. They are horse racers and chess players. The President in adjourning the meeting to the 10th of April, when a paper, by Captain T. Postans, "On the Biluches of Scinde," will be the subject, read the following extract from the *Journal des Débats* of March 8, as an interesting feature in the progress of Ethnology in France:—"M. le Prince de Joinville lately gave a private audience to the Council of the Ethnological Society, composed of Messrs. Milne Edwards, Charles Lénormant, D'Avezac, Hubert des Motellettes, and Gustave d'Eichthal. The Prince conversed with them on the means necessary to be pursued in order to collect from all quarters of the globe materials for the study of the various races of mankind; and declared his intention of affording his active assistance in furtherance of the objects of the Society." The subject of the Baron de Bode's Paper is particularly apropos at this time, as it makes us acquainted with the people with whom Dr. Wolff will have to deal in his perilous undertaking in search of Colonel Stoddart and Captain Conolly.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY, Feb. 12.—Mr. Stanley, president, in the chair. The following papers were read:—*On the early organization of coagula and mixed fibrinous effusions under certain conditions of the system.* By John Dalrymple, Esq. The object of this paper was to confirm an observation published by the author in the 23rd volume of the transactions of the society, as to the organization of a clot of extravasated blood in a man dying of scurvy. Some doubt had been thrown upon the presumed nature of this clot, and the character of its vessels, by Mr. Travers, in his recent able and elegant work upon inflammation. A fresh example of a similar coagulum injected by Mr. Busk, of the *Dreadnought* hospital ship, gave the author an opportunity of more minutely examining its condition, and proving its organization. In the knee-joint of a lascar, who died of scurvy, Mr. Busk found several clots of extravasated blood. Some floated loose in the fluid, others were attached to the synovial membrane of the capsule of the joint. The attached clots were minutely injected, but, independent of the vascularization, the fibrinous materials of the blood (the white corpuscules) were found in various stages of development into tissue. There were normal white corpuscules, simple nucleated cells, the cells becoming elongated and caudated; others were elongated and often bifid, and at last the elongation into filament as the final conversion into tissue. All the cells were nucleated, and had nucleoli; interspersed among these cells and filaments were innumerable perfect blood discs, which gave the clot a dark red or nearly black colour. The loose coagula were of course more vascular, yet the fibrinous corpuscules had commenced a process of organization, and were converted into elongated and nucleated cells. These were equally interspersed with normal blood-dises, and equally darkly coloured. After some remarks upon the cachectic condition of the subjects of these extravasations, the author concludes by stating, that it is not now, nor ever was contended by him, that ordinary extravasations of blood in the healthy body became organized, but rather that the tendency is towards degradadation, disintegration, and absorption, than advanced developement in the blood so effused.

Mr. Lloyd remarked that the condition of the joint had not been stated. It would be interesting to know what were the condition of the tissues.

The president read an extract from the paper, and then acknowledged that the state of the joint was not described.

Mr. Lloyd added that it was not stated whether there was destruction of any of the tissues of the joint. When inflammation has been going on in the synovial membranes, we have the appearance of congula, which are really and truly derived from the newly-formed vessels. They are generally seen in cases of diseased joints. He had made it a point to examine such cases, and he would say that the appearances perfectly corresponded with those alluded to by Mr. Dalrymple, and he had also seen some newly-formed matter very closely resembling the coagula described in the paper, in a fungous tumor lately removed by Mr. Lawrence, which tumor was very like albuminous sarcoma.

Mr. Stanley, with reference to the disputed question of coagula of blood becoming organized without undergoing a previous change, remarked that there were two preparations in the museum at St. Bartholomew's Hospital of the external pudic vein of a horse, by which the view was apparently supported. The vein contained a solid coagulum, adhesing to it in the inside by membranous bands, and which, when laid open, was found to consist of membranous and bony cysts, there being two cysts of membranous formation, containing in their interior one consisting of bone. The vein was healthy, and did not present any appearances of having suffered from inflammation. The interesting point in the case was that the vein was perfectly sound, and yet contained within it a coagulum, which had undergone the changes he had described. Mr. Stanley, in conclusion, promised to exhibit the preparations on a future occasion.

On the Composition of the Meconium, and of the Veraix caseosa, or lubricating matter of a new-born infant. By John Davy, M. D., F.R.S. London and Edinburgh.

The microscopical character of meconium is very distinctive, and well displays its compound character; it exhibits a confused mixture of globules, plates, and molecules:—the globules about $\frac{1}{3000}$th of an inch in diameter, are very abundant, and form a principal part of the whole—judging from their form and size, and their insolubility in water and alcohol, they may be inferred to consist chiefly of mucus. The plates are of two kinds—one of irregular form, varying in size, from about $\frac{1}{2000}$ to $\frac{1}{1000}$th of an inch in diameter, insoluble in water, and hot or cold alcohol, the diluted acids or alcalies, like epithelium scales, which the author believes them to be; the other kind of a regular form, of great thinness and transparent, insoluble in water and acids, and in cold alcohol, but soluble in hot; properties indicative of cholesterine. The molecutes vary in size from $\frac{1}{8000}$ to $\frac{1}{20000}$th of an inch in diameter, and being insoluble in water, and soluble in alkaline ley, may be considered as consisting chiefly of fatty matter. Besides these ingredients, to which the meconium owes its thick consistency and viscid nature, there is another portion from which the mass derives its colour and taste, and probably its power of resisting putrefaction, and which seems identical with the sapid and coloring matter of the bile. The specific gravity of meconium exceeds that of water; it sinks in a saturated solution of common salt of the specific gravity 1148. The quantities of meconium which the author has obtained have been too small to admit of accurate analysis; but in a specimen obtained from a healthy child immediately after birth, the proportion of ingredients was determined, and the results, per cent., were about as follows—these proportions he believes may be considered pretty correct:—23·6 mucus and epithelium scales, ·7 cholesterine and margarine, 3·0 coloring and sapid matter of bile and oleine, 72 7 water. A portion of the same anconium was inemcrated; it burnt with a bright flame, and left ·69 per cent. of reddish ash, chiefly peroxide of iron and magnesia, with a trace of phosphate of lime and common salt.

The *cveraix aseosa*, examined under the microscope, is found to be composed of granules, plates, and molecules. The plates constitute the principal part; they have the properties of epithelium scales, the granules those of fatty matter, as also the molecules. The plates are insoluble, both in weak acids and in alkaline ley, and in hot and cold alcohol; they are of irregular form, varying in size from above $\frac{1}{365}$ to $\frac{1}{1000}$th of an inch in diamediameter. The *veraix* is apparently lighter than water, in which it floats; but this is owing to the air entangled in it. If subjected to the action of the air-pump immersed in alcohol, it sinks in water at 66 Fahrenheit. A specimen thus treated was of the specific gravity 100·39. Of a betyraceous consistence in its ordinary state at a temperature of 60°, it hardens in reduction of temperature, and becomes almost semi-fluid, when its temperature is raised, as to 100°; admirably adapting it for a lubricating substance in parturition. A single specimen of the lubricating matter of great purity was subjected to analysis, and found to consist of 13·25 epithelium scales, 5·75 olcine, 3 13 margarine, 77·87 water. The author remarks that, theoretically considered, as regards the origin of the two substances, the preceding results seem to point out distinctly, that both are excretions, the meconium

chiefly derived from the liver, and the lubricating matter from the skin. He alludes to the opinion of M. Raspail, that a portion of the meconium consists of intestinal villi, but says he has in vain sought for the appearances which M. Raspail describes. Vauquelin and Buniva, from examination of the lubricating matter, were led to infer that it is not an excretion from the infant, but a deposit on its surface from the liquor amnii.—This opinion, the author remarks, does not require to be controverted. Bichat rejected it from the circumstance that no such deposit is found in the umbilical cord, and in the inner surface of the amnios, and came to the conclusion, which seems most just, that it is derived from the skin of the fœtus, and is a secretion similar to that which takes place after birth from many parts of the cutaneous system.

Dr. Cursham remarked that it appeared that Dr. Davy had only examined the meconium in the lower intestines. Dr. Lee, who was present at the meeting, had, in a paper published in the Transactions of the Royal Society several years ago, pointed out the great distinction that existed between the contents of the small and large intestines. The latter was true meconium, the former, of the nature of albumen, and served for nourishment.

Dr. Lee stated that he had examined the intestinal canal in numerous fœtuses. The appearance of meconium was confined to the great intestines, nor had he ever discovered any albumen or nutritious matter in the colon, which, during the three latter months of utero-gestation, is fully distended with a dark green, homogeneous, neutral or alkaline mass. Albumen existed in the small intestines, and he believed from that albumen the meconium was formed. Nutritious matter was not found in the stomach, only an ascescent fluid: it first appeared in the duodenum, close to the terminations of the ductus communis choledochus, where it presented characters like those of chyle, and was of a light yellow colour. The jejunum and ileum were filled with it. It exists in sufficient quantities to be examined chemically; half an ounce of it may be obtained. In the ileum, as it approaches the colon, it begins to assume a green colour, and the characters of albumen gradually merge into those of meconium, from which fact, he (Dr. Lee) had been led to infer that it was the source of the last-named secretion. It is very evident that this albumen does not proceed from the stomach, and has been found in the intestines, in the diseases where the œsophagus is impervious. Dr. Lee believes this secretion to be the peculiar function of the fœtal liver, and stated, that he had found in the hepatic duct a fluid, which on examination proved to be pure albumen; and he could thus explain the question often asked in physiology, why all the blood sent from the placenta was first transmitted to the fœtal liver, previously to passing through the ordinary channels of the sanguineous circulation; very little bile is secreted by that organ, but pure albumen is freely separated from the blood. The blood circulating in the fœtus is very different from that of the mother, and consequently some change must have been effected in it by the liver. A similar change apparently occurs in the thymus gland, which secretes a fluid resembling chyle in its chemical composition.

Mr. Lloyd had still some doubt as to the source of the meconium. Some time ago he examined the body of a little patient, in which the small intestines terminated in a cul-de-sac, and the large intestines also, they being entirely separated from each other, yet in this case the latter were distended with meconium. He had come to the conclusion that it was a secretion of the large intestines.

Mr. Stanley said, that the mention of that fact brought to his recollection, that above twenty years ago, an acephalous lamb was brought to St. Bartholomew's hospital, in which the liver was entirely wanting, and yet there were all the appearances of meconium, a thick yellow semi-fluid substance in the intestines.

Dr. Lee observed, that these cases might admit of explanation, probably if a more careful examination had been instituted; he thought that the contents of the intestines might not have been the true meconium, or it might have been produced by the vicarious nature of other organs, as occasionally takes place with other secretions.

Account of a specimen of partial fracture of the neck of the Thigh bone, and of the source of nutrition of the head of the bone. By J. WILKINSON KING, Esq., communicated by B. B. Cooper, Esq., F.R.S. &c.

The specimen described by the author, and which was exhibited to the Society, was obtained from a patient 72 years of age, who died of pneumonia, fifty-four days after having received an injury to his hip. The neck of the femur was nearly divided by fracture at its narrowest part, all that retained the fragments in union being one-third of the shell at its upper and anterior part. The head was deflected backwards, and the buttress of the neck was driven into the cancelli about the third of an inch. The soft tissues were healthy—the only trace of new ossification was at the point of the base of the buttress. The author then referred to other cases on record of a similar partial fracture of the cervix femoris. He afterwards proceeded to detail some observations which he had recently made, of the arteries which supply the head of the thigh bone. He has found that the artery which goes to this part, while it is an epiphysis, is persistent through life; it is a large terminal branch of the internal circumflex artery, which enters a foramen a little behind, and below the highest point of the neck of the femur; after this it curves over the denser layer of cancelli left by the union of the epiphysis to the shaft directing its course beyond the insertion of the round ligament, to which he thinks it furnishes nourishment. He concluded by making remarks on the influence which this vessel may possess in cases of fracture of the neck of the femur, in preserving the vital actions of the head of the bone, and assisting the process of union by ligament, as in examining specimens of this kind he has observed that it takes a course where it is not liable to be torn by the injury which produces the fracture. In a note appended to his paper, the author mentions that he has found a vessel supplying the head of the humerus, which pursues an analogous course to that which goes to the head of the femur, that is, it passes specially, by a foramen in the cervix, to the part which was originally an epiphysis. His paper was illustrated by drawings.

The Influence of Weather on Disease. By John Webster, M.D., F.R.S., &c.—Even so early as the days of Hippocrates, the influence of weather in the production of disease was the subject of observation. Since then, physicians both ancient and modern, have occasionally alluded to some of the points discussed in the present communication. With the view of bringing these interesting questions under the notice of the society, the author stated various facts respecting the prevalence of particular diseases at different seasons, which he had collected whilst one of the physicians of the St. George's and St. James' dispensary, where regular reports of the weather and its changes, with a register of the prevailing diseases, were kept by Dr. Gregory and himself, during a series of twelve consecutive years. Numerous tables, illustrative of the maladies met with during the different months of the year are given, from which it appears, that affections of the chest were more common during cold than mild weather; whilst fevers and abdominal complaints came much more often under observation in spring and summer than at other seasons. According to a return of all the medical patients admitted, April was the most unhealthy month of the year, December being the most salubrious. Respecting the general character of disease, those of the chest were comparatively in the largest proportion, constituting upwards of 27 per cent. of the entire admissions. Affections of the abdominal viscera were next, being 26 per cent. of the whole. Then fevers, which comprised 15·50 per cent., other forms of disease being likewise enumerated. From these tables, it appears that chest affections were most numerous in January, and least so in September, whilst complaints of the abdominal viscera were most common in August; but April exhibited the largest number of fever cases, December and March the fewest. Some details are next given respecting pneumonia and pleurisy, showing that the cold weather of January was most inimical to patients predisposed to these affections, of which very few cases were met with during the warm weather of August. The remarkable unfrequency of inflammatory diseases of the organs of the chest, subsequent to the appearance of the cholera in London, during the year 1832, is afterwards adverted to by the author, since which time similar affections became not only less numerous at the dispensary, but the antiphlogistic treatment, hitherto so useful, often required to be adopted with the greatest caution. Few complaints appeared to be more modified by particular kinds of weather than those in which discharge of blood took place from an internal surface, hæmoptysis being the disease of that description more frequently met with; of which fewer cases occurred during the colder months of the year than in the warmer weather of spring, and the beginning of summer, as shown by the fact that out of 107 patients attacked with spitting of blood, only five took place in all the twelve Januaries referred to, whilst seventeen cases occurred in the April months. The author afterwards alludes to the influence which particular seasons exert upon febrile diseases, eruptive complaints, affections of the head and nervous system, as also upon local diseases. Subsequently a table is given of the proportion of the patients cured and died during the different months of the twelve years included in his paper; according to which return more patients were discharged cured during the months of November and September than at any other period of the year; December and January showing the fewest; whilst the proportion of deaths was greatest in February, but smaller in April. Diseases affecting the abdominal viscera were most fatal in September, fewer in August; affections of the head and nervous system in October and May, whereas eruptive complaints exhibited the greatest mortality in September. After some observations respecting the difficulty of drawing correct conclusions respecting the influence of weather on diseases, the author states, among other opinions, that menorrhagia occurred most frequently with south westerly winds, and especially after thunder; whilst rainy and windy, or stormy weather, with a falling barometer, occasioned hæmoptysis; whereas clear, frosty, and dry weather, accompanied with northerly winds, favoured the appearance of scarlatina. Other illustrations are also given, drawn from a careful examination of the registers kept at the dispensary, and from the authors's personal observation, which he hopes will be viewed simply as an attempt to elucidate a very intricate question, and one hitherto but partially investigated. Mental diseases, like those affecting the body, appear to be influenced also by the varieties of season; to illustrate which proposition the author gives an elaborate table of the total number of male and female lunatics admitted into Bethlem hospital during the different months of the last twenty-one years. According to that statement, insanity was more prevalent during the warm weather of summer than in the mild or cold season; more female patients having been received in May, and males in July, than in any other month of the year; the mortality being just the reverse, that is, more deaths took place in January than at any other period, and the fewest in the warm weather of June, when only 3.28 per cent. of deaths are reported; whereas in the January months, the proportion of fatal cases was 10.91 for every hundred patients admitted. The ratio of cures was also considerably influenced by the season of the year, since more patients were discharged convalescent in the autumn, and when the weather became temperate, than either in the spring or summer: for example, during the months of

May the per centage of patients discharged cured was only 37.47, whilst in November it rose to 67.23 per cent. After making some general remarks upon the different points embraced in his paper, the author concludes with expressing a confident hope that, were the subjects now adverted to investigated in the manner their importance deserves, much useful information could be obtained, particularly if the inquiries were carried on under the superintendence of the medical officers of public institutions, where similar investigations can be best pursued, so as to arrive at satisfactory as well as instructive conclusions.

Dr. Webster stated that in making these observations, he had received great assistance from Dr. Gregory, as he had remarked in the early part of his communication, and which had not been mentioned in the abstract read by the secretary.

Mr. Snow observed, that the irregular attendance of dispensary patients deprived the conclusions drawn from such sources of much of their value.

Dr. Gregory felt assured, from the great interest that Dr. Webster had taken in this inquiry, that he had compared the results he had obtained from dispensary practice with the reports of the registrar-general, and by so doing had demonstrated their value and correctness.

Dr. Webster had not compared the results he had obtained with the registrar-general's reports, as he wished to state what he had himself observed. They were facts drawn from experience. He would, however, on a future occasion, make the comparison suggested by Dr. Gregory. With respect to Mr. Snow's observations, it was not his intention to show the general character of disease, but merely the effects of the state of the weather on disease. The register had been kept with great accuracy.

A new instrument was then exhibited, which had been constructed by Mr. Simpson, and was intended to crush calculi in the bladder, when, after the necessary incisions have been made in the perineum, the stone is found too large to be extracted in the usual way. The following is a description of it:—

This instrument, which is for the purpose of crushing calculi that are found to be too large to extract by the ordinary operation of lithotomy, consists of two strong curved flattish blades, rather more than three inches in length, which, together with the handles, makes the whole length of the instrument about fourteen inches. The blades are introduced into the bladder separately, so as to get round a large stone more easily. After the stone is seized between the blades, they are locked or connected together by means of a button-joint, something similar to that of Rigby's Midwifery Forceps. They then resemble a pair of very strong, large-sized, lithotomy forceps. After the blades are locked together, a flattish bar, with a male screw cut on the edges, is fixed by means of a screw to one side of the forceps, and passed through an opening made for it on the other. On this screw, and outside the handles of the forceps, a washer is first placed, and then the handle with the female screw is put on the bar, and by turning it on the screw bar, the handles and blades are gradually closed together. Should the stone not be very hard, this power may be sufficient to crush it, but if not, a slide fits into an opening in the screw bar that serves to close the blades. This slide fixes by means of a screw, in the centre, according to the width the blades may be opened, and a drill is passed through the hole in the slide (in which a screw is cut for the purpose), and also through a swivel which is fixed at the lower part of the forceps, almost under the joint. A blunt gorget may be passed into the bladder to guide the drill, and prevent its touching any part of the wound. The handle of the drill is then turned round and round, till it arrives at a stop placed on the drill to prevent its passing beyond the ends of the blades of the forceps, and injuring the bladder; thus boring away the centre of the stone, and considerably weakening it. The blades may then be closed by turning the handle on the screw-bar, and thus crush the stone to pieces. Should the first hole not weaken the stone sufficiently, the forceps can be opened, and the stone loosed from their grasp, and by moving the stone, and seizing it in a different position, bore another hole; but the probability is, that in most cases, the one hole would be found quite sufficient. The stone having been broken into small pieces, they can then be extracted by the usual forceps or scoop in the ordinary way. The length of the incision in the bladder required to introduce and use these forceps, is not more than that usually made for the ordinary operation, in the average of lithotomy cases.

There is also another pair of forceps of about the same length, but with straight blades, and made much stronger, to be used in the same manner as those already described, but so as to enable the operator to crush the stone, without having recourse to the drill at all.

Medical Society of London, March 18.—Dr. Theophilus Thompson in the chair.—*The contagion of hooping-cough; hysterical insomnia; belladonna in dysmenorrhea, and irritable uterus; extirpation of diseased ovaria.*

Dr. Theophilus Thompson stated, with reference to the discussion on contagion at a previous meeting, that a fact had been mentioned to him, showing that the contagion of hooping-cough may be conveyed by an intermediate party. The mother of a family residing in Wardour-street, Soho, whose children were labouring under hooping-cough, visited her three sisters, who resided in different parts of the country. At the time of her visit there were not any cases of pertussis, but in a fortnight afterwards, it appeared in each of these families, and was exceedingly severe.

Dr. Hughes Willshire enquired of the members present, if they were acquainted with a case of sleeplessness lasting for a fortnight, with a single interval of seven or eight hours' sleep during that time, then ordinary sleep occurring, and the patient recovering without any bad symptoms? The case which had led him to make the inquiry, was that of a woman, an outpatient at the dispensary. She was from twenty-two to twenty-six years of age, short, dark, and of the melancholy temperament; married, but childless. She became a patient at the dispensary for symptoms of dyspepsia, which were regarded as hysterical, and treated as such. Two days afterwards—after a fit of anger with her husband for the two-fold cause of his breaking the temperance pledge, and her having found him talking with another woman—she complained of pain in the head and at the epigastrium, was troubled with spectral illusions, &c. Dr. Nettlefold who then saw her, still regarding her attack as hysteria, ordered a blister to the epigastrium, and a quarter of a grain of morphia immediately, to be repeated for four doses if requisite. The half grain was given, but sleep was not induced. The next day she was seen by Dr. Willshire, who found the spectral illusions persistent; when her eyes were open, she continually saw Goliah's bloody head on the table before her, and when she closed them, then there were beautiful women laying down beside her, and playing upon instruments. She complained also of pain at the occiput, and as there was also heat of scalp, &c., Dr. Willshire considered there might be irritation or congestion of the head, which must be relieved before an opiate could induce sleep. He accordingly ordered leeches to the mastoid processes, a blister to the nape of the neck, and a castor oil enema. The pain in the head was relieved by these means, and the spectral illusions disappeared, but the sleeplessness continued. Small doses of morphia were then prescribed, but in vain, the only rest obtained being on one occasion for seven or eight hours, when a small quantity of tartarized antimony was combined with the opiate. The same day, being the sixth day of the attack, a miliary eruption appeared all over the body, but unattended with any sour sweats. This eruption ran its course and then disappeared, the sleeplessness ceasing with it, after lasting for a fortnight. The last medicine prescribed for her, was carbonate of ammonia with infusion of gentian. During the continuance of the complaint, there were not any other indications of cerebral affection than the spectral illusions. He had prescribed the combination of morphia and tartarized antimony, on the authority of Dr. Graves, of Dublin, who had used it successfully in cases of insomnia in fever.

Dr. Golding Bird inquired if the miliary eruption was a true exanthema, or roseolous eruption, or was it of the nature of sudamina or sweat spots, such as are sometimes caused by the exhibition of morphia. He had a patient now in the hospital whose abdomen was covered with them. He was inclined to regard Dr. Willshire's case as one of hysteria. The woman was of the hysterical habit and melancholy temparament, whose anger had been excited by a double cause, and especially by jealousy, and thus the malady had been produced. The pain at the back of the head in particular was a symptom of its hysterical origin. Dr. G. Bird had seen a case to night, which was not altogether unlike the one narrated by Dr. Willshire. A lady residing in Wilmington-square, an exceedingly excitable, vivacious woman, of a sanguine temperament, highly educated, and one of those easily upset, and who had arrived at the time of life when the menstrual secretion is about to cease, had been much excited by family occurrences. The catamenia had appeared a few days previously, but were very scanty, and this had added to the state of excitement, as her mother had become subject to fits at that period of life, and she feared that the same would be the case with her. When seen by Dr. G. Bird, her symptoms were decidedly hysterical; she was throwing her arms about in a vague, incoherent manner, then pressing them against her head, as if she were in agonizing pain; the tongue was blanched, the skin cool, and there was perspiration on its surface; she suffered from intense pain at the back of the head, which felt as if it were bursting, intolerance of light, and spectral illusions. The attack came on the previous Thursday, and sleeplessness had continued ever since. Dr. Bird added that he had seen such cases not unfrequently. Dr. James Johnson had mentioned to him the case of a very nervous gentleman, who had gone to the West Indies, but when there he could not sleep. He had not slept for several weeks, dozing only at times in spite of opiate. He then determined to return home, and had scarcely left the harbour before he fell asleep, and slept well. He then returned to England. Dr. Willshire's case, he thought, was one of hysteria, with, perhaps, congestion of the cerebellum, and the eruption he was inclined to think as nothing else than sudamina.

Dr. Willshire remarked, that the eruption consisted of the true miliary vesicles, interspersed with a roseolous rash, but unattended with any sour sweats. He agreed with Dr. Bird in his diagnosis of hysteria.

Dr. Golding Bird said, he would make some practical observations on a subject which had been mentioned some time since, the treatment of dysmenorrhea, and for which the president had recommended veratria frictions over the loins. It is a very frequent complaint among unmarried women, so much so that Dr. Bird believed that every third case among them in practice was one of this malady. He was of opinion that an irritable uterus was connected with the various pains and aches which young people suffer from. The plan of treatment which he was about to recommend, was certainly empyrical, but it was also very successful; he had received it from his brother, when he was attending the practice of Dr. Roe in the Westminster hospital. In treating these cases, he drew two distinctions founded on the seat of the pain. In the first, there is experienced more agonizing pain at the lower part of the abdomen, just over the situation of the uterus: in the second class, the pain is felt across the loins, and there is a decided variety, where the pain is a compound of both. The first of these is the most intense, and the most frequently met with. He (Dr. Bird) has seen a lady roll off

the sofa on to the ground in her agony of suffering. In cases where the pain is seated over the region of the uterus, in the lower part of the abdomen, he has given the belladonna internally, taking care that the extract is properly prepared, and has invariably found it successful; great relief is experienced at the next menstrual period; greater still at the succeeding one, and a cure is finally accomplished. The mode of exhibition must be modified according to the temperament of the patient. In young women, of a pale leucophlegmatic habit, with a pallid or chlorotic face, it should be combined with the sulphate of zinc, in the proportion of five grains of extract of belladonna to twenty grains of the sulphate of zinc made into twenty pills, one to be given every two or three hours, immediately on the accession of the pain at a menstrual period, until the pain ceases. For girls of a plethoric habit, with a red face, the extract should be combined with ipecacuanha, in the proportions of five grains of extract to ten grains of ipecacuanha, made into twenty pills, administered in the same manner as the preceding. The previous treatment should consist in clearing out the bowels, improving the general health, and removing cachexia, and an aperient of castor oil or olive oil should be given before the occurrence of the menstrual period. This treatment is to be repeated at each menstrual period, and will always effect a cure if there be not any organic disease, and the dysmenorrhea be unattended with the discharge of shreds of false membrane. By removing the irritable condition of the uterus, and curing the dysmenorrhea, the pseudo-pleurisies and pseudo-peritonitis, for which bleedings were formerly, unfortunately, so largely practised, will soon get well. The cases in which the pain is seated, chiefly in the loins, do not yield to the employment of belladonna. This Dr. Bird considered was owing to congestion of the uterus. Fortunately the cases that are remediable are the most frequent.

Mr. Pilcher mentioned that he had tried belladonna in certain cases of neuralgia of the face, but not with the satisfactory result he had been led to expect. This he thought might have been owing to the bad preparation of the drug. He had since turned his attention to the exhibition of quinine, with which he had successfully treated two cases of neuralgia of the face and breast. Some years ago he gave a nephew of his, a boy six years of age, then labouring under a severe attack of pertussis, a combination of the extract of belladonna, with ipecacuanha, in the proportion of a grain of the extract to half a grain of ipecacuanha, three or four times a day, with marked benefit, the paroxysms being materially shortened, and great relief afforded. No narcotism was produced. In another case, that of a delicate little girl, it also afforded relief, but it produced dangerous symptoms of narcotism, and it was consequently given up. He had directed it in several cases of tic douloureux, but it had not produced the effect he had anticipated. In the case of a barber's clerk, whose health was much broken by neuralgia, caused by a decayed tooth, which had long since been extracted, he had prescribed a combination of three grains of quinine and a quarter of a grain of morphia every four hours, with very great relief. He had seen the man only twice, and he had not had any pain for forty-eight hours. In the case of a woman, also suffering from a similar affection, the same combination and smaller doses had afforded great relief. In neuralgia of the breast, where quinine fails, he had found benefit from Batty's liquor cinchonæ.

Dr. Waller observed that Dr. Bird's recommendation of belladonna in these cases should not be lost sight of by him. He had been in the habit of prescribing it in such cases by itself with advantage, but could not effect a permanent cure. He had also employed the extract externally, spread on leather, with a rim or margin of adhesive plaster to make it adhere. In painful dyspepsia, gastrodynia, he had been in the habit of prescribing it with benefit. In one very obstinate case he had combined it with large doses of Scheele's prussic acid. He had also ordered it in cases of anomalous pains, of which he could not well tell the origin, and in one case in particular he had made a lucky hit, for he could not call it anything else. An old lady, who had a curious pain at the back of the shoulder, from which she had been suffering for several months, was relieved by it in forty-eight hours. He thought the distinction drawn by Dr. Bird with respect to the seat of pain in dysmenorrhea, a very important one; in cases where the pain is felt principally in the loins, he had found more benefit from the application of leeches inside the vulva than from anything else.

Mr. Garrard observed that he had been in the habit for the last two years of prescribing belladonna with sulphate of quinine in cases of dysmenorrhea in pale leucophlegmatic patients, and combined with ipecacuanha and colchicum in plethoric cases, and generally with success. He had also used it with advantage in enterodynia, and had found belladonna relieve the spasmodic cough of phthisis better than any other remedy.

Dr. Theophilus Thompson had seen belladonna relieve the pains in cases of painful subcutaneous tubercle, but it could not effect a cure.

Dr. Golding Bird remarked that belladonna, externally applied, was of great service in cases of irritation of the heart in hysterical and dyspeptic persons. In epilepsy, before the accession of the fit, the heart's action was generally very tumultuous: in these cases he thought he had seen benefit from the application of a belladonna plaster over the regions of the heart, by which the fit had been prevented, and he mentioned the case of a young gentleman in illustration of this assertion.

Mr. Pilcher enquired of Dr. F. Bird, if after having operated for the removal of a diseased ovary, he had experienced any difficulty in preventing the ligature from slipping into the abdomen. He asked the question, because one unhappy case had lately occurred, where after the operation had been successfully performed, the patient died, after presenting all the symptoms of strangulated hernia, which were found to have been caused by the ligature pressing upon the gut, and causing a mechanical impediment to its action. This shewed how slight a cause might impede the action of the bowels.

Dr. F. Bird stated that the plan he had adopted with respect to the ligature would have prevented such results. He believed that the operation would be more perfect when means were obtained for the more ready separation of the ligature, and he did not look upon a patient as out of danger until the ligature had come away. In the published cases of Dr. Clay, this had occurred in from five to six weeks; in his own second case it took place on the sixteenth day, and in the third on the 26th. Before closing the wound, he took care that the uterus was drawn up, so that not more than half an inch of the ligature should be in the abdomen, and the three ligatures are twisted together, so that there should not be any loop in which the intestines might become strangulated. He also made a large knot externally, and besides that twisted the external portion of the ligature on a piece of bougie, to prevent its retraction into the abdomen, should tympanitis occur.

PHARMACEUTICAL SOCIETY, March 13.—Mr. Payne, President, in the chair.—A paper by Mr. Morson, entitled, *Observations on certain Plants of the genus Piper*, was read.

Mr. Morson observed that the most universally employed of the genus Piper is the Piper nigrum, the quantity of which consumed in Europe alone exceeds belief. Its general character is well known, and possessing as it does, in an eminent degree, the chemical properties of the family of which it forms a type, it is assuredly entitled to especial attention; its structure would be an agreeable adjunct to many formulæ. It still holds a place in the Materia Medica. If this pepper be subjected to distillation, it yields a considerable quantity of essential oil. Heated with boiling alcohol, it yields an extract rich in piperine, a peculiar crystallizable substance, first discovered by Oerstaedt, who described it as a new alcaloid, and published a description of its muriate. How he fell into this error it is difficult to conceive, as it has no alkaline properties, and will not form salts. His experiments were repeated by Pelletier and Pontet, and the true nature of piperinæ determined. The next pepper of general use in Europe is the Piper longinus, which is also in the Pharmacopia. It was chemically examined in 1825 by M. Doulong, a pharmacien of Astofort, who wrote a long paper on this substance, in which he found an essential oil; a hot concrete fatty matter, united with some of the common constituents of vegetable substances. The Piper cubeba, another of the family, has of late years been very extensively employed. It contains, when fresh and good, nearly ten per cent. of essential oil.

Several analyses have been made and published, and they differ considerably, and are far from satisfactory. The crystalline substance to which the name of Cubabine has been given, requires a careful examination, and will then, probably, be found identical with Piperine. On this subject, Mr. Morson promised a paper on some future occasion. Many other plants of this great family have been the subject of chemical investigation, more especially the Piper betel, Piper caudatum, Piper capensi, Piper citrifolium, Piper amalago, Piper angustifolium, Piper methistieum, &c. The Piper angustifolium (matico) of Kuiz and Paoon, is a native of Peru; the leaves and flowering tops of the plant are the parts imported and introduced by Dr. Jeffreys, of Liverpool, to the notice of the profession, as a valuable remedy in some diseases.

He considers its activity to depend on its essential oil, and recommends its use in the form of infusion or decoction, in the proportion of half an ounce to an ounce in a pint of water. Dr. Hunter Lane. also, has written on the medicine (*Medical Times*), and recommends its use in various cases. The leaves are covered with fine hair, and have been recommended as a styptic. The leaves of matico, treated with boiling alcohol, yield a quantity of dark green extract, almost entirely soluble in sulphuric ether; warm to the taste, and containing a notable quantity of vegetable wax, resembling, in its properties, the wax obtained from lac, a very small quantity of which, dissolved in boiling alcohol, will cause it to solidify on cooling. Its active properties seem to reside in its resin and in its essential oil, as is the case with others of its family; for although it yields a large proportion of aqueous extract (one fourth of its weight), yet this extract has little, if any, of the peculiar properties of the plant. It is but slightly bitter and astringent; it is, therefore, evident that the alcoholic extract or tincture should be employed, perhaps, also, the infusion. The Piper methisticum,* is one of the most interesting and remarkable of the plants of the genus Piper; it is sometimes called the Piper inebrians, from its intoxicating property. It is in its enormous root and stem that its properties chiefly reside; if this root be distilled, it yields a most agreeable essential oil, easily recognizable and differing from that of other peppers. Treated with boiling alcohol, it yields an extract pungent to the taste, leaving a remarkable impression on the tongue and throat. From this Mr. Morson has obtained a crystallizable principle in a state of great purity, which he considers as identical with piperine, although its mode of crystallization is somewhat different—a difference probably caused by the quantity operated upon. He proposes at some future meeting giving the society a chemical history of this substance and the results of some trials to ascertain its medicinal properties. If we believe the accounts given by travellers, a strong infusion will produce stimulating and sedative effects, lasting for twenty-four hours, and leaving the patient in a profuse perspiration—effects which render it eminently worthy of medical investigation. The abuse of it by the natives of the Tonga Islands, who are passionately

* Ava, or Kava, of the Sandwich or Touga Islands.

fond of it, is said to render them thin and emaciated, and they are reported to use it to counteract great obesity; but these statements require confirmation. M. Lesson, in the *Bulletin des Sciences Medicales*, published about twenty years since, in a curious notice of this plant, which he states is also employed in Carolina by the natives, to prepare a drink which they call *sheaka*, mentions its use by them in rheumatism, and diseases of the genital organs, and terminates with the following observations: "The English apothecaries have recently introduced the cava root into all their shops, and extol the tincture as a remedy in chronic rheumatism, &c. Numerous ships are now employed in transporting this root to England."

M. Lesson would certainly have found it difficult to obtain this root of any apotheeary or chemist, although it has been employed in England without any very accurate experiments having been made with it. The root and stem of this plant abound in ligneous fibre, which, with starch (also existing in immense quantity) constitutes its great bulk. From a pithy centre, consisting of lac cells filled with starch globules, proceed plates of woody and vaseular tissue, alternating with small cells filled with starch.—Drawings of the root and plant were exhibited.

A paper by Dr. Fownes, on Mr. Pattinson's Magnesia Alba, and on the composition of that substance generally, was then read.

Dr. Fownes observed that the colour of the sample of Mr. Pattinson's magnesia, with which he had been furnished by Mr. Morson, was beautifully white and tasteless, and it yielded, after calcination, a perfectly white magnesia; it dissolved with effervescence with hydrochloric or sulphuric acid; the solution being quite complete, and the liquid clear, the solution neutralized by ammonia, and mixed with oxalate of ammonia, remained quite unaffected even after the lapse of many hours. The same solution heated with an excess of carbonate of ammonia did not undergo any change. Hence Dr. Fownes inferred the complete absence of lime. The analysis of this compound gave magnesia 40·6, carbonic acid 36·0, water 22·4, corresponding almost exactly with a specimen of magnesia alba, made by Dr. Fownes in the usual manner, more than seven years ago, namely, magnesia 41·2, carbonic acid 36·0, water 22·8. Magnesia alba appears, in fact, to be a substance of very constant composition, although from the mode of its formation, namely, the partial decomposition of the neutral carbonate first thrown down by the water, in the old method of preparation, the reverse might be expected. There are met with in commerce two varieties of magnesia alba, the one exceedingly light and bulky, the other much more dense, the difference arising solely from the state of mechanical condition. The two kinds present the same chemical composition, as shown by the result of analytical experiments. It is improper, therefore, to apply, as is sometimes done, different names to the preparation. The formula assigned by Berzelius to magnesia alba, 3 (Mg. O, C. O. 2°)+Mg. O., H. O.+3, H. O., does not agree with the analytical results. Reckoned to 100 parts, it gives magnesia 44·57, carbonic acid 35·77, water 19·48. Mr. Phillips, whose experiments coincide with those of Dr. Fownes, has deduced the formula 4 (Mg. O, C. O. 2) Mg. O. 2, H O +4 H. O., which is probably the correct one.

A communication by Mr. Phillips, jun., on the heavy carbonate, and calcined magnesia, was afterwards read. Mr. Phillips stated that he found upon boiling one atom, or 123 parts of crystallized sulphate of magnesia, with one atom, or 59 parts of sesqui-carbonate of ammonia, the half atom of carbonic acid was expelled from the sesqui-carbonate of ammonia, and a dense carbonate of magnesia precipitated, which, when washed, dried, and calcined, lost its density. In another experiment, in which he evaporated to dryness the precipitate and the sulphate of ammonia that had formed, the magnesia lost its density on calcination. It then struck him that as the density of the carbonate of magnesia had been increased by evaporating it with the salt formed, if the residue could be heated without expelling it, the density would be retained. In order to do this by the Pharmacopœial process, one atom, or 123 of crystallised sulphate of magnesia, was boiled with one atom, or 144 parts of crystallized carbonate of soda, and afterwards evaporated to dryness; a carbonate of magnesia of nearly equal density with that formed by the sesquicarbonate of ammonia, was obtained. The residual salts were calcined, and allowed to remain in water until the sulphate of soda was dissolved out. The magnesia when marked was found to be of the required density. According to the Pharmacopœia, the carbonate of magnesia should be calcined for two hours; but Mr. Phillips found that in half an hour, at a good bright heat, all the carbonic acid was expelled. Commercial sulphate of magnesia sometimes contains a very small quantity of persalt of iron, sufficient to give a reddish tinge to the calcined magnesia. It may be got rid of by dissolving the salts in water, and adding lime water until the colour of reddened litmus paper is restored; the solution must then be set aside for twenty-four hours, when a peroxide of iron, and any excess of lime which may have been employed, will be precipitated. The ferrocyanide of potassa is the most delicate test for iron.

GENERAL REPORT OF THE ROYAL HOSPITALS OF BRIDEWELL AND BETHLEM, and of the House of Occupations, for 1843. Printed for the use of the Governors.—1844.

Thanks to the energetic and continuous exertions of Dr. Webster, the only medical governor (as we believe) of these hospitals, not only have great and most important changes been effected in their internal management, but they have also been made more or less public, at all events to the profession. The report before us, the first ever issued by the Governors, has been drawn up by a sub-committee, Dr. Webster, being the principal acting member, and it contains much valuable and instructive matter connected with the profession, together with other information, indirectly of interest, as it bears upon the great question of the sanatory condition of these institutions, and consequently upon the general health of the metropolis. The internal discipline pursued in the prison, in the asylum, and in the house of occupations, is also laid bare and open for comment; thus showing a willingness to make all those matters well known, which were formerly enshrouded in obscurity, deserving great commendation. Our limits will not permit at present our noticing the multifarious general questions to which this report gives rise; we may return to that part of the work hereafter; but the subject of more immediate importance to the profession, *i. e.* the medical arrangements of Bethlem Hospital, demands all the space we can spare.

The portion of the report dedicated to Bethlem Hospital, after stating the number of admissions, commences by congratulating the Governors that the number of cures has been considerably greater during the last year, than in 1842, being fifty-six males and one hundred and three females, or 56 per cent. upon the admissions; while a similar calculation for 1842, shows 51·31 per cent. Upon this, as well as upon other matters respecting the medical treatment of the insane, we anticipate receiving fuller information from the report of the medical and surgical staff, as we trust that the day for the reception of meagre and unsatisfactory medical reports has gone by, never to return. Dr. Webster has set the medical officers a very excellent example, which we hope will be followed by them to the letter, and that they will furnish a full, ample, and elaborate professional account of the cases that have been entrusted to their care, such as may be really available for the science and the advancement of practical medicine. In effecting this purpose, they will be materially aided by the amended form of petition for admission, which has been so constructed that much valuable information, both of a statistical and medical nature, may be obtained in a tabular form. Meanwhile the report before us has placed on record a very important fact relative to the greater number of cures that have been effected during the past year, which, in our opinion, may be in a great measure attributed to the several alterations and improvements that have been effected, and which we shall now proceed to notice.

The first of these that comes under our notice, is "EMPLOYMENT," of the advantages of which the report gives so good an account, that we cannot do better than adopt its language:—

The advantages of providing employment for the insane are now so generally, indeed, universally, admitted, and the beneficial effects of it upon the patients so evident, that it is unnecessary to enlarge upon its importance. Various causes tended to retard the introduction of regular employment on an extended scale at Bethlem. The early portion of the residence of a patient in the hospital is generally occupied by remedial measures; by calming the violent, arousing the desponding, and by close attention to the state of bodily health. The short time, also, that patients remain in a convalescent state before final discharge from the hospital, will always impede the full operation of a system of employment in a greater degree than in county asylums, where the majority of the patients remain for life, and which also possess the advantage of extensive gardens and grounds, which a metropolitan hospital cannot have. Notwithstanding these difficulties, a very considerable number of patients have for many years been employed in various ways; in gardening, as carpenters, knitting, cleaning the wards, &c., and occasionally as painters, glaziers, plumbers, bricklayers, smiths, plasterers, whitewashers, and masons. As, however, the employment thus afforded was of a temporary character, and suitable only for fine and warm weather, it was thought expedient to erect a range of workshops, in which a permanent and regular system of employment could be carried out. The site selected is the outer portion of the airing ground of the men's side, at the western wing, where eleven shops have been erected upon the plans of Mr. Smirke, the surveyor, and are nearly completed. It is intended to carry on simple handicraft trades, under the superintendence of attendants who possess a knowledge of the respective trades. Experience has already shown the beneficial effects of employment, and it is confidently anticipated that the greatest benefits may be derived from a judicious extension of the system.

The only argument used against granting employment is, that great risk is incurred from allowing patients the use of dangerous instruments necessary in the manufacture of the articles on which they are employed. This argument would go to the prohibition of all employment whatever, and the deprivation of every article by which injury could be inflicted by the patients either upon each other, or their attendants. But when it has been found that patients may be safely trusted in the gardens with hoes and spades, in the carpenter's shop with all the implements of that trade, with the sledge hammers and rods of iron in the forge, with the brooms for sweeping the wards, and that no accident of the most trifling character has occurred, but that, on the contrary, the habits of the patients have been

most materially benefitted by their gradual restoration to their ordinary occupation, and by attracting their attention to new methods of employment, it may be fairly inferred that the several trades which it is proposed to establish may be carried on, under proper superintendence, not only without increased danger, but with still more extended advantages. Once fairly organised, the system will require nothing but attention to maintain it in effective order. Patients will gladly avail themselves of the workshops as an amusement, and will insensibly adopt the orderly and quiet habits maintained there; and it is confidently anticipated, that in the course of the spring an industrious and cheerful colony of artisans will fill these buildings, instead of pacing the galleries in listless idleness and melancholy silence.

Occupation for the female patients has been supplied with much less difficulty. The laundry, household work, sewing and knitting, have for years, afforded useful and easy employment. Recently under the judicious management of the new matron, Mrs. Hunter—

Straw-platting, bonnet-making, shirt-making lace-making, and fancy work have been all added to the previous occupations, and with the best effect. The cheerful and spacious apartment recently completed and furnished as a work-room affords abundant evidence of the industry of the inmates, and the skill of the superintendent. Not long ago one of the patients, a governess, presented a pair of very handsome slippers, made entirely by herself, to a noble earl, whose constant attendance and unwearying attention to the best interests of the hospital, not more honourable to himself than beneficial to the establishment, are so fully appreciated by the governors. Gratified by the pleasure which this present occasioned, she requested permission of another governor to be allowed to work a pair for him, in return, she said, for his kindness and attention to the patients. It may appear superfluous or unimportant to mention circumstances of this nature; but when it is recollected that a lunatic asylum was once but another name for all that was painful and degrading, —when, even now, it is difficult not to associate with it ideas of sorrow and suffering, of harshness, and perhaps of cruelty,—it is pleasing to be able to record these simple traits; and many such may be quoted, which show how sensible the insane are of kindness and of gentle and rational treatment.

In the shape of amusement, various indulgencies have been granted by the Governors to the unfortunate lunatics, which some years since would have been thought tantamount to the wildest extravagance. A library is in course of formation, and the means for chess, drafts, cards, and backgammon are being supplied. On the men's side, a bagatelle board has been provided, and we have reason to know that a billiard table has been recently ordered—

An instance of the beneficial effects of these amusements, as remedial measures, was lately shown in the case of a patient who was in a very low and desponding state. He was, with some persuasion, prevailed upon to play a game at bagatelle, which had the desired effect of rousing him, and exciting his attention: he now avails himself of the library, has become comparatively cheerful, and is fast advancing to convalescence. Another case may be quoted; it is that of a patient who was brought to the hospital in a state of extreme violence and excitement. On being released from the strait waistcoat in which he was confined, he immediately knocked down three attendants, although strong and powerful men, and with great difficulty he was placed in his apartment. The next day, although labouring under very great excitement, he was taken into the amusement room; and the effect was very striking. Whether the change in his treatment from what he had been subjected to had caused the change, it is impossible to say; but he appeared astonished at seeing a number of persons engaged in reading, at cards, and draughts, and playing at bagatelle; he immediately became calm, joined in the amusements going on, and has remained a quiet and tractable patient ever since.

The female patients have also been supplied with a pianoforte, which is a source of great gratification, not only to those who are able to play, but to the other patients—

On the evening of the last Saturday of the year, nearly thirty of the female patients were assembled to celebrate the festive period. There being several who understood music well, quadrilles were played and danced by some of the patients, while others were engaged at a round game of cards. Mrs. Hunter kindly provided a liberal supply of fruit and cakes, which, with some other refreshments, formed a very gratifying entertainment. Nothing could exceed the order which prevailed, and the pleasure which was then communicated.

Let any one compare the detail of the horrors elicited by the Committee of the House of Commons, some five and twenty or thirty years since, with the concluding paragraph of the section of the report, devoted to the subject of amusements, and it will seem as if they were reading of events that had occurred at two periods of time, not separated by a quarter of a century merely, but rather at the distance of four or five centuries from each other. Humanity shudders at the horrible disclosures of the one, and rejoices at the tale of beneficence made public by the other.

On the subject of restraint, so long a *vexata questio*, and which it appears is not altogether done away in this hospital, the report thus speaks—

One of the greatest advantages of dispensing with restraint, as far as practicable, is the change which it invariably produces in the intercourse between the patients and the attendants. In proportion as the personal restraint of the patients is diminished, the vigilance of the attendants is increased, who do not now only interfere when a paroxysm of violence requires coercion (thus exhibiting themselves only in the repulsive character of gaolers), but, from being brought into constant communication with the patients, gradually acquire their confidence, and become the directors of their occupations, and the companions of their amusements.

Some other modifications in the general treatment of the insane have also been effected by the exercise of bathing, which is to be used regularly once a week, unless counter-ordered by the physicians, by the addition of tea and sugar to the female dietary, by the supply of crockery instead of the wooden platters and bowls, and of knives and forks, properly secured, instead of the bone implements formerly used. All these appear to be simple matters, but inasmuch as they are conducive to the comfort and sooth the feelings of the hospital inmates, they are worthy attention. The number of nurses and attendants has been increased, and the scale of wages paid them has been remodelled, no longer depending on seniority, but contingent on good conduct.

While these changes were being effected in the internal arrangements of the hospital, it was not to be expected that those connected with the medical staff should pass altogether unnoticed. This subject has long engaged the especial attention of Dr. Webster, and he has succeeded in obtaining permission for the attendance of pupils on the physician's practice, both at this hospital and at St. Luke's.

The two physicians of Bethlem have for many years had the privilege of introducing one pupil each to learn the medical practice of the hospital, and some time since the privilege was extended to the admission of a third pupil. It is satisfactory to learn, that many physicians now eminent in this branch of the profession have received part of their medical education within the walls of the hospital; amongst whom may be mentioned Dr. Alexander Sutherland, the physician of Saint Luke's Hospital, to whose exertions the public are indebted for the introduction of pupils into that establishment, who, under the regulations which have been sanctioned by the governors, receive the advantages of a course of lectures and demonstrations.

Impressed with the value of increasing the knowledge of the treatment of this calamitous disorder, a committee of governors have conferred with the physicians as to the expediency of extending the admission of pupils; and the result is, a recommendation that each physician should be at liberty to receive any number of pupils, but that no more than four should accompany him when he makes his visits to the patients. The fee heretofore payable by each pupil has been fifty guineas, a sum which must have excluded a large body of students, and almost all except those who proposed to make the treatment of lunacy their exclusive practice. The physicians have determined that for the future the fee shall be twenty guineas for one year, and fifteen guineas for six months, and the court has ordered that every facility should be afforded for giving the pupils the advantages of lectures or pathological demonstrations.

Next to cure, the great purpose of the hospital, prevention is the most important; and the court could hardly have conferred a greater boon upon society than giving every facility in their power to medical pupils to acquire a knowledge of this distressing affliction, and of the best methods of treatment; and the committee do not doubt that the great experience of the physicians will extract a class of pupils anxious to avail themselves of this important addition to their professional studies, in a hospital which offers so ample a field, where insanity in every form is admitted in its earliest stages, and where every case offers the fullest and most accurate data for their investigation. The committee cannot refrain from referring with great pleasure to the masterly reports of the post-mortem examinations made by Mr. Lawrence. No fewer than twenty have been this year recorded, with all the clearness and ability which might be expected from so able a pen, and which are replete with details highly interesting to the student.

The next important step to be taken, besides the delivery of a course of lectures on insanity, for which arrangements are being made, will be the publication of the cases occurring in the hospital, for the improvement of medical science; care, of course, being had in the manner in which they are drawn up to avoid giving offence, or hurting the feelings of the friends. We invite Dr. Webster's attention to this matter.

With regard to the attendance of the Medical Staff:—

A very important alteration has been made in this respect. The previous practice of the hospital was, that each physician should visit his patients twice a-week, and more frequently in special cases. It having been considered advisable that the patients should be more frequently visited, a committee was appointed to consider this subject, who came to the following resolution:—"That one of the physicians should attend once every day to visit the patients, and that they both meet at the hospital one day in the week, in order that they may consult on any cases requiring their joint opinion." This recommendation met with the prompt and cordial acquiescence of the physicians, and was confirmed by the general court in June last.

Some observations on the establishments for the incurables and the criminals, the diet-table, and several pages of statistics, conclude this, the first non medical report which has issued from this hospital, and of which we trust to see numerous followers. The report is, in every respect, most satisfactory.

CASES OF SCARLATINA, &c.

By John Leney, Esq., surgeon, Bray.

ANASARCA AND HEPATITIS.

Master John Humphreys, æt. 8 years; delicate boy, tonsillitis; eruption over body fully out, bright red; high fever; inflammation of parotid glands, particularly the right; tongue extremely red, during and on decline of eruption. Up and out for six days, when anasarca of the face set in; lungs healthy; heart's action natural; inflammation of liver; skin dry and harsh. "V.S. ad. ʒvj.: blood buffed and cupped. Calomel: squill, pills, and solution hyd. of potash.

Sept. 16th—Urine not diminished in quantity; pulse 80, full; aperient powder and cream of tartar drink.

18th—Pulse hard; face more tumid; skin all over body very blanched; urine increased. "V.S. ad. ʒx.; blood highly buffed. Calomel and digitalis, of each half a grain three times a day."

22nd—Anasarca of face subsiding, tongue clean and moist, bowels open, urine increased, no pain over region of liver. Walks out each day. This boy continued to improve daily until his health was completely restored.

TONSILLITIS, ILEITIS, AND OTITIS.

Miss A. Humphreys, æt. 6 years, strong and healthy. Severe tonsillitis of both sides, full eruption over the body, tongue extremely red and moist, high fever. On third day ileitis set in, but quickly subsided on application of leeches, blister and enema.

On sixth day complained of her head; high fever, pulse full and resisting, frequent watery green stools, restlessness, screaming and delirium.

Sept. 13th—"V.S. ad. ʒvj.: enema aper. statim admin. Head shaved—calomel and ipecacuanha."

Blisters had been early in the disease applied below the ears for tonsillitis; the blistered surfaces discharging copiously purulent matter.

Evening—Pulse strong and resisting, with high fever. V.S. ad. ʒiv.; stupe the feet and legs."

14th—Slept some, much improved. Pulv. jacobi, gr. ii., 2d. horâ.

15th—Restless night, much heat of skin; bowels opened three times, motions brown. Pulse quick, but more compressible; blistered surfaces still discharging freely.

16th—Much improved; pulse 80 soft; tongue moist, great desquamation, deafness. To sit up and have arrow-root.

17th—In the night large discharge of pus took place from right ear. Much improved.

18th—Ear discharging largely.—Hydriodate of potash mixture to be continued for some time. This child rapidly recovered.

TONSILLITIS, ILEITIS, AND ANASARCA.

Master Edward Humphreys, æt. four years, healthy boy. Tonsillitis, with full papular eruption, very red; inflammation of parotid glands; tongue *beef steak red*. *Ileitis* on fifth day, when eruption was disappearing; this was reduced by leeching, grey powder, and ipecacuanha, also enemata of tepid water.

Eight days after decline of the disease, anasarca of face set in; bowels open, tongue red and morbidly clean. Pulse soft, no cough, heart's action natural; no tenderness of abdomen, but rather tumid.

℞ Hydr. c. creta, gr. x.
Pulv. jalap comp. ʒi. m. ft. pulv. quatuor. sumat unam omni nocte. Warm bath at night.

Sept. 18—Bowels open, pulse weak, swelling less.

21st—Anasarca of face increased; abdomen tumid, breathing quick, bruit de soufflet, pulse strong, skin dry and harsh.

V.s. ad. ʒvj.; emetic statim.
℞ Calomel gr. iv.
Pulv. digitalis, gr. ij. M.
Ft. pulv. octo. st. 1-3 tia horâ.
Warm bath to night.

22nd—Pulse quick, but soft. Epistaxis—bruit de soufflet diminished. Emp. vesicat sterno.

23rd—Much improved; was now put on iodine, when he soon got well.

HOSPITAL REPORTS.

Fever.—Alfred Hollington, æt. 16, a weaver, of slight, rather delicate frame of body, and of fair complexion, was admitted into Luke's ward, St. Bartholomew Hospital, under Dr. Roupell, Dec. 14th, 1843. The countenance was pale and haggard. He complained of great pain in the back, thirst, loss of appetite, and want of sleep; the skin was cool, pulse slow and feeble, tongue furred, bowels open. A fortnight before admission he was attacked with cold shivering, which was followed by great heat of body, thirst, headache, loss of appetite, and restlessness, which have continued with slight intervals up to the date of admission. To have the effervescing saline draught three times a day, with milk diet.

15th. Does not feel so well this morning; skin hot, tongue furred but moist, bowels open.

16th. Fever increased; tongue dry and brown; has slight diarrhœa. ℞ Tr. opii, ♏ xv. statim. Continue the effervescing draught.

17th. Continues much the same; tongue very dry and brown; bowels relaxed. ℞ Hyd. c. cret. et pulv. ipecac. co. aa gr. ijss. misc. fiat pilula 6 tâ quâque hor. sumend.

18th. Much the same; pulse small and weak; continue the medicines.

19th. Feels himself a little better; tongue still dry and brown; skin cooler; pulse 102, full and thrilling; bowels relaxed.

20th. Rather better; slight improvement in the appearance of the tongue; pulse 86 and soft; bowels still rather open; continue the medicines.

21st. Much better; tongue cleaner; gums slightly affected by the mercury: to take the pill only night and morning.

23rd. Going on favourably; tongue clean; has now a little appetite; to have milk diet with arrow root.

28th. Going on well; to have half meat diet.

Jan. 2nd. Had been going on well up to this time, when he was again attacked with fever. Pulse small and tremulous; tongue dry and furred. ℞ Hyd. c. cret. et pulv. ipecac. co. aa gr. ij. fiat pilula, ter die sumenda.

4th. Much the same; continue the pill. ℞ Liq. ammon. ac. aq. distill. aa ʒiv. fiat haustus, ter die sumendus.

6th. Not so well; complains of pain over the surface of the abdomen. To have vini ʒiv. daily, and a blister to the abdomen.

7th. Better; pain in the abdomen relieved. Continue the wine with beef tea.

9th. Not so well; was delirious during the night; pulse quick and tremulous; tongue dry and brown; countenance pale and anxious. Continue the medicines, with the wine and beef tea.

11th. A little better; pulse fuller; bowels relaxed.

13th. Rather better; bowels quieter. Continue the wine, &c.

13th. Certainly better; tongue much cleaner, and slightly moist.

17th. Going on well. Continue the wine and beef tea.

20th. Going on favourably; tongue clean; has more power in pulse; sleeps at night, and has a little appetite.

26th. To leave off all medicines, and to have a mutton chop daily.

28th. Has been going on well up to this date; sat up to-day for the first time.

Feb. 7th. Had been progressing rapidly up to to-day, when he was attacked with sickness and loss of appetite; to have the effervescing draught three times a day.

8th. Worse this morning; has in fact experienced another relapse. To have wine ʒiv daily, with hyd. c. cret.-pulv. ipecac. co. aa gr. iiss. ter die.

9th. Was delirious during the night; tongue dry and furred; pulse weak and irritable; bowels much relaxed. ℞ Ol. ricini ʒiij Tr. opii ♏ x misce. statim sumend. Continue the wine.

10th. Much the same; diarrhœa very troublesome. To have Tr. opii ♏ xx in an ounce of starch injection, statim.

11th. A little better; diarrhœa less; tongue dry and hard; sordes on the lips and teeth. Continue the wine and hyd. c. cret.

12th. Certainly better; more sensible; pulse 130, weak and tremulous; diarrhœa ceased; he complains of no pain, but dozes a great deal. Continue the wine and beef tea.

℞ Tr. serpentar, ʒi.
Infus. serpentar ʒiss.
fiat haustus ter die sumendus.

13th. Much better; pulse 130; tongue cleaner; bowels quiet.

20th. Says that he feels himself quite well, excepting great weakness. To have a mutton chop and wine, and to have the half meat diet of the hospital.

March 4th. Discharged quite well.

Pneumonia.—Baptiste Simon, æt. 25, an African, of slight make, was admitted into Luke's Ward, St. Bartholomew's Hospital, under Dr. Roupell, Feb. 3rd, 1844. The countenance was anxious; respiration hurried and difficult. He complained of pain in the chest and side, which was increased on coughing; the pulse was hurried, but feeble; skin cold and clammy; the tongue furred; bowels costive; urine thick and high coloured; expectoration glutinous. Auscultation.—There was dulness on percussion over the left side of the chest, with crepitation over the entire surface of the left lung. He was ordered to be cupped to ʒxij. from the chest; to take haust. Sennæ co. statim, and the following pill:—

℞ Hydrarg. chlorid. gr. ij.
Antim. potass. tart. gr. 1-4.
Pulv. opii gr. 1-6. m.
fiat pilula sextis horis sumenda.

Feb. 4th. A little better this morning; breathing not so hurried or difficult. Continue the pill.

5th. Continues much the same; rhonchus and sibilus still heard over the surface of the left lung. To have emplast. lytt. to the chest. Continue the pill.

6th. Much better; breathing appears almost natural; expectoration glutinous, and of the colour of rust of iron.

7th. Going on favourably; gums slightly sore. To take the pill only at night.

R. Vin. antim. potass. tart. ♏ xx.
Liquor. ammon. ac.
Aquæ distill. aa ʒvi.
fiat haustus ter die sumendus.

10th. Going on well. Continue the pill and draught.

12th. Expectoration less glutinous and rusty; respiration easy; sounds upon auscultation good. To have broth diet.

15th. Discontinue the pill and draught. He continued in the hospital until the end of the month, when he was discharged cured.

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The science of statistics has only within a recent period being successfully applied to the duration and Mortality of disease, and hence tables on the probability of these results could not have been formed; and it would evidently have been unsafe and hazardous for any Society to have undertaken the risk of assuring the lives of persons afflicted with any particular malady. The statistical information, however, now collected, and in possession of this office, is of so great an extent as fully to warrant the extension of life assurance to such cases, and, in fact to place the application of life assurance on diseased lives on a more secure basis than even that on healthy lives.

It is hoped that while kept clearly in view that this Society, in common with other offices, will assure the lives of healthy persons, it is as yet the only one established to assure the lives of persons labouring under disease; and to this latter feature particular attention is directed.

In the first place, because it opens a larger field for business than all other offices can have unitedly; and in the

Second place, because that branch of assurance must from its own nature be less hazardous, and its principles rest on a more permanent foundation.

These are two highly important facts, and we shall enter into an explanation of each; and first as to the prevalence of disease.

The period of life most important to an assurance office is that between 15—60 years of age, and in the following remarks we refer exclusively to this period of life.

It will be found that the deaths in the metropolis for the two years preceding 1842, were from all causes 30,518; and from consumption alone, 10,688; showing that more than one-third of the total deaths in that period of life takes place from the prevalence of a single disease; and if the same inquiry were instituted with respect to the existence of other diseases, such as asthma, dropsy, diseases of the head, heart, &c., it would be found that more than one-half of the whole population would, on medical examination, be refused admission into an assurance office. If the inquiry be carried to the principal towns in England like facts are elicited—in Birmingham, Liverpool, and Manchester, the deaths from all causes per annum are about 5,023, while those from consumption are 1,998, forming considerably more than one-third of the whole. The same thing will be found to hold good in the large towns in Scotland, in six of which the deaths in a given period, from all causes amounted to 23,078, those from consumption alone to 6,359, and from six important diseases 7,751; in the latter case forming more than 42 per cent. of the deaths from all causes. On reference to the returns from the City of Glasgow for 1836-40, it will be found that the deaths in that period, from all causes, were 14,107, from consumption 4,087, and a list of five diseases 6,423, being more than 45 per cent. of the deaths from all causss.

The diseases here alluded to are such as exist in general in a chronic form, frequently for many years prior to death, but which, on a strict medical examination, would effectually exclude the persons so affected from the benefits of life assurance; and since it thus appears that a majority of the population is included in this class, the value and importance of the new feature of this society cannot fail to be justly appreciated.

The second point to be explained is the fact that there is much less risk in assuring deceased lives. This is a feature of paramount and vital importance to the interests of this Society, and deserves to be carefully considered.

The real risk incurred in all assurance transactions consists in the chance to which an office is liable of experiencing a different degree of mortality from that expected from the tables on which its calculations are founded. This difference is termed the fluctuation of mortality, and will be found to be much less among diseased lives than over the general population, and among selected lives.

The deaths from consumption in the metropolis per annum are sufficiently near the annual number which takes place in Glasgow, from all causes, to admit of a comparison, and by reducing the matter to figures it is found that while the fluctuation per annum in the latter case is as high as 45 per cent., in the former it is only 9 per cent. or, in other words, the fluctuation of mortality in consumption was only one-fifth of the other; and in Manchester, Liverpool, and Birmingham, even with the disadvantage of smaller numbers, the fluctuation does not exceed 3 per cent., showing a remarkable uniformity in the law which determines the mortality of this disease, and that it is more positive and absolute in its results than that which regulates the general population. Consumption has here been selected, not because it was considered more favourable in its results, but simply on account of the larger numbers affording a more satisfactory proof of the question under consideration; but the same test has been applied to a great number of other diseases, and like results obtained. Among nine diseases in the metropolis, including asthma, dropsy, rheumatism, disease of the liver, of the heart, of the nervous system, &c., the fluctuation was only 7½ per cent., and in five diseases in a different district the fluctuation was about 7 per cent., while among 11 in another locality, and even with small numbers, the fluctuations did not exceed 6.2 per cent., and taking the principal towns in England, including Manchester, Liverpool, Birmingham, Leeds, Sheffield, &c. the fluctuation over 11 of the more important diseases was 6.4 per cent.

The remarkable uniformity in these results cannot fail to produce a conviction of the positive character of the law of mortality in disease; indeed, there seems to be nothing within the whole range of the doctrine of probabilities so well defined as the mortality of deceased lives. The mortality of the general population has frequently been referred to by writers as an example of the certainty of common events, but the preceding remarks must show with how much greater certainty the mortality of deceased lives can be depended on.

It is perhaps right to state, that in applying the test of fluctuation to disease, it has not been confined to one place or class of lives, but has been extended to the principal towns in England and Scotland, as well as to many rural districts in England, and included the experience of one or two large societies of select lives. This has afforded an opportunity of judging of the effects of locality and its sanatory condition on the duration of life, and a remarkable fact has thus been developed, viz. that the value of life generally is much greater in the country districts than in large cities; but that of those persons who suffer from disease the value of life is nearly the same. As an example of this—the expectation at the age of 30 in the country districts is 36.7 years; in cities, (viz., Glasgow) 27.6 years—difference 33 per cent. nearly; but take the case of persons of that age in whom the consumptive tendency is developed, and who will ultimately die of consumption had their expectation of life in the counties of Essex, Suffolk, and Norfolk will be found to be 14.5, in cities (Glasgow) 14.4, and in the metropolis Manchester, Birmingham, 13.9: difference 0.17 per cent., (or 1-57 per cent.) It therefore appears that while the difference between country and town life in the former case is about 33 per cent., that in the latter instance (consumption) the difference is almost nothing, and the results nearly uniform. The same thing holds good with some other diseases which have been investigated in this manner. This fact, although not generally understood, is only what might have been expected by a careful consideration of the conclusion formerly arrived at—that the fluctuation of the law of mortality in disease is confined within a very narrow limit, and consequently little influenced by external circumstances.

It hence appears that the fluctuation in the mortality of diseased lives is much less than among select lives and the population generally, and therefore the risk of assuring diseased lives must also be less.

To apply this conclusion to the affairs of an assurance office it may be stated, that supposing the number of lives in a society, taking only select lives, was such that the table of mortality would indicate 100 deaths per annum, it would be necessary to have always sufficient funds at immediate command to meet 145 deaths; on the other hand, an office assuring only diseased lives need not provide for more than 100 deaths per annum; that is to say, the risk of assuring diseased lives is to that of average lives as 9 to 45, or only one-fifth. This fact is highly important to the interests of this Society, and establishes beyond doubt the safety and correctness of the principles on which it is founded.

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THE MEDICAL TIMES.

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CLINICAL LECTURE ON MEDICINE;

Delivered at the Great Charity Hospital, Berlin, by Dr. Schonlein, first Physician to the King of Prussia, founder of the Natural System of Medicine in Germany, and Professor of Pathology and Therapeutics in the University of Berlin.

Prepared from the German expressly for "The Medical Times."

Fourth Lecture.—Typhus Abdominalis. Nervosa Versatilis. Crisis. The Prognosis of Nervosa Versatilis. Increased Venereal Appetite in Convalescents from Typhus. Importance of an Examination of the Urine during the Illness, as well as in the Stage of Convalescence. Recovery.

June 5th, 1841. Alexander Müller, a journeyman shoemaker, 19 years of age.—This patient, who is of a slender, delicate, structure of body, was first seized with an attack of shivering on the 4th of May, followed by great lassitude, and pain in the abdomen. The intestinal and cerebral symptoms were inconsiderable at first; his nights were somewhat uneasy. The patient, since his reception in the hospital, suffered from costiveness, which was removed by clysters; slight bronchial derangement was also existing. Aqua oxymuriatica was administered to him in a mucilaginous vehicle.

According to our former nosological classification, we should regard this as a case of *nervosa lenta*. In the preceding case, we had a *nervosa stupida*; in another case, what is called a *bronchitis nervosa*; being, all of them, one and the same disease, only that it concentrates itself more on the chest in one case; on the abdomen in another; and in a third, more on the brain. The number of forms of this disease might, indeed, be multiplied to an indefinite extent, if we add to it the *nervosa putrida*, *gastrica*, &c. The preceding case, and the one before us, present two instances of the same disease, the external appearances of which, however, offer a remarkable difference at the first glance. The face of the patient is pale; a constant uneasiness displays itself; there is perpetual agitation of the muscles; pulse small, weak, trembling; very different, indeed, from the large full pulse of the individual in the preceding case, previous to the epistaxis taking place. The abdomen, in this instance, is flat and shrivelled; yet both cases are only modifications of one and the same disease.

Prescription:—Clysters of valerian, with the addition of castor;* and internally, ℞ inf. rad. valerianæ, (℥ij,) ℥iv; mucilag. salep ℥ij; acid muriat. ʒj; syrup. simpl. ℥j. A spoonful to be taken every two hours.

June 8th. The external appearance, without even questioning the patient, indicates great changes; the change in the muscular action is particularly remarkable. Subsultus tendinum—a symptom, so characteristic of this disease—was perceptible a few days ago; also, great excitement, which indicated itself by the colour of the face, slight wandering, and entire absence of sleep; in short, we have the form of disease, designated by Reil, under the name of irritable typhus. A good, firm, refreshing sleep took place last night, and to-day, we find the patient much easier, and no traces are left of the former symptoms. The epithelium of the tongue has desquamated; this organ itself is humid; only one liquid stool has taken place within the last twenty-four hours; the reaction of the vessels is diminished; in place of the former profuse, clammy, perspirations on a burning skin, we now find the latter soft, velvet-like, and relaxed. The change which has taken place in the urine, is still more important; it is cloudy, and contains a flocculent precipitate, which, according to microscopical analysis, consists of mucus and urinal salts. I have directed attention to two states of the urine in this disease; 1st, that state when the patient discharges his urine as pale as in hysterical patients; this urine, if indeed it experiences any change at the time of the crisis, becomes but slightly clouded; it, therefore, presents neither a diagnostical nor a prognostical feature; 2nd, that state in which the urine is of a red-brown colour, and very acid, probably containing hæmatin, which has undergone some change, and which—similar to a basic substance—has combined with uric acid. This kind of urine should be carefully attended to at the time of the crisis; it becomes greatly clouded, and forms a strong, flocculent sediment. We have observed a case in which this urinal crisis was transformed into perfect blenorrhagia. I have observed this state of the urine accompanying the process of desquamation, as it occurs in the petechial typhus, —a circumstance to which attention has already been directed by Hartmann in Vienna. We find, in this instance, a similar removal of the epithelium on the tongue; we may, therefore, consider the symptoms in the lungs as a species of desquamation; a similar process, also, takes place in the intestines,—and, in women, we have, also, frequently observed a similar removal of the epithelium of the vaginal mucous surface. The employment of clysters of valerian, which have been used in this instance, forms a superior remedy for diminishing the excitement of the nervous system.

June 9th.—The satisfactory change observed in the patient yesterday continues to-day; we are particularly glad to observe, that the symptoms which characterize the *nervosa versatilis* of Frank have disappeared, and that well-marked, critical symptoms have taken their place. The latter, however, have, partially at least, been interrupted to-day, but without bad consequences; the urine to-day is again dark red, and without sediment; a clear urine, however, would be a better symptom, as we might then consider the crisis to be at an end. For the disease is still pursuing its course, so long as this dark red colour of the urine continues. The patient has slept calmly; the sleep, at the same time, had a refreshing effect, which is indicated by his face. The abdominal symptoms, and the symptoms of the chest, present nothing to cause uneasiness. With regard to the fever: the tongue is humid, but smooth; there is as yet no *margo fimbriatus*, no velvet-like quality, but its colour is improved. At the commencement of the disease, it had a shrivelled aspect, and the papillæ were very red and prominent. The patient may now receive a more nourishing treatment.

June 11th.—The quality of the urine, which a few days ago had an anomalous colour, is now much improved; it is clearer, but not yet entirely so. The other symptoms are favorable; the skin humid; the tongue assuming its normal appearance; pulse calm, but still very weak. There is, therefore, every manifestation of a near approach to convalescence. The entire series of alarming symptoms in the muscular and nervous systems have disappeared.

The *nervosa versatilis* of Frank, (a specimen of which you have seen in this instance), according to his opinion, belongs to the more dangerous forms of typhus; whilst the *nervosa stupida* admits of a more favorable prognosis. But I do not believe this doctrine to be true, for I have repeatedly convinced myself, that quite different forms of diseases are comprised with that which is termed by Frank, *nervosa versatilis*. Thus I have frequently observed, especially in the Julius Hospital at Wuerzburg, that all the symptoms of *nervosa versatilis* were exhibited in irritable persons, especially in young girls, suffering from phthisical disease, &c., which observation has also been made by Rokitansky. It appears to me that Frank, guided by this very incidental group of symptoms, has been led into error, and that his false prognostical doctrine may thus be explained. I have not found this nervous group of symptoms in typhus to be of such dangerous tendency, at least where irritability, uneasiness, and nervous agitation were alone apparent, without being combined with other nervous symptoms; as, for instance, with spasm of the muscles of deglutition, with trismus and tetanus —which, indeed, may be considered as prognostics of certain death.*

With regard to the nervous symptoms, a series of modifications occur, which are of nearly equal import in reference to the disease itself, but of very different degrees of importance in a prognostical point of view. Their knowledge, therefore, is of the utmost importance to the practical physician. The most usual and known of them are, the involuntary muscular motions of the extremities; another nervous symptom which not rarely occurs in this disease, but which is of much greater importance, consists in violent spasms of the chest: I have recently witnessed a case of this kind, where, subsequent to a satisfactory termination of the disease, a sudden asthma took place, followed by death twenty-four hours afterwards. A similar case I saw in this hospital, in a girl; the most violent spasms of the larynx took place, but they yielded to the remedies applied. [See next case.] This spasm constitutes the most dangerous symptom of the true hydrophobia, the slightest attempt to swallow water causing immediately the most violent convulsions. Fortunately this symptom but rarely occurs. The trismus and tetanus, which sometimes take place during the course of typhus, have almost the same prognostical importance. In the case here alluded to, involuntary muscular motion of the neck exhibited itself, which is a dangerous symptom, giving rise to the fear that effusion of water on the brain may take place.

The best remedies against this nervous series of symptoms, and which we have also employed in this case, are the valerian and castor (most suitably applied in the form of clysters.) Musk also, perhaps, may be ranked amongst them; whilst opium, and narcotics in general, are not only useless, but injurious.

June 12th. The process of convalescence, as is generally the case after typhus, will be slow in this instance, and the patient must be carefully treated in a dietetical point of view, when medicines are no longer necessary. Another important circumstance in convalescents from typhoid fevers, especially those of the *versatile* form, is particularly to be observed—viz.: the excessively heightened excitability of the genital organs, which, both in men and women, frequently progresses to the degree of satyriasis, and which then is apt to

* ℞ Infus. rad. valerian, (℥ij,) ℥iij.
Pulv. gummi mimos. ʒij.
Castorei canad. ℈j.

* Schoulein gave a more particular description of this in the case of another patient, who likewise suffered from *nervosa versatilis*, and in whom a stant shaking of the head was taking place.

be gratified either naturally or unnaturally. It is very necessary, therefore, to keep a strict watch, not only over the patient, but (especially in private practice) over the persons surrounding and attending them. I have so frequently seen mischievous results by the neglect of this caution, that I cannot too urgently direct attention to it. An investigation of the linen of the patient ought frequently to take place for this purpose. An increased activity in the organs of digestion exhibits itself in other convalescents from typhus,—a complete tendency to gluttony, which may readily produce indigestion. This is particularly dangerous, while the healing of the intestinal lesions has not yet been perfectly accomplished, as a renewal of all the gastro-nervous symptoms takes place in such cases.* Attention cannot be too frequently directed to the necessity of guarding against the latter symptom.

The urine of the patient has now become perfectly clear and pale; it is free of all sediment and nitrogenous substances—a very remarkable peculiarity of the stage of convalescence. A disappearance of the organic material is observed in these individuals, without any considerable quantity of organic materials being excreted, even where a quantity of food has been taken. The reason of this may be found in the circumstance that such patients discharge urine (three or four hours after meals) which contains an enormous quantity of uric salts and urea, substances which form red, and frequently violet sediments, in large quantities. The process of nutrition is arrested by the excretion of these nitrogenous substances with the urine, there being, however, no increase of the quantity of urine at the same time. Buzorini, first of all, directed attention to this circumstance: that typhoid patients become emaciated with an incredible rapidity, even when no large evacuations have taken place. I attributed this formerly to the albuminous contents of the intestinal evacuations; but this conjecture has not been confirmed, as the quantity of albumen in them is too inconsiderable. It still remains for future investigations to shew us, whether the decrease of material is to be accounted for by the chemical quality of the urine, or whether this is the sole explanation we can find for it: I only know for certain, that the urine becomes quite pale and poor in nitrogenous combinations in the stage of convalescence, which circumstance facilitates the supply of the organic material lost during the course of the disease. The quality of the urine, therefore, both during the disease and in convalescence, is of the highest importance.

The patient must now receive a good nourishing diet. His strength rapidly increased, and he was dismissed as perfectly cured on the 26th of June.

Typhoid patients are only to be considered in a state of real convalescence, when the perfect healing of the ulcerations has taken place; that means, after all the symptoms enumerated have entirely disappeared.

Typhus abdominalis. Apparently favourable form. Febris epidemica maligna sine febre. Recovery.

May 6th, 1841.—Edward Teuras, 23 years of age, a barber. The patient has experienced feelings of lassitude for the last twelve days; an increase of the symptoms took place on the 2nd of May; sleep became uneasy; only slight indications of an attack of shivering, but continued intense heat; bitter taste in the mouth; an emetic was therefore administered to him. A slight vomiting took place; subsequent to it, however, a continued diarrhœa was established. In this state he entered the hospital, when, owing to violent pains in the cœcal region, sixteen leeches were applied.

On viewing the various groups of symptoms separately, we find—1st. but few cerebral symptoms; a degree of disturbance in the action of the heart; giddy walk; tingling in the ears; 2nd. the abdomen rather swollen, soft, but little painful on pressure; very abundant watery stools; the tongue of a dark colour covered with clammy mucus; at the same time, we find ulcers commencing on the internal membrane of the mouth, having a tendency to cause desquamation of the epithelium; 3rd and finally, a group of reactive symptoms; pulse full, eighty-four per minute; skin dry towards evening and moderately hot; urine rather clouded but its colour not abnormal.

We therefore have, in this instance, the abdominal form of typhus, and that in its first hebdomadal period. The absence of active disease in the mucous surface of the intestines should, perhaps, occupy our attention; but, 1st. we are not quite certain respecting the exact commencement of the disease; 2nd. the symptoms indicate that the eruption has already commenced, as proved by the pain in the cœcal region, and by the characteristic diarrhœa. It certainly, at the same time, cannot be denied that the eruption has been anticipated by the emetic, in the same manner as the eruption of the small-pox and of the scarlet fever can be facilitated by irritation of the skin, even by the simple wound of venesection. The case, therefore, is such that we must give up the hope of preventing the development of the exanthema by calomel; the disease has arrived at the point when its solution can only take place by a crisis, which, however, must not be forced.

Prescription:—Aqua oxymuriatica in some mucilage.

May 7th—Yesterday's exacerbation was slight; the night was spent tolerably calmly; no changes rendering an alteration in the treatment necessary, have taken place. Only one circumstance is to be observed, namely, that the patient complains of a degree of pain in the left ear, which is increased on pressure. We know how readily pseudo-crises may take place,—formation of parotitis, or abscess in the internal ear,—both dangerous symptoms, which we shall meet by the application of twelve leeches behind the left ear.

May 8th—The tingling and stinging pain in the left ear has disappeared, subsequent to the topical removal of blood. The patient feels but slight disturbance in the head when in a recumbent position; but giddiness, uncommon lassitude, and even a fit of fainting will take place on sitting up. This symptom deserves your particular attention. This form of the disease seems to be a *pathological equivalent** of the intermittent fevers.

These *equivalents* of the intermittent fevers (as we have termed them) generally exhibit themselves in this manner: the affection at first only shows itself as a slight irritation of the gastric, or respiratory, mucous surface; it is at first only a slight catarrh; but all such cases, from the commencement, are also combined with an extraordinary lassitude, the latter sometimes preceding the catarrh. To this is added, especially in young and strong subjects, an epistaxis, which greatly exhausts the patient; in women the menstruation is sometimes anticipated, when it becomes profuse; all symptoms of a decomposition of the blood. On these symptoms exhibiting themselves, we cannot be too cautious in the treatment we pursue. The furred tongue, the headache, in short, the gastric symptoms, too readily induce the physician to administer emetics,* which do not act beneficially, but only anticipate the development of the disease. Emetics, however, are less injurious than salts, of the bad effects of which we have seen some striking instances. The symptoms enumerated in our patient are such as should induce caution. Cases have occurred to me in several epidemics, in which the patient complained of little beyond lassitude and feebleness, and where there was but slight excitement of the pulse; cases which were perfectly familiar to the ancient physicians, who designated them by the name of *febres epidemicæ, malignæ sine febre.* At the time of the crisis of such cases, generally on the 21st day, a sudden excitement of the system takes place; a crisis which acts through the skin, the kidneys, and the intestines, and which either produces recovery, or a rapid collapse and fatal result.

May 10th—All the symptoms of our patient, pulse included, confirm us, then, in our opinion of its being a case of *Febris maligna sine febre.* These are the cases in which, on the autopsy, the most considerable lesions have been found on the mucous surface of the intestines, without there being any symptoms of this condition during life. Continue the aqua oxymuriatica.

May 12th—The cool state of the skin in this patient, his pulse, and the appearance of his urine, would scarcely indicate him to be ill. This state of the urine, which approximates to the *urina spastica*, and which usually takes place only on the decline of the *urina jumentosa*, is a singular one. The state of the patient is pretty much the same; lassitude continues; disturbance of the head increases towards evening: the two last nights were spent calmly. Bleeding of the nose has taken place, but soon yielded to cold fomentations applied on the forehead. The abdominal affection is much the same, but a slight affection of the chest exhibits itself to-day; some slight cough, and a gentle *rhonchus sibilans*, with *rhonchus mucosus* is audible.

We continue our treatment.

May 14th—The progress of the disease in this individual is satisfactory; for, firstly, the cerebral symptoms have diminished; inclination for sleeping still continues, but sleep is now more refreshing to the patient; the sensation of tingling and stinging

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* The process of healing of the intestinal lesions begins towards the termination of the third hebdomadal period, and lasts for a shorter or longer time, according to the violence of the typhoid fever that has preceded it; at times it is not even accomplished on the eightieth day of the disease; in mild cases, however, it is generally complete towards the thirtieth day. The patient is not out of danger so long as the lesions are not perfectly healed, supposing the ulcerations to be ever so small. The danger consists,—1st. in the circumstance, that the process of healing may be disturbed by dietetic errors, taking cold, &c.; this has been termed the period of relapse for the disease; it is founded, however, not upon a new formation of these ulcerations on the mucous surface of the intestines, but on renewed excitement of them, and which is attended by an asthenic state of the system;—2nd. in the circumstance, that a perforation may form itself on the old intestinal lesions, the ulceration progressing instead of healing, after the desquamation has taken place. It generally occurs between the twenty-first and fortieth day of the disease, but sometimes even on the seventieth or eightieth day. The question, therefore, is—are there certain symptoms which indicate, with any degree of certainty, the completion of the process of healing of these lesions? Schonlein states that there are, and enumerates the following as signs which ought to be strictly investigated;—1st. it ought to be determined whether pain on pressure, or rumbling in the right iliac region, exist, for which purpose the patient ought to be examined at different periods of the day; 2nd. whether globules of pus are contained in the excrements; 3rd. whether traces of irritation of the vascular system are still existing, especially in the evening, or shortly before midnight; 4th. whether the emaciation still continues.

* Schonlein has repeatedly directed attention to the relationship between typhus and intermittent fevers; typhus not uncommonly developes itself after intermittents, which fact became very apparent during the epidemics prevalent in the North of Europe in 1827 and 1828.

* Schönlein makes the following remarks with regard to the cautious use of emetics, in the case of a patient suffering from febris gastrica:—According to the ordinary medicinal principles, an emetic would in this case be a proper remedy; there was derangement of the alimentary canal; pain on pressure in the pit of the stomach; bitter taste; cephalalgia, &c.; and the physician therefore ordered it. The emetic, however, had not the desired success. The fever increased, and there was no diminution of the gastric symptoms. I enumerate this case, it being one in which existing circumstances seemed to demand an emetic. We have seen, however, that this remedy anticipates the development of the typhus; and that the tartar emetic, so good a remedy in pneumonia, gives rise, in this disease, to abdominal symptoms. The employment of this remedy, however correct it may otherwise seem, must be modified by the endemic and epidemic nature of the disease

in the ears has entirely disappeared; the feeling of lassitude is diminished. Secondly, the abdominal symptoms, which commenced slightly the day before yesterday, have improved; the state on investigation is satisfactory; mucous sputa are expectorated with the slightest cough. Thirdly, with regard to the abdominal symptoms: there is no more pain, nor rumbling noise in the cœcal region; only one feculent evacuation took place in the twenty-four hours. The tongue is cleaner, more humid; the *papillæ filiformes* less developed; the skin cooler, without transpiration; the frequency of the pulse diminished, even below the normal standard, being scarcely sixty per minute: towards evening, seventy or eighty; the urine which is discharged in the evening and during night, has a mucous cloudiness; in the morning it is quite pale.

℞. Liq. ammoniæ acetatis ℥ss was administered in the evening, subsequent to which there was a gentle perspiration on the skin.

May 18th—All of the symptoms have decreased, the nervous as well as the others; the tongue remains humid; chest and abdomen normal; the formerly constricted skin, which regained its functions after the use of the liq. ammon. ac., is still humid.

May 21st—The patient has taken no more medicine; within the last few days, he was treated only by means of a nourishing diet. It is remarkable that the urine is now no longer pale, but has resumed its natural colour.

The patient was dismissed, as cured, towards the end of the month.

ON THE PHYSIOLOGY OF HEALTH AND DISEASE.

APPLIED TO ANIMALS AND VEGETABLES, BUT MORE ESPECIALLY TO MAN.

By M RASPAIL.

Pediculi, continued:—Quadrupeds and birds are very subject to these insects. We shall, however, concern ourselves only with those of the human species.—The HUMAN LOUSE *(pediculus humanus.)* Man is subject to three species of lice: the *pediculus humanus*, or common louse of the head; the *pediculus pubis*, or crab-louse; and the *pediculus sub-cutaneus*, a louse which is found beneath the skin.

The first species, or common louse, affixes itself upon the hair by means of the two nails or hooks attached to each of its paws; the female deposits, on the surface of the hair, its ova or nits, which there undergo the mode of parasitic incubation common to the ova of other insects. The young one which escapes from this egg differs greatly in early age from the parent, in its relative proportions; so much so, that various classificators, and, amongst others, Lamarck, have fallen into the error of dividing these insects into a great variety of classes. The common louse seems to have an especial fancy for the hairy parts of young children, although it does not disdain those of adults, especially of fair or lymphatic persons; the ravages to which it gives rise are proportioned to its own fecundity, as well as to the elevation of the temperature; for cold benumbs it, while heat communicates to it an activity and a voracity of which its fecundity is the consequence. Its morbid effects are then proportioned to the climate; thus we rarely see in the north of France, upon the heads of our children, those large, dark, and fœtid crusts—nests, if I may so speak, of living lice—which are so commonly met with on children in the south of Europe. These crusts gradually extend behind the ears, along the forehead, the cheeks, and even to the commissures of the lips, forming a hideous sight, which has the greatest analogy with the cutaneous disease known under the name of *impetigo*, and sometimes also with that exhibited under the form of *rupia simplex*. The louse produces these crusts, by digging into the flesh and extravasating the blood, on which it fattens itself; that which escapes its voracity becomes coagulated, and converted into a hard mass beneath the epidermis, increasing the natural prominence of the part. When the blood is extravasated in too great abundance to permit of its being absorbed by the insect, or dried by spontaneous evaporation, there is established at this point a focus of putrid fermentation, in which the mandible of the louse is capable of imbibing a poison with which subsequently to inoculate the sound regions; thus occasioning, by a simple puncture, a general disturbance in the functions of the animal economy.

It appears evident that, being so fond of tender and succulent tissues, this parasite will not confine itself to the limits which separate the skin from the mucous surfaces; and that there is nothing to prevent it from gradually penetrating into the cavity of the mouth, the nose, and the auditory tube. Now, admitting this hypothesis to be correct, we may readily conceive the variety of names which nosologists would give to the effects of the bite, according to the spot on which the parasite may have fixed itself, or in accordance with the intensity of the morbid infection to which it shall have given rise, by the inoculation of its poison upon these vascular tissues! The mucous membranes will here be covered with tuberculous or leprous spots, and with aphthous ulcerations, not with dry crusts, by reason of the constant humidity of the medium; the mouth will be bathed with froth; the larynx lined by false membranes; the velum of the palate studded with tubercles; the nose will distil a fœtid sanies; pus will exude from the eyes, and the respiratory and digestive functions will become gradually more and more embarrassed. Now, what name can we give to this assemblage of symptoms so appropriate as that of *glanders* and *farcy?* A species of glanders which becomes contagious from the communication of the insects fattened in the pestilential product of their own infection. Georges Hanneus, in a letter dated 1674, written to Al. Borrichius, states that a man affected with jaundice, being persuaded to try a remedy then greatly extolled by the vulgar, swallowed seven or eight of the common *pediculi*, which cured him of his disorder in the course of a few days. But in a short time he was seized with a ravenous appetite—he fell into a state of marasmus, and gradually pined away. At the autopsy, there was found in the intestines a tumour filled with an incalculable quantity of living lice. Other authors also relate similar cases of the development of these vermin within the alimentary canal.

It is a common notion that the presence of lice preserves the child from every other disease, and this opinion has been shared in by several learned men. *Pediculus humanus*, says Fabricius,* *in pueris gulosis frequentissimus, morbos averteus.* Now, although we ought not to receive a thing lightly, or on mere hearsay, yet we are not entitled to deny a fact, simply because we can not understand its theory; moreover, an opinion which is generally entertained, is almost sure to have some truth in it. Viewing this question in its natural bearings, I can conceive that lice being greedy of succulent tissues, would attack other parasites of the human body with still greater voracity than the hairy parts of the infantine head; and thus, they would preserve the child from other disorders, solely by destroying the authors of them, and consequently freeing it from parasites perhaps more hurtful than themselves to the general health.

Plica.—This disease, almost unknown in our climates, is very common among the poorer classes in Poland, Lithuania, and on the borders of the Vistula. Its principal character consists in a species of multiplication, and in an extraordinary development of the hairs, on all the regions of the body having a hairy covering—on the head as well as on the pubis. From each bulb issues a tuft of hairs which, in a short time, shoot out like the branches of a tree, to a length of perhaps seven or eight feet, and which then become twisted into bundles, being blended together in an inextricable manner, and eventually forming matted and heavy masses. From this great activity of development they become painful on the slightest touch; a fœtid and disgusting ichor exudes from the skin, which becomes covered with dark-looking crusts. So extraordinary and unnatural a development upon the skin cannot take place without inducing more or less disturbance in the functions of other parts; there is, however, a remarkable coincidence found in the development of this disease, of which no account has been made by nosologists, although it appears so well known in the localities in which plica is endemic; and that is, that as soon as the malady declares itself, lice are seen to breed upon all the regions of the body; there is not a single individual affected with plica who is exempt from these vermin. This coincidence seems to me to explain the nature of the disease. *Plica* is a species of *fungus* originating in the action of the mandibles of the louse. This kind of louse, by attaching itself to the generating bulb of the hair, facilitates adulterous connections between the spires which preside over the development of organs; hence the growth, from each bulb, of a mass of hairs in place of a single one, accompanied with those ichorous crusts, which we have already seen to be the usual result of the erosion of lice which bury themselves beneath the epidermis. Plica may be communicated by the dog to man, by man to the horse, &c.; but we then find the same species of louse upon these animals as upon man himself. The lions and lionesses in the menagerie of the Landgrave of Hesse, contracted the disease in 1807. Does the species of louse which gives rise to this disease differ from the common *pediculus humanus?* From the difference of its morbid effects, I am inclined to believe that it does; and this will fully explain why *plica* is so frequent in Poland and Lithuania, and shows itself so rarely amongst us. The races of insects, like the races of animals, have their countries of predilection. This subject is worthy of more accurate investigation.

Pediculus pubis (Lin.)—This species of louse is found upon the pubis in man; it lives in the midst of the hairs which cover the genital parts, as well as in the beard, the eye-brows, the eye-lashes, and the hairs of the arm-pit; it is never found on the hairy scalp. It differs from the louse of the head, as well in its form as in its tastes; it is shorter and more rounded, approaching thus to the proportions of the *acarus*. This species of louse was known as early as the louse of the head. Celsus speaks of phthiriasis of the eye-lids, occasioned by the development of lice between the eye-lashes.* Cœlius Aurelianus says that these lice differ from the common lice; that they are sometimes of a particular form, larger and harder than the others; that their bite is more painful; some, he adds, call them *pediculi feralcs*, because they penetrate within the flesh beneath the hairs, sometimes producing mortal disease.† The skin is quickly covered with small drops of blood, proceeding from the wound of the capillary vessels, effected by the mandibular process of these insects; then, with small red stains, produced by their suction; lastly, with papulæ, phlyctænæ, and other degenerations of the cutaneous tissue. These insects are, in an especial manner, transmitted from one sex to the other, during the act of copulation; hence, their presence in an individual, generally indicates the frequenting of bad houses or disreputable society. Christ. Franc. Paullini relates, among other cases, that of a French nobleman, at Lyons, who was literally devoured by these insects, which emerged from all the pores of the skin, passing from the eyes into the nares, from the nares into the mouth, affixing themselves to the palate and to the gums; his tears, his sputa, his urine, his fœces, were full of these animalculæ; the patient died, as it were, devoured by them.

While on this subject, I would ask the following question: If it is proved that the smallest puncture with the point of a lancet may introduce poison and death into the soundest body, why should not the lancet-like mandible of the *pediculus pubis* be capable of producing the same ravages? If such be the case, we may readily calculate the gravity of a disease which is, at each instant, inoculated, over such large surfaces, by thousands of insects, which labour night and day towards their own nutrition and propagation, at the expense of our tissues;—we may trace out before-hand the list of symptoms and disorders occasioned by the invasion of these insects, if we will but follow them

* *Species insectorum*, vol. 2, page 476.

* *Corn. Celsi*, book 6, *de pediculis palpebrarum.*

† Cœlii Aureliani Tardar., book 3, chap. 2.

in their passage beneath the eye-lids, into the genital organs, wherever, in fine, they can meet, in the tissues, with that odour and taste of which they are so fond. The simple puncture of the *pediculus pubis* will then be capable of propagating upon a thousand different points, and of varying in a thousand different ways, the lesions or accidents of the syphilitic disease. This induction is perfectly incontestable.

Subcutaneous louse, or louse of the pedicular disease. *(Pediculus subcutaneus.)*—This louse partakes of the habits of the insect of the itch; it lays its ova beneath the epidermis. Each nidus becomes a phlyctæna, a small ampulla, whence minute lice issue, as soon as they are hatched, to spread themselves and multiply upon the adjacent portions of the body; thus causing an extension or augmentation of the disease with each succeeding generation of insects. Under this continued and increasing irritation, the patient loses all sleep and repose; he is tormented with a febrile agitation and constant shivering; the pallor of countenance becomes excessive; a weakness of stomach is engendered, causing the lightest kinds of food to disagree; he is unfitted for reflection, or attention to business; all his organs are, so to speak, deranged in function, from the disorders which are concentrated on the cutaneous surface. Destroy the lice which besiege him, and you will restore the miserable being to health and repose; you will free him from all the symptoms of his malady; for it is not the disease which engenders the vermin, but the vermin which occasion the disease. It was to this cruel and loathsome disease that Herod, Sylla, and Philip II. of Spain, those three great destroyers of men, fell victims. Mutius, the jurisconsult, Eunus, Antiochus, and, according to Laertes, the divine Plato himself, were also afflicted with it. We must not, however, think that this disease is confined solely to the upper classes, to the exclusion of all others; although it is a well-known fact that this insect seems to avoid hard and dirty skins, and attacks in preference those that are old, but at the same time clean and delicate. Workmen who are employed in the preparation of oils, acids, scents, &c., or in the white-lead manufactories, are exempt from it; for their occupation opposes at each instant a remedy to the disease; these ingredients poison the insect; oily substances asphyxiate it.

Eighth and Last Class of Animated Morbiparous Causes.

The Annelides and Helmintha, or Intestinal Worms.—We understand by *annelides* and *helmintha*, worms devoid of feet, of a serpent-like form, which undergo no metamorphosis, are of a soft consistence, and whose body becomes drawn into transverse folds during locomotion, as if it were divided into rings. Some are articulated after the manner of certain plants, insomuch, that each articulation may be considered as a complete germ; others are spread out like the polypus. These animals live only in liquids, or in humid media; the greater number are parasitic to the internal tissues of other animals. It is in the class of *helmintha* that we find those worms which attack man in the cradle, and quit him only in the grave, to abandon him as food to other kinds of worms more greedy of carnage, and less dainty than themselves.

All these animals are distinguished, by the simplicity of their alimentary canal, and the immense capacity of their peritoneum, in which their sexual organs are lodged; so that their body frequently seems to resemble a mere ovary, or testicle; also, by the small size of their thorax, and their almost imperceptible respiratory organs. Their dermis splits transversely more readily than longitudinally, by reason of the transverse direction of the cells and of the interstitial network of which it is composed, and which offer an almost insurmountable resistance, as well to cutting instruments, as to the efforts of traction. Lastly, the body is, externally, marked by four longitudinal, equidistant vessels, which divide it into four equal parts. The mouth is provided with a perforating apparatus, more or less visible, as also with an apparatus of suction, to draw up the juices in the alimentary canal. These worms are oviparous, viviparous, or gemmiparous hermaphrodite or unisexual. We shall now proceed to the description of these species, commencing with the cylindrical worms; then passing to the flat, but free, worms, we shall arrive, by virtue of this transition, at the compound and articulated flat worms, the study of which will furnish the key to the multiple species.

First Group—Cylindrical Helmintha.

First genus: Lumbricus, *or earth-worm.*—Every body must know the external structure of these worms, which travel through the humid ground, swallowing the earth which they displace in their passage towards the surface. Each of the folds, or rings, of their body is edged, as in the *larva* of the *domestic fly*, with small prickles directed backwards, which serve them as means of locomotion, aiding them to advance forwards, but not permitting them to retreat; we may remark, upon the middle of their body, an annular swelling, which is redder than the surrounding part, and which naturalists have named the *clitellus*. It is only by very rare accidents that earth-worms become introduced into the alimentary canal of animals of a large size, or there become hatched after the accidental introduction of the ova; and man, by reason of his salted and seasoned diet, must be less frequently exposed to their invasion than other animals. A rigorous antiphlogistic treatment alone can here offer to the worm the conditions of existence which it seeks in the bowels of the earth. The spines which border its rings render the parasitism of this insect even more painful and disastrous, than that of the *ascaris lumbricoides*. Authorities are not wanting to show that the *lumbrici* may become introduced into the human body. Linnæus, Pacchioni, Buniva, Rosenstein, and others, have seen these worms voided along with *ascarides*, by patients who had been under medical treatment.

2° *Genus:* The Leech.—(*Hirudo.*)—The leech belongs to the class of *annelides*; it has the power of creating a vacuum, as well by the disk of apprehension, in which the posterior part of its body terminates, as by its buccal apparatus. These amphibious annelides swim or crawl along a surface, after the manner of the caterpillar; they gorge themselves with the blood of their prey, and quit their hold only when their intestinal cavity is so filled that it is unable to contain any more. This property which they possess, has led to their being sought from the earliest periods, as a substitute for bleeding, and to procure the disgorgement of inflamed tissues; for this purpose we employ the species known by the name of the medicinal leech (*hirudo medicinalis*, Lin.); but standing waters contain more than one species. The trace of the puncture of the leech is circular, of about a *centimètre* in diameter, of a reddish-brown colour, edged with a red of a still browner shade, and bearing in the centre a three-cornered mark redder than the surrounding area, of about two *millimètres* in extent, with concave sides; this is the mark left by the three blades, or lancet-like processes, by means of which the leech perforates the skin, to suck up the blood.

Leeches attach themselves to the legs of animals while bathing in the waters which they inhabit; and, should beasts or men drink from these sources, they become liable to swallow them; hence, the most frightful accidents may declare themselves according to the spot on which these *annelides* may affix their hold.*

The inhabitants of the Alps, and of flat countries which are destitute of streams or running waters, are more exposed to this calamity than those who dwell on the borders of rivers; for the leech breeds in marshy and stagnant pools. Beasts, in all countries, are more liable to swallow them than men; and children in the country much more so than children in towns. As a morbiparous animal, the leech acts in two ways at the same time; its puncture produces at first an acute pain, especially upon thin and tendinous parts, which are devoid of adipose tissue; subsequently, it gives rise to hæmorrhage, most frequently from the capillaries, but sometimes from the larger vessels, if such lie near the surface upon which they affix themselves. With these two data alone we may readily trace, through a thousand combinations, the symptoms and variable characters of a host of acute and speedily fatal diseases, of which the cause will in general escape even the suspicions of the physician; the source will, most frequently, be indicated solely by the revelations of the patient, or by the matters vomited. When the leech penetrates into the trachea, it may speedily give rise to asphyxia by occlusion; in all cases it will cause the most alarming accidents; and if it should advance still further into the respiratory organ, what disturbance would not its presence and suction induce in the function of the lung, as well by the blood which would be accumulated from the hæmorrhage in the pulmonary passages, as by the tearing of the surfaces upon which it might affix itself! If the leech introduce itself into the stomach, the patient will be suddenly attacked with fainting fits, with tearing pains at the epigastrium, strong convulsions, and a cold sensation of erosion at the seat of the disorder. You must not here treat your patient with gum, or such like emollients; you must attack this frightful inflammation by the most inflammatory remedies,—by the strongest wine, assafœtida, salt, vinegar, &c.; for dallying will here be fatal, and death will supervene, whilst you are amusing yourselves with feeling the pulse, and listening to the sounds of the heart. It is in their young state that these *annelides* are most to be feared, because, when small, they are least suspected, and are moreover liable to become introduced in considerable numbers, at a single mouthful.

Numerous ancient, as well as modern, authors have borne evidence to the morbid effects of the leech when introduced within the organs of the human body. Among these may be cited Hippocrates, Pliny, Herodotus, Galen, Bartholin, Zuinger, Rivière, Borelli, Etmuller, Larrey, and others. Sometimes the leech, when applied to the anus as a remedy for piles, has introduced itself into the intestines, and there occasioned the greatest ravages; at other times, when applied to the vulva, it has crawled up the vagina, and even into the uterine cavity; or else, when applied to the gums, it has slipped into the stomach, affixing itself, perhaps, several times upon the lining membrane of the œsophagus in its passage; lastly, soldiers have been seen, exhausted with fatigue, who have drunk at stagnant waters, and have subsequently been attacked with pains in the bowels, and vomiting of blood;—accidents of extreme gravity in themselves, even when the bite of the leech shall not be poisoned by the putrid matters or miasms exhaled from the filth of the marsh. It is especially in these cases of spontaneous vomiting that provoked vomiting forms the remedy; *vomitus vomitu curatur*, Hipp., for artificial vomiting, induced by medicine, arrests all the effects of the hæmatemesis, by ejecting, or casting outwards, the animated cause which gave rise to it.

Bugs (*Cimicides.*)—The individuals which are classed in this genus assume a great variety of forms and of habits. The bug belongs to the class of *proboscidiæ*; it undergoes no change in form after its escape from the ovum, with the exception of the alæ which most of the species acquire while enlarging; but as soon as these appendages have appeared, all further development is arrested. This fact has led to the primary form being regarded as the larval state of the insect. The ovum presents a peculiar character which we shall describe as it is found in the species which infests the vine. The female deposits its eggs close together, the small end standing out directly opposite to the point of insertion. This sharp end is closed by a lid having a kind of hinge, and a triangular clasp or fastening; the floor of the lid

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* I have seen the application of a single leech upon the sterno-mastoid muscle produce trismus, contraction of the muscles of the neck, and intense nervous symptoms. Having one day prescribed four or five leeches to the outer surface of the knee, I was surprised to hear the dreadful screams uttered by the patient during the whole time of their application. What then would be the case, if the puncture of the leech should be effected within the stomach or other visceral cavities—surfaces possessing such great sensibility?

presents an oval figure along each margin; the clasp-like process, marked by three black lines, may be readily distinguished against the white substance of the ovum. If we detach these ova perfectly recent from the surface of the vine, taking care to remove with them the epidermis of the leaf, we shall find them quickly perish; for these ova are themselves parasitic; the surface of the leaf serves them as a placenta. At the period of exclusion we see issue a small bug, having a red body; the head, sucker, and antennæ black; the rings red and marked with three black spots; it has no alæ when first excluded; after it has increased to a certain size and thrown off its old skin, it acquires four of these appendages, two of which serve the office of *elytra*. The *elytra* of the bug form its most distinctive mark, from the fantastic nature of their shape and the variety of their colours. Almost all the species of this group emit a characteristic odour. The greater number live upon trees, being both herbivorous and carnivorous; our domestic bug seeks its asylum in the wood during the day, and enters our beds during our sleep, to implant its proboscis in our flesh and suck up our blood. The large bugs of trees do the same with respect to plants. The inhabitants of the waters have their bugs as well as terrestrial animals. The young house-bug is of a yellowish colour. Its proboscis is quadriarticulated and canaliculated inside. In proportion as the insect enlarges and becomes gorged with blood, it acquires a deeper colour; the epidermis becomes horny; under the magnifying glass it appears dotted with round points, similar to the surface of a thimble. Their rings, but slightly visible in early age, become very prominent at a more advanced period; at all ages they are faced with very short hairs. Although this species never aequire alæ, still, in their old age, we may distinguish the rudiments of these appendages under the form of two small adherent *elytra*. Their antennæ are eomposed of four joints, the two median being larger than the extreme ones at an advanced age. Some of these insects attain a length of five *millimetres*, or even more; their length and breadth vary according to their habitation. The larger ones are very disgusting in appearance, especially when puffed up with blood. When they have fasted for a long time, they begin to devour one another, and those which survive and have nothing more to eonsume, gradually regain the colourless appearance which distinguished them in early age.

Morbid Effects of the Bug.—The bug is not venomous. It is an offensive and annoying insect, which disturbs our sleep but does not injure our health. Of so disgusting an odour in itself, it seems to have an aversion for the scents which we regard as agreeable. People preserve themselves from its attacks by perfuming the bed; the odour of camphor especially keeps them at a distance, or, if they do enter a bed sprinkled with this substance, they appear to lose all their agility,—they suffer themselves to be caught without difficulty, or else beeome totally asphyxiated. They seem to avoid the anus and genital parts; but they may introduce themselves within the ears or the nose, and thence mount up even to the frontal sinuses; the odour of tobacco and of some other substances, however, soon causes their expulsion. If they should remain long in these parts, we may readily imagine the consequences of their parasitism from the effects which they produce upon our skin; for by implanting their proboscis within the epidermis, they draw up the blood which is extravasated at this point, producing a circular stain, deeper in colour towards the eentre. Sueh an effect must necessarily induce a certain amount of disturbance in the general economy, or at least in the interior of an organ, should the number of these parasites be very large.

The Flea (*Pulex*), which is a solitary speeies of an isolated genus, should be viewed with a magnifying power of at least forty diameters, and in a reflected light. The body is encased, above and below, with large, horny, and red scales, arranged so as to form segments or rings around the body. The two last pairs of feet are placed at a distance from the first, whieh seem to be inserted just beneath the mouth. Their antennæ are quadriarticulated; their sucker is enclosed in a sheath with two triarticulated valves, and is composed of two tongues. At the base of the month are two palpæ, in the form of scales. The flea lays its eggs in furniture coverings, in woollen cloths, or else beneath the hair of dogs, or of cats. There is excluded from each egg a worm, destitute of feet, encircled with rings edged with hairs, and which lives in these tissues in a manner totally unknown to us. When it has attained its full size, it spins an enveloping membrane, and transforms itself into a chrysalis, whence the flea issues, perfectly formed, at the period of maturity.

Morbid effects of the flea.—I have seen fleas multiplied to such an extent in some garrets, that women, who by chance entered them, have come down with their legs covered by these insects; their white stoekings seemed to be turned to a dark purple colour, so greatly did these vermin swarm upon them, and yet these garrets were inhabited. If I remember aright, there was at the same time lying in one of these rooms a dead cat; and this led me to think that the larva of the flea might, perhaps, live from preference in the dermis of dead animals. If such be the case, we may conclude that the flea is not simply a troublesome insect which confines itself to the skin, but that, in its larval state, it might exercise greater and more serious ravages within our body. Now, the fact once admitted, we can form no idea of the morbid accidents to which the parasitism of the flea will give rise. What diseases of the eyes, of the ears, of the parotid glands, of the anus, and of the urinary and sexual organs, might not these imperceptible larvæ produce?

The puncture of the flea does not always assume the characters of a red stain, having a deeper spot in the centre. There is sometimes produced a vesicle of variable form, especially upon soft skins, as in children, or a phlegmon of greater or less magnitude; this result is determined by the envenomed state of the puncture. For the flea is not always bred in very clean garments; its larva has only to develope itself in dirty and disgusting clothes, for it to poison its sucker, when escaping from its shell, in the filthiness which surrounds it; and these insects, however unclean they may be, always seem to prefer the flesh of strangers to that of the ordinary inhabitants of these places. Whenever I have had to visit a patient in these filthy localities, I have been sure to come out with my legs covered with hard and inflamed pimples, which itch and occasion acute smarting pains for several days. On each of these pimples we may observe the trace of the puncture of the flea. Should a stranger pass a night in these infected places, he would probably awake with fever; and this morbid effect would doubtless be ranged in the class of eruptive fevers, by any physician who might not be aware of the cause; in fact, the body of the patient would be covered with small inflamed pimples. The inhabitants of these places appear to be proteeted from the contagion, by the very fact of their dirtiness. Whenever, then, we find stains or pimples marked with a dark coloured point or perforation, we may with tolerable certainty pronounce the bite of this insect as the cause. We can understand, by what we have already said, that the puncture of the flea may be capable of inoculating the plague, carbuncle, or any other contagious disease; the puncture of any instrument, under similar circumstances, would accomplish the same thing.

Acute Gastritis.—Mr. Berneastle narrates a case of acute gastritis, occurring in the person of a deaf and dumb woman, thirty years of age, pregnant of her second illegitimate child, and very near her confinement. The symptoms presented a very close analogy with those recorded in Mr. Leigh's case of fatal vomiting and purging, with the exception of diarrhœa. Acute idiopathic gastritis was diagnosed, and local depletory treatment adopted: the patient died on the fourth day. The post mortem examination showed the stomach in a high state of inflammation; the other viscera being healthy. Mr. Berneastle, from the symptoms attending this case, is of opinion that Mr. Leigh's patient was also affected with idiopathic gastritis.

COURSE OF LECTURES ON THE THEORY AND PRACTICE OF MEDICINE.

Delivered by C. J. B. WILLIAMS, M.D., F.R.S., Professor of the Practice of Medicine, and of Clinical Medicine, at University College

Diseases of the Heart.—We now pass on to another great viscus of the ehest—the heart. Before we go into the diseases of the heart, it will be necessary to say a few words on the general pathology and the principles of diagnosis in these maladies, similar to what we did with regard to the diseases of the lungs and of the pleura. A knowledge of the signs, connected with the diseases of the heart, must be based on an acquaintance with the principles of anatomy and physiology (which I suppose you already to possess), including the laws of its action—its natural action, and the mode in which its impulse is produced. All this I suppose you have learned from lectures on anatomy and physiology, and works on that subjeet. It is my object to make these various phenomena applicable to the investigation of the condition of the heart and its vessels, in health and disease. First of all, I have to speak of the mode in which we determine the bulk or size of the heart, as well as its position in the thorax. We know the presence of the heart by its pulsation; and we know that it is situated a little to the left side of the chest, where we may feel it beat; its pulsation is usually felt from an inch and a half to two inches below the front of the left mamilla. It is not very fixed in its situation, but varies in different individuals. In the female it varies in consequence of the size of the mammæ; and as this is not a certain criterion, you may say more correctly that its situation usually corresponds with the cartilages of the fifth and sixth ribs; that is about the junction of their cartilaginous and bony parts. The point of the heart projects forwards and downwards; but its utmost limits upwards are not so easily recognised by outward signs, and we determine it in some degree by the sound on percussion. The bulk is to be determined chiefly by percussion, especially where the percussion is made under such circumstances, that the heart may come in contact with the walls of the chest. The heart is overlapped, or nearly covered over, by the lung. The sound varies in full inspiration, in which process the heart is pushed still further away from the walls of the chest, and in the state of expiration; and therefore, to determine the size of the heart, it is necessary to fix the walls of the chest in such way that the heart may come as much as possible into contact with them. Although the heart is placed in its pericardium or sheath, and braced up pretty tightly—yet it is not perfectly so; for it is in some degree free to move, particularly its apex; it hangs by the root, but it inclines a little forwards and backwards, or to the side, with the posture of the individual. In order to judge of the motion, the best plan is to desire the patient to lean forward and breathe out fully, and then to percuss the chest. You now find the space of dulness vary from two to three inches, or a nearly square superficial extent of perfect dulness. By forcible percussion you may get a dulness from beneath the lungs. This dulness extends more or less to the middle of the sternum, and along the third rib on the left of the sternum down to the apex of the heart between the fifth and sixth ribs. These signs are modified by circumstances. Emphysema of the lung will vary the sound on full inspiration. Again, where there is adhesion of the pericardium to the walls of the chest, there is greater dulness than naturally occurs; and if we were to judge simply from the extent of this dulness, we should be deceived as to the bulk of the heart. Now we will refer to the dynamic and moving powers of the heart; and the first of these to be mentioned is the impulse. This may be ascertained by the application of the hand, and partly by instruments. The impulse is regulated chiefly by the heart's motion; when that is increased by violent exertion, the impulse is increased in force and in extent, and the heart is felt beating powerfully against the walls of the chest. When the heart is at rest, on the other hand, the impulse is much more limited; it is felt very slightly over the whole extent of the dulness. Between the fifth and sixth ribs is where we generally recognise

the dulness. There is, however, a slight degree of impulse to be perceived in many instances over all those parts with which the heart is in contact; and by leaning forward, the extent of the impulse may be varied likewise. The amount of this impulse is diminished by full inspiration, and in the case of emphysema, it is scarcely felt at all; or if it be felt, it is mostly in the epigastrium. There is a considerable variety in the impulse arising from the natural constitution of the chest; a variety that applies not only to the impulse, but likewise to the dulness on percussion. For instance, in thin boys and girls, or thin subjects generally, in whom the chest is narrowed and contracted, the lower part being particularly narrow or pigeon-shaped, the impulse is felt over a greater extent of surface, from the walls being more in contact with the heart. On the other hand, in persons with stout chests, the dulness is very slight, and the impulse is but indistinct. It is generally confined to the point where the apex beats, but even in that situation it may be obscured. A more accurate mode of detecting the impulse, is by the application of the stethoscope, which, if applied pretty closely to the chest, will indicate the impulse very well. There are other circumstances which may affect the impulse of a healthy heart; we must not only take into account the narrowness of the chest as causing varieties, but the heart may be displaced by disease of other organs; for example: its position is altered, and the character of its impulse affected by abdominal tumours. I have known the stomach, greatly distended and inflated, to push up the heart to such a degree as to cause it to pulsate above the left nipple. It is in such cases felt beating over a greater extent of surface than usual. The same thing is produced in ascites, pregnancy, and other states causing enlargement.

Influence which the heart exercises over the general system.—In speaking of the lungs, I drew your attention to the very important relations they bear to the whole system; that is, in their physiological, or natural, and their pathological states; their effect is perceptible, not merely in themselves, locally, but over the whole system: they perform a most important function, and the disorders of that function are felt far and wide throughout the whole system. The same observations apply to diseases of the heart, an organ which fulfils a highly important function with regard to the whole body; so that its functions cannot be seriously affected by any disease, without the system sympathising therewith, and producing general derangement. The disorders which the lungs produce, are those implying an alteration, or an imperfect elaboration, of the blood; the diseases in the system, which the heart produces, are likewise connected with the blood and its properties, but they have chiefly a relation to the motion and the distribution of the blood; this organ being the great source of the motion of the blood throughout the body. We have to consider, not merely the diseases of the heart as an organ in itself, but likewise in connection with the various diseases of other organs which are affected by it. The results of the influence which the heart exercises are sometimes curious. In many cases we find the diseases of this organ simulating diseases of other parts of the system. Diseases of other organs, again, often arise from a greater force of the circulation, or an undue weakness and irregular distribution of that force, which, independent of any primary disease of the heart, will produce exactly similar results. You have an increased power of circulation presented, functionally, where the heart is not primarily affected. You have an increase of circulation in inflammatory fever, and in various circumstances of general excitement: you have, too, hypertrophy of the heart, and you have this viscus excited to increased action. Take the opposite extreme—that of excessive weakness, whether from fever, or poison in the system; whether from exhaustion, or inanition, or any other cause. You have states of extreme depression and weakness of the circulation, in many of the diseases of the heart which impair its power, whether the disease be merely temporary weakness from over excitement, or over exertion; whether it consist in organic change, or extensive structural lesion, softening of the muscular tissues, or valvular disease, causing an obstruction to the passage of the blood through the different parts of the system; in all these cases, you have the same effects of weakness exhibited as in that arising from other causes; so that the heart-diseases become like the lung-diseases, perhaps even more powerfully, the means of producing disease over the whole system.

Modifications induced by disease in the impulse of the heart.—Now I have spoken of the manner in which the relative size of the heart is to be investigated; the manner in which its impulse may be modified by affections foreign to itself; as also the mode in which this impulse may be demonstrated—whether increased or diminished—and the way in which these changes are available in the diagnosis of disease. There is another mode of detecting disease of the heart, which is sometimes employed; and that consists in comparing the strength of the impulse with the greater or less power manifested in the carotid. It is a remarkable thing, and it has not been sufficiently attended to by physiologists, that the strongest acting part of the heart is the apex: the impulse is felt the strongest at this point. This is partly because it moves more upwards and forwards; at each movement there is a contraction of the anterior part more than of the posterior part; and the anterior is the only part of the left ventricle that comes in contact with the walls of the chest. That is a chief reason why the impulse is so much stronger at the left side and apex, than at the other parts. This fact is well illustrated, where there is consolidation of the lung, or adhesion of the heart to the walls of the chest. The first effect of this is to cause pain and increased sensibility; and if the thing lasts long, you see an alteration in the shape of the chest; the chest bulges out, as the result of the continued impulse of the left ventricle; but it is not natural for this to take place, and it is usually prevented by the interposition of the lung. You can understand that, just as an emphysematous state of the lung will cut off the communication of the impulse to the walls of the chest, so consolidation will decrease the force of the heart's impulse; as, from hepatization and consolidation, these parts of the lung become more dense, and the impulse has to be propagated over a greater extent of surface. The impulse is in this way often diffused to such an extent, that the idea of hypertrophy is presented, without there being any such condition present. There is another condition too, which intercepts the propagation of the impulse; that is, when the pericardium is distended with a considerable quantity of liquid. This interrupts the impulse in proportion to the amount of fluid, and we shall consider this under the head of pericarditis. Laënnec has pointed out the difference between the impulse at the left and the right sides; and the rule may be stated to be, that the impulse felt on the left side is due to the apex or left ventricle, and the impulse on the right, to that arising from the right ventricle. This is altered in hypertrophy of the heart; as then the left ventricle, being very much enlarged, not only extends down to the apex, but bulges out and somewhat overlaps the right ventricle. You cannot, therefore, always lay down as a rule that the left side corresponds with the cartilages of the left ribs, and the right side with the lower part of the sternum; but you may take it relatively, and say that the right side should be always heard on the right, and the left always on the left. The sounds on the left side are usually heard somewhat higher up than those on the right side; whereas, if you go to the right, when enlargement takes place to a considerable extent, the signs of this side are to be sought, not only under the sternum, but even in the epigastrium. Now the impulse is increased in force and in abruptness, by excitement, either nervous or inflammatory; but the extent of the impulse is not increased in the same proportion. Often in nervous cases, or on recent inflammation, you get the heart beating more strongly and vigorously against the walls of the chest; the apex, in the usual position, knocking against the chest with great force and abruptness. The sound on percussion is more dead than usual, but unaccompanied by the dulness, or the heaving character of hypertrophy. Again, the impulse is greatly modified by hypertrophy; it is increased in force, in degree, and in extent, but not in abruptness; the increased force lifting the walls of the chest, because, the bulk being increased, there is a greater amount of contact with the walls of the chest. Again, it is increased in extent over the surface, and in the abruptness with which the stroke takes place, by simple dilatation, but its force is diminished, and the heaving character is absent. These are the chief modes in which the impulse may be modified. It is likewise affected by fatty accumulations about the heart.

Now, as to the *sounds of the heart*, and *their modifications*. I consider it to be established, for there is no rational objection to it, that the first sound depends, essentially, on the tightening of the materials of the heart by muscular action; a tightening of the walls, by muscular action, from the loose condition in which they were previously. Any one who has studied the properties of sound will perceive the mode in which the sudden transition from a loose to a tight state, is capable of producing the first sound of the heart. I presume it, likewise, to be established, that the second sound is produced by the sudden tightening of the valves, the great orifices of the arteries, by which there is a recoil of blood upon them: a sudden transition from a loose, flaccid state, to the tense and distended condition in which the full arterial column is brought to press upon the valve. Now, considering it to be established that the sounds are dependent on these causes, we have to consider each of these causes as combined. The actual sounds which each produces are capable of being modified by the variations of their elements. The first sound, as we have said, depends on the sudden tightening of the walls of the heart on the blood, and this will depend, first of all, upon the muscular contraction—that is the main element; secondly, on the quantity of blood on which the heart contracts, which makes the resistance more sudden; thirdly, on the amount of resistance given to the expansion of the blood. With regard to the first contraction of the ventricles, it may vary in abruptness and force. When it takes place abruptly and forcibly, this increases the loudness of the sound; on the other hand, if the ventricular contraction takes place slowly or weakly, this renders the sound dull, obscure, or weak: it is the mere force of the contraction which produces this different sound. This sound will also be varied by the thickness of the walls of the heart. If the walls of the heart are very thick, or the transition from the loose to the tight state cannot take place very quickly, the result is, that the sound is dull and prolonged. On the other hand, if the walls are thin, and there is a very ready transition from slack to tight, the sound is loud and shortened. If the quantity of muscular fibres be great, the vibrations are muffled. But remember, the sound is not entirely produced by the strength of the contraction and its abruptness. The left ventricle is naturally thicker than the right, about double the thickness; the walls of the one being *thicker* than the other, there is an exaggeration of *the* sound. The sounds of the right ventricle partake more of the flapping, short, and loud character, and there is more of the dull, prolonged character, in the left. Over the apex it is loud and abrupt. Where disease produces a thickness of the ventricles, you have an extremely lengthened and dull sound, while there is a smart, flapping sound, over the right ventricle. In cases of syncope, the heart-sounds are short, flapping, and pretty loud; although the heart's action is not strong. The quantity of blood modifies the sound—not by the tightness, but by the length of the resistance. If there is a great deal of blood for the heart to contract upon, when it begins to contract, the sound is less continued and prolonged, in consequence of the continued distension of the fibres; but if there is little blood, the flaccidity renders the sound less prolonged. This is what is observed in cases of anemia. In plethoric individuals, the sound exhibits, not the strength of the contraction, but rather its abruptness. The resistance given to the expansion of the blood may modify the sound. If the arterial pressure is slight, so that the blood is thrown out with great abruptness, the sound exhibits the characters pro-

duced in cases of anemia ; and there is, with the loudness, a shortness, and the pulse is jerking ; on the other hand, when the arteries are full, when great pressure is exercised on them, and there is a greater degree of resistance, the sound is less loud, but it is more prolonged. The principal deduction from this is, that tightness or shortness applies rather to abruptness than to strength ; whereas dulness or prolongation applies rather to strength and fulness than to abruptness. The resistance may be caused by unnatural narrowings of the arterial orifices. The narrowing of the aortic orifice would necessarily increase the resistance given to the heart, so that the blood would be unable to pass out abruptly, and consequently, the sound would be prolonged and dull. Again, where there is disease of the mitral valves, there is a regurgitation backwards,—a resistance given to the passage of the blood. Now, when the valves do not close, the sound may be defective, though it is not absent; instead of commencing with the flapping, it is a low, dull, and continued sound. Sometimes there is a curious circumstance that takes place in connexion with disease of the valves : suppose the walls are more relaxed than usual, and the valve does not tighten with its usual facility, then the commencement of the muscular contraction may give a peculiar sound before the walls tighten ; if the tightening occur during the systolè, the result is a sort of demarcation between the first and second sound : the natural sound is divided, as it were, into two : there are two tightenings ; the first is a sudden tightening of the walls of the ventricle, while the tightening of the mitral valve is not accomplished till after, owing to the diseased condition of the valve. The natural sound may be represented by the word *lum*, and the second sound by the word *dup* ; and in the cases I have alluded to, the sounds may be illustrated by the words *dup ap dup*. The second modification of the sounds I shall notice to-morrow.

PARISIAN INTELLIGENCE.

(FROM OUR OWN CORRESPONDENT.)

Paris, March 21, 1844.

On Typhus or Typhoid Fever. By Professor Chomel. At an epoch not very distant, the disease to which I purpose drawing your attention, was but little known, and synochus was, according to the most prominent symptoms, divided into adynamic, mucous, bilious, &c. According to modern pathologists, these are but the different forms under which febris typhoides presents itself; the lesions are the same, the name alone is different in all these diseases, which are described by Pinel under the denominations of ataxic, adynamie fevers, &c. names by which I myself have very frequently described them. The general symptoms to be observed in this disease ought never to be neglected, as by them we are enabled to establish our diagnosis, and choose the proper remedies to be employed. For a considerable length of time, practitioners were guided by these symptoms only, and we ourselves, notwithstanding the progress clinical observation and therapeutics have made in our time, are often at a loss for a proper remedy with which to combat the local lesion. Typhus is of this description, for we have no means of attacking the anatomical alteration which constitutes the disease, and is, as it were, its peculiar character. Suppose for a moment two practitioners treating the disease, the one of whom considers only the general symptoms, whilst the other occupies himself solely with the local phenomena; which of the two is most likely to succeed in curing his patient? In my opinion, the former. Do not conclude from these remarks that one of these methods of diagnosis ought to be preferred exclusively; on the contrary, you must appreciate both kinds of phenomena, not forgetting that very frequently the local lesions are not developed with such intensity as the other symptoms. There is a general cause in existence ; and the anatomical lesion observed in Peyer's follicles is but a secondary symptom, and is far from offering a constant affinity with the gravity of the disease. This is a sign by which typhus may be distinguished from several affections with which it has been compared, and to which it is supposed to be analogous. In variola the greater the number of pustules the more dangerous the disease; but this is not the case in typhus, for frequently the disorder is very serious, and even fatal, though *post-mortem* examinations have established beyond a doubt that, if in many cases numerous ulcerations exist, in others there are very few to be seen. It is, therefore, highly important that while we pay attention to the local symptoms, we do not neglect the general ones.

The form of the disease, in two of the cases now in my wards, differs; in one it is inflammatory; in the other, bilious. The patient at No. 9, *Salle St. Agnes*, is a young man, aged 21, employed in a manufactory of colours; he is of strong constitution; sanguineous temperament; residing in Paris for the last two years, during which time he enjoyed good health. The present disorder commenced fifteen days ago, by uneasiness, a sense of lassitude, and loss of appetite. Notwithstanding, he continued his work eight days longer, but at this period severe shivering fits, followed by heat of skin, copious perspirations, and intense cephalalgia, declared themselves; one liquid stool occurred; no vomiting nor epistaxis. On his entry: facies turgid, animated; slight coryza and cynanche; smarting in the eyes, but no dimness; no swimming in the head. He came with difficulty on foot to the hospital. On his arrival he shook like a leaf, and declared that all surrounding objects seemed to turn round; his condition was very similar to that presented by an individual when intoxicated. Pulse 100; skin hot; face red, injected; symptoms described as characteristic of synocha. Again, with these inflammatory symptoms, there existed smarting in the eyes, and redness of the skin, so much so that it might be supposed that an exanthema was about to declare itself. If in some cases eruptive fever commences with typhoid symptoms, in others the reverse takes place, and typhus developes itself in patients where the symptoms seemed to indicate the imminence of an exanthema. In the present instance, whilst the general phenomena seemed to indicate that this last was about to develope itself, those of typhus became more and more apparent, as the former disappeared. Thus the day after his entry, a slight *gargouillement* and pain declared themselves in the right fossa iliaca; tongue red, dry, not coated; slight meteorism; one liquid stool. These symptoms gradually increased in violence; the tongue and lips became more and more dry; the cephalalgia more and more intense; sleep disturbed; answers slow and abrupt; but no eruption of lenticular or roseate spots on the abdominal and thoracic parietes. This last symptom is very frequent in the affections classed, of late days, under the head of febris typhoides, and being to a certain degree characteristic of this disease, ought never to be overlooked when you wish to establish a correct diagnosis. Venesection having been performed, and an application of leeches to the mastoid process having been made, the cephalalgia decreased considerably, though it did not disappear entirely. When, in a chronic febrile disease, you discover that the mucous membranes of the lungs and digestive canal are affected, or if you suppose this to be the case, be on your guard, as in all probability a general cause exists producing the two disorders. It is almost always tubercles which give rise to the symptomatic bronchitis and diarrhœa, however independent these two may at first sight appear. Now what you observe in chronic, is to be met with in acute, diseases, and you will, therefore, not be astonished to hear me say that in this patient symptoms of inflammation of the lungs,—as sonorous and mucous *râle*, slight it is true, exist; and that, where affections of the thorax and abdomen appear simultaneously, they are owing to a common cause. The prognosis in this case is serious; in the first place, there existed at the entry of this patient, a sort of semi-comatose state, from which he could with difficulty be roused. But yesterday he asked the nurse where he was, and if his relatives would come to see him; and to-day he recollected the day on which he came to the hospital, mentioned the day of the week, and was aware that he was ill. There is consequently a decided amelioration in his position, but the symptoms are serious, and the result quite uncertain, though the slight amendment just mentioned permits our hoping that it will be favourable. The treatment employed was, at his entry, venesection; two local bleedings; mild diluent ptisannes in abundannce, gentle purgatives; emollient enemata, and cold applications to the forehead. I did not order a bath, because the skin was moist, and, therefore, it became unnecessary to weaken the patient by its administration. The hygienic condition of this young man is good, which is of the utmost importance; and on a future occasion I will prove the truth of this assertion, and shew how useful good hygienic rules are in the treatment of diseases. It may perhaps seem to you that my conduct in the present instance is over-cautious, but it is not without reason that I act thus, having often witnessed serious accidents supervene when least expected. It is not uncommon to observe on the second or third day of the disorder a complete remission, so that the patient is able to get up and ask for food. His amelioration is but temporary, for the accidents come on again with increased intensity, and assume a very dangerous character. I remember that while physician at the *Charité*, a patient in my wards was so much better that he began to eat, and even went into the garden. Twenty-four hours afterwards, he was seized with symptoms of the disease in a more aggravated form, and died. Since then I have had repeated opportunities of making a similar remark. Another accident still more dangerous may take place, I mean intestinal perforation. The symptoms to which it gives rise are so violent, that it is doubtful whether individuals, in whom it was supposed to exist, could recover, had the intestine really been perforated. Yet if the opening be very small, and the quantity of fœcal matter which flowed into the peritoneum minute, it may be admitted, (as an exception however), that peritonitis may be very limited, adherences take place, and the ulceration heal up. In conclusion, I may say, 1° : that though there exist in this patient no characteristic lenticular, roseate spots, no papulæ, no epistaxis, and (though some *râles* were heard in the lungs) no expectoration offering the viscosity generally observed in typhoid bronchitis, still I consider myself authorised to conclude that it is a case of typhus; 2°, that the result will be favourable, on account of the amelioration observed; and 3°, that the same treatment must be persisted in, adding perhaps a few tepid baths; as to purgatives they are not necessary, the bowels being sufficiently open.

In the same ward, No. 19, is another patient affected with typhoid fever ; but it here presents a bilious type, and is what was called formerly *bilious fever*. Although in certain respects there is considerable analogy between this case and the preceding one, still the peculiar symptoms are sufficiently marked in both to enable them to be distinguished. Those observed in the present case were a yellow tint, not only of the face but likewise of the whole body, as if the patient was about to be attacked with icterus; skin hot and dry. The heat, in such cases, presents a peculiarity of the highest importance in the diagnosis. On placing your hand on the surface of the body, the heat seems to accumulate beneath it, and the equilibrium between the two is never complete. Mouth dry and parched ; tongue dry, and covered with a whitish, and, in its centre, somewhat yellowish, fur. These symptoms indicated evidently a bilious fever, and though this form does not need any very notable change to be made in the treatment, still it must be modified to a certain degree. Thus when the face is not injected nor greatly animated, and the pulse not full nor developed, you must not bleed, for fear of so weakening the patient, as to render him unable to resist the inroad made on his constitution by the disease, which thus may become fatal. In the present case, the pulse was frequent, but little developed, 112; facies calm; thirst; abdomen tense and inflated; the slightest pressure produced considerable pain in the right fossa iliaca, and at the same time a

gargouillement was heard; no *gargouillement*, and only a slight pain on pressure in the left fossa iliaca. Asked whether he had experienced any epistaxis, he replied negatively; but on questioning him with more care, I learned that he had several times spit up small clots of blood, which he supposed to come from the fauces. Now, it often happens when the epistaxis is very slight, and occurs on the patient lying on his back, that the blood proceeding from the fossa nasalis flows into the fauces, and is either spit up, or escapes when the patient blows his nose, and without his being aware that epistaxis has taken place. If I have thus insisted on this symptom, it is in order to shew you that frequently an important phenomenon, which at first we supposed not to exist, is in reality not wanting, but comes on so insidiously, and lasts so short a time, that it passes unperceived. It was from this part that the blood contained in the sputa proceeded; the patient did not present the abundant and characteristic epistaxis; but, though very slight, still it existed. Hippocrates (and you perceive this observation was made when medicine had not reached the degree of certitude it has attained in our days)—signalized the importance of these hæmorrhages in determining the prognosis. When epistaxis is abundant, he says, in the beginning of an acute febrile disease, it announces that it will be serious. This prognosis, though it did not apply to typhoid disorders, he being unacquainted with their existence, still is not less exact and important. Another symptom is presented by this patient, viz.: the sibilous *râle* heard in all parts of the thorax; cough, accompanied by the expectoration of sputa, so viscous that they remain attached to the lips by one extremity, the other being already in the spitting pan. The dry and parched state of the lips facilitates their adherence, and increases the difficulty with which they are expelled. Thus, here are two important phenomena to be seen: general bronchitis, with sibilous *râle*, and viscous and sticky sputa, the which were absent in the preceding observation; also, lenticular roseate spots on the thorax and abdomen, offering in some places a diameter not less than a line, and consequently perfectly visible; disappearing under the pressure of the finger, and reappearing as soon as it is removed. These spots, formerly but little known, and not sufficiently attended to, are met with not only in febris typhoides, but likewise in the camp fever, &c. These are easily recognised by practitioners accustomed to examine patients; for they present peculiar characters, which prevent their being mistaken for any other cutaneous eruption. Some authors have asserted that they were produced by the poultices with which they covered the abdomen in this disorder, and after the abundant perspirations. This opinion is erroneous, for the eruption which is produced by the application of poultices and by perspiration does not present the slightest analogy with, and cannot be taken for, these roseate lenticular spots. Another symptom exists in this case, which may be attributed to two causes, essentially different the one from the other; I mean the embarrassed state of the speech, produced by the simultaneous action of a disturbance in the functions of the nervous system, and by the parched condition of the buccal mucous membrane. Before he fell ill, he spoke with ease and without stuttering; now he stutters and pronounces with difficulty the shortest phrase: the tongue is dry and fuliginous. We see in the class of diseases included under the head of typhoid affections, a modification in the functions of the muscular system, which is never met with in other acute inflammatory disorders. A man affected with intense pneumonia or pleuritis, is strong enough to raise himself up in his bed, so as to allow the physician to examine him. On the contrary, in typhus, he cannot do so without experiencing a tremor somewhat similar to that observed in a drunken man. He presents subsultus tendinum, which is, perhaps, merely the tremor, somewhat exaggerated, met with in this case. Thus it is certain that the muscular system offers a manifest perturbation, and this is sufficient in many cases to establish a positive diagnosis. Besides these symptoms, incontinence of urine, and of the fæces, existed; now the prognosis is, in my opinion, far more dangerous when the former, than when the latter, is observed. It is possible that in the efforts made to expel the gases generated in the rectum, fœcal matter will escape, especially if it be liquid; this is not the case with the urinary organs, the involuntary emission of that liquid being a positive symptom of a considerable disturbance in the functions of the nervous and muscular systems. You may have remarked that I examined with the most scrupulous attention the integuments covering the sacrum and coccyx, in order to ascertain if they did not offer the pimples or redness which announce the formation of a gangrenous eschar—an accident unfortunately, but too frequent, in febris typhoides. The disorder has already reached the fourteenth day, and is far from improving;—the patient grows daily worse and worse; he is constantly muttering—a symptom indicating great danger. His intellect, on his entry, was perfect, but loses ground every day: when asked if he knew where he was? he replied he did not; what day of the week it was? he replied Friday—it was Tuesday; finally he thinks fifteen, though only six, days have elapsed since his entry. From the preceding symptoms it is evident, that the position of the patient is one of extreme danger, and everything leads me to fear a fatal termination. In similar cases what treatment ought to be employed? What remedies are the most appropriate? The resources, which our art affords us, are little when compared to the gravity of the disorder. The state of the pulse, the length of time the disease has lasted, the weakness of the patient, the form presented by the affection, are all counter-indications to bleeding. On account of the acrid dry heat of the skin, we administered tepid baths, and internally acidulated drinks. The condition in which the patient is, does not indicate the utility of tonics; they ought to be employed only when the heat of the body becomes less, and here it is considerably increased; the accidents they are apt to produce, make me never administer them, except when I fear, from the weak state of the patient, that death may take place suddenly. To resume:—the treatment in this case consists in tepid baths; cooling applications—frequently renewed—to the head; mustard poultices to the lower extremities; emollient fomentations on the abdomen, and excessive cleanliness: as to purgatives, they are quite out of the question, the patient having eight or ten liquid stools daily.

Academy of Sciences. Sitting of the 18th March. Baron Ch. Dupin in the Chair. The Academy proceeded to elect two corresponding members. 1° In the section of medicine and surgery, vacant since the death of Sir A. Cooper. Candidates—Sir B. Brodie (London), MM. Valentine Mott (New York), Dieffenbach (Berlin), Chélius (Heidelberg), Stromeyer (Munich), and Riberi (Turin). On forty-three votes, Sir B. Brodie obtained thirty-nine, and was in consequence named corresponding member. 2° *In the Section of Anatomy and Zoology*, vacant since the death of Jacobson. Candidates—*Zoologists.* Ch. Bonaparte, Prince of Canino (Rome), MM. Nilsson (Lund), Kirby and M'Leay (London), E. Deslongschamps (Caën), Goldfuss (Bonn), Dujardin (Rennes), Macquart (Lille). *Anatomists*—MM. Müller (Berlin), Carus (Dresden), de Baër (St. Petersburgh), Rathke (Koningsberg), Dalle Chiaie (Naples), and Valentin (Berne). The Prince of Canino having obtained thirty votes, and M. Müller only twenty, the former was named corresponding member.

On the quantity of Carbonic Acid contained in the Atmosphere.—Observations performed by MM. Boussingault and Lewy at Andilly and in Paris. In order to ascertain as accurately as possible the different proportions of carbonic acid contained in the air of a large town, and in that of the country, an apparatus was established at Andilly, near Montmoreney, about ten miles from Paris, and another in one of the most populous quarters of the city. From the 29th September to 20th October, 1843, three series of experiments were performed, at the same time in both places, on about 119 gallons of atmospheric air, so as to obtain from each experiment about six grains of carbonic acid, and the following table is the result:—

	Volume of air, Litres.	Carbonic acid—In weight—grains.	Carbonic acid—In volume cubic cent.	In 10000 parts of air.	Average number.
Paris	1338·1216	0·862	435·3	3·253	100
Andilly	1346·7638	0·797	402·5	2·989	92

In order to ascertain whether this difference was owing to the apparatus, the experiments were performed on the same air, and the difference was only 1-100,000th of the volume; so that if we represent the carbonic acid obtained in apparatus No. 1 by 100, that of the apparatus No. 2 will be 99¼. Now, as by the experiments performed at Andilly and Paris, it is as 100:92, it may be concluded that atmospheric air in the country contains less carbonic acid than that of the city.

On the extirpation of the spleen and thyroid gland, by Dr. Bardeleben, of Berlin. Since the publication of my experiments on the effects produced by the extirpation of the spleen and thyroid gland, I have repeatedly performed the operation on dogs, cats, &c., and these experiments have led me to conclude—1° That the extirpation of the spleen in animals which survive, does not seem to affect their health. My experiments were performed on dogs, cats, rabbits, and guinea pigs. All the rabbits died of peritonitis, owing to the depth at which the spleen is situated. 2° That the animals are not more voracious than before the operation. 3° That the organ never grows again. 4° That dogs and rabbits, from which the thyroid gland had been removed, offered no difference, except in one case, in which it was performed on a rabbit, when venereal desire was increased; the which is deserving of notice, as the contrary was said to be the fact. 5° That animals deprived of both, offer no functional disturbance; but as both operations are very dangerous, we must not expect them to succeed often; and among the many cases in which I performed them, only one dog recovered—and it is sufficiently interesting to be quoted. The spleen was extirpated on the 10th July, 1841, and, a month after, the thyroid gland; no consecutive accident took place with the exception of a phlegmon on the neck; at the present moment it is perfectly well, and it is impossible to discover any difference between it and other dogs of the same species. 6° That contrary to the opinion of certain physiologists, the extirpation of the spleen does not decrease the desire for the union of the sexes; and as to its rendering the animal incapable of fecundating the bitch, I have a proof of the contrary, in an animal about to pup. 7° That the volume of the spleen is always greater where the organ is removed when the stomach is full, than when empty; owing to the quantity of blood contained in its tissue.

On cancerous diathesis.—Dr. Leroy d'Etiolles read a memoir on cancerous diathesis, and the utility of surgical operations in the treatment of this disease. Last year I had the honour of presenting to the Academy documents which had been furnished me by 174 practitioners. These documents show that the average duration of the disease in persons, in whom extirpation was performed, was five years and two months; those in whom it was not, six years: they prove likewise that the average time from the moment of the operation until that in which death takes place, is one year and five months. But a point far more important remains to be decided, viz.—whether in operating early, the tumour is prevented from degenerating; this does not appear to be the fact, were I to judge from the documents in my possession. Thus on 801 operations, 117 were performed a year after the apparition of the first symptoms; sixty-one had relapsed when I received the documents, and in all probability others actually may be added to the list. In this number I have not included those who died a short time after the operation. In my former memoir I mentioned that *cancrum oris* was more frequent in men than in women, on account of their smoking with pipes having very short stems, but I did not mention the result of the operations which are, nevertheless, curious, on account of the difference presented according to the sex. Thus on 633 men affected with cancer, 165 were seated on the lips; 114 were operated on with the knife, and twelve by caustics; only fifteen relapses took place, or about one-eighth. On 2148 women

affected with cancer, thirty-four only were seated on the lips ; to twenty-two operated on, seven relapses, or about one-third. This difference is owing to the causes; in men it is external; in women internal. Cancer of the tongue is as frequent in one as in the other sex ; of nine operations, three were performed in less than a year after the appearance of the disease ; and of the nine, in six the disease relapsed, and caused death. Of 277 operations on tumours of the breast, seventy-three performed only two years ago, the result is still unknown ; as to the remaining 204, twenty-two died the year in which they were operated on; eighty-seven have relapsed. From these facts it may be concluded—1° That extirpation does not prevent the development of cancer a second time, if performed at an early stage. 2° That it ought not to be adopted as a rule, except in cases of cancer of the skin and lips. 3° That in other organs, it is absolutely necessary only in cases in which the life of the patient is in danger from hæmorrhage, produced by ulceration. —The same practitioner read a memoir containing the description of an instrument for removing the detritus of calculi, after pulverising them, in cases of paralysis of the bladder.

Academy of Medicine.—Sitting of the 19th March. M. Caventou, V. P., in the Chair.—MM. Chassaignac, Vidal (de Cassis), Malgaigne, Michon, and Huguier, write expressing their desire to be placed on the list for the vacant seat in the Academy.

On Quarantine and the Plague.—Dr. Aubert Roche addressed the *procés-verbal* and documents relative to an inquiry made by the *Societé Orientale*, which prove that the facts announced by him are exact. Among the documents is the following curious one :—Three ships left Alexandria the same day (1st June, 1843), 1°, the English packet; 2°, the French packet; 3°, a sailing vessel. The passengers of the first arrived in England on the 13th June, and were in Paris on the 16th, having performed no quarantine ; those of the second reached Marseilles on the 12th, performed a quarantine of 20 days, and arrived in Paris the 5th August, 20 days later than the preceding; those of the third were at Marseilles on the 30th June, so that after undergoing a quarantine of 20 days, they were not in Paris before the 25th Aug., 20 days later than the second vessel, and 40 than the first.

Discussion on fibrous tumours of the mammæ resumed—Professor Gerdy. The different orators who have successively been heard in the course of this debate, seem to be far more positive in their opinions than they are, in reality, when at the bedside of their patients. In the first place, they refuse to admit the possibility of the existence of fibrous tumours of the mammæ, and yet they say there are benign tumours of these organs ; and in the next, they assert, that an operation is indispensable, which would lead us to conclude that they operate always ; such, however, is far from being the case. The opponents of the opinions emitted by Professor Cruveilhier, take one by one the different symptoms indicated by our colleague, and prove that they are not exclusive to these tumours ; as they exist, some in such a tumour, and others in another. In this way it will be impossible to establish the signs of any disorder, for it seldom happens that some of its symptoms are not to be met with in other affections; in order to form a correct judgment, we must consider the whole group of symptoms. In my opinion, the diagnosis is not so difficult as is asserted ; for instance, if a surgeon is consulted by a patient affected with a tumour presenting an irregular, uneven surface, he may diagnosticate cancer ; if, on the contrary, the tumour is mobile, smooth, not adherent, nor painful, and *elastic*, he may conclude that it is a fibrous tumour. It is easy to prove from the words of the different orators themselves, that they admit the presence of fibrous tumours. Professor Roux divides the tumours of the breast into benign and malignant; the former not cancerous, and never relapsing after the operation. Professor Bérard said: " Though I think it prudent to operate in certain doubtful cases, still there are some in which I perform the operation only if the patient wishes it." M. Lisfranc said, that he employed compression in one half of the cases of tumours of the breast, and that he succeeded in curing one quarter, which proves at least, that the last are not cancerous, and need not be extirpated. In my opinion, the operation ought never to be performed before the disease has reached the second, or cancerous, stage, characterized by lancinating pains, and a tendency to *ramollissement*, or to becoming ulcerated, with development of the cancerous diathesis. It is then a true cancer, and not before; for an encephaloides, a melanosis, &c., in the first stage, are not cancers, but diseases *suigeneris*. It may be concluded, 1°, that the operation is not always necessary ; 2°, that when there is the least doubt, it ought to be performed ; 3°, that the diagnosis is possible, though sometimes difficult. M. Dupuis considers, that Professor Cruveilhier has been really a benefactor to mankind, in asserting that there are tumours which never degenerate;—that the diathesis is produced as much by the absorption of pus as by the cancerous liquid; and it is by preventing the tumour becoming general that compression is useful; —that as yet no one has mentioned their mode of development *ab ovo ;* in my opinion they are formed in a way somewhat similar to calculus in the bladder. They are often produced by an hereditary cause. Among the numerous episodes with which the learned Academician enlivened his discourse, the following may be remarked : " In 1806, with Dupuytren, we fed a dog on cancerous matter 30 days ; when killed, three tumours were found in the stomach, at first supposed to be cancerous ; they were opened and contained entozooaria."—M. Lisfranc. From Professor Cruveilhier's memoir, it would appear, that the diagnosis of these tumours is very easy ; it is against this opinion that I, and several of my colleagues, have raised objections. In order to prove the truth of this assertion, permit me to relate some cases;—the first, that of a young woman affected with a tumour in the groin, subsequent to a pain in the vertebral column; a trocar plunged into it, allowed a limpid serum to escape—it was a cyst, and was cured by a large incision. A lady had suffered during 12 or 14 years, from a non-pulsatile tumour, situated in the lumbar region, beside the vertebral column, and for which all kinds of remedies were employed without avail ; the trocar allowed blood to escape ; it was an aneurism, and took its origin from an opening in the iliac artery. A case which occurred at *La Pitie* (vide *Medical Times*, vol. IX, No. 220, p. 229.) From these facts, to which I could add numerous others, it may be concluded that the diagnosis is not easy. As to their degenerating: having had repeated opportunities of seeing fibrous tumours converted into carcinoma, I consider myself authorized to conclude that they do degenerate. I said in my preceding speech, that hypertrophied glands might be taken for fibrous tumours; but Professor Cruveilhier thinks this cannot be, as they are not in sufficient quantity in the neighbourhood of the mammæ. Notwithstanding, I maintain my opinion, having repeatedly observed similar cases, that one half of the tumours of the breast might be cured. I did not mean old inveterate tumours, but recent ones; and as to the method employed, it is no secret, being known to all those who follow my clinical lectures at *La Pitié*, and is to be found in my *Clinique Chirurgicale*. Some persons seem to doubt that cancer may be local, but if tubercles are to be met with in the lungs, testes, &c. alone, why may not the same exist in cancer. Others say that cancer is never consecutive to a disorder of a different nature. I am not of this opinion. Formerly there were numerous cases of cancer in my wards, and now in comparison very few; to what is this change to be attributed ? Evidently to the mode of treatment employed for the cure of *engorgements* and ulcerations of the uterus. Finally, as to the influence of an hereditary disposition, I think it may be combated with success. Often have I been called in to see a patient affected with slight pains in the uterus, loins, &c. and been told by her relatives, that it was merely to console her, the disease being hereditary, and consequently incurable ; but by an appropriate treatment, directed so as to prevent congestion of the uterus taking place, I obtained a cure.

M. Amussat presented an observation of cancer of the breast. (This observation will be published in the *Medical Times* with that presented in the preceding sitting.)

GARLAND DE BEAUMONT, D.M.P., B.L., & S. &c.
Honorary Physician to the Spanish Embassy.

ERRATA.—Page 430, col. 2, lines 60, 78, 82, 84, and 87, instead of *molasses* read *mogaus ;* this word being the term, I believe, used in the West India Islands, to designate the residue of the sugar canes after the juice has been expressed from their interior by the action of the cylinders, between which they are placed. It is, when dried, used as fuel.

TRANSACTIONS OF LEARNED SOCIETIES.

WESTMINSTER MEDICAL SOCIETY, March 16.—Mr. Fisher in the chair.—*Rupture of the Aorta, —Duality of the Mind.*

Mr. Snow exhibited a morbid specimen, which he had taken from the body of a man, who died suddenly on the previous Wednesday. On opening the chest, the pericardium was found to be much distended with blood, of which it contained a pint; and, on further examination, there was discovered a rupture, large enough for a quill to pass through, at the root of the aorta, just above the sigmoid valves, where there was a dilatation as big as a nut. Around the rupture there was a blush of inflammation externally, and a diffused redness of the neighbouring parts, but there was not any lymph through out, nor any attempts at adhesion. The lining membrane of the aorta was studded with small patches of deposit, and Mr. Snow conjectured that the rupture had commenced in one of these. The right ventricle of the heart was somewhat dilated, and its parietes softened. The valves were sound, as were also the other parts of the heart. The man was about thirty-five years of age, short and muscular, and up to the moment of his death, was apparently in the enjoyment of good health. Previously to his marriage he had been intemperate, and also subject to acute rheumatism, but not since. He complained occasionally, however, of an acute pain in the region of the heart.

Mr. Marshall, who was called in to see the man, confirmed Mr. Snow's statement, respecting the appearance presented by the heart and aorta, when the body was examined.

No further remarks on this case being made by any of the members, Dr. Wigan was called upon to resume the debate upon the paper which he had read at a previous meeting of the Society, upon the " *duality of the mind, and of its organs*," which he did, by recapitulating the principal features of his communication. He believes that each hemisphere of the brain, or as he calls them, each brain, is a perfect organ of thought, capable of carrying on all the functions of the mind, even when the other is entirely destroyed. If the brain be perfectly healthy, only one train of thought occupies the two brains at once, in the same way that one object is seen by both eyes, &c., but when disease is set up in one of the brains, as one of these is generally more powerful than the other, and capable of controlling its manifestations, there are carried on two opposing volitions in the mind. Upon these points Dr. Wigan quoted several writers on insanity, and on diseased conditions of the brain, and also mentioned several examples, to shew that when one brain is destroyed, the other is capable of carrying on the mental processes, and also the power of controlling the manifestations of insanity evinced by the healthy brain over that which is diseased. He remarked that several writers had propounded similar views, but had stopped short of what he considered to be the legal conclusions. Georget had demonstrated that the two halves of the skull are not alike in the insane or in idiots; one side, more frequently the right, is generally larger, and more arched; and he adds that the right brain is more frequently diseased. Dr. Wigan believes the left brain to be a more perfect organ of thought than the right, and thence explains the superiority generally evinced of the right side of the body over the left. He further

considered that in cases of conscious delusion, one brain only is affected; when the disease has proceeded further, then both are involved.

Mr. Snow opposed Dr. Wigan's opinions in a speech of some length, his principal objections being to the double action of the cerebrum, he not appearing to understand that their action is consentaneous during health, and only different in disease.

Mr. Streeter claimed for Gall and Spurzheim the honour of having designated each hemisphere of the brain as separate brains, and read extracts from their works to prove it. Dr. Wigan had evidently not read their works, and he shewed his ignorance on that point in very good company. Professor Owen, of the College of Surgeons, was equally unacquainted with their writings. A mute silence seems to be always maintained with respect to the labours of those minute anatomists of the brain, who, as early as in 1808, laid down the principle of the doubleness of all the organs of the nervous system of animal life. Mr. Streeter did not consider the cases alluded to by Dr. Wigan of destruction of one brain, the mental faculties remaining perfect, as clear as under such circumstances they should be shewn to be, and he referred more especially to the case of a child, four years old, mentioned by Dr. Wigan, from whose brain several ounces had been lost, but not sufficient to warrant the opinion that the entire brain was destroyed. The same observation applied to other cases, but still Mr. Streeter allowed that there were cases on record which supported Dr. Wigan's views, more particularly one from Cruveilhier, in which the cerebral atrophy was so complete, that it resembled the brain of an idiot. It was taken from a boy thirteen years of age, and he was inclined to regard it as a case, not of atrophy, but of malformation. He seemed rather inclined to doubt that each brain possessed a separate volition, capable of controlling the manifestations of the mind, and referred to the fact that one hemisphere or brain had not the power of separate control, over the motions of the body even, as shewn in cases of hemiplegia. The unequal development of the brain in the insane and in idiots had long been well-known; in fact, perfect symmetry of the two hemispheres is as rare as perfect symmetry of any other double organs. He thought that Dr. Wigan had pointed out a fact of importance, that when both the brains are affected, there did not exist any means of detecting the chain of morbid delusion, but if only one side were diseased, then it would be recognised by the other hemisphere. He could not state this, however, so strongly as Dr. Wigan had done, as he thought that when one hemisphere was partially diseased, the remaining healthy portion might be used in the moral treatment.

Some further discussion ensued between Dr. Wigan, Dr. Chowne, Mr. Streeter, Mr. Hird, and Mr. Snow, after which the meeting adjourned.

March 23rd. Dr. Reid in the Chair.—*Lobar pneumonia in a child; venesection in young children; croup; the character of disease in London of the intermittent, rather than of the inflammatory type.*

Mr. Hird narrated the case of a child, fourteen months old, which had recently died under his care, from pneumonia, the complaint presenting some features, which by French pathologists are said to be of rare occurrence. The child was taken ill on the Friday, and died on the following Tuesday. On examination of the body, the inferior lobe of the right lung was found to be in the second stage of pneumonia, the inflammation being of the lobar form, and not the lobular or vesicular, which is the more common form, according to the French pathologists. The upper lobe of the lung was in Laënnec's first, or Stokes' second stage; but there were not any appearances of the third stage, except, perhaps, a narrow line round the margin of the lower lobe. The lower lobe of the left lung was hepatized, the upper healthy. There were adhesions between the two pleuræ on the right side, and on the left there was effusion of lymph on the pleura, corresponding to the seat of the hepatization. The complication of pneumonia with pleuritis, Mr. Hird regarded as one of the peculiar features of the complaint, as pleurisy under two years of age, according to Evanson and Maunsell, is of very rare occurrence. The physical characters, as elicited by auscultation, presented by the child, were similar to those exhibited by the disease in adults. Percussion was unsatisfactory. The disease was not preceded by catarrhal symptoms. The treatment consisted in the application of leeches between the scapulæ, and the administration of calomel, combined with tartarized antimony.

Dr. Hunt was desirous of learning the opinion of the society as to the propriety of venesection in such cases, in preference to the application of leeches. In the part of the country where he had practised for twenty years, he was certain he would have lost many cases, if he had not had recourse to venesection, continuing the loss of blood until faintness followed, not until a certain quantity of blood had been taken. He bound up the arm, then placed it in hot water, and afterwards opened the vein, the blood flowing easily. He followed up this treatment by the exhibition of tartar emetic, and he had also found much benefit from the use of colchicum, when the patients were a little older. He gave from one to two grains of the powder, or from one to six minims of the wine every three or four hours. He had not applied leeches for the treatment of this disease for the last fifteen years. The earliest age at which he had performed venesection was twelvemonths; it was an operation he always practised in cases of true croup, in which he never relied on the effect produced by leeches. He could not tell what quantity of blood he abstracted, as it flowed into, and mingled with the hot water in which the limb was placed. He was content with finding that it flowed in a stream, and with watching its effect on the system. There was not any difficulty in obtaining blood when the precautions he had enumerated were adopted, nor had he noticed any dangerous consequences.

Dr. Reid alluded to two cases in which death occurred suddenly, while a late professor of eminence was opening the jugular vein.

Mr. Hird was of opinion that, notwithstanding the utility of bleeding, it should not be had recourse to prior to the second year. He should prefer using leeches previously. He had given his patient tartarized antimony, combined with calomel, but had relied more on the latter remedy. In vesicular pneumonia, where the disease is preceded by catarrhal symptoms, he thought that tartar-emetic would prove the more beneficial, but if it occurred without previous indications of catarrh, he would rely more upon the exhibition of calomel. The danger of sloughing, &c., from the action of the mercury, he thought might be easily avoided. He wished to have the opinion of the society, as to the pathological appearances, more especially with respect to the frequency of the occurrence of the lobar form of pneumonia, and of its complication with pleuritis.

Dr. Chowne expressed his fear of bleeding from the arm in children of such tender age, and enquired of Dr. Hunt if the convalescence was rapid afterwards, or if the patient remained in a weak and debilitated state for some time?

Dr. Hunt observed that as far as he recollected, they speedily recovered, but the patients he thus treated were very different from those he had seen at the infirmary for children in town, for whom he did not dare do more than apply leeches. His patients in the country were the children of farmers, or of persons in the middle or higher ranks of society. He had not seen occasion to regret the loss of blood, which he generally arrested when he found the child becoming very pale and faint. If it recovered soon from that state, he allowed a little more blood to flow. He seldom found it necessary to repeat the bleeding.

Dr. Copland remarked that during the sixteen or seventeen years that he had been physician to the infirmary for children, he had never had occasion to order bleeding from the arm for pneumonia in patients under ten years of age, and his success in treating such cases had been tolerably great. He should not think of ordering venesection for the poorer classes in London, if he could get sufficient blood by cupping or leeching; nay more, he had treated many such cases successfully without any abstraction of blood, and he believed that the heroic mode of treatment by bleeding would prove very destructive, especially when the pneumonia was a complication of measles, among the badly-fed and clothed poor, residents in alleys, &c. He had employed rubefacients externally, with the internal use of tartar-emetic and camphor in cases of pneumonia complicating measles, but he had seen much mischief caused in young children by the use of tartarized antimony, as much as from the incautious use of blood-letting. It very often depresses the powers of life too much. Bleeding should be practised with great caution, and with due reference to the previous history of the complaint, and the complications of the disease. It will seldom be borne by the poor and ill-fed. In the congestive form of pneumonia, bleeding alone will not remove the complaint, and will very often exhaust the powers of life. Only three days ago, he had seen a child, two years old, apparently a robust healthy child previously, to whom two leeches had been applied to the sternum for pneumonia; the loss of blood reduced the powers of life so low, that he was obliged to give ammonia, and use rubefacients, to bring about re-action. The child is now convalescent, but he believed it would have died, if the depressing action had been continued, or the ammonia had not been given. He (Dr. Copland) seldom had recourse to bleeding when cupping could be practised.

Dr. Chowne corroborated the opinions of Dr. Copland to a great extent, and remarked that in diseases of children, the period soon arrived when depressing medicines ceased to be useful, and became injurious. As a rubefacient he preferred turpentine to ammonia, as the latter, when inhaled, affected the air-passages, and the inhalation of the turpentine would prove rather beneficial than injurious.

Dr. Copland agreed in opinion with Dr. Chowne respecting the use of turpentine as a rubefacient, an opinion which he has published twenty-two years ago, in a long communication in the "Medical and Physical Journal," and he thought that one of its uses in inflammation of the lungs resulted from its action when inhaled. Turpentine constituted the principal basis of St. John Long's embrocation. He (Dr. Copland) generally employed it combined with the compound camphor liniment, cajeput, or olive oil, the strength of the embrocation being modified according to circumstances.

Mr. Hird enquired of Dr. Copland his opinion respecting the pathology of the case he had narrated, with reference to the frequency of lobar pneumonia, and its complication with pleuritis.

Mr. C. Chowne remarked there was one point with respect to inflammation of the lungs in children, which he thought was not sufficiently attended to, in applying the treatment. He alluded to the seat of the inflammation, which was generally in the lower part of the lung, the usual practice being to apply leeches to the upper part; or, as their application was left to the nurse, it was effected indiscriminately. When cupping was ordered, it was generally performed over the seat of the disease.

Dr. Copland remarked that leeches were applied over the sternum in young children, on account of the facility in arresting the bleeding, and in most cases, he thought it was equally beneficial there as elsewhere. With regard to Mr. Hird's case, pleurisy was not a frequent complication, but it required very little variation in the treatment.

Mr. Hird made some observations on the complication of pneumonia with emphysema, and on the occurrence of carnification, not hepatization, of the lungs. Of this latter condition he had seen about half a dozen cases.

Dr. Copland remarked that the complication with emphysema was not an unfrequent occurrence in cases of pneumonia supervening during the existence of pertussis. When associated with carnification, or hepatization, which is not very unusual, the carnified portion will present a great depression, the emphysematous part having a corresponding elevation. It constitutes a pathological accident occurring in the course of the disease, and probably in its last stage. Dr. Copland

afterwards adverted to the treatment of croup, being induced to do so by some observations that fell from Dr. Chowne. He (Dr. Copland) remarked that it was a disease that did not require active blood-letting, nor was it curable by bleeding only; and he mentioned the case of the child of a physician, who had already lost four children by this disease, in which over-depletion produced a fatal termination; the little patient dying almost immediately after the leeches came off. The continued depletion was had recourse to, contrary to Dr. Copland's advice. More benefit will be derived in such cases, from emetics, than from bleeding. The inflammatory action is very frequently not confined to the larynx and trachea, but is continued throughout the entire length of the bronchi.

Dr. Copland then observed, that within his recollection, the character of disease in London had changed very much. In 1820, and for several years afterwards, as far as 1826 or 1827, disease presented more of the inflammatory character; at least, patients bore depletion better. It had since then gradually changed, and had assumed the intermittent or remittent type, especially in the outskirts. There is consequently less toleration of depletion, even in cases of diseases of the chest. He thought it difficult to account for this; but he had been informed by a gentleman, who practised in the midland counties, that a similar change had occurred there since 1827; periodic diseases had taken the place of those of an inflammatory character. He (the practitioner mentioned by Dr. Copland) assumed that the reason of this was the great quantity of rain that had fallen, as compared with former years, but Dr. Copland doubted very much whether such was the case in London. Since the period he had mentioned (1827), there had been a great exposure of new ground, from the operations of builders, the London clay being broken into and turned up, and that principally in the outskirts. The streets were also in a more continual muddy state, and, partly in consequence of the wooden pavement, evaporation went on more rapidly, the result being that diseases of a low or asthenic character, such as scrofula, periodic diseases, &c., were much more prevalent. The rapid exhalation which took place from the surface of the wood pavement perpetuated, if it did increase, the change in the type of disease.

Dr. Chowne remarked, that he had been accustomed to regard every additional house built, every additional flag-stone laid down, as a new safeguard against intermittent diseases, and he mentioned the fact that the old Westminster Hospital used to be crowded one hundred and fifty years ago, with cases of intermittents, while now that the marshy districts had been built over, the cases of that character are only about 2 per cent.

Dr. Copland explained, that the danger did not occur when the houses were built, but while the soil was being broken into. While the operations of the builder were proceeding, periodic maladies became endemic, and not afterwards.

MORBUS MESMERICUS.

To the Editor of the "Medical Times."

Sir,—Some recent writers on Mesmerism have affected to believe that the medical profession is jealous of the new lights of this *fœtus* of the sciences, and would sacrifice truth to bolster up the ascendency of lotions and professional rations.

As I do not belong to any department of the medical profession, I plead exemption from that jealousy; and at the staid age of sixty-four am not much given to jokes, nor very liable to a hoax.

During a recent tour through Shropshire, I found the medical professors there essentially unconverted to any faith in the curative powers of the imponderables, after being visited by a succession of mesmero-lecturers. I arrived in the borough of Stafford too late to attend the lectures of Mr. Brookes (an unmedical gent.), who appears to be a full-length man, as to the efficacy of phreno-mesmerism in superseding medicines, &c.; but a respectable surgeon in the town, who seems to have a leaning to his doctrines, named to me what is here called "a fact," in the cure of a child, a girl twelve years of age, who had for eight years been subject to epileptic fits, and a general want of sleep at nights.

I called with my friend the surgeon on the young mesmerizee, and her mother detailed what is called the cure, viz., that her daughter's fits had discontinued, and her general health had improved. I will briefly give to you a few particulars of the case, that I gleaned while my friend called on a neighbouring patient, and my opinion thereon, and if the facts do not concur with my reasoning, then *tant pis pour les faits*, as the Frenchman said.

The girl at four years of age had been threatened by a foolish nurse to be thrown out of the window for crying, and was in reality held up to be so disposed of, when the screams of the child became frightful, and were with difficulty appeased. From that time her fits commenced, and have continued. When in bed, and at the moment she was sinking into sleep, as it were, she had fits, which continued every night; and receiving but little disturbed sleep, her health so suffered that she could scarcely walk or feed herself.

There was no art in the girl, but rather a *naïve* dulness about her, and she might be said to be on the shady side of common sense for her age. It is supposed by some people that children have no imagination, which is a great mistake; the imagination is more lively with them than in maturer age, and is further uncontrolled and unchastened by the lights afforded by experience.

The girl was mesmerised, and was of course told that she would be cured. Hitherto, in passing from a state of wakefulness into the dreamy region of sleep, in the empire of fancy, it was always under the fear and anxiety of awaking in a fit; and the first incipient visitation of the "balmy power" presented to her at the same time the lingering terror and consciousness of her nightly malady, the fear of which of course increased as she approached the boundary of forgetfulness, and produced the very susceptibility which caused the fit, when she started out of ominous repose into convulsions.

How many thousands of nervous subjects, old and young, will not here recognise an affection which they have experienced, but whose riper judgments have corrected, or whose growing years have overcome the imaginative horrors.

The poor girl, after the imposing process of mesmerization, went to bed, of course divested in a great degree of that foreboding fear of the nightly attack, which produced the evil it anticipated. Each succeeding sleep and comfortable night gave confidence to the patient, and vigour to her frame; and it were a folly to throw a cure of this description, if cure it be, into the eclipse of mystery, when natural causes will so easily and simply account for it.

But we live in an age when there is a constant striving after something which is new, that we don't understand, in preference to working out the old and the useful which we do understand. Electricity, in all its various forms and modifications, is very obscurely understood, and is now surrounded with a nebulosity of charlatanism that tends to prejudice rather than promote scientific inquiry therein. We are told by philosophers who are fond of marvellous imaginings, that in eating an egg with a silver spoon we pass as much electricity over the tongue as would create a thunder-storm, or produce a tornado. Let the mesmerisers beware how a suspicion follows them of "having a hand in earthquakes!"

Even the organs in phrenology, under the *discoveries* of a new sect, are multiplying after the ratio in the generation of herrings: the brain has been newly mapped, and a sort of north-west passage has been discovered,

> "——————— that leads
> Unto the golden India of the soul."

Organs have been found, *lying* in congeries, as thick as blackberries, till the head of a man has become an empire, and is in danger of being designated a planet.

The *training* up of mesmerizees in servant girls, and other *susceptible* young persons, will endanger the craft. The rule is now to mesmerise and mystify them in ante-rooms, and then bring them in chairs to save time, as old maids order their cats into the back kitchen to cough, and sacrifice to the graces. Though, strictly speaking, knowing nothing of the impounderable elements, this gifted body of *savans* can make more of them than they can of matter visible, tangible, and subject to the laws of gravitation. Correctly speaking, we cannot be said even to *see* light; we only know it by its effects on myriads of reflectors, embodying their forms and their various appearances, according to the surface qualities of the material. In a ray of sunlight passing through a dark room, we only see the dancing atoms which scintillate in it. We see nothing of the immense body of light traversing space from the sun to the moon, and identify it only in the form of that luminary. Were Madame Cynthia enrobed in a pelise of black velvet, and veiled, she would be another "invisible girl."

There is a periodical called "The Phreno-Magnet," which has out-Heroded Herod. We have there recorded an instance of life endangered by a man being mesmerised at a distance of five miles, the parties *advising* the discontinuance of mesmeric experiments by the *conductors* of railways from station to station. "The infallibility of truth," says *Phreno-Maga* ("very wisely," as Jacques says), "is superior to the fallibility of theory." If truth, in figure of speech, is to be the reasoner, instead of the thing reasoned on, we shall have the "fallibility of falsehood" next naturalised in our praxis on logic, and our mesmeric disputants will be in danger of losing their understandings with their speech, as Southey says, in another Babel of languages.

As we have some mesmero-surgeons, we would advise them to follow up the observations on rigidity of muscle by their passes and manipulations on a case of tetanus, and if they don't succeed, to put the lock-jaw on the babblement of their efficacy in this department.

To continue the plurality of our address, we are friends to an inquiry into the "facts" of mesmerism, "as far as our conscience will permit," as Pericles says, but we must be allowed to reason, *pari passu*, with them.

In the case of the girl previously mentioned, my surgical friend operated on her before we left on Saturday night. By withdrawing her attention from all other objects, requiring her to look at him, and keeping his eye fixed on her, after some passes near her eyes, she went into a short sleep, as a child might have done from the motion in the rocking of a cradle. In lifting the left eye-lid, the pupil appeared somewhat dilated, but she soon awoke of her own accord. Any *renewed motion*, particularly affecting us, whether felt only, or seen by abstracting the mind from all other objects, naturally induces sleep, and I saw nothing of this to distinguish it from natural sleep. I find she slept better on Saturday night, but on Sunday had much rambling unrest. Her mother now says she has had fits since she was first mesmerised; they were less frequent, and come on at the full and change of the moon; but admitting deviations of several days, sufficient to take the case out of the influence of Madame Luna.

I see nothing in this case to aid the cause of mesmerism *per se* in any curative process.

Amphidokeos.

The Connection between the Respiratory and Genital Organs.—In the article from which the preceding abstract is taken, Dr. Barlow observes, that the connection between the respiratory and genital organs, is more close than is generally supposed, and bears especial reference to the class of diseases connected with the defective expansion of the lungs in early youth; for it has been ascertained by Andral, that the daily quantity of carbonic acid exhaled from the lungs, increases, in both sexes, pretty steadily from infancy to puberty; but that then we observe a remarkable difference; in the male it begins to increase more rapidly, but in the female its increase is entirely arrested, and it remains stationary as long as menstruation continues. When this function is suspended, or when it ceases permanently, the amount of carbonic acid undergoes a considerable increase. If these observations are correct, it follows that the menstrual function acts as a relief to that of respiration, and that, consequently, when

it is suspended, the lungs must be called into increased activity, so that in the diseases connected with defective pulmonary expansion, the suppression or non-appearance of menstruation must tend materially to aggravate the symptoms, and hasten the fatal termination. This has been shewn to be the case in patients treated by Dr. Barlow, for the maladies to which he alludes. In the males again, with one exception, the defective development of the lungs seems to have checked altogether that of the generative organs.

TO OUR READERS.

The new volume of the MEDICAL TIMES *will commence April 7, when the first of a valuable Course of Lectures on Clinical Surgery, by Sir Benjamin Brodie, will be published. Contributions have also been promised by the celebrated MM. Dumas, Cruveilhier, Amussat, Flandin, Danger, G. J. Guthrie, F.R.S., Robert Fergusson, F.R.S., Benjamin Phillips, F.R.S., Wharton Jones, F.R.S., Charles Clay, M.D., George Pilcher, Esq., Samuel Lane, Esq., Rutherford Alcock, Esq., Henry Hancock, Esq., and by several other eminent British and Continental Savans.*

The peculiar and distinguishing feature of the MEDICAL TIMES *is its* complete Abstract of everything worth mention in the Foreign and British Journals. *This will be preserved in all its fulness and integrity, by the occasional addition of* 24 *closely-printed Quarto Columns to the* 72 *Quarto Columns usually published,* and this without additional expense; *and as each number of the new volume will come out in a handsome separable cover, enabling the Journal to be bound free of advertisements, the Profession will thus have, for about a Guinea annually, a handsome work of Two Volumes, containing the newest and most valuable scientific information, and extending to* 4000 *closely-printed Columns,* or about 40 ordinary Octavo Volumes.

The Editor respectfully pledges himself to his professional brethren, that no efforts will be spared by him to consolidate and make permanent, for Medical Men, the new era in journalism created by the MEDICAL TIMES. *As* his *augmenting services in the past have always been a labour of love, rather than a yielding to a deplored necessity, so he can promise that* his *exertions for the future will never decrease with the increase of appeals to his gratitude.*

The other matters published in the MEDICAL TIMES *consist of Clinical Lectures by Schönlein, of Berlin, the first of which Course appeared March* 2; *Lectures in Medicine by Dr. C. J. B. Williams, F.R.S.; Lectures on the Eye, by T. Wharton Jones, F.R.S.; Papers by Raspail; Ophthalmic Lectures by Mr. Guthrie; Hospital Reports (Weekly); Reviews of all New Books; Pencillings of Eminent Medical Men; Weekly Correspondence from Paris; Weekly Gossip; Editorial Comments; Original Communications; Wholesale Drug List (once a Month); News, &c. &c. &c.*

Price for Single Number, 5*d.; Stamped,* 6*d.; Half Year, Unstamped,* 10*s.* 6*d.; Stamped,* 13*s. The Stamped Edition (per Quarter,* 6*s.* 6*d.) is sent free by Post to all parts of Great Britain and the Colonies. Orders are received by all Newsmen and Booksellers.*

The Size, Price, and Management of the MEDICAL TIMES *have given it a Circulation unprecedented in the Annals of Medical Literature. It is now, as the following declined invitation will show, the* leading Medical Journal of Europe:—

Note from the Publisher of the MEDICAL TIMES *to the Publisher of the* LANCET.

"*Mr, Carfrae, perceiving that Mr. Churchill persists in affirming, and most erroneously, that the* LANCET *has as large a circulation as any other medical journal, respectfully challenges him to an examination (before two respectable medical publishers, as umpires) of the number respectively published by the* MEDICAL TIMES *and the* LANCET *during the present year, and guarantees to prove that the* MEDICAL TIMES *enjoys double the circulation of the* LANCET.

"Medical Times Office, March 6, 1841."

Mr. Carfrae delivered this note personally to Mr. Churchill, who declined the examination thus invited.

TO CORRESPONDENTS.

Dr. Cronin, Craven-street, Strand, *writes to us quite chucklingly at the crest-fallen condition of Mr. Wakley. Dr. Cronin either forgets that Mr. Wakley, by his use of unprofessional formulæ, &c., and general course of policy, has done a great deal to encourage irregular professors of medicine, or loses sight of his gratitude from jealousy at the manner in which Mr. Wakley puffs his two rival professors, the one, Mr. Liston, as the first surgeon of Europe, the other, Dr. O'Toole, as the "extraordinarily successful" curer of typhus fever!*

Mr. Black's *favour on "Quackery" has been received. If all with our correspondent's talents would imitate him in making the public journals mediums of teaching the people the absurdity, as well as mischief of quackery, the profession would be much benefited, and the value of human life increased.*

M. R. C. S.—*The following are the equivalents of the present French medical weights:—*

5 Centigrammes .	1 gr.	1 Gramme, 30 Cent.	1 scr.
50 Do. .	10 —	4 Grammes . . .	1 dr.
1 Gramme . . .	20 —	15 Grammes . . .	½ oz.

A Chemist.—*Matteucci was, we believe, the first savant who applied electricity with success for the* alleviation *of tetanus.*

If Mr. Sproule *has not received the missing number, we shall be very happy to send it to him.*

Zeta.—*If the Parliamentary Report did not, as we charitably suppose, misrepresent Sir James Graham, he clearly did not know the legislation of his own charter in reference to accoucheurs and practitioners in midwifery. The charter excludes these from the council, not the fellowship. The* actual *appointment to fellowships of Messrs. Stone and Blagden, with a* few *general practitioners, is a proof of this.*

An "Old Medical Reformer" *writes to us in great disgust at Mr. Wakley's announcement at the Crown and Anchor, that he had* always *denounced the "one Faculty Scheme" as an act of treachery to the cause. Our correspondent was an old member of the British Medical Association, and is not a little angry at the ease with which the consistent medical reformer now flings it and its pet principles overboard.*

An Admirer and Subscriber.—*The offices of Registrars of Births and Deaths are not by statute restricted to any class, and are in the gift of Government. There can be no doubt that none but medical men should fill them. Many Government offices go, as a matter of course, to barristers; and in reference to such appointments as we are now noticing, they should go in the same way to medical men. But through some inexplicable mismanagement of our corporations and public medical characters, Government has been taught wholly to overlook our existence, save for an occasional affront. Mr. Wakley has eminently succeeded in one thing—making Parliament know, or think, that we are not gentlemen.*

A Subscriber (Tadcaster).—*Dr. Waters, the author of our correspondent's "admired" papers on neuralgia, lives in Torrington-square.*

A Country Practitioner.—*We are still pondering on the suggestion. After probing our way a little bit longer, we shall hope to give a more decisive opinion than we now can form.*

The writer of the note on Dr. Clay's pessary, sends us a reply to Dr. Clay's letter of last week. As each party has been heard on a controversy which for many reasons cannot be prolonged, we shall only notice one statement which ought to be published. Our correspondent, in the most express terms, disavows being a neighbour of Dr. Clay, or a practitioner in the enjoyment of his acquaintance.

We shall feel favoured by Mr. Rendell's *communication.*

The paper on the University of London must be authenticated before insertion.

M. M.—*A medical student is usually examined at the Apothecaries' Company, in Celsus and Gregory, and in prescriptions. A page of Celsus or Gregory is the usual amount.*

Mr. Skirrow's *communication shall not be overlooked; but at present, from prior claims, some of long standing, we must claim his indulgence.*

The jeu d'esprit from Chipping Ongar *is clever, but unsuited to our grave pages.*

A Friend.—*We have found that Mr. Weathers was misinformed that the sub-editor of the "Lancet" was the party supporting in the committee Mr. Wakley's manly and respectable vengeance. This is a justice to the sub-editor we gladly render him. The libel would indeed be to be deplored, which would confound him, as a stranger to us, with such a person as Mr. Mackenzie. We do not feel called on to coincide in our correspondent's strictures on Mr. Ancell. Apart from his dependence on Mr. Wakley—which is probably less his than his fortune's fault—we have noticed nothing that calls for a severe observation.*

Want of space prevented our publishing last week the testimonial of gratitude and confidence to Mr. Dermott, sent to us by his class. The same reason postponed till this week a scandalously empirical, and, of course, ungrammatical card distributed by Mr. Rugg through his neighbourhood.

M. S. T.—*By all means. The parties will find to their cost that the cause will allow no such prostitution of a good cause to serve any man, much less one who never, during the last seven years, paid one diligent attention to the profession till we compelled him. To make a professional movement a mere affair of mercantile speculation in behalf of one journal, or in opposition to another, is to incur a serious responsibility.*

Mr. Taylor.—*We consider, with our correspondent, a call on the eighth day quite sufficient in all ordinary cases. Our correspondent's opinion is certainly supported by English practice.*

X. Y.—*We would much prefer to decline an opinion. Considering, however, the age of our correspondent, and the more secure character of his practice, we should think the young practitioner would not be injured by allowing his senior two-thirds of the annual profits. This supposes that the junior's practice is not an increasing one.*

A Provincial Student.—*In the last edition, we are told, of Ure's Dictionary.*

A Friend.—*A part of the impression was unavoidably mal-arranged. By some inexplicable arrangement, our printing superintendent deserted from us at a moment when we most needed his services. All things considered, we were more fortunate than we could have expected.*

We are obliged to postpone, to our next number (which will consist of eight extra pages, without additional price), a valuable paper on Fibrous Tumours of the Mammæ, for which we are indebted to the celebrated Professor Cruveilhier, our reports from St. Bartholomew's Hospital, Mr. Clarkson's article on the Medical Knowledge of the Egyptians, with several other interesting papers.

Truth *is thanked. We already know far more than we are disposed to make use of.*

"A Constant Reader and Country Practitioner" *was not responded to last week, because of great press of matter. We repeat, that we think his proposition most important, though we are not, before more data is before us, prepared to take any decided step. Perhaps our correspondent would more develope his plan.*

"A Voice from the European and Clerical Institutions" *would much oblige us by explaining more fully his suggestion. The extraordinary success he augurs to us is worth a good man's exertions.*

Mercator *will find the information he seeks, diffused over our Student's Number, published in October. The Physicianship will cost more or less, according to the source. London we should prefer.*

A Licentiate and Subscriber.—*Under the circumstances mentioned, the licentiate of* 12 *years' standing occupies higher ground, we consider, than the new member of the College of Surgeons. We cannot define "the privileges" of either:*

ERRATA.—In our last Drug List, the second price of *Sarsaparilla, Jamaica,* for 2*s.* read 2*s.* 8*d.* In future Numbers, the amount of duty will be appended to the List.

HYDROPATHIC TREATMENT OF GOUT.—Mr. Sherwin mentions the case of a patient, to whom he was called, to treat a swelling of the left foot and ancle, which was supposed to be caused by a strain or slip. Cold lotions were ordered; but their use was speedily followed by severe hæmoptysis, on the subsidence of which, gout shewed itself in the right foot.

THE MEDICAL TIMES.

SATURDAY, MARCH 30, 1844.

Quid refert, morbo an furtis pereamne rapinis?
HORACE.

THE world is mistaken. There *is* a redeeming feature in Mr. Wakley. In the tenacity with which, under all circumstances, he clings to the scheme of a new college, a college of his own, there is something *nearly* heroic. The slight blow which roused and sustained the elevated revenge of Zanga, is almost equalled in moral effect by the official collaring and ejection of Wakley from the College Theatre. Deep in his brawny chest since then has lived the fierce resolve that the men that did him the wrong should prosper not; and Hannibal's sworn and thrice glorious hostility to Rome is reproduced in the nineteenth century, in Wakley's undying hate of the Lincoln's-Inn Council. A new college! With nineteen such institutions for a profession that requires scarcely three—tis a *bold idea*. Who knows but that it wants only circumstances to make it *a grand one*? Who shall say that the Messrs. Wakley, senior and junior, do not by this scheme of theirs, offer us in Medicine the parallel of what the errant Columbus, and his childish son, exhibited from Court to Court, in Geography, and that the scheme, cracked as it looks, has only to be adopted to open even to its assailants new worlds of the *purest*, *brightest*, *richest* science? At all events none will doubt that crowned with success the intrepid project would suffice alone to immortalize the man who had enunciated it so boldly, clung to it so consistently, and achieved it so gloriously. Let the world but witness such a *denouement*, in all its fulness of promised good, and it will perhaps add to the common encomium "Wakley has not lived in vain for his family," the startling panegyric "he has not lived in vain for the profession!"

His college, his new college—his college opposing and superseding all others; this is the idea of Mr. Wakley's medico-political existence—i. e., during the brief paroxysms when he deigns to think of *us* poor practitioners. Like the convict's agonizing love of his orphan child, it is the one abstraction, the one sole touch of a higher nature that gives his every day life a hue of respectability. It is the practical point that brings him *en rapport* with sympathies that can turn *outwards*, with minds whose native element is not solely the vulgarities of a selfish materialism. Be it a weakness—'tis a *rapprochement* to goodness, for the good have always their foible. Be it an imprudence, it shadows a gleam of rectitude, for in complete discretion naught honest exists.

How far the Medical Protection Assembly, which he has so dexterously laid hold of and placed under his thumb, will assist him in his project, it would be rash to say. The committee's sanction or non-sanction of it will be the test of his influence over them. If the majority stand against him, we shall suspect that after all he is powerless in his own assembly, and more the tool than leader of the movement—in that case a *secondary man indeed*. If such be his position—and *there*, too—we shall pity him much—it will be a quiet practical censure, and by his own men, of the policy of his life. But no such fate can surely await him. The committee have established already for him a manufactory of shilling "diplomas;" and distinct resolutions have made "the assembly" a medical court of justice—an arbitration court—for the complaints of medical men against each other. Thus prepared for its high mission of becoming a new college, Mr. Wakley was justified in insisting to the meeting the necessity of a new collegiate establishment under which practitioners could feel themselves at home, and in telling them as clearly that the assembly was as good, or might become as good, a college *as though incorporated by statute!* His friend, Mr. Cooper, the unfortunate surgeon of the Pancras workhouse, asserted the same things if possible in stronger language. Mr. Lewis, and one or two other speakers, were not less explicit. The meeting, or rather that small portion that interested itself in the proceedings, received the intimations rather with applause than dissent; and with all these agreeable circumstances before us, we can scarcely anticipate that a plan to which Mr. Wakley has so devoted himself and character, will receive the committee's virtual and practical condemnation,—have placed on it a *final extinguisher!* No such affront, we suppose, can be in store for him; and if thus supported by "the assembly," he will have an aid for his scheme such as he never had, and such as he will never have again. The prospect, *for the moment*, is indeed brilliant. But suppose the committee reject, slur over, put under the table his project! That would indeed be a defeat; a sad discrowning of his one laurel. Should it occur, we shall not fail to give it chronicling.

It *is* alarming, it is suspicious, to admire even one trait in Mr. Wakley. But our readers may be at ease. Our taste or honesty is not so hopeless as they may begin to think. If we praise his persevering straightforwardness on one point, let it not be forgotten that we are orthodox enough to hold that point to be a *bad* one; and slight as is our agreement with him on this subject, it will be less on all others.

He has recently made a great pother about the destruction of the Apothecaries' Company as a medical governing body. It is, he tells us emphatically, "our great protection against unqualified practitioners." This "great" outstretched continent of protection, is the discovery of our medical Columbus. No eyes but his have ever seen it; and 'tis a little singular, that in the midst of his huge practice, he never himself put foot within the hemisphere of the company that holds it! He was never a licentiate!

But we have here opened to us a question of an importance far above all personal, all trivial reflections. Sir James Graham, it is said, is to destroy medical men's connection with the Apothecaries' Hall. We have in this, then, a grave matter for thought, on which, if prudence suggests reserve till public opinion has pronounced itself, honesty enforces a more frank procedure. We say, then, freely to our readers, that *with the honest provisions that should accompany such a measure*, and that naturally and almost essentially belong to it, it will prove the greatest boon the Medical Profession ever received from Parliament. The damning characteristic that never can be disassociated from the Puddledock Company is, that no matter what the extent of its requisitions as to money, education, or ability, it can never do *honour* or convey respectability to its licentiates. Known to the world as a guild of traders, a small, obscure company of men of business, the antiquated representatives of the shop-pharmaceutical science of a past century, trade and merchandize forming the very title deeds of their social existence, society will never recognise in those who emerge from the portals of its dingy hall and warehouse, *scholars* and *gentlemen*. A thousand folio volumes would never unteach the public its conviction that the graduates of such an Alma Mater are only fitted to stand, pestle in hand, behind a counter! While the children have daily advanced in respectability, the parent has stood still or retrograded, and the consequence is, that the old generation is become the standing disgrace of the young. Also its bane. The great natural auxiliary of the prescribing chemist and druggist,—the panoply tenfold thick of counter-practice is our Apothecaries' Hall. The word "Apothecary"—the shop or hall of drugs constantly open in Blackfriars—the universal knowledge of such an establishment's public *name*, and universal ignorance of its private functions—these things have done far, very far more to deceive the people as to the respective standing of the chemists on the one side, and the apothecaries and surgeons on the other, than all other causes combined. The Hall is the very fountain and source of illegal practice, and its occasional punishment of an unlucky druggist, reminds us of nothing more forcibly than Jonathan Wild introducing a dozen postulants to thievery with one hand, while transferring a single proficient to the law's penalties with the other.

In this view of the company it will be seen that we deny it no just credit for any of its recent improvements. On the contrary, the more extended its curriculum, and the more elevated its requirements, the stronger our argument. For in proportion to the amount demanded on one side, is our regret at the smallness of the returns presented on the other. Much is given, nothing received. Now considering that while the enormous evils of the company are so characteristic that they *could not*, its benefits so general that they *could*, be transferred to any other licensing body, we are deeply convinced that Sir James Graham could do nothing which would more elevate the profession, and benefit society, than make the whole existing body of licentiates of the Hall licentiates, *ipso facto*, of the College of Physicians, giving the latter body, under proper restrictions, the sole power of supervising for the future the more *medical* part of the general practitioner's education. A man should not take his designation from the lower but the higher of his functions. Pharmacy is by far the least important, as the least elevated, of the subjects engrossing the practitioner's attention. As we properly call him a surgeon, rather than a bone-setter, so we should better appellate him a physician than an apothecary. To call, indeed, a gentleman, with a finished medical education, and responsible medical practice "an apothecary" is bad in courtesy, and infamous in policy. It mystifies the popular apprehension, degrades science, and does large and multiple injustice to society's very best friends, the men of all others whom it could worst spare, the body of general practitioners.

The only topic that can be urged for the Apothecaries' Company—its partial powers of suppressing empiricism—is to us, as we have already intimated, a very contemptible thing. In result these powers are all but worthless, and whatever they can do could be better done were they in the possession of some more respectable body. The liberation of medical men from the stigma of licentiateship in such a company involves no impunity for empiricism. The legislature which would have no objection to maintain the penal clauses of 1815, in consistency would be obliged to enact something similar, and we hope less vague and efficient, if that act were to be repealed. Of all silly reasons, therefore, for supporting an antiquated, and now mischievous, Society, this supposed use in suppressing quackery, is surely the most silly.

Though the Hon. Member for Finsbury

has made much talk against this change, we profess we don't understand the reasons on which his policy is founded. Supposing in him some small portion of common sense, there is a mysteriousness in his movements hereabouts which passes our humble comprehension, and taking it with his novel laudations of Sir Benjamin Brodie, his recent interviews with Sir James Graham, and his marvellously changed conduct in general, we are compelled to apprehend that if accepted just now as the go-between of the government and the profession, Sir James Graham and Mr. Wakley's family will derive more from the appointment than the very confiding third party for whose benefit it will have been bestowed.

THE TAX ON HORSES.

The following petition has been forwarded to us, and we gladly submit it to the adoption of our readers. The subject is of importance to a class that has the strongest claims on our sympathy and good offices—the numerous class of ill-paid and hard-working country practitioners. But great a boon to them as would be the abolition of this heavy tax, it would be still greater to many of the indigent sick, to whom the delays doubtless frequently caused by it must often rouse the most fearful of apprehensions, and produce the most mischievous of results. It is not, of course, one of those great public grievances that will justify extensive agitation. We trust, indeed, it requires no such disagreeable medicine to achieve the cure. If every medical man will copy the petition on a page of foolscap, sign it, and forward it to his town or county representative, or to Sir James Graham, enough will have been done, we hope and believe, to procure the profession this very just and very honourable exemption.

To the Honourable the Commons of the United Kingdom of Great Britain and Ireland in Parliament assembled, the humble Petition of Henry Greatwood, surgeon, of the town of Usk, in the County of Monmouth,

SHEWETH—

That your petitioner, in common with other country practitioners of medicine, feeling the burden of taxation at this present time, begs to appeal to your Honourable House to take the subject of taxation of horses kept by members of the said profession under your wise consideration. Situated as country practitioners are, in districts with a population scattered for miles around them, it becomes absolutely necessary that they should be provided with the power to attend to the calls of the afflicted, living at a distance, and requiring the aid of their remedial art: it hence is a matter of necessity that they should keep one or more horses, according to the extent of the district they may be located in. Your petitioner feels aware that it may be argued against relief, that he and the profession generally are sufficiently remunerated by the charges of the visits; but no classes of individuals are so badly remunerated for their labours as country surgeons, many of whom have to struggle with the greatest difficulties and privations to enable them to support that appearance in the world which their rank and situation as gentlemen compel them to maintain. Your petitioner keeps horses, not for pleasure but from necessity; and as agriculturists are partially exempted from paying the tax, your petitioner begs respectfully to submit the subject to the consideration of your Honourable House, and to pray that you will be pleased to remove such tax, or make such amelioration (as far as relates to horses kept by medical practitioners) as your Honourable House in its wisdom may deem fit; and your petitioners, as in duty bound, will ever pray.

PATHOLOGY OF PHTHISIS.

The importance which attaches to any form of dangerous disease increases, as its ravages are less influenced by the modes of resistance usually employed against it. In this regard alone, irrespectively of the interest which it intrinsically possesses, the PATHOLOGY OF PHTHISIS, and the doctrines involved in its consideration are well worthy of serious attention. The views received by modern pathologists concerning the nature of tubercle and its relations to the symptoms of phthisis, constitutional and local, are calculated to throw light upon the origin of the disease, and to indicate the principles of treatment, by which its progress may be affected, and its occurrence prevented. It is desirable to keep the disputable points in so important a matter under the notice of authors; and with this intention we propose to subject to examination some of the theories, which have been accepted, and to analyse the evidence upon which they are founded.

The *origin* of tubercle is naturally the first question presenting itself for remark. Our observations upon this subject will have reference to the relation subsisting between the development of tubercle, and the local conditions under which it is produced. The true nature of the process giving origin to tubercular formation is still a matter of discussion among physicians.

A defect in the nutritive function has been justly regarded as one of the immediate causes of the deposit of turbercles. Andral is of opinion, and it has been long taught by Dr. C. B. Williams, of University College, that tubercle results in a depraved state of nutrition, —in an error of assimilation, the nutritive material being in "a degraded state, and differing from ordinary coagulable lymph in a deficiency of vitality and capability of organisation." Hence, the exuded material, instead of assuming the textural form of the matrix by which it is furnished, acquires an inferior degree of development, and constitutes the deposit called "tubercle." This explanation has received confirmation from the microscopical researches, among others, of Mr. Gulliver. The researches of this gentleman undoubtedly show that the structural elements of tubercle are deficient in developmental force, and so far sustain the views of Dr. Williams. It is unnecessary to enter into this subject, seeing that the opinion is so well established and so universally admitted. Some pathologists are inclined to regard tuberculisation rather as a defect of secretion than of nutrition. In the present state of our knowledge respecting the identity in nature of these functions, it would be idle to make any further remarks upon this difference of opinion.

The question now arises; can the development of tubercles be the direct result of a modified process of inflammation, as well as of an altered function of nutrition? Bayle, Andral, Lugol, Carswell, Clark, and others, deny the occurrence of tubercles as an immediate effect of inflammatory action; they contend that inflammation cannot directly produce tubercles, and that it causes tuberculisation merely by inducing a scrofulous state of the constitution. There is reason, however, to dissent from this statement, and to incline to the old doctrine of Broussais. The importance of deciding this question, and of determining the nature of the inflammation, in which tubercles may have their origin, is obvious; for, if inflammatory action do, in some instances, precede, and directly terminate in, the deposition of tubercles, the treatment of these will be affected by its presence and character; whilst antiphlogistic remedies will be contra-indicated in these cases, if they are not dependent upon any form of inflammation. In respect of this proposition, it would be a matter of high import to associate tuberculisation with active congestion, or inflammation, and to connect tubercular deposit with inflammatory lymph. If this were possible, the pathology of tubercles would be clear, and their treatment manifest. The inflammation, causing the formation of tubercles, must be, if it exist at all, of a scrofulous, insidious nature, consisting in an asthenic congestion, attended with exudation,—the latter circumstance alone entitling it to be regarded as an inflammatory process. It is necessary to keep in mind the characters of this scrofulous inflammation in criticising the value of remedies in phthisis. Mercury may, and probably does, have some influence over this congestive state, and we cannot but admit the rationality of the treatment proposed by Drs. Graves and Stokes. In cases where the tubercles are probably owing to a previous congestive action, and where the lungs are affected before any general contamination of the system has taken place, rapid mercurialization may be efficacious in suppressing tubercular development, and indeed has been found so by Drs. Munk, Rush, and the gentlemen with whom the treatment originated. On the contrary, if tubercles always, as they do frequently, arise simply in a defective nutrition, then, measures should be directed to support the system by invigorating, tonic, cold ablutions, exercise, exposure to a pure bracing air, and generous diet, as recommended and practised by Dr. Graves.

It is not our object to enlarge upon the merits or demerits of any line of treatment in phthisis, but to inquire into those principles by which remedial measures may be pointed out. We return, then, to the question of the inflammatory origin of tubercles. The discussion relating to this subject will be found to lose much of the ambiguity with which it has become invested, when the evidence upon which it rests, is correctly represented, inasmuch as inflammation differs from nutrition (so far as relates to their products) in its remote, and not in its immediate, results. It is more than probable that the *direct product*, both of the inflammatory and of the nutritive process, may pass into tubercle, and not into the ultimate elements which are usually produced. An inquiry into the truth of this statement will reveal the justice of regarding tubercle as well the result of a modified process of inflammation as of a depraved system of nutrition.

The two processes, inflammation and nutrition, differ widely in their nature and effects, when fully and completely developed. Both, however, are attended with a common phenomenon, the exudation of the plastic matter of the blood. The exuded material undergoes changes in each case; in inflammation it becomes to a certain extent organized, and generates cells, which may either pass into pus corpuscules, or suffer further transformation, and assume the shape of imperfect fibres, which are identical in whatever organ or texture the inflammation occurs. In the function of nutrition, whether it be exaggerated, as in hypertrophy, or not, the tissues have an assimilating influence upon these nucleated cells, and cause them to develope into the proper structure of the part. It will be observed that, in both cases, the same immediate products, nucleated cells, are generated; but these elements are afterwards differently affected by the component particles of the tissues. Now this difference in the ultimate products of inflammation and nutrition is no longer observable, when these pro-

cesses are imperfectly developed and impaired by a constitutional cachexy. They tend to resemble each other closely in their effects. If the inflammation be of a scrofulous, asthenic character, or the nutrition of low vitality, the nucleated particles, or exudation corpuscules, as they are termed, when the product of inflammatory effusion, may not have the force (owing to their own degraded state, or to the assimilating power of the texture failing to endow them with its own vital properties) on the one hand, of transforming themselves into complete pus globules and fibres, or, on the other, of acquiring the vital organizing force of the tissues. Under these circumstances, the exuded fibrinous matter loses its power of evolving fresh organic germs; the primitive cells themselves, having no formative force, tend only to degenerate; their nuclei disappear; the body of the corpuscule gets broken up and destroyed, and the whole becomes a confused granular mass,—tubercle. Tubercular development may thus be regarded as caused by a degraded condition of the plastic material, exuded as a consequence of modified forms of inflammation or of nutrition, and by a deficiency in the assimilating power of the tissues. We are consequently led to consider tuberculisation as a process associating inflammation and nutrition; and tubercle as a morbid product connecting the results of the two processes; establishing, as it does, a relation between their extreme effects,—the production of hypertrophy, and the formation of pus. This view of the subject is interesting, as it serves to demonstrate that different processes, giving rise, when fully established, to very different products, may, when both are impaired by a common agency, produce similar morbid results.

We may now progress in our inquiry, and ascertain how far the views here set forth are consonant with clinical, experimental, and pathological observation. That tubercle may be directly produced by a low inflammatory state, we adduce the following data, which, as they are opposed to the doctrines accepted by the high authorities alluded to in the commencement of this paper, should be analysed with care and attention.

1° Although denied by Laënnec, inflammation of the respiratory organs does lead, and sometimes directly, to the formation of tubercle. There is abundant evidence in favour of this allegation. It is true that active congestion of the lungs, preventing the æration of the blood, may generate tubercles by inducing a cachectic state of the system, and thus impairing the nutritive process. But, it is more probable that the inflammatory action causes the exudation of a low fibrinous deposit, which degenerates into tubercle. Indeed, this explanation is confirmed by the circumstance of tubercles occurring in the lungs after inflammation of these parts, without any implication of the system which could deteriorate the nutritive process. By admitting the previous existence of a low inflammation in the mucous and serous membranes, which would cause an exudation of fibrine upon their free surfaces, we can alone account for the very frequent occurrence of tubercular matter in these situations. It is found that tubercles may be developed by exciting inflammation in the lungs artificially. Saunders, Cruveilhier, and Kay, observed that mechanical irritation of the bronchial surface, induced by pouring mercury into the trachea of animals, gave rise to the formation of substances having the characters, and running the course, of scrofulous tubercles. The frequency of phthisis among masons, needle-grinders, and others, exposed to the inhalation of petro-metallic dust, is notorious. Dr. Calvert Holland refers the production of tubercles in such cases to a "local inflammation, so slow in its progress, and so insidious, as to give rise to no constitutional symptoms." He adds "the occurrence of tubercles under these circumstances is so general, that we cannot bring to our aid a constitutional predisposition. If tubercles can be produced by inflammation in a healthy subject, is not their development from the same cause more likely to occur in a constitution tainted with scrofula?" Whilst we have abundant evidence of the inflammatory origin of tubercles, we are free to admit with Dr. C. Williams that "tubercles are found disseminated in so many textures after few or no symptoms of inflammation, that it is impossible to regard them otherwise than as the result of a modified textural nutrition." This fact certainly establishes defective nutrition as a frequent cause of tubercle, but we should be cautious not to attach undue importance to the statement, seeing that very formidable states of congestion and inflammation may exist without producing any constitutional symptoms. We have recently seen a case of latent pneumonia, in which the most extensive hepatisation was observed after death, and yet during life gave rise to no other symptom than an accelerated pulse. We should bear in mind, too, that scrofulous inflammation is generally of this latent, insidious, character. 2° It is occasionally observed that the symptoms attending the deposition of tubercles are referrible to inflammation. Professor Alison says, that "in some cases, where the formation of tubercles is more general than usual, and more quickly fatal, the remote causes, symptoms, and progress of the disease, are found to be those of inflammation of the lungs, of somewhat slower progress than usual." 3° Tubercles may be generated by the same causes which excite inflammation (Professor Alison). By exposing chickens to a cold temperature, Flourens succeeded in producing a disease in the lungs, analogous to scrofulous phthisis. We have already referred to the experiments in which mechanical irritation of the bronchial surface sufficed for the production of tubercles. 4° Tubercles are sometimes found to pass insensibly into the usual morbid products of inflammation. In the serous membranes of the head, chest, and abdomen, on the mucous membranes of the intestine, and in the lungs, tubercular deposits often blend into inflammatory effusion (Alison). The infiltrated form of tubercle in the lungs may be confounded with grey hepatisation. Sebastian noticed in the lower parts of a tuberculous lung minute points, like inspissated lymph, which assumed the characters of tubercle in the upper part of the organ. 5° The very frequent occurrence of tuberculous deposit upon the free surfaces of the respiratory, digestive, biliary, urinary, and generative mucous membranes, countenances the notion of its origin in a pre-existing inflammation and exudation. If tuberculisation were solely a disease of nutrition, it would take place in the parenchyma, and not on the free surfaces of structures. And yet, Dr. Carswell states, that in whatever organ the formation of tubercle takes place, the mucous membrane, if constituting part of this organ, is either the exclusive seat of the tubercles, or most extensively affected. Tubercles are, doubtless, frequently deposited on the bronchial mucous membrane, in which case, they must have been furnished by the pulmonary vessels, which, from their distribution, cannot be concerned in the nutrition of the lungs. 6° Tubercular development is not so frequent at those periods of life when nutrition is most active, and consequently most liable to perversion and error. So also, if tubercular formation be solely a result of a modified nutrition, why is it so frequent in the lungs, where nutrition is not more active than elsewhere? The main explanation of this is undoubtedly the peculiar liability of these organs to inflammation. The statement made by Dr. Williams, that the natural activity of the nutritive process in young persons determines the rapidity of the tuberculous deposition, is not, in reality, opposed to the inference we have drawn from the above facts; it does not prove that defective nutrition is the exclusive source of tubercles; for inflammation also is speedy in its course in early life. 7° It frequently happens that tubercles are deposited in the lungs, and yet there has been no general contamination of the system, by which a depraved nutrition might be entailed. 8° Lastly, the almost invariable presence of tuberculous matter in scrofulous pus, indicates the former as a direct product of scrofulous inflammation. The circumstance of scrofulous inflammation producing pus, or tubercle, or both, will not startle us, when we consider that inflammation of a higher order may exist without giving origin to puriform deposits.

In a future number it is intended to continue these remarks on the pathology of phthisis.

On the Nature and Treatment of Tic Douloureux, Sciatica, and other Neuralgic Disorders. By Henry Hunt, M.D., &c &c. &c.

We cannot say that the author has thrown any new light either upon the pathology or treatment of this very obscure and exquisitely painful affection. In the preface to the book, the author says that he has been able, in several cases, to trace the pain to its source, and that he has accordingly arranged the disease under several heads, according to their supposed respective causes. The design of the author is good, but we think he has failed in the execution. So far from having traced neuralgic diseases to their respective causes, the author has all along mistaken an exciting for a proximate cause. Thus, he treats of the disease as arising from dyspepsia:—Arising from dyspepsia, complicated with congestion of the liver, and other viscera:—arising from anœmia:—arising from morbid action of the spine:—from disorder of the uterus:—from malaria:—from recession of eruptions, and other causes. We have no doubt that in some constitutions tic douloureux may be excited, or when it exists may be aggravated by all these, and many other morbid affections; but this is no proof of *tic* being primarily and essentially dependant on these ailments. All local diseases are benefitted by an improvement of the general health, but are we to suppose from this that no disease is of a local nature? All the causes enumerated and insisted upon by our author as *giving rise* to neuralgia, only tend indirectly to excite or aggravate the morbid action of the nerves affected. The disease consists in some peculiar state or condition of the nerve affected, which it ought to have been the principal object of our author to investigate. To this point Dr. Hunt never once directs his attention. Hence the nature of the disease is only guessed at, and the treatment is made to rest upon grounds purely empirical. All preceding writers are as much to blame as our author. Hence the nostrums that have been promulgated from time to time for the cure of this affection. Carbonate of iron, bark, quinine, arsenic, mercury, belladonna, veratria, conium, opium, &c. &c. have been

all successively extolled, and have all unfortunately been found inefficacious. Our author's nostrum is arsenic, which he, however, judiciously uses with great caution, and when it appears to fail, or act poisonously, very properly withdraws it, and substitutes other means, of a sedative or tonic description, as the case may seem to require. From the cases succinctly reported, it appears that some of the patients were from one to three years under treatment, but by a judicious perseverance, the cases were, sooner or later, generally brought to a successful issue.

GREAT MEDICAL MEETING.

On Monday evening a meeting was held at the Crown and Anchor. It was intended to be a "great aggregate meeting," was duly announced for more than a month, by "ten thousand circulars" widely distributed—was well advertised through the journals, and by means of large placards; and, as prognostications were given, that at least three thousand medical practitioners would lend their attendance, the largest room of the Crown and Anchor was engaged for their reception. The meeting, however, consisted of less than five hundred—a number which, though very large under ordinary circumstances, appears but small when we consider the interest felt just now in the absorbing question of medical reform, and the extensive preparations that had been made to produce a formidable demonstration. Of these present, not above two, we understand, had attended from the country: many were members of a body that we are glad to notice as interesting themselves in such proceedings—students;—while the number of non-medical visitors, attracted by the extensive nature of the public notices, formed, certainly, not an inconsiderable part of the meeting. We noticed, further, that of those present, the great majority took no part in the proceedings. The resolutions were carried by a show of very few hands; though no hands were raised against them. The cheering, except in the case of Mr. Carpue, who was applauded to the echo, was never general; and hissings greeted more than one or two of the speakers. Notwithstanding the number of Mr. Wakley's personal friends present, his reception, as he entered the room, was very cold. The attempt at a cheer failed; and hissings were very audible. Altogether, though there was something gratifying in the fact that another protest was registered against the new charter—one could not but feel that the profession was practically showing that, from one cause or another, it had no confidence in the men who had recently taken into their exclusive management the movement. Indeed, we overheard an old 'gentleman sagaciously remarking, that "the profession would never rise to be lead by such men."

Mr. Ancell on being moved to the chair, commenced the proceedings by a few remarks. He said that as a member of the holy calling of medicine, no apathy—no fear would make him shrink from the honour of presiding over that meeting when asked. He explained the formation and partial progress of the movement, with its objects. He intimated a condemnation of Sir Jas. Graham's bill, and insisted that as representation was conferred on the druggists and horse doctors—he could not pronounce the long word veterinary—the educated body of surgeons should not be denied it. Though the meeting was large, it was not a complete test of medical men's feelings—for medical men could attend with difficulty. Sir James Clark, Mr. Key, Mr. Green, Dr. Grant, countenanced Medical Reform, and the Committee had received from the country numerous letters, all with a few exceptions, in its favour. Mr. Ancell further touched on the exclusion of general politics, on the moderation and reason of medical men's demands, on the excellencies of the representative system, the addition made by medical men to the stores of general knowledge, and the importance of General Practitioners as "a social institution of the country."

Mr. Simpson then read the report, which was extremely meagre—merely mentioning the exertions of the committee, without any avowal of principles.

Mr. Hillis apologized for his appearance in public, but oppression had overflowed, and it was no time for apathy. "Coming events cast their shadows before," and therefore medical men ought now to prepare for some good results. The party first starting the subject would now enjoy public reward; and the profession in a few years would certainly enjoy all its rights. He wished it to go forth that they had never maligned or misrepresented the Council of the College of Surgeons. They charged the Council with self-election, and with spending the money to other purposes besides those of science, and the yearly accounts proved that the largest part of the expenditure went into the pockets of the Councillors. They might feel justified in doing so, but had no right to fix the value of their own labours. If confident of deserts, they should trust to the profession for their acknowledgment. The Examiners, again, have been so imbecile, that some of the Court have been obliged to interpose to protect pupils from Examiners' mistakes. Such policy had led to putting up to auction the profession, and establishing medical attendance at a farthing per head. The College of Physicians, amid all its numerous divisions and sub-divisions of titles, had no one that upheld representation; and the University of London was as defective as the others, and likely to go to decay. He concluded by moving the adoption of the report. Mr. Reid briefly seconded the resolution, which was put and carried.

Mr. Carpue was received with great cheering. After a few preliminary remarks, he noticed the early knowledge of the highest points of surgery in the East Indies—its diffusion thence to the Arabians and Italians—its cultivation in Venice, and progress to the south of France, to Calais, and to our country. He touched on the barber-surgeons, the charters of Henry the Eighth, and establishment of the present system of corporate government,—declared his admiration of Lord Thurlow's saying on the surgical charter submitted to the House of Lords, "It wants every element of justice and honesty; for it allows you to get money from every body, and then, if you like, put it in your own pocket." — He further affirmed that the General Practitioners were unfairly treated by the new charter, that they were, in truth, pure Surgeons, and something more—and that he had recently attended a lecture given by Stanley over the dead subject, at Bartholomew's Hospital, which convinced him that the pupils so taught must become a class of practitioners that would not be subjected to indignity without great injustice. He narrated an anecdote of one of the Examiners, who, having baffled a student by asking why was the kidney called a kidney, triumphantly exclaimed, "Because it is like a kidney-bean, to be sure." He advised the Council to follow Horne Tooke's plan, and when they found themselves in a wrong lane, to make the best of their way out of it. (Cheers.) He moved a resolution expressive of regret at the little progress hitherto made by Medical Reform.

Mr. M'Courcy entered into a statistical detail, shewing how few of the medical men in his district and neighbourhood were duly qualified. His statement seemed to give no satisfaction to some of the gentlemen on the platform, as it appeared that Mr. M'Courcy differed with Mr. Wakley in considering a license of the Apothecaries' Company of some importance.

Mr. Webb, R.N., now rose, and after speaking of the "Father of Surgery," Mr. Carpue, and the necessity of vindicating the profession's dignity, entered on a strain of remarks as to his opinions on the Government, which led to a very tumultuous scene.—For about twenty minutes he faced the storm, amid much merriment and confusion; and, finally, having avowed himself to be like Dr. Lynch, a Repealer, submitted, with some reluctance, to take his seat.

The chairman then put the resolution, which was carried.

Mr. Buller had not mixed in medical politics before, but as an old Member of the College of 20 years standing, he had felt so insulted by the new charter, which had placed so many young men over his head, that he now, with great reluctance, stood forward to protest against that document. He entered into numerous details, shewing to what extent the young members had been preferred to the old, protested against the influence of the new charter being turned towards forcing old practitioners into new channels of practice, and read a remonstrance which he had prepared against it, and moved a resolution worded in its condemnation.

Dr. Wilson had not recently attended, and was quite unprepared to speak on the occasion, but could not forbear his renewed protest at the way in which the profession had been trampled on. The resolution was then put, and the remonstrance read, and both carried.

Dr. Lynch in moving a resolution to the effect that the country was still deficient of a system of medical Government, said, that "Medicine was as fond of peace as another of Apollo's daughters—poetry,"* and that the present movement was a proof of the great interest now taken by medical men in medical reform. Surgeons should have the benefit of the Saxon privilege of representation, for his service is of the widest and most benevolent description, approaching him to the Godhead, and entitling him to Sir Robert Peel's eulogium, "that he is a blessing and honour to humanity." He repeated that midwifery was an important surgical operation, that kings and prelates had been proud to study pharmacy; and that they should not be degraded. The fellows were tarred and feathered with titles—emasculated freemen, their lips padlocked, their strength shorn; they were placed in a pillory; like the dummies in Moses' perambulating cart, they were at once headless and raised above the mob—they were denizens of second floors—their fame as extensive as their tenancy—They were victims of misplaced confidence, and should not be called in (Cheers.) He adverted to the support lent by Guthrie and Key, and strongly advocated an amnesty free of all revilings and retrospections, and wished for a brotherhood of support in favour of the representative principle (Cheers.) Mr. Hunter briefly seconded the resolution, which was put and carried.

Mr. Cooper then addressed the meeting. He advocated the formation of another college. While speaking he was constantly interrupted by hisses, cries of "time," "down;" and after sustaining the fire some time, he was at length obliged to resume his seat. Mr. Rugg followed, and was encountered by such a show of opposition, that the only words we could hear from him, were "the honour of the profession, "the suppression of empiricism," and "I will stay the longer for your hisses." He was, however, obliged to sit down.

Mr. Lewis then spoke. He wished the meeting to go to Parliament for the establishment of one faculty, so that practitioners might all have equal rights and titles (Cheers.) He supported warmly the formation of a new college.

After Mr. McCann, Mr. Edwards, Mr. Pant, and Mr. Coles had said a few words, the treasurer Dr. Lynch, gave "a statement of the accounts," which referred however, only to the receipts. These amounted, including £30 from the Messrs. Wakley, to £99.

Mr. Wakley then came forward and said that he had intended to have been but an humble auditor, but in compliance with the request that had been made he came forward. The meeting had adopted a course which would prove their sincerity to Medical Reform. They had suffered quietly the aggravations of injustice imposed on them, and he had been struggling in vain for twenty years to make them stir as they appeared that night. The last time he had attended so large a meeting was at the College where he had been brutally assaulted. He had fought, therefore, in the meeting's cause. He resisted to the last the attempt, but the surgeons who were there with him did not do their duty. If they had, the scoundrels of police officers, and the council would have been ejected not they. He and his friends had only attended to lay before the council in a quiet way a great abuse when they were so assaulted. The profession now had no college, no roof under which they could meet on equal terms, if they did not pay for it as that evening. Out of the nineteen corporations in different parts of the

* Borrowed from the editorial article of *Medical Times*, No. 199.

country there was not one the medical man could connect himself with on terms honourable to himself. The fault was clearly that of medical men. They had not been true to themselves or united. When he was asked in Parliament what were the objects, what the measures agreed on by the profession, he could give no satisfactory answer. The profession could not agree on any bill, nor has the profession ever authorized any Member of Parliament to bring in such a one. If he (Mr. Wakley) had done so on his own responsibility, people would have charged him with seeking his own popularity and private interest in preference to the good of the public. But if the meeting would adopt any principle or set of principles, agree to any bill, and draw out one which they could approve of he, Mr. Wakley, would do his best to make that bill a law. The profession had no friends in Parliament. They are there too much in love with quackery to allow its abolition. They were all, even the monopolists for free trade in physic. They would insist on having their servants physicked by chemists and druggists. This being so, he could assure them that disunion would make matters hopeless. The profession, however, in the new movement had been organizing itself, and the committee was a valuable machine for action to exercise influence both on the Government and Legislature. Indeed if an Act of Parliament had organized and united them into a corporate body, they would not do more than they could under their present arrangement. They were on their trial. They stood at the bar of public opinion. There was nothing that might not come under the purview of the "assembly." The hospitals, workhouses, medical schools, and all kind of grievances might be brought before it. In the whole domain of medical arrangements there was nothing that did not demand a change. It has been said that if the representative prineiple were granted in the college all would be right. He utterly denied it. The College has no powers, no authority, and no one is under an obligation to attend to them or belong to their body. There has been a most ingenious device on the part of Government. We said that after introducing elective rights into municipal corporations you eannot deny it to men well educated as ourselves. They respond, "we don't quite understand your profession's sentiments, but as you demand it we will grant you a charter, and confer the power to the council of granting elective power to all the members." My able and excellent friend (Dr. Lynch) has said that Guthrie and Key are converts to the representative principle. This is two out of twenty-one. I should like to know how many more? By the charter they ean give all the members representative rights. But they have had it some time, and what have they done? made about 400 electors out of 12,000. Now, this is a great stigma and indignity, and if they withhold this *miserable* right from you, and miserable it is (cheers), what shall we say of the Government that sees this and does not oppose it. I eall this a clever and ingenious device to test the opinion of the leading part of the profession. But, hitherto, the profession has gone on in the slumber of rest—a Sampson in the lap of Dalilah. The profession has been immensely degraded and distinctions forced on it which are mere mockeries of prudenee. Were they resolutely bent on resistance? Were they prepared to fight? (no answer). Were they willing to forego the Apothecaries' Act of 1815, which was their only proteetion against unqualified praetitioners, as shown by recent eases against the chemists and druggists? If that act were abolished, any impostor might establish himself the very next door to a regular praetitioner, and put surgeon or physician on his door. The charter's conduct as to midwifery was incredible; it would have excluded from the council Dr. Hunter or Dr. Denman the father of the present Lord Chief Justice were they alive. It was a savage provision eonsidering the throes and agony of the parturient female as he had heard them when himself in praetice. But the eouncil thought the contamination so great that even five years eould not free a party from the stain. So also was it with pharmacy. Now, who are the eouncil that they will not breathe the same air as the general practitioner? Really till I saw their names to-day I had forgotten them. What a lot! Andrews—Goldwyer—John! (laughter). Morgan—John! South—Flint—John! Arnott—Moncrieff—James! Babington—Gisborne—George! Callaway—Thomas! Travers—Benjamin! Green—Henry—Joseph! Vincent—Parker—John! Stanley Edward! (laughter!) the Swan Joseph! Guthrie, George James! so fond of the representative principle!—Lawrenee William! once a medical reformer!—Thomas—Leigh—Honoratus! they should be much obliged to us for making their names known, (laughter), and then White Anthony! (great laughter.)

There is one with a high reputation as a surgeon, with whose conduet we ought not to be too hasty in dealing—Sir Benjamin Brodie. The motives of his recent proceedings should be more generally known before they condemned him. The eouncil should have followed his (Mr. Wakley's) example, and presented themselves without caring about being assailed, to that meeting over which they saw that so distinguished a surgeon presided. Mr. Wakley again reverted to the midwifery clause, expressed his astonishment at seeing the name "Thomas Copeland" on the councils' list, and insisted that exceptions should not be made with respect to one speeiality as rectum cases, and not to another as midwifery. After some metaphorieal allusions to Mr. Copeland's peculiar practice, he declared he would not travel farther into so unpleasant a subjeet—one so enveloped in mists and clouds, and expressed strongly his feeling against the insult conveyed as under the Queen's own hand against her own medical attendant, Sir Charles Clarke, by this midwifery clause. He concluded thus, "You are now a public body. Every subject in the medical domain you now can bring before this assembly. The society is not to stop here; it is to be diffused over the whole empire. Every appeal between medical men may be brought here. You can act quite as efficiently as if organized by Act of Parliament. But you must influence the law, for without it you will have no protection. You can achieve it only by your own exertions. I shall have to meet you here frequently, and shall be glad to form a medium of communication between you and parties not as favourable to you as I am, I mean the Government. There will be frequent meetings—you will elect your own chairman—there will be no council—no head—or no president as far as I am informed—you will manage your own business without control, and act as a medieal convocation, and if you fail in showing the zeal you ought, the fault will be yours. (The honourable gentleman who was received at first with mingled hissing and cheers, was heard with great patience, and sat down amid cheers.)

A vote of thanks was passed to the chair, and the meeting which had now grown very thin separated.

A SELECT PRACTICAL FORMULARY,

TRANSLATED FROM THE FRENCH OF M. FOY, PRINCIPAL PHARMACIEN OF THE HOSPITAL SAINT LOUIS, AT PARIS.

(Continued from Page 334.)

MIXTURE AGAINST PSORIASIS LABIALIS (Biett): a pint of infusion of red roses, twenty-four grains of sulphuric acid, two ounces of syrup of marsh mallow. Mode of exhibition, two to eight tea-spoonsful daily.

MIXTURE OF CAMPHOR, COMPOUND (Duncan): forty-eight grains of camphor, triturated with half-an-ounce of sugar, and six ounces of peppermint water added gradually. Mode of exhibition: an ounce and a half every three hours, in gangrenous affections.

MIXTURE, CHALK (London Pharmacopœia); four parts of prepared chalk, three parts of white sugar, four parts of powdered gum arabic, triturated together in a marble mortar, one hundred and twenty eight parts of spring-water being gradually added. Mode of exhibition, one to two ounces daily, in the treatment of cardialgia and pyrosis.

MIXTURE, COMPOUND CHALK (Brande): five parts of chalk mixture, four parts of tincture of catechu, and four parts of tincture of cinnamon. Mode of exhibition, by spoonsful every hour, in diarrhea and acidity.

MIXTURE OF CUBEBS (Beral): one part of the spirit of the oleo-resinous extract of cubebs, one part of mucilage of gum arabic. Mode of exhibition: a coffee spoonful three or four times a day in a little water, in the treatment of acute and chronic gonorrhea.

MIXTURE, OF DEWEES: half a drachm of powdered ergot of rye, two drachms of sugar, one ounce of cinnamon-water. Mode of exhibition, in three doses, administered every ten minutes, to excite the contractions of the uterus during parturition, the cervix uteri being sufficiently dilated.

MIXTURE, DIAPHORETIC (Polish Formula): one part of pure honey, dissolved in five parts of infusion of elder-flowers, and one part of liquid acetate of ammonia added. Mode of exhibition, half a cupful every hour, the mixture being shaken each time.

MIXTURE, DIURETIC (German hospitals): two parts of oxymel of colchicum, two parts of liquid acetate of ammonia, six parts of distilled parsley water. Mode of exhibition: a spoonful every two hours.

MIXTURE EMOLLIENT (Monro): three parts of white or yellow wax, one part of white soap, dissolved at a gentle heat in eight parts of pure water, and eight parts of syrup of bark, with an equal quantity of syrup of cinnamon added gradually, the whole being triturated the while in a marble mortar. Mode of exhibition: by spoonsful, in dysentery. The bottle to be shaken each time it is used.

MIXTURE, ESCHAROTIC (Dupuytren): see ARSENICAL POWDER.

MIXTURE, COMPOUND STEEL (English formula); one drachm of powdered myrrh, twenty-four grains of sub-carbonate of potash, triturated together, and a scruple of powdered sulphate of iron, one drachm of white sugar, half an ounce of spirit of nutmeg, and seven ounces and a half of rose-water, added. Mode of exhibition: one to two ounces, as a tonic and emmenagogue.

MIXTURE, FERRIFUGE (Maison de Sante): one-fifth of a grain of arseniate of potash, triturated in a glass mortar with four drachms of syrup, and three ounces of mint-water added. Mode of exhibition: by spoonsful during the apyrexia.

MIXTURE, ANTI-GONORRHEAL (German formula): five parts of resin of copaiba, six parts of sweet spirits of nitre, one part of tincture of opium, and one part of tincture of lavender. Mode of exhibition: a coffee spoonful two or three times a day in a little sugared water. Used in obstinate gonorrhea, when the stomach is in a sound state.

MIXTURE, IODURETTED (Closs): six grains of ounces of drachm of hydriodate of potash, dissolved in tw ed. Mode water, and one drachm of aromatic tincture add in a cupful of exhibition: three coffee spoonsful during the day of cold water; used in scrofula. pound

MIXTURE OF IPECACUANHA AND CHALK, COM with a (Hooper): five grains of powdered ipecacuanha, mixed cinna- drachm of syrup of poppies, two drachms of spirit of of ex- mon, and thirteen drachms of chalk mixture. Mode every hibition: to be given in one dose, and repeated ronie quarter of an hour, in the treatment of diarrhea or eh dysentery.

MIXTURE, AROMATIC OF MAGNESIA (English Formula): half a drachm of magnesia, rubbed down with two drachms of syrup of ginger, to which is added two ounces and a half of peppermint water, half a drachm of compound spirit of lavender, and four drachms of spirit of carraways. Mode of exhibition, a spoonful every hour, in cardialgia, flatulence, &c.

MIXTURE, MARINE (Montain): ten to twelve parts of sulphate of magnesia, one part of hydrochlorate of magnesia, four parts of cynaric extract, two parts of carbonate of lime, three parts of Flanders glue, mixed together, and divided into portions weighing two or three ounces each. One of these packets together with a pound or two of sea-salt, is sufficient for a bath.

MIXTURE, NITROUS (Polish Formula): two drachms of nitrate of potash, half an ounce of pure honey, dissolved in eight ounces of common water. Mode of exhibition, by half eupsful during the day, as refrigerant and diuretic.

MIXTURE, OBSTETRIC: see Dewees' mixture.

MIXTURE, ODONTALGIC: eight drops of the essential oil of cloves, one drachm of tincture of opium, three drachms of sulphuric ether mixed together, and shaken each time it is used. Mode of exhibition, a little cotton soaked in the mixture is applied on the carious tooth.

MIXTURE, PECTORAL (Magendie): two ounces of lettuce-water, from two-fifths of a grain to two or three grains of cyanuret of potassium, one ounce of syrup of marsh-mallow.

MIXTURE, PURGATIVE (Andry): six grains of powdered scammony, one drachm of spirit of rosemary, rubbed together in a porcelain mortar, and an ounce of orange flower water, and an equal quantity of peach-flower syrup gradually added.

MIXTURE, QUARIN'S: half an ounce of extract of conium, half an ounce of acetate of potash, half an ounce of extract of dandelion, dissolved in six ounces of fennel-water, to which is added an ounce of the syrup of five roots. Mode of exhibition, two spoonsful every four hours, as diuretic and sedative.

MIXTURE, REFRIGERANT (German hospitals): four drachms of nitre, dissolved in six ounces of pure water, to which is added one ounce of vinegar, and one ounce of syrup of raspberry vinegar. Mode of exhibition: a spoonful every two hours.

MIXTURE, RESINO—SAPONACEOUS (Plenck): half an ounce of resin of guaiacum, half an ounce of soap of almonds, dissolved in four ounces of rectified alcohol. Mode of exhibition, a drachm daily in an appropriate menstruum, in cases of rheumatism and gout.

MIXTURE FOR THE IMMOVEABLE APPARATUS (Larrey): equal parts of spirits of camphor, extract of lead, white of egg, and water, mixed together.

MIXTURE, SEDATIVE (Houlton): ten drops of the acetic solution of opium, half a drachm of the sweet spirit of nitre, one ounce of distilled water. Mode of exhibition: to be given in one dose. An useful succedaneum for preparations of opium.

MISTURA SOLVENS COMPOSITA (Polish Formula): two drachms of sal ammoniac, one grain of tartarized antimony, dissolved in six ounces of the cold infusion of marsh-mallow root, and sweetened with half an ounce of the solution of extract of liquorice. Mode of exhibition, by spoonsful during the day, as a febrifuge and sudorific.

MISTURA SOLVENS SIMPLEX (Polish Formula); the same preparation without the tartar-emetic.

MIXTURE, STIMULANT (Neumann): eight drachms of antimonial wine, forty-eight grains of hydrochloric etherial spirit, twenty-four grains of thebaic tincture. Mode of exhibition: ten drops on sugar every hour or half hour, in the first two periods of cholera, whether sporadic or Asiatic.

MIXTURE OF STRYCHNINE (Dieffenbach): one grain of strychnine, one drachm of white sugar, mixed together, and then two ounces of distilled water, with two drops of acetic acid, gradually added. Mode of exhibition. half a teaspoonful evening and morning, in paralysis.

MIXTURE OF TREACLE (Maison de Sante): a drachm and a half of treacle, a drachm of powdered gum arabic, one ounce of simple syrup, rubbed together in a marble mortar, and six ounces of water gradually added. Mode of exhibition: by spoonsful, as tonic and sedative.

MIXTURE, TONIC (Gall): an ounce and a half of tincture of gentian, half an ounce of tincture of rhubarb, half an ounce of tincture of cinnamon, ten drops of anodyne tincture, mixed together. Mode of exhibition: a coffee spoonful every hour, in diarrhea, and non-inflammatory dysentery, but especially in those gastro-intestinal affections, which come on suddenly, are caused by the immoderate use of iced drinks, red fruits, &c., and are accompanied by severe pain, without heat of the abdomen. The exhibition of this tonic and stimulant mixture, which is very efficacious in the early period of sporadic cholera, should be omitted, as soon as the pain has ceased.

MIXTURE, TONIC AND STIMULANT (Ranque): two parts of Alicant wine, one part of barley-water. Mode of exhibition, a spoonful every hour, in adynamic cholera, and in typhoid affections.

MIXTURE, TONIC AND STIMULANT (Dubois): one drachm of extract of bark, half a drachm of powdered gum arabic, dissolved in six ounces of common water, and an ounce of syrup of marsh-mallow, with an equal quantity of syrup of tolu, added. Mode of exhibition: a spoonful every three hours.

MONESIA (Bark): this bark, which is also called Mohica, Buranhem, or Gorenhem, is obtained from a Brazilian tree, it is said, and has been proposed and advantageously employed, as a tonic and astringent in dysentery, diarrhea, leucorrhea, chronic catarrhs, with abundant secretion, venereal, scrofulous, dartrous ulcers, uterine hæmorrhage, &c. M. Berard Derosne, a pharmacien, has prepared from it a syrup, powder, extract, tincture, &c., which are given in the dose of several drachms during the day.

(To be continued.)

PROTEST AGAINST MR. WAKLEY'S CONDUCT BY THE PUPILS OF THE CHARLOTTE-STREET SCHOOL OF MEDICINE.

To the Editor of the 'Medical Times.'

SIR,—With feelings of deep regret, we, the Students of the "Charlotte-street School of Medicine," find ourselves called upon to repel the aspersion cast upon the character of Mr. Dermott by Mr. Wakley at the "Crown and Anchor Tavern" on the 4th inst., an aspersion which has since been reported in the first column, page 417, of the "Medical Times" of the 9th inst. We earnestly trust that in reply, this, our public expression of absolute esteem and respect for Mr. Dermott as a talented and a most efficient teacher of those important studies, in whose acquisition he is so anxiously and energetically our assistant, will remain

inscribed in your pages as a lasting monument of his value as a public teacher.

While we regret that there should be occasion for noticing such an aspersion, we at the same time deem it a most sacred duty, and an act of justice towards all men, that no unjust imputation shall rest on those whom we respect, without offering our humble aid to repel it, and we now feel a pleasure in seizing, from this aspersion, an occasion of making public this our humble testimony.

Trusting that you will consider the circumstances named a sufficient excuse for the present intrusion,

We are, Sir,
Yours, &c.,
(Signed by order of the Class.)
Wm. Hy. Thornton, Chairman.
Thomas A. O'Flaherty, Secy.

MR. LEESON ON THE COLLEGE CHARTER.

To the Editor of the "Medical Times."

Sir,—My desire for the success of Medical Reform to be based upon equitable principles, connected me with some gentlemen at meetings held at the Crown and Anchor upon that subject, and which produced from Mr. Chatto some pertinent observations. That gentleman, says "the profession, in any numbers never recognised these gentlemen as their representatives, and can in nowise be compromised by their proceedings." There were about four hundred medical practitioners present at the first general meeting (and it might be presumed there were among them some respectable persons), and they unanimously selected a committee to act for them. I believe most of the gentlemen of that Committee accurately felt their position, and that they considered themselves but humble instruments upon that occasion. The Committee at their first meeting almost unanimously resolved to give way, when gentlemen of greater standing, experience, and respectability, could be found to occupy their places, and to whom the entire confidence of the profession could be given; they were willing to use their humble endeavours, until that body had a better and more influential organisation. The invidious distinctions made among the members of the late College under the new Charter, created among the mass of them one unmitigated feeling of indignation, and it was wished that the best and most influential of them would come forward and take into their hands the management of the struggle, or support, by their subscriptions, those who would be willing to act against their shameless oppressors. It must, no doubt, be considered a great mortification to gentlemen who have been for years upon the College lists, and who had acquired an honourable station, and even the possession of wealth, by their professional pursuits,—to see many young men, as was justly observed, with their brass plates upon the front of other peoples' doors—insolvency behind—and unknown in the professional ranks, trampling upon them as inferior beings, and then chuckling upon their unmerited elevation. Why should these persons, most of whom are wholly ignorant of the constitutional treatment of surgical disease, and entirely unacquainted with the laws of chymical combination, as well as the all important science of midwifery, be placed over the heads of those who possess those invaluable qualifications? The late Mr. Abernethy, when I had the honour of acquiring professional knowledge under his sagacious instructions, said over and over again, "that hospital surgery in England was yet a dreadful cruelty—that punishments were constantly perpetrated upon human beings in the public hospitals of the country, far more severe than could be inflicted upon them for the worst of criminal offences," at the same time enjoining his pupils to devote a large share of their attention to the attainment of medical knowledge, without which surgery would retain much of the barbarism of former ages. He detested the mechanical part—the sawing and cutting part of his profession—because of its cruelties, and when the old and venerable gentleman took his leave for ever of a class, who loved him with all his faults and eccentricities, he proudly boasted that within the period of *fifty years* the persecutions of the knife and saw diminished to one-half in their amount under the humane influence of the enlightened and philosophical surgeon. Perhaps Sir James Graham could be persuaded to ask the opinions of Dr. Paris, Dr. Chambers, or any other of the eminent physicians of the present day, as to the probable truth of the opinions of that celebrated man, before he brought into the House his plan for Medical Reform. It is known that selfish designs are now at work to put medical science into a retrograde movement, and that royalty, aristocracy, squirearchy, and people are to be again placed under the destructive cruelties of an ignorant and illiterate race of medical practitioners. Within the last twenty years the knowledge of every branch of medicine has been so extensively diffused among those who are now called general practitioners, that the poorest artizan, or the humble ploughman, can have at his bed-side as much skill, if not more, at an easy expense, as royalty had a few years before, and how serious, therefore, would the responsibility be to any minister who would venture to destroy these advantages under any new change in medical policy. Verily, Sir James Graham, Lord John Russell, and the far-sighted Sir Robert Peel, if you permit *free trade* principles in medical practice to be carried into operation with your eyes open, the future generation will not have to thank you as their benefactors; but if, on the contrary, you make laws to secure to the public a man in every way educated for the exercise of so sacred a profession as that of medicine, instead of having your memories desecrated by those who are to come after you—you will be looked upon as men, wise in your time, and as the founders of a system, which must tend to alleviate, if not subdue, much of the most horrible sufferings of mankind. Mr. Chatto's letter, as a whole, very nearly expresses the feelings of the College to which he belongs, with the exception of those of the *new Fellows*, and while that gentleman professes his non-identity with the exertions made at the Crown and Anchor, he has not as yet proposed any plan by which the difficulties of the *old Fellows* could be remedied. There can be no difference of opinion as to the unmerited position in which we have been placed by the council of our College; but, nevertheless, we should claim a restoration of our rights with good temper and becoming respect, in a remonstrance with the council, and if our cry is not listened to, then a resort to the Imperial Parliament may obtain for us that redress, which the council, in its wisdom, might refuse.

I cannot conclude these observations, without expressing my great respect for many of the gentlemen forming the Council, and from whom I have received kindness; and it surprises me the more to see the same gentlemen, otherwise so amiable and good, lending their sanction to such unjustifiable measures.

I am, Sir,
Your humble servant,
John Leeson.

Finsbury-square, March 19th.

[Our readers can readily suppose that the management and conduct of some of the gentlemen in the Committee, must have been of a very equivocal character, when a gentlemen of Mr. Leeson's respectability, expressing the sentiments above given, with such an anxiety to co-operate in any moderately *decent* movement, has felt it his duty to resign his post as a Committee-man.—Ed.]

SELECTIONS FROM CORRESPONDENCE.

Seat Worms.—When medical men are applied to, they seem to be puzzled about a suitable prescription in these cases. Many of them recommend drastic purges, often very injurious to the patient, and—without any permanent benefit. Others recommend a turpentine injection, which is extremely inconvenient, which spoils the instrument, and which does not secure the removal of the complaint. From the inconvenience of using turpentine, I have lately known a very weak mixture of port wine and water quite effectual for the purpose, after two or three trials; though I am now convinced that the favourable result did not depend on the action of the wine upon the parasite, the true principle being casually discovered. A medical friend mentioned that he found an injection of cold water very efficient, and attributed the result to the action of cold upon the animal; on which it was observed that a cold water injection was not always safe, and that it was impossible to conceive that such a transient action of cold could destroy the undeveloped ova, and the whole of the animals involved in mucus. It seems to me that both the cold and the port wine act solely by corrugating and constricting the surface of the gut, and by that means loosening the nidus, any adherent remains of which may be expected to be dislodged by one or two subsequent applications. Medical men should be aware that the use of cold potatoes for supper is a frequent cause of worms among the working classes and their children; and I have heard a West Indian observe, that the same effect was quite notorious in hot climates, where the colored population were too lazy properly to cook their food. Z.

Application of Electro-Chemistry to the Cure of Stone.—Dr. Gore, of Limerick, lays claim, in your Journal, No. 233, p. 417, to the honour of having, *eighteen months ago*, originated the plan of applying electro-galvanic agency for the solution of urinary calculi. If the Doctor will turn to *Paris's Pharmacologia*, sixth edition, Vol. I. p. 231, he will there find it stated, that at least *twenty-one years ago* Prevost and Dumas suggested the same application, and tried it on a dog, into whose bladder they had introduced a calculus.

Plus Vel Minus.

The Theory of the Circulation.—The last sentence of a short paper of mine on the spleen, which appeared in your last number, is, owing to an error either of mine or of the printer's, unintelligible, and I should feel obliged if you will allow me to correct it. Instead of, "And lastly, may we not reasonably suspect that every organ into which nothing besides blood *comes*, is, as well as the heart itself, subservient in some way or other to the motion of the blood?" it ought to have been, "And lastly, may we not reasonably suspect that every organ into which nothing besides blood *goes*, and out of which nothing besides blood *comes*, is, as well as the heart itself, subservient in some way or other to the motion of the blood?" I believe there is no reason why I may not now state, that there are more ways than one in which the motion of the blood can be influenced—that there are, in fact, three. 1° An organ may *generate* motion of the blood, as that organ which constitutes the commencement of the pulmonary and general afferent vessels does; and, as it has long been perfectly clear to me, as that other organ, which constitutes the commencement of the hepatic afferent vessel, does also.* 2° An organ may *accelerate* motion of the blood. If the propulsion by the heart of blood through the thyroideal vessels—of which vessels the thyroid gland is only the central capillary nucleus—increases the force and rapidity of the current, which descends into the heart by the superior cava, then, as all the blood from the brain and spinal cord returns to the heart by the superior cava, the thyroideal circulation will accelerate and strengthen the cerebro-spinal circulation, and so increase the activity and energy of the cerebro-spinal functions. 3° An organ may *retard* the motion of the blood. If the propulsion by the heart of blood through the vessels—of which the thymus is only the central capillary nucleus—diminishes the rapidity or *rate* at which the blood descends into the heart by the superior cava—*and it does*—then the thymic circulation retards the cerebro-spinal circulation, and so has the effect of keeping the cerebro-spinal functions inactive. How else can the constant tendency to sleep, which

* There is an excellent reason why the hepatic afferent vessel differs widely from the pulmonary and general afferent vessels; or why the splenic and portal vein is not an artery, and the spleen half a heart

exists during infancy, be produced? There can be no important physiological effect without a corresponding anatomical cause. The thymus is largest in those animals which sleep most, and in all animals at the most sleepy period of life; and *pari passu* as it diminishes, and the thyroid gland increases, the cerebro-spinal functions become more and more active. J. J.

Mesmerism.—It is only within the last few days I was able to see the *Medical Times* for January. I have read with much interest a letter by Mr. Braid on certain phenomena developed in the mesmeric,or hypnotic condition. He wishes to show that these phenomena are produced solely by action on the person's imagination. My own experience is, to my own mind, demonstrative of the contrary. Nearly five years ago I had heard of animal magnetism only as "a great humbug," with which so many gullible people in town were amusing themselves, when, by the kindness of Dr. Elliotson I was permitted to witness the phenomena developed by several of his patients. I scrutinised them with all the vigilance I could exercise, and although there seemed no room for fraud or self-deception, I left him only staggered, not convinced, by facts so much at war with all my previous experience. I shortly returned to a country town above a hundred miles from the metropolis, and at that time so far as I know, no book had been published on the subject of mesmerism, the popular mind was wholly uninformed upon it: amongst the poor in the country its very name had never been heard. Certainly in our town not an individual was acquainted with any single particular, and I,myself, had been too much startled by the novel facts I had witnessed, to be able to recall them with distinctness, or to remember the means by which they were elicited. By the accident of seeing a woman who had fallen down in a fit (and who had suffered with fits for seven years), I found a healthy susceptible mesmeric patient. My knowledg on the subject was then so slight, that I feared at first to do more than put her to sleep. Speedily, however, the state of somnambulism was produced, and in succession the usual advanced phenomena of mesmerism. The patient was a pauper, of whom it was demonstrable that she could never have heard of mesmerism; and I was myself so little informed, that more than once I wrote to Dr. Elliotson, explaining that after the use of such and such means, certain phenomena had appeared, and requesting information. In every case the Doctor showed me that such results were always preceded by such means, and referred me to other cases. One instance particularly applies to Mr. Braid's remarks. The patient was asleep and I stood by her side holding in my hand a watch, and the chain, a gold one, fell upon her hand. Instantly it was snatched away, and she complained, as if in real agony, of burning pain. I knew not what this meant, and with a view to repeat the experiment, I placed my watch upon her hand; but now, the whole arm was affected with violent spasms, until it became rigidly contracted. These effects I repeatedly produced, but did not at first discover what Dr. Elliotson afterwards confirmed, that the sense of heat is caused by the touch of simple gold, and spasms by that of gold mesmerised by holding in the operator's hand. In this, and in several other cases, the experiment was fairly tried—neither the patient nor the operator was conscious that any means were employed, nor of the result which the means, if employed, might be expected to produce. It is impossible to form a just conclusion from experiments tried on patients in whom the phenomena in question have been several times previously elicited, because then their imaginations are, as Mr. Braid alleges, highly excited, and if you lead them to expect certain results, or to believe you have employed the means, those results will almost invariably follow. I may make my meaning clearer by an illustration. I suppose that if some nitrous oxide were administered to plough-boys in the densest part of Suffolk or Dorsetshire, they would be affected in conformity with their peculiar temperaments: it is also on record that common air having been administered to persons who supposed they were taking nitrous oxide, and who knew the effects which the latter commonly produces, were so far acted on by their imagination, as to comport themselves precisely as if they had been duly *nitro-oxidised*. It seems to me that if we deny the reality of the effect of gold, because the same effect may be produced through an instructed imagination: we must also deny that the gas I have mentioned, really acts upon the system, and attribute to mere imagination the vagaries it seems to produce. I believe in either case we have the defect of reasoning, which logicians call "an undistributed middle." C. C.

Bungay, 6th March, 1844.

[The respected writer of this note has confided to us his name.—Ed.]

Diseases arising from foreign bodies.—I am induced to send you the following outlines of three cases that have recently occurred to me,—as furnishing instruction, rather than unusual exemplifications, of the valuable statements which Sir B. Brodie has lately made in one of his clinical lectures on diseases occasioned by the presence of foreign bodies. They may serve to keep alive the attention of your readers to the *casualties*, which are not to be overlooked in the diagnosis of disease, and may, perhaps, supply a seasonable motive to fresh inquiry, by which some intractable patient and his attendant may be spared a needless amount of suffering and anxiety. The first case was that of an intelligent man, about 30 years of age, who came to me from Cornwall, where he was employed as a miner, and who during the last fourteen months had laboured under ulceration of the left nostril, which, from the history, and present symptoms, not only occupied the lining membrane, but was invading the subjacent textures. Under this impression, he had been subjected to various general and topical treatments; which had equally impaired his constitution and his finances. He had passed through the ordeal of a mercurial course, and still bore the marks of remaining ptyalism. His symptoms were pain, fulness, and swelling, with obstruction of the left nasal passage; with an offensive, thin, purulent discharge, occasionally tinged or mixed with blood. His general appearance was indicative only of continued suffering and anxiety. On my first examination, I saw nothing that made me call in question the accuracy of the previous opinions, especially as it appeared that he had treated himself with mercury about two years previously, for a supposed syphilitic affection. But on repeating the examination, after making him blow his nose, a dark and moveable body was readily discovered, which, on being touched with a probe, felt hard, and gave me the impression of its being a detached fragment of bone—the result simply of the ulcerative disease. I then requested the assistance of my colleague, Mr. Derry, who, after some difficulty, succeeded in extracting a small *plum-stone*. The patient had no recollection of any accident, which could have led to its having been introduced into the nostril, and concludes that it must have occurred in very early childhood. The second case was that of a young female child, which had been for six months suffering severely from pain in passing its urine, and had a considerable discharge of bloody matter from the vagina. It had been treated for catarrh, and gonorrhœa, but of course without success. From the quantity of blood that occupied the vagina, I was induced to pass a probe up that passage, and, in doing so, fortunately transfixed a *bone button*, the probe having gone through the hole in its centre. The third case is so common, that its addition to the others needs an apology; but the fact of its having been mistaken, and the consequent failure of the remedies, is a plain proof that we all need occasional hints of this sort to keep us on the alert. It was simply a case of *conjunctival ophthalmia*, which presented itself to my notice after a variety of depletory, and other means had been ineffectually tried; and which, therefore, led me to suspect some latent hindrance to the result that would otherwise have occurred. On making an attentive inspection, I discovered and removed a small angular particle of coal dust, which was firmly adherent to the conjunctiva covering the cornea. I must again repeat that the relation of so familiar an accident as the last, whilst it claims some indulgence, will not fail to show the purpose, for which I have at all ventured to introduce these sketches to your attention.

I am, Sir, yours obediently,
C. Hingston, M. D.

Plymouth, Feb. 28th, 1844.

Mr. Wakley and Consistency.—Can you inform me if the "Mr. Mc. *Pot*" that the Editor of the *Lancet* abused so much some time since for *advertising his* accidents in the *Times* paper is the same gentleman that the Editor was hand and glove with upon the committee of the Medical Protection Society. If such be the case, can you account for the sudden change?

Yours, respectfully,
A Looker-on.

A Query for the "Medical Protection Society."—Oblige me by answering the following queries:—*What are the objects* of the "Medical Protection Association?" Who are the originators of the scheme, e.i. *are they honest and trustworthy men? Is their object* to do good to the profession, or *to bring their names before the public?* Excuse the trouble: I will tell you the cause. One week I had the enclosed card pushed under my street door; another I had a long rigmarole sent me about the honour, &c. &c., of the profession, and on both these precious documents I find the name of "Rugg." Do birds of a feather flock together, or is a jackdaw intruding under borrowed plumage?

Ignoramus.

P.S.—Perhaps the publication of Rugg's *private mode of doing business* may give practitioners some idea how the profession is to be "*protected.*"

"By appointment. *National* Vaccine Establishment. Vaccination gratis, every Tuesday and Friday morning at nine o'clock.—Mr. Rugg, Surgeon, Accoucheur, &c., 15, Broadley Terrace, Blandford Square, near the Alpha Road, may be consulted, gratis, *every* morning before 11 o'clock, and *of an* evening after 6, on all diseases; and the medicines required, *had* at a little more than cost price!—Drugs and chemicals, of the *most* pure description, carefully selected from Apothecaries' Hall, on moderate terms.—Prescriptions prepared.—Midwifery, 10s. 6d."

DR. CLAY AND HIS VANDAL ASSAILANT.

To the Editor of the "Medical Times."

Sir,—My writing occasionally for your excellent Journal, has, it appears, raised the ire of the nondescript editor of the *Yellow Fungus*. Why my humble efforts should have formed the ground of attack, I cannot conceive, except that of preferring writing to and taking your Journal, in lieu of the *Lancet*. In an ungentlemanly and indecent paragraph, to which you have already referred, he disowns all knowledge of me! Now, when you refer to his *past* more *widely circulated* volumes, beginning with 1839, and ending with the early part of 1842, I am to be found in the pages of his *own Journal, as a very extensive contributor*. No less than twenty articles are inserted under my signature. These communications are all of a practical nature, and I may claim that I have laboured with no little zeal for practical improvements, yet am I thus attacked by a calumnious Quixote! The editor of the *Lancet* never refused my articles, never altered them in the least, and was always glad to receive them. They were obligations I conferred on him gratuitously. How could he, then, plead ignorance of me? Is it not a warning to all contributors to his vile periodical of slander and mis-information? Why did I leave him?—because he insisted on the prescriptions in my communications being written in English! What for?—that his non-professional readers might *doctor for themselves!* This is the man with the interest of his profession at heart. I left him, also, because I felt convinced his Journal was on the decline, and commenced with yours because it augured better prospects.

Your obedient servant,
Charles Clay,
Graduate of the University of Edinburgh, Licentiate of the Royal College of Physicians, London, Member of the Royal College of Surgeons, Edinburgh, &c.

[We have already referred to the silly atrocity threatened by our desperate and rageful brother-journalist against one of the best practical surgeons of his day, whose contributions were among the most valuable the "Lancet" for years past had received, and whose name, in connection with Ovariotomy, has travelled wherever the triumphs of British surgery have been made known. Men of science are men of independence, and if Mr. Wakley regret not his insane attempt to establish a savage despotism over them, we shall be much disappointed.]—Ed.

GOSSIP OF THE WEEK.

Mr. Wakley, M.P., coroner for Middlesex, had a long interview on Tuesday se'nnight with Sir James Graham at the Home-office.

Sir Charles Ferguson Forbes had the honour of knighthood conferred upon him last week.

As an instance of early news, we may mention that an article on Natural Clairvoyance, which appeared in our journal nine months since, is going the round of the papers as recently furnished by the "Polytechnic Review."

The following gentlemen were admitted licentiates of the Apothecaries' Company on March 16:—Messrs. John Wickens West, George Padley, Benjamin Johnson Webb, Jacob Duekson Hunter.

The following is the list of gentlemen admitted Members of the Royal College of Surgeons, on Friday, March 15, 1844:—J. C. Richardson, H. Owen, W. Fisher, E. Cheshire, J. Watts, W. W. Howard, C. D. Shephard, E. Hancock, W. B. Herapath, G. E. F. Hatch, A. Beardsley. We omitted in a previous number, the gentlemen admitted on Friday, February 2:—F. F. Morgan, F. S. Rogers, H. Jacobs, J. M'Veagh, W. Lea, G. R. Woolhouse, G. M. C. Saunders, J. P. Seatliffe, J. Fisher, W. Parkinson, G. P. Smith, J. Wilson, A. J. Moore.

The following appears in the "Globe" of Monday, from its Paris correspondent:—"Another subject of general conversation amongst the English is the attempt of some of the English physicians here to put down a surgeon and apothecary who is a fellow countryman, and who has got into high and extensive practice, keeps his carriage, and pockets large fees, arising from the confidence that he has inspired. Mr. R., the gentleman in question, was denounced to the government as not being qualified to practise in England, and, therefore, unfit to practise here. By the present law, no man is authorized to practise who has not taken out a French degree, or received permission by royal ordonnance. There are two or three English physicians in Paris who have French degrees, and two or three who have received the royal ordonnance; the others, who are almost as numerous as their patients, practise *on sufferance*, and all prosecutions against them have been discouraged by the government. Mr. R., however, who has practised here as a surgeon and accoucheur for more than ten years, has not an English degree, and, therefore, it was supposed that he could be put down; for the *doctors* do not consider an apprenticeship to a surgeon, and the regular certificates to practise medicine and surgery given to this gentleman in England, where as a surgeon's assistant he had many years extensive practice, sufficient to qualify him to practise in Paris. Up to the present time, however, the French government has refused to comply with the desire of the English physicians. It was shown that in England 19 patients out of 20 are attended by surgeons and apothecaries, and it was thought that, if the English here wished to be attended by a person of that class, duly qualified by education and the authorities, and having on his side the advantage of long practice, there was no reason why he should not be tolerated as well as the M.D.'s. How the affair will end I know not. It is not probable that the English physicians who have a French degree will put themselves forward as prosecutors, and Mr. R. has little to fear from the French faculty, for, when he calls in a consulting physician, he fixes upon some French *celebrité*. This, indeed, he is compelled to do by the English physicians, who refuse to meet him in consultation."

In the *Medical Gazette*, we find it stated that the chief provision of the New Bill, will be the establishment of a Council of Health and Medical Education for the government of our profession. The council will be composed of one of the Secretaries of State, the Regius Professors of Physic at Oxford, Cambridge and Dublin, one of the Edinburgh Medical Professors, three Physicians and three surgeons as representatives of the Royal Colleges of England, Scotland and Ireland; six other persons, probably laymen, to be appointed by the Queen; and one representative of the Provincial Practitioners of England. The Queen will appoint all the Members of the first Council, except those who sit by virtue of their office. The three grades of the profession will be preserved. No one will be licensed to practise as a physician, till he has attained the age of 26, nor as a surgeon (as fellow?) till he is 25; but general practitioners will be allowed to commence practice at 21. The new council will overrule the existing corporations. If the above be a correct statement of the main points of the new bill, Sir James Graham's measure, we can tell him in advance, will not satisfy the body of general practitioners.

The Fothergillian gold medal has been presented by the Medical Society of London to Mr. Robarts, of Great Coram Street, for an Essay on Scarlet Fever; and Sir Astley Cooper's triennial prize of £300 has been given by the arbitrators of Guy's Hospital to Mr. John Simon, for his Essay on the Thymus Gland.

The following gentlemen were named Licentiates at Apothecaries' Hall, on Saturday, the 23d March:—Mr. John Philip Frost Palmer Hains; Mr. Sidney Stedman Smith; Mr. Philip Grubb; Mr. Joseph Brellisford Leeson.

HOSPITAL REPORTS.

MIDDLESEX HOSPITAL.

Synovitis.—Elizabeth Parnell, sixteen years of age, pale and delicate, a dress-maker by occupation, was admitted into Northumberland Ward, under the care of Mr. Shaw, August the 29th, with synovitis of the right knee of a month's duration, the result of a cold from wet feet. The joint was very much swollen, and painful—the pain being much increased on pressure, and also worse at night. The leg was slightly flexed on the thigh. The treatment adopted previously to her admission, seems to have been completely of the empirical kind, fomentations having been first had recourse to, afterwards soap liniment, then blistering, next the strong mercurial ointment rubbed in on the part, and, relief not having been obtained from these, poulticing was ordered. Mr. Shaw directed her to have a draught containing morphia at bed-time, and a linseed-meal poultice to be applied to the joint. This was afterwards blistered, and the ung. hydrargyri rubbed in, but no benefit was derived.

Sept. 8th—Was ordered the lotio conii cum opio, which afforded much relief to the pain, but neither the stiffness nor the swelling were diminished. She had also a grain of quinine three times a day.

11th—The ceratum hydrargyri comp. spread upon cotton-wool was applied to the part, and the joint kept in a quiescent state by splints.

The diseased condition of the joint had increased so much by this time, that the question of amputation of the limb was seriously entertained; previously, however, to its being performed, three issues were made on one side of the joint and two on the other. The pain was thereby much relieved, and the swelling diminished. Three days afterwards she was ordered the lotio plumbi cum opio, which was applied with a poultice, and the dose of quinine was raised to two grains three times a day.

Three weeks later, two more issues were made, the joint continuously improving. Splints were afterwards applied, and the joint strapped up with soap plaister. She left the hospital in December to recruit her strength, not suffering pain in the knee, exceptwhen an attempt was made to straighten it, which she herself cannot do. It is understood that she will return at a later period to be relieved of the inconvenience, as well as the deformity of a bent leg.

PERISCOPE OF THE WEEK.

Aphoria, or sterility.—This and the four following articles constitute the principal contents of the *Lancet* for the 23rd instant. Dr. Marshall Hall observes that sterility, when produced by functional causes, owes its origin either to a too excited condition, or to the opposite state of inertia in the immediate uterine system, which he terms *tonic* and *atonic aphoria*, or else to intermediate forms and stages of those conditions. The tonic form is illustrated by what is observed in dysmenorrhea; the atonic, by a condition of the uterus frequently attended by leucorrhea. After recommending exercise even to fatigue, with moderate, not to say spare diet, and temperance with regard to sexual intercourse, Dr. Hall proceeds to consider the extraordinary reciprocal sympathy between the mammæ and the uterus, upon which he bases suggestions for the removal of sterility. At every catamenial period, the mammæ sympathise with the uterus, become tumid, and tend to assume their office of organs for the secretion of milk; in like manner, during the period of lactation, catamenia are generally, although not invariably, suspended, and conception postponed. The immediate or prompt application of the infant to the breast is among the most efficacious means of preventing uterine hæmorrhage after parturition, which is explained by Dr. Hall, who refers its primary effect to a reflex action, inducing contraction of the uterus, while another, somewhat more remote, is the derivation of the uterine blood from its previous destination to the mammæ, he arguing somewhat strangely therefrom, that hysteritis and peritonitis may probably be thereby prevented, as if those peculiar inflammations depended merely upon congestion, and were not induced by a specific cause. Lactation, unduly protracted, causes uterine hæmorrhage and atonic leucorrhea. The suggestion which Dr. Hall makes, calculating from the facts just recorded, is, that much benefit may be derived in cases of sterility, and probably of some other affections of the uterus, by persevering and applying a healthy child to the breast, when it is distended and excited, at the return of the catamenial period, in the hope that the secretion of milk may be produced, and that thus the uterine system in the married and the childless, may be brought into the healthy state required for conception. Dr. Hall further advises the cold douche to be applied over the region of the uterus immediately after intercourse, in cases of atonic sterility, as by it contraction of the uterus may be excited, and be followed by relaxation and ingurgitation. It is certainly of great use in uterine hæmorrhage after parturition, and has succeeded when other remedies have failed. Its influence in inducing uterine contraction in such a case is undoubted; but were the effect to follow which Dr. Hall anticipates in atonic sterility, namely, that of relaxation, the good effect of the stimulus would be speedily lost. Besides, the two conditions of the womb are so diametrically opposed to each other, that reasoning drawn from the one state is totally inapplicable to the other. Dr. Hall considers that the cold douche may accelerate lingering labour, and arrest asthenic uterine leucorrhea and protracted menorrhagia. He also quotes from Mr. Simpson, of Stamford, the application of the cold dash to the face of a patient, to cause the swallowing of medicine. His patient, after suffering from puerperal convulsions, became conscious, but obstinate; with great difficulty he forced some liquid into her mouth, but she would not swallow; he therefore dashed cold water in the face, and the contents of the mouth were instantly gulped down. He adds that this novel mode of making patients swallow was repeated a dozen times with the same result.

Idiopathic erysipelas, produced by an eruptive fever.—Dr. James Wilson describes idiopathic erysipelas as a severe depressing

fever, lasting from eight to twelve days, and determined by a special effect of inflammation, to that peculiar organic structure—the integuments of the head and face. Like other fevers, it often supervenes on local injuries, or on any of the various causes that induce a bad state of the general health. It attaches specially to certain temperaments, and to particular states of constitution, affecting the limited range of persons liable to it, under circumstances which, in others, would induce the more common varieties of fever. It prevails most in particular districts, and at certain seasons of the year. The late Dr. Warren, in the course of his long metropolitan practice, observed, that it was most frequent during the months of spring and autumn, and when the wind blew from the south-west. He remarks that a further analogy may be assumed between erysipelas and common eruptive fever, from the contagious properties which are supposed to be inherent in both. With that view of the question, however, Dr. Wilson does not meddle, further than by remarking, that during certain states of atmosphere, and of other local influences, erysipelas may, and does, attack many individuals simultaneously, and that there is reason to believe, that in some instances, it has been "caught" by one person from another. When erysipelas of the head and face prove fatal, it is generally found, on examination after death, that the lungs, the serous and the mucous membranes, are the structures in which there is most evidence of organic injury. Like the other eruptive fevers of this country, erysipelas, in bad cases, always becomes typhoid towards its close. Its pathology, by dissection, is that of scarlet fever, which, in its several stages, it very much resembles. Here then, he observes, is the true character of the disease, with a practical inference for its treatment. Thus, regarding its symptoms, whether local or general, as a train of actions tending, of necessity, to their own relief, we should in most cases be content to watch over their safe development, and to wait patiently for the result, which, in this fever, soon arrives. Idiopathic erysipelas, within ten days from its invasion, seldom fails to cure itself, but like the other eruptive fevers, it is occasionally complicated with other maladies, and must then be treated by means that are special to the case. Dr. Wilson has known the fever of erysipelas supervene on laryngitis and pharyngitis, on jaundice, phrenitis, hemiplegia, and various local inflammations of the vital or other organs; and on the scarlet, rheumatic, and epidemic typhoid fevers. With respect to the treatment, Dr. Wilson recommends the exhibition of purgatives, in the early period of the fever, and salines, rennet, whey, and fresh water. He condemns the use of remedies intended to act particularly on the erysipelas, observing, that in our application by treatment of these principles, to the local effects of the disease, while we are careful to protect from lasting injury the structure in which its action is most declared, we should continually remember, that in the progress of the eruption, is the advancement of the cure. It is under an imposed task of swelling, vesication, and exeretion, that the skin, which bears the strain of this fever, is enabled to relieve the other vital organs, and in the end, to maintain its own integrity. How dark and mischievous the interference that would seek to mislead the actions thus determined to the surface, by the introduction of belladonna into the system, already charged with morbid poison in the blood; that would prescribe, in all cases of the disease, an exact limit to its eruptive action, by pencilling the inflamed face and scalp with designs in lunar caustic! The mask which in erysipelas the patient is compelled to wear, should never be adopted by his physician. External applications are seldom requisite; even were it possible to arrest the local inflammation by them, it would be wrong to do so. The excessive pungent heat may be relieved by frequent lotions of the liquor ammoniæ acetatis, diluted with equal parts of tepid water, but the application of cold as a repellant, or the sprinkling of flour, he especially opposes. Bathing the head and face, according to ordinary practice, incessantly with spirit-lotion, is to surround the patient, helpless, fevered, and comatose, with an atmosphere of intoxicating vapour, which, at every inspiration, he is compelled to drink. From this most objectionable process of cooling by evaporation, there is often a great aggravation of the delirium at all times incidental to the fever. The indiscriminate exhibition of bark, wine, and porter is also objected to.

Hydrophobia.—Mr. Bateman narrates a case of hydrophobia occurring in the person of a bricklayer, thirty-one years of age, for whom he prescribed purgatives and large doses of sedatives, such as belladonna and hydrocyanic acid, but without effect, the poor fellow dying the morning after Mr. Bateman was consulted. The examination of the body showed congestion of the scalp, cerebrum, and its membranes, and the sinuses and plexus choroides gorged with blood. The salivary glands were rather livid: the mucous membrane of the fauces, epiglottis, larynx, trachea, and bronchi very vascular, and the air-passages from the glottis downwards were filled with bloody froth, the bubbles of which were exceedingly small and regular. The lungs were everywhere permeable to air; the right lung was remarkably red, approaching to a vermillion colour, whilst the left was nearly as dark as the colour of venous blood. The heart was healthy, but its cavities contained very dark blood, scarcely any of which was coagulated.

Rupture of the duodenum.—A boy, sixteen years of age, was admitted into the London Hospital, under the care of Mr. Andrews, in a state of collapse, supervening after a fall of five feet from a ladder upon the bulwarks of a vessel, "which took him right athwart his abdomen." Reaction set in, following by intense peritonitis, and he died in about twelve hours after admission. At the examination of the body, upon removing the abdominal parietes, signs of intensely acute peritonitis immediately presented themselves; the whole of the small intestines were glued together, and to the anterior wall of the abdomen, by recently effused lymph. The liver was adherent by its left lobe inferiorly to the anterior surface of the stomach. The sub-serous coat was everywhere intensely injected; in some places, highly variegated in colour, and in spots, especially on the small intestines, closely approaching to the gangrenous in appearance. Nearly half a gallon of sero-feculent, turbid fluid was contained in the peritoneal cavity; upon the surface of which large globules of oil floated, confirming the suspicion that some important viscus had been ruptured. Upon examining the stomach and duodenum, there was found in the ascending portion of the latter, an aperture slightly oval, and about the diameter of a pea, situate a quarter of an inch from the pylorus. Upon removing these viscera, and slitting them up, a much larger opening was found in the mucous and muscular coats, corresponding to the laceration in the peritoneal covering; it was surrounded by an elevated circular ridge, the denuded disc of peritoneum appearing at the bottom of the cavity; the whole had a cup-shaped appearance, with a flat bottom; the muscular fibres by their contraction, had separated the mucous and muscular coats from their peritoneal investment, coating the edges of the lacerated aperture, and giving it a circular shape. The interesting feature in this case is, that the accident occurred about eleven hours before he was admitted, and the immediate effects were recovered from, so that the boy went home, and partook of a hearty dinner, after which he became very ill, vomited, and afterwards faint and cold. Had the ingestion of this meal, and its apparent consequences, any special influence in the production or extension of the laceration?

Femoral aneurism.—A case is reported from the practice of Mr. Liston, at University College Hospital, of femoral aneurism, treated by compression with advantage. The case is, however, still under treatment. The application of pressure caused considerable pain, and produced superficial sloughing and ulceration.

Diagnosis of Ovarian Disease.—Dr. Marshall Hall proposes in cases of ovarian disease, before proceeding to any more serious operation, to make in the first instance a very small puncture through the abdominal parietes, to introduce through this puncture a silver probe, of the proper length, form, &c., and to pass it all round the tumour, to determine the question whether there be adhesions—whether the tumour be uniform? And, in the second place, to puncture the diseased mass itself, and introduce a minute trocar attached to a small bottle of India-rubber, of considerable thickness, and withdraw a portion of its contents. In this manner he thinks we may ascertain important facts, which may influence and guide us greatly in our determination to perform or to relinquish an operation of the most serious character in surgery.

Phthisis.—Dr. Griffith, acting on Liebig's views on the cause of death in chronic diseases, by the combination of the material of the system with the oxygen of the air,—in fact a species of spontaneous combustion,—explains the relief afforded in cases of phthisis to female patients by the occurrence of pregnancy, by the fact that the fœtal blood being entirely supplied with oxygen from that of the mother, a quantity of that oxygen is continually removed from the blood of the latter; the vital fluid is thus protected from its influence, and the fatal termination of the malady is postponed; and, he says, if such a state or one somewhat analogous could be maintained, the progress of the case might probably be retarded, the cachectic or anemic state of the body relieved, and the pulmonary disease remedied by counter irritants, &c. With this view he recommends the use of alcohol, camphor, pyro-acetic spirit (naphtha), &c., as such agents, after being taken internally, speedily find their way into the blood, and are burnt off almost entirely by the lungs. We must confess that we do not agree with Dr. Griffiths, either in his theory or practice.

Defective expansion of the lungs in early youth.—This and the six following articles constitute the principal contents of a recent number of the *Medical Gazette*. Dr. Barlow, after detailing several cases illustrative of his position, observes, as regards the preventive means to be employed, that they will be most readily suggested by a review of the origin and progress of the disease. Thus, a young person, about eleven or twelve years of age, is observed to be short-breathed, perhaps to be troubled with a cough, and to be rather bloated in the face, and is perhaps sent home from school on that account. Measures, in themselves judicious, are very likely adopted, and considerable relief is obtained. The child perhaps returns to school, and the mother and governess, or tutor, and probably the medical attendant, comfort themselves in the belief that, if a boy, "he will outgrow it," and if a girl, "that when a certain change takes place, all will be right;" but somehow it occasionally happens, especially if the patient be placed under unfavourable circumstances, or the original disproportion be great, that the boy, instead of outgrowing his complaint, ceases to grow at all; or the expected change in the girl never takes place; and hypertrophy, with obstruction of the circulation on the right side of the heart, are the consequence; or perhaps the boy does in some measure outgrow his complaint, or for a time appears to do so, and the girl attains to womanhood; but cough and dyspnœa, with perhaps asthmatic paroxysms, occur, at first most probably after considerable intervals, but afterwards more frequently, and for a longer continuance, and ultimately become permanent, and either carry off the patient at a premature age, or render life a state of protracted helplessness and suffering. It is obvious that preventive measures are available only in early youth, before the different regions of the body have attained that relative proportion to each other which they are destined to maintain during the period of maturity. Those which appear the most appropriate, are, to endeavour to promote the development of the respiratory apparatus, to maintain a regular and moderate action of the other excretory organs, and to obviate as much as possible all venous congestion, by regulating the amount of the circulating fluid. In the first place, pure air is absolutely essential; an atmosphere loaded with carbonaceous vapours, or the exhalations from organic matters in a state of decomposition, not only represses the healthy ac-

tion of the lungs, but acts as a direct stimulus to the liver, Pure air is the natural stimulus of the respiratory organs, and consequently must tend to promote their healthy development. The too close confinement to sedentary occupations, the crowding too many children into the bed-rooms at schools, the want of proper ventilation and regulation of temperature, the neglect of all exercise in the open air, the heated atmosphere of drawing-rooms at children's parties during the holidays, and above all, the compression of the lower lobes of the lungs by tight stays, or other parts of dress, are so many causes tending to arrest the development of the lungs and air passages, the accomplishment of which during youth is essential to health in more mature age. The regulated exercise of the system gives tone and vigor to the vascular, as well as the muscular system; and also, by increasing the rapidity of the venous currents, calls the lungs into fuller action. If carried to excess, however, it will produce engorgement of the right side of the heart; and therefore all exercises which induce cardiac palpitation or lividity, should be avoided. Singing and reading aloud are also useful, unless carried to excess. Upon the importance of a careful attention to the state of the excretory organs in childhood and in early youth, it is hardly necessary to insist, at the same time it may be well to recommend caution in effecting that purpose, as over stimulating leads often to disorganisation. When the evacuations appear to be deficient in bile, or there is reason to apprehend congestion in the portal system, a mercurial purgative will be beneficial, but it should never be wantonly administered. A free and regular action of the kidneys should also be maintained; when they appear to act sufficiently, the use of diuretics should be avoided, but if, on the contrary, there appears to be any deficiency in the quantity of the secretion, the least stimulating means for encouraging it should always be preferred. The beverage known by name of "Imperial," is recommended by Dr. Barlow, and should more active measures be required, the acetate of potash may be employed: where there exists at the same time any tendency to inordinate action of the heart, the tincture or infusion of digitalis, in carefully regulated doses, may be added. The functions of the skin should also be maintained by uniform and moderately warm clothing; and the cutaneous circulation may be further assisted by gentle friction. Care should be taken to regulate the quantity of fluids taken into the system, as the rapidity with which fluids are absorbed through the portal circulation, may give rise to considerable embarrassment to the right side of the heart. The remedial means are such as are calculated to restrain the increase of the disproportion, when it already exists. To relieve the lungs, by exciting to greater activity the liver, kidneys, and skin, is the first indication to be fulfilled. The next object must be to control the action of the heart, and to prevent its embarrassment, either from too great a quantity of blood in the system generally, or its accumulation in the venous trunks: and lastly, to favour the development of the defective organs by such measures as have been already suggested. Dr. Barlow observes that the means for fulfilling these indications must, for the most part, be left to the discretion of the practitioner, but that he has occasionally derived great benefit from the combination of calomel, digitalis, camphor, and hyoscyamus. Moderate abstraction of blood will also be sometimes beneficial. Patients in these cases are liable to pulmonary apoplexy from any causes which may determine an increased quantity of blood to the right heart, and also to lesion of the arterial tunics from any unusual excitement of the heart's action. With respect to the palliative treatment, the great object of relieving the lungs by means of the auxiliary excretory organs, should never be lost sight of; for this purpose the bowels should be freely acted upon, and general diaphoresis be maintained; if free diuresis can be produced, the carrying off the redundant fluid will be effected.

Intermittents.—Dr. Mayo records two cases of intermittents; the first that of a lady who suffered from a daily recurrence of pain and oppression of the head, with some delirium, the paroxysm always occurring at the same hour, and lasting from three to four. She had previously had an attack of ague. Dr. Mayo prescribed an aperient, and then a full dose of laudanum, to be taken an hour before the expected paroxysm, and to be followed by five minims of the liquor arsenicalis every six hours. The patient was cured in a few weeks; a squamous eruption, which she had in her legs, disappearing at the same time. She died three years afterwards of apoplexy. The second case is that of a coachman, sixty years of age, thin, but muscular, and dark in complexion, treated in the Marylebone Infirmary for intermittent hemiplegia. Anti-periodic remedies did no good, and a dose of ten grains of the pil. saponis cum opio appeared to render the disease persistent. Dr. Mayo frankly acknowledges that the remedies applied to its intermittent phenomena, met with a condition of brain which rendered them inappropriate, and it must be confessed injurious.

Malignant disease of the os uteri.—Two cases are recorded by Mr. Sherwin. The first patient, 28 years of age, he was called on to visit, in consequence of violent flooding at the sixth month of pregnancy. Upon examination *per vaginam*, no trace of the os uteri could be felt, but in its place a large spongy mass of the consistence of liver, breaking down under moderate pressure with the finger, was discovered. A slight pain or two caused this substance to split open in a radiated form; and then the head of the fœtus could be felt through the membranes. These were ruptured, and the next day the fœtus was expelled, driving before it a substance as large as a cricket ball. She died six weeks after from fever and exhaustion, and upon opening the body, the uterus was found to be nearly reduced to its ordinary size, and was healthy in its structure, except at the margin of the os, which was thick and circular, of the diameter of a half-crown piece, whence a fresh excrescence was protruding, of a grey color, and very much resembling in texture, color, and appearance the structure of an oyster. The second case was that of a woman, 30 years of age, at the full period of pregnancy. On examination, a large tumour was found filling the upper part of the vagina, which broke down under the finger. In the course of half an hour, the pains pushed forth the membranes, and thereby split up the tumour, portions of which, as the labor proceeded, were expelled, and when the vertex passed through the os uteri, the whole mass was cut clear off, and pushed before the child. The labor was natural, and the child healthy. No unusual discharge occurred, and the woman recovered so far as to leave her bed, and go about, but died six months afterwards, the vagina being stuffed with a fresh growth of the same description. It presented the usual brain-like and laminated structure peculiar to malignant disease.

Vapour of Prussic Acid in Opaque Cornea.—Mr. Patterson describes a case of opacity of the cornea, much relieved by the daily application of the vapour of prussic acid for several weeks.

Insects in the ear.—Baron Larrey, during the inspection of Algeria, which he made a short time before his death, used to advise the soldiers to cover their ears well when they slept in the fields, in order to prevent the entrance of insects, or the deposit of their larvæ. On one occasion a man affected with intractable otorrhea was brought to him; he examined the ear, used a pair of forceps, and drew out a white worm, two thirds of an inch in length. The otorrhea was soon cured.

Caution against the use of the trepan, without great necessity.—Mr. Collis gives a case in the *Dublin Medical Press*, as a caution against the indiscriminate use of the trepan. There was a man who had been trepanned; he recovered, and remained in good health until a long time afterwards, when he was put into the sheriff's prison; there he soon learned to drink, as most people do who have the misfortune to be put there; this and the confinement injured his constitution, and after a time a small ulcer broke out in the cicatrix of the old wound; the bone under it partook of the mischief; it exfoliated, and the patient died of diffuse inflammation of the brain.

The Rough, Rasping, or Sawing Murmur.—Dr. O'Brien Bellingham, after quoting in the *Dublin Medical Press*, the summary given by Dr. Hope of the presumption afforded by a rough, rasping, or sawing murmur, as follows:—that the cause is organic, for inorganic murmurs are never rough; that the contraction of the orifice is not inconsiderable; and that if the murmur occur after the age of sixty, the disease is probably osseous; adds, that the lesion is either obstruction at the aortic orifice, or insufficiency of the mitral valves, and that hypertrophy, with or without slight dilatation of the left ventricle, accompanies the valvular disease.

The Musical or Whistling Murmur.—Dr. O'B. Bellingham says that the *bruit de souffle musical ou sibilant* is a very remarkable and rather rare sound, a modification of the *bruit de souffle*, and an evidence of regurgitation. It resembles sometimes, as the name denotes, a whistle, sometimes the notes of a wind instrument, at others the chirping of a bird, the mewing of a kitten, or the whining of a puppy; it may consist of a single note, or of two or three, seldom more; it may or may not accompany every contraction of the ventricle, and it is sometimes so loud as to be heard at a distance from the patient. It may be heard in any case where the mitral or aortic valves imperfectly close their respective orifices, provided the aperture, through which regurgitation takes place, is not very large; that the heart acts vigorously, and that hypertrophy, with some dilatation of the ventricle, also exists. Hence, it is a valuable physical sign when present, and when combined with other symptoms of organic disease of the heart.

Proto-chloride of mercury and quinine.—Mr. McDermott has published a letter in the *Dublin Medical Press*, recommending a salt prepared with the bichloride of mercury and quinine, chemically combined, which he anticipates will be found an useful addition to our means of alleviating human suffering. He considers it will prove of service in cases of serofula, where mercury is indicated, and in those peculiar instances where this mineral cannot be borne by itself, on account of idiosyncrasy. He remarks that on subjecting the salt to the strictest analysis, no trace of bichloride could be detected.

Syphilis.—M. Ricord, in the *Prov. Med. Journ.*, expresses his opinion that syphilis, like small-pox, occurs generally but *once* in the same individual; and he explains its reappearance, by saying that, so frequent is a relapse, that it may be fairly questioned, whether the syphilitic diathesis, once established, can ever afterwards be completely eradicated. This is one of those extraordinary statements to which neither the profession nor the public will lend credence; it is manifestly contrary to common sense and experience. As well might it be said that a man's appetite never occurs but once, but when the *appetite* diathesis has been excited, it can never be completely eradicated.

Secondary Syphilis.—Secondary syphilis, according to Ricord, is always a chronic disease, and its diagnosis is generally easy. It rests chiefly upon two points; first, the antecedent history of the primary infection, and secondly, the physical characters of the secondary symptoms themselves. On one symptom alone can a positive diagnosis be made, without any reference to the primary infection; that is, the mucous papulæ, the appearance of which is so characteristic, as to leave no doubt whatever of the nature of the case.

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Examiners—Salaries—Present Examiners.

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Classics, £175, T. B. Burcham, Esq., M.A.

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Laws and Jurisprudence, £50, John T. Graves, Esq., M.A., F.R.S.

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The present Examiners are eligible, and intend to offer themselves for re-election.

Candidates must announce their names to the Registrar on or before the 27th of March.

Somerset House, March 6th, 1844. By order of the Senate, R. W. ROTHMAN, Registrar.

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